

Prepublication Requirements



New Requirements for the Advanced Certification in Spine Surgery (ACSS)

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

Effective July 1, 2021

Certification Participation Requirements (CPR) Chapter

CPR 14

The disease-specific care program is part of a currently Joint Commission–accredited organization.

Element(s) of Performance for CPR 14

1. The program must be part of a currently Joint Commission–accredited organization, if that organization is accreditation eligible.

Note 1: This requirement does not apply to a program seeking advanced disease-specific care certification for lung volume reduction surgery or ventricular assist device destination therapy.

Note 2: This requirement does not apply to a program seeking advanced disease-specific care certification for the following:

- Acute heart attack ready
- Heart failure
- Primary heart attack center
- Acute stroke ready hospital
- Comprehensive stroke center
- Primary stroke center
- Thrombectomy-capable stroke center
- Total hip and total knee replacement (only for programs participating in the Aetna Institutes of Quality [IOQ] network)

However, programs seeking advanced certification for one of these programs must be a part of a hospital that is compliant with applicable federal laws, including Medicare Conditions of Participation.

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 - Thrombectomy-capable stroke center
 - Total hip and total knee replacement (only for programs participating in the Aetna Institutes of Quality [IOQ] network)
 - Advanced certification in spine surgery
- However, programs seeking advanced certification for one of these programs must be a part of a hospital or ambulatory surgical center that is compliant with applicable federal laws, including Medicare Conditions of Participation or Medicare Conditions for Coverage.

Requirement Specific to Spine Surgery

- a. For programs that are not part of a currently Joint Commission–accredited organization: The program complies with the requirements specified in Appendix A (for hospital-based programs) or Appendix B (for ambulatory surgery–based programs).

Program Management (DSPR) Chapter

DSPR.1

The program defines its leadership roles.

Element(s) of Performance for DSPR.1

1. The program identifies members of its leadership team. □ □

Requirements Specific to Spine Surgery

- a. The program designates a medical director who is board certified in orthopedic surgery or neurological surgery. The medical director must also have a minimum of three years' experience in the care of patients undergoing neurological or orthopedic spine surgery in order to provide clinical oversight and administrative leadership for the program.
- b. The program designates a spine coordinator who has experience in the care of patients undergoing spine surgery.

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| 3. | The program leader(s) guides the program in meeting the mission, goals, and objectives. | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| | <p><i>Requirement Specific to Spine Surgery</i>
 a. The program uses written transfer protocols with standardized handoffs to support the continuity of care.</p> | |
| 4. | The program leader(s) identifies, in writing, the composition of the interdisciplinary team. | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;"/> D |
| | <p><i>Requirement Specific to Spine Surgery</i>
 a. The program documents the responsibilities of the medical director and spine coordinator.</p> | |
| 6. | The program leader(s) provides for the uniform performance of care, treatment, and services. | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| | <p><i>Requirement Specific to Spine Surgery</i>
 a. Program leaders require and monitor the consistent implementation of procedures that support patient safety, quality, and effective transitions through preoperative, intraoperative, and postoperative phases of care (for example, standard order sets, daily huddles, monthly interdisciplinary team meetings, bedside report).</p> | |

DSPR.2

The program is collaboratively designed, implemented, and evaluated.

Element(s) of Performance for DSPR.2

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| 1. | The interdisciplinary team designs the program. | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| | <p><i>Requirement Specific to Spine Surgery</i>
 a. The program implements interdisciplinary clinical pathways.</p> | |
| 4. | The interdisciplinary team uses the results of the program evaluation to improve performance. | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| | <p><i>Requirement Specific to Spine Surgery</i>
 a. The program has ongoing quality improvement initiatives (such as, collecting data, analyzing data to identify improvement goals, and acting on improvement goals).</p> | |

DSPR.3

The program meets the needs of the target population.

Element(s) of Performance for DSPR.3

3. The program identifies its target population.

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Requirement Specific to Spine Surgery

a. The program has a dedicated care team comprised of individuals with clinical knowledge and experience specific to the patient population in their care.

Note: Examples of dedicated care teams are specialty trained surgeon(s), the operating room spine team, specialty trained nurses on inpatient units, specialty trained nurses in a dedicated spine unit, and specialty trained physical therapists.

4. The services provided by the program are relevant to the target population.

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Requirement Specific to Spine Surgery

a. The program develops occupational therapy and physical therapy protocols for postoperative spine surgery patients.

