The Joint Commission

Comparison of Core and Advanced Certification in Spine Surgery

Program Concept	Core	Advanced
Scope of Program Review	Hospital or ambulatory surgery center only	Physician's office(s), inpatient/hospital-based outpatient/ ambulatory surgery center and post follow-up care organizations
Surgical Procedures Performed	Core certification options for organization: • Core spine certification • Microdiscectomy, Discectomy, Laminectomy, and Spinal Fusion (Volume criteria requirement is 10 per each core program)	Advanced certification for organization: • Must have provided spine surgery procedures to a minimum of 200 patients
Visit and Tracer Sites	• Hospital • Ambulatory surgery center	• Physician office visit and/or direct communication with office staff • Hospital • Ambulatory surgery center
Review Days	Review day (1 day) Core spine certification	Review days: • 2-day intense review of entire spine surgery program • Intraoperative observation on day 1 or day 2 of review
Standards	Core standards disease-specific care	Core standards disease-specific care + advanced standards for advanced certification in spine surgery • AXA appendix for non-accredited hospitals • AXB appendix for non-accredited ambulatory surgery centers
Surgical Tracer	Visit and communication with peri-operative team	• Surgical observation and conversation with entire peri-operative team • Observation of hand-offs between each care area **Arrange for reviewer to observe a spine surgery day 1 or day 2 of review
Hand-Offs	Discussion with staff regarding hand-offs	Direct observation of hand-off communications through-out entire care continuum

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Communication and collaboration	• Team within the hospital or ambulatory surgery center • Working toward High Reliability	Communication, collaboration, and shared decision making throughout the entire continuum of care Continuum of care contains: • Physician's office visit to preoperative area, preoperative area to intraoperative area, intraoperative area to postoperative area, postoperative area to patient care unit, patient care unit to discharge, discharge to physician's office for follow-up care, and any post discharge care • Includes hand-offs/transitions within care areas • Consensus among practitioners to limit variation using concepts of High Reliability
Uniformity	Program in the hospital or ambulatory surgery center	Across the entire care continuum • Physician office(s), inpatient / hospital-based outpatient / ambulatory surgery center, and post discharge • Consistency of all physicians in the program. No significant outliers in physician practice
Order Sets	Movement toward standardized order sets for all physicians	Consistent use of standardized pre and post op order sets for all physicians
Preoperative Optimization	Notes regarding this being completed	All notes need to be available from providers as part of the medical record
Standardization	• Clinical practice guidelines • Order sets	Clinical practice guidelines follow the entire scope of the program (i.e., preoperative assessment and testing, perioperative procedures, postoperative pain management, antibiotics, mobility, DVT prophylaxis) Order sets • Among physician(s) inpatient / hospital-based outpatient / ambulatory surgery center across the care continuum from office(s) through follow-up visit • Specific clinical practice guidelines for spine surgery

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Physician Engagement	Physician champion / medical director identified, involved in program initiatives	• Medical director and spine coordinator identified • Surgeon(s) involvement (i.e., program initiatives, team meetings, data analysis, performance improvement, staff in-service and education)
Patient Education	Content review of preoperative education (i.e., back class)	• Content review of preoperative education (i.e., back class) • Direct observation of a portion of the class (no minimum class number required), perioperative patient interviews, therapy sessions, patient discharge teaching, or other patient education
Post Discharge	Review hospital / ambulatory surgery center discharge process	• Review discharge process • Review data communication from post discharge entities to see engaged tracking through patient follow-up visit
Functional Outcomes	Should be considering, if not implementing, some form of functional outcome measures	Should have strong functional outcome data
Performance Measures	4 performance improvement measures of choice (2 of 4 must be clinical)	• 4 standardized performance improvement measures: Surgical Site Infection Rates, New Neurological Deficit, Unplanned Returned Visit to the OR, and Patient Reported Outcomes • Must be an active participant of the American Spine Registry (ASR) and use the data collected from the registry to analyze and improve processes. • For questions regarding the ASR please go to Info@AmericanSpineRegistry.org