



Advanced Certification in Spine Surgery

The Backbone of a Quality-Driven Spine Program

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Advanced Certification in Spine Surgery

Learning Objectives

At the end of the webinar, participants will have a clear understanding, and ability to discuss the following:

- The components to Advanced Certification in Spine Surgery
- The differences between core and advanced certification
- American Spine Registry (ASR)
- The steps to becoming certified

Set Your Organization Apart



As the patient population ages, the number of spine surgeries in the United States is likely to increase — and it's probable that your competition will increase as well.

The Joint Commission Advanced Certification in Spine Surgery helps elevate your program with the evidence-based proof of clinical quality and safety sought by both patients and payors, giving you a leg up on the competition.

Demonstrate Your Commitment to Care



Achieving Joint Commission
Advanced Certification in
Spine Surgery *shows your
commitment to providing an
exceptional level of care.*



By upholding to the highest
standards and performance
measures, *you gain verified
proof of the quality you deliver
across the continuum of care.*

Standards

That set your program apart

Our thorough standards are developed with input from health care professionals, providers, subject matter experts and consumers. They undergo a deep peer-level review by the American Academy of Orthopaedic Surgeons (AAOS).

Our focus on applying evidence-based standards uniformly and consistently leads to:



Measurable results



Streamlined processes



Improved patient safety

Advanced Certification May Be Closer Than You Think

Maximize your commitment to excellence



Our experienced, supportive advisors help you get started building upon your existing program to involve the entire continuum of care.



We work closely with you to benchmark your progress and help you accomplish tangible results.

Unique Review Process & Prescriptive Approach



A 2-day intensive review of your entire program with observation of the surgical team and all care team handoffs



Standardized performance improvement measures most critical to establishing quality care best practices

Consistency at Every Touchpoint

Throughout the Entire Continuum of Patient Care

Advanced Certification is focused on ensuring collaboration and communication at every point of care.



**Pre-surgical
consultation with
the surgeon**



**Intraoperative,
hospitalization or
ASC admission**



**Rehabilitation
activities**



**Follow-up and
post-discharge care**

Advanced Certification in Spine Surgery Program



- Available to hospital and ambulatory care settings
- Requires participation in the American Spine Registry, which is a collaborative effort of the American Association of Neurological Surgeons (AANS) and the American Academy of Orthopaedic Surgeons (AAOS)

ACSS Eligibility

Eligibility Criteria

- Advanced Certification is awarded at a site level
- Multiple sites under the same health care organization (HCO) number may choose to apply for DSC certification for each individual site or only selected sites
- For an individual site to be certified, that site must be able to independently meet all standards and requirements for the desired DSC certification program
- The program is in the United States, operated by the US government, or operated under a charter of the US Congress
- The program is provided within an organization that is Joint Commission-accredited, accredited by another accrediting organization, or non-accredited

Eligibility Criteria

- The program uses a standardized method of delivering clinical care based on clinical practice guidelines and/or evidence-based practice
- The program uses performance measurement to improve its performance over time.
 - Data collection for these measures must commence four months prior to the initial certification review visit for organizations seeking certification.
 - Data collection is then ongoing thereafter for all ACSS-certified organizations

Eligibility Criteria

- The program must have provided spine surgery procedures to a minimum of 200 patients
- The program must be an active participant of the American Spine Registry (ASR) and use the data collected from the registry to analyze and improve processes.
- An on-site intraoperative observation must be conducted by a Joint Commission Reviewer

The Steps to Apply

Certification Roadmap

Connect with your Associate Director

- Contact certification@jointcommission.org

Pre-Application

- Review Standards in E-dition® and analyze gaps
- Review Standardized Performance Measures
- Identify Clinical Practice Guidelines
- Complete Performance Improvement Plan
- Establish a Ready Date

Complete Application on Connect® portal

- No Performance Measure data required

Prepare for Onsite Review

- Use the Review Process Guide on Connect® portal
- Upload most recent 4 months of measure data

Onsite Review

- 2 Day x 1 Reviewer

Why Work with the Joint Commission

Your Source for Orthopedic Certification

Looking to Elevate and Strengthen Your Spine Surgery Program?

The Joint Commission can help. With a comprehensive suite of offerings to choose from — backed by the expertise and insight of our robust orthopedic care experience — you will find the guidance, knowledge and framework you need to achieve improved outcomes and continued success.

Reach out today

For more information on the Advanced Certification in Spine Surgery, please contact us at certification@jointcommission.org.