DSPR.5

The program determines the care, treatment, and services it provides.

Element(s) of Performance for DSPR.5

1. The program defines in writing the care, treatment, and services it provides.

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Requirements Specific to Spine Surgery

a. The program's scope includes these phases of care: the spine surgery consultation, preoperative, intraoperative, postoperative, discharge, and follow-up visit to the spine surgeon.

b. The program includes transitions of care from the spine surgery consultation, preoperative, intraoperative, postoperative, discharge, and if applicable, transfer to another facility.

c. The standard of care provided to the patient participating in the program is consistent 24 hours a day, 7 days a week.

d. After discharge, the program includes rehabilitation either on site or by referral and, if applicable, transfer of the patient to another facility.

2. The program communicates to the patient the care, treatment, and services it provides.

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Requirements Specific to Spine Surgery

- a. The program provides an overview of the spine surgery procedure to the patient, family, and caregivers (such as, classes, video, brochure).
- b. The program identifies key learning goals based on the patient’s needs.
- c. The program confirms understanding by having patients repeat back key information (such as the level of surgery) or demonstrate self-care activities (“teach back” and “show-me”). This information is documented in the medical record.
- d. The program provides the patient with information related to indications for spine surgery (such as, pain relief and degeneration).

5. The program informs the patient and family about how to access care, treatment, and services, including after hours (if applicable).

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Requirement Specific to Spine Surgery

- a. Patients are able to access their spine surgeon or the spine surgeon’s clinical designee 24 hours a day, 7 days a week until the patient is discharged from the spine surgeon’s follow-up care.
Note: Means of access may include use of the telephone, the Internet, telehealth visits, or referral to urgent care or emergency care settings.

6. The program has a process to provide emergency/urgent care.

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Requirements Specific to Spine Surgery

- a. In ambulatory surgery centers: The program establishes transfer protocols with one or more hospitals if a patient experiences an emergency that requires a transfer to a higher level of care.
- b. The receiving facility is made aware in advance of the patient transfer.

DSPR.7

The program's facilities are safe and accessible.

Note: The program may use the organization's plan and processes for safety and accessibility if they address the program's unique needs and target population.

Element(s) of Performance for DSPR.7

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| 7. The program identifies activities to minimize risks associated with medical equipment used in the program. | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> | | D |
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Requirement Specific to Spine Surgery

- a. The program uses a process for maintaining the most up-to-date information on implantable devices, including manufacturer recalls and warnings.**

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| 8. The program implements activities to minimize risks associated with medical equipment used in the program. | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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Requirement Specific to Spine Surgery

- a. The program provides training to spine surgery staff on medical equipment specific to spine surgery.**

Delivering or Facilitating Clinical Care (DSDf) Chapter

DSDf.1

Practitioners are qualified and competent.

Element(s) of Performance for DSDf.1

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| 4. Orientation provides information and necessary training pertinent to the practitioner's responsibilities. Completion of the orientation is documented. | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> | | D |
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Requirement Specific to Spine Surgery

- a. The program provides program-specific orientation for staff who are caring for patients undergoing spine surgery procedures.**

5. The program assesses practitioner competence on an ongoing basis. This assessment is documented.

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Requirements Specific to Spine Surgery

- a. The program defines the specific competencies required of staff who are caring for patients undergoing spine surgery.
 - b. The surgeon's privilege list indicates the specific spine surgery procedures the surgeon is privileged to perform.
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7. Ongoing in-service and other education and training activities are relevant to the program's scope of services.

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Requirement Specific to Spine Surgery

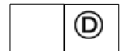
- a. The program supports practitioners' continuing education or certification related to spine surgery.
- Note:** This support may include providing education or accommodating training attendance by modifying work schedules.
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DSD.F.2

The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.

Element(s) of Performance for DSD.F.2

3. The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.



Requirements Specific to Spine Surgery

a. Order sets and protocols are reviewed and updated for current evidence at least annually and revised as necessary by the interdisciplinary team.

b. Care pathways to promote standardized care delivery include at least the following:

Preoperative:

- Identification, evaluation, and mitigation of risk factors that might compromise treatment or recovery prior to surgery
- Prophylactic administration of antibiotic therapy to prevent surgical site infection
- Decolonization of organisms
- Medication reconciliation to determine which medications need to be discontinued

Intraoperative:

- Blood glucose monitoring
- Blood loss management (such as use of tranexamic acid [TXA])
- Normothermia during anesthesia
- Use of mechanical compression devices to prevent venous thromboembolism

Postoperative:

- Maximizing early ambulation
- Issues to address prior to discharge and what milestones determine when a patient is ready for discharge
- Post-discharge therapy, wound monitoring, venous thromboembolism prophylaxis, and surgical and medical follow-up
- Discharge criteria when transferring to acute rehabilitation, skilled nursing, or home health

5. The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.

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Requirements Specific to Spine Surgery

a. The program follows current clinical practice guidelines.

Note 1: Individual patient needs or newly published evidence may warrant the use of additional evidence-based guidelines.

Note 2: Examples of clinical practice guidelines include the North American Spine Society (NASS), the American Academy of Orthopaedic Surgeons (AAOS), the American Association of Neurological Surgeons (AANS), the American Association of Neuroscience Nurses (AANN), the National Association of Orthopaedic Nurses (NAON), the Association of periOperative Registered Nurses (AORN), the American Society of Anesthesiologists (ASA), and the Congress of Neurological Surgeons (CNS).

b. The program implements a process to prevent wrong-level or wrong-site spinal surgery.

Note: Tools for the prevention of wrong-site spinal surgery includes the North American Spine Society’s Sign, Mark & X-ray (SMaX) protocols and checklist.

c. The program implements a process based on clinical practice guidelines to prevent perioperative peripheral neuropathies and visual loss associated with spine surgery.

Note: Examples of clinical practice guidelines and practice advisories include the American Society of Anesthesiologists (ASA) Clinical Practice Guidelines, Practice Advisory for the Prevention of Perioperative Peripheral Neuropathies, and Practice Advisory for Perioperative Visual Loss Associated with Spine Surgery.

DSD.F.3

The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.

Element(s) of Performance for DSD.F.3

1. The program establishes an interdisciplinary team based on the patient's assessed needs and direction from clinical practice guidelines.

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Requirement Specific to Spine Surgery

a. The program defines the roles and responsibilities of each interdisciplinary team member involved in the care of spine surgery procedures.

2. The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.

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Requirements Specific to Spine Surgery

a. In ambulatory surgery centers: The program has selection criteria to identify those patients who may safely discharge to home within 23 hours postoperatively.

Note: Examples of criteria include age, body mass index, current health condition, medical history, caregiver support, and home environment.

b. The patient is assessed for onset and duration of symptoms, location and severity of pain, and limitations in activity.

c. An assessment of risk and health status, as defined by the program, is completed in accordance with clinical practice guidelines or evidence-based practice in a time frame that meets the patient's needs. This assessment includes body mass index (BMI), allergies, hemoglobin levels, blood pressure levels, coronary artery disease, pulmonary disease, glucose levels, tobacco use, alcohol use, minimum cognitive assay, and mental health status. The assessment of risk and health status is documented in the patient's medical record.

d. The results of a comprehensive health assessment determine the actions to optimize the patient's health condition prior to surgery,

e. One of the following general and one of the following functional assessment tools is used to complete the preoperative and postoperative patient reported outcomes:

General Assessments

- Veterans Rand 12 Item Health Survey (VR 12)
- Patient-Reported Outcomes Measurement Information System (PROMIS)

Global-10

- PROMIS Physical Function
- PROMIS-29
- PROMIS-CAT
- PROMIS Depression
- PROMIS Anxiety
- PROMIS Pain Interference

Functional Assessments

- Neck Disability Index (NDI)
 - Oswestry Disability Index (ODI)
 - Numeric Rating Scale (NRS)
 - EQ-5D
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3. The program implements care, treatment, and services based on the patient's assessed needs.

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Requirements Specific to Spine Surgery

- a. Patient-specific therapy is based on a diagnosis (for example, degeneration, pain).
- b. Treatment of spine surgery patients includes evaluation and management of comorbid conditions, where they exist.
- c. Based on priority and risk, the interdisciplinary team implements evidence-based interventions that include at least the following:
 - Assistance with self-management activities
 - Symptom management
 - Pain management
 - Urinary catheter management
 - Blood management
 - Postoperative respiratory management
 - Therapy/exercise (for example, mobility assessment)
 - Medication management (for example, anticoagulation therapy)
 - Risk reduction
 - Nutrition/diet

DSD.F.4

The program develops a plan of care that is based on the patient's assessed needs.