Helen Larios MBA, MSN, RN

Project Director Clinical Department of
Standards and Survey Methods

Advanced Certification for Spine Surgery (ACSS)

July 15, 2021

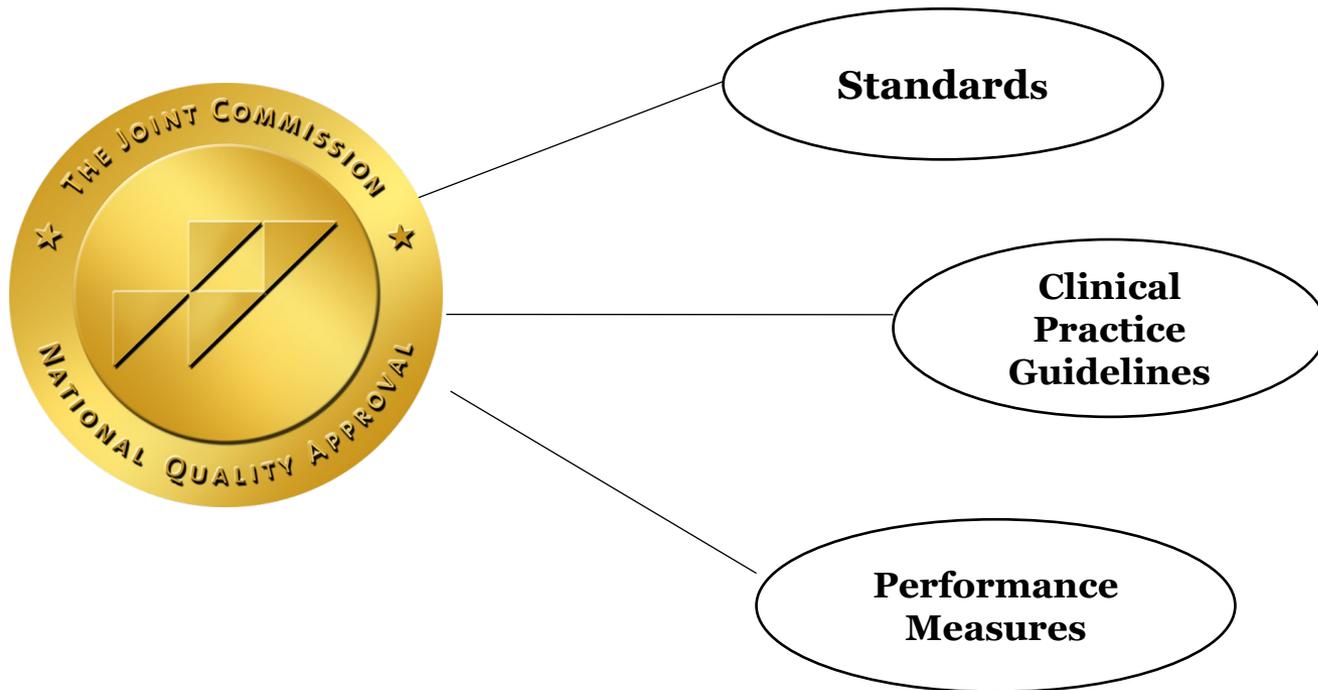


Advanced Certification in Spine Surgery

Across the Continuum of Care



ACSS Program Components



Going Beyond Core Spine Certification

- On-site intraoperative observation
- Consistent communication and effective collaboration
- Demonstrated application of and compliance with clinical practice guidelines
- Data collection for clinical performance measures through the American Spine Registry (ASR)

Principal Concepts of ACSS Requirements

- Program composition
- Collaboration among providers
- Interdisciplinary specialized care team
- Standardization of care
- Preoperative optimization
- Education
- Performance measures
- Reporting of data (American Spine Registry)

Program Composition

- Scope includes all phases of care
- Standard of care consistent 24/7
- Ongoing initiatives
- Evaluation
- Performance improvement

Collaboration Among Providers

- Written transfer protocols
- Standardized handoffs, order sets
- Transitions of care
 - Consistent communication (methods and timelines, information exchange, program's expectations, medical record)
- Interdisciplinary Care Pathways

Interdisciplinary Specialized Care Team

- Leadership Roles
 - Medical Director
 - Spine Coordinator
- Dedicated care team
 - Specialty trained surgeon, nurses, PTs
 - Dedicated spine unit
 - OR team

Standardization of Care

- Clinical Practice Guidelines
 - Specific to Spine Surgery
- Evidence Based Protocols/Interventions
 - Wrong-level/wrong-site surgery
 - Perioperative peripheral neuropathies/visual loss
 - Post operative OT/PT protocols
- Interdisciplinary care pathways
 - Preop
 - Intra op
 - Post op

Preoperative Optimization

- Patient's confirmation and understanding
- Indications for surgery
- Patient assessments and reassessments
 - General tool
 - Functional tool

Education

- Patient
 - Continuum of care education
 - Meds, incision care, infection prevention
 - Follow up appointment
 - Back or Spine Class
- Staff
 - Program-specific orientation/competencies
 - Medical equipment training
 - Best practices information
 - Continuing education or certification

Performance Measures

- Surgical