Element(s) of Performance for DSD.F.4

5. The program explains the plan of care to the patient in a manner he or she can understand.

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Requirement Specific to Spine Surgery

- a. The program has a process for obtaining the patient's informed consent.

DSD.F.6

The program initiates discharge planning and facilitates arrangements for subsequent care, treatment, and services to achieve mutually agreed upon patient goals.

Element(s) of Performance for DSD.F.6

1. In preparation for discharge, the program discusses and plans with the patient and family the care, treatment, and services that are needed in order to achieve the mutually agreed upon self-management plan and goals.

Requirements Specific to Spine Surgery

- a. Prior to discharge, an interdisciplinary team member and the patient collaborate to arrange a follow-up appointment with the spine surgeon or spine surgeon’s clinical designee to occur within a time frame that meets the individualized care needs of the patient.
- b. The patient is educated regarding the following, beginning with the spine surgery consultation through the continuum of care prior to discharge, and thereafter at a frequency based on the assessed needs of the patient:
 - Prescribed medications
 - Pain control
 - Infection prevention
 - Blood clot prevention
 - Incision care
 - Drain care
 - Durable medical equipment (such as donning and doffing of lumbar and cervical braces and cervical collars)
 - Activity level
 - Diet
 - When and how to schedule follow-up appointments and referrals if applicable

4. The program provides education and serves as a resource, as needed, to practitioners who are assuming responsibility for the patient’s continued care, treatment, and services.

Requirement Specific to Spine Surgery

- a. The program provides information on best practices for the care of patients recovering from spine surgery.

Supporting Self-Management (DSSE) Chapter

DSSE.1

The program involves patients in making decisions about managing their disease or condition.

Element(s) of Performance for DSSE.1

1. The program involves patients in decisions about their care, treatment, and services.

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Requirements Specific to Spine Surgery

- a. The interdisciplinary team discusses with the patient his or her goals and phases of care, including next steps. This discussion is documented in the medical record.
- b. The interdisciplinary team discusses the anticipated discharge destination with the patient. This discussion is documented in the medical record.
- c. Patient goals will be discussed with the patient throughout each phase of care and documented in the medical record.
- d. The spine surgeon discusses surgical options with the patient. When an autograft, allograft, and/or spinal instrumentation is planned, this discussion includes the spinal instrumentation or graft type. This discussion is documented in the medical record.

5. Patients and practitioners mutually agree upon goals.

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Requirements Specific to Spine Surgery

- a. The patient's mutually agreed upon goals address the patient's condition, symptoms, and management.
- b. The patient's mutually agreed upon goals address the patient's transitions of care throughout the process.

DSSE.2

The program addresses the patient's self-management plan.

Element(s) of Performance for DSSE.2

3. The program engages family and community support structures in the patient's self-management plan, as directed by the patient.

Requirements Specific to Spine Surgery

- a. The program determines, through the preoperative assessment, that the patient's home environment supports safe and effective recovery.
- b. The program educates the patient and his or her family about skills and self-care he or she will need to perform after transitioning to another facility or to home. (See also DSSE.3, EPs 1–5)

5. The program addresses the education needs of the patient regarding disease progression and health promotion.

Requirements Specific to Spine Surgery

- a. Patients are counseled about risk factors, disease prevention, potential treatment(s), symptom identification, self-management, and follow-up care in order to promote healing.
- b. Health promotion education addresses risks that might compromise treatment or recovery; this education includes, but is not limited to, the following:
 - Nutrition
 - Activity and exercise
 - Maintaining a healthy weight
 - Tobacco use
 - Alcohol use
 - Drug use

DSSE.3

The program addresses the patient's education needs.

Element(s) of Performance for DSSE.3

5. The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services.

Requirements Specific to Spine Surgery

- a. The program provides the patient with initial and ongoing education on complication prevention and risk reduction, medications provided (including pre- and post-discharge dosing), pain management, activity level, treatments, and incision care.
- b. The program provides the patient with initial and ongoing education and information regarding self-care including, but not limited to, the following: home safety; fall hazards; identification of support person; signs and symptoms of infection; pain management; physical therapy; and, as indicated based on the needs of the patient, occupational therapy, anticoagulant therapy, and metal detection.
- c. The program provides the patient with a rehabilitation plan including, but not limited to, assistance with adaptive equipment and a home exercise program.
- d. Education and resources are provided to the patient when durable medical equipment is recommended for home use (such as walkers, back and neck braces, cervical collars).

Clinical Information Management (DSCT) Chapter

DSCT.3

Patient information is gathered from a variety of sources.

Element(s) of Performance for DSCT.3

2. Information is gathered from relevant practitioners and/or health care organizations.

Requirements Specific to Spine Surgery

- a. The program follows a process of consistent communication among all practitioners who provide care for the patient across the continuum of care.
- b. The program gathers information from practitioners or health care organizations that are involved with the patient prior to the spine procedure.

DSCT.4

The program shares information with relevant practitioners and/or health care organizations about the patient's disease or condition across the continuum of care.

Element(s) of Performance for DSCT.4

2. The program shares information with relevant practitioners and/or health care organizations to facilitate continuation of patient care.

Requirements Specific to Spine Surgery

a. The interdisciplinary team has a consistent communication process during each care transition that includes the following:

- Established methods and timelines for communication and information exchange between sender and receiver, including communication prior to a patient's transition

- Collaboration between sender and receiver

- The plan of care is included in the information exchange along with the program's expectations for providing care.

b. Upon discharge, the spine surgeon, hospitalist, or primary care physician provides a report to the receiving organization's physician that includes criteria for when to contact the spine surgeon.

c. Upon discharge, nursing staff provide a report to the receiving organization's nursing staff.

d. The following information from the medical record will be included to support coordination of care and the transfer of information between the sending and receiving organizations:

- Any diagnostic tests performed and their results

- Any laboratory tests performed and their results

- Any procedures performed and their outcomes, including the reason for performing the procedure(s) and interventions used to optimize the patient's health condition prior to surgery

- Any medications ordered, changed, or discontinued, and any new prescriptions

- Any findings from history and physical data relevant to the patient's condition

- Any information on pending results of diagnostic tests, laboratory tests, and medical procedures

- Physical therapy reports including current activity level, activities of daily living limitations, goals and adaptive equipment requirements.

- Occupational therapy reports (if applicable)

- Pain management history and care

- Wound/incision history and care

- Patient goals

- Identification of family members or others serving as the patient's caregiver and, where present, the patient's support system

DSCT.5

The program initiates, maintains, and makes accessible a medical record for every patient.

Element(s) of Performance for DSCT.5

3. The medical record contains sufficient information to support the diagnosis.

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Requirement Specific to Spine Surgery

a. Any diagnostic procedures used to verify the correct level of the spinal column such as magnetic resonance imaging (MRI), computerized tomography (CT) myelography, and radiography (X-ray) are included in the medical record.

5. The medical record contains sufficient information to document the course and results of care, treatment, and services.

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Requirements Specific to Spine Surgery

a. When spinal instrumentation has been placed, the medical record contains the information about the spinal instrumentation, including specific type, manufacturer, and the unique identifier (such as lot number or serial number if applicable).

b. All transitions are documented in the medical record.

c. Information in the medical record includes spine surgeon's office notes, lab results, radiology reports, and post-discharge documents.

Performance Measurement (DSPM) Chapter

DSPM.3

The program collects measurement data to evaluate processes and outcomes.

Note: Measurement data must be internally trended over time and may be compared to an external data source for comparative purposes.

Element(s) of Performance for DSPM.3

2. The program collects data related to processes and/or outcomes of care.

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Requirements Specific to Spine Surgery

a. The program collects data related to complications for procedures performed (such as, transient dysphagia, postoperative hematoma, esophageal injuries, nerve injury, reoperations).

b. The program utilizes The American Spine Registry (ASR) to monitor data and measure outcomes.

6. The program communicates to staff and organizational leaders the identified improvement opportunities.

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Requirements Specific to Spine Surgery

- a. Program staff review measurement results to determine whether goals were achieved.
- b. Program leaders review and prioritize identified improvement opportunities.

DSPM.4

The program collects and analyzes data to determine variance from the clinical practice guidelines.

Element(s) of Performance for DSPM.4

2. The program evaluates variances that affect program performance and outcomes.

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Requirements Specific to Spine Surgery

- a. The performance improvement program includes evaluation of care processes and all transitions of care.
- b. The program analyzes its spine surgery data (for example, treatment and outcomes, process to track complications, and reoperation rates) in the American Spine Registry (ASR) and uses it for quality improvement purposes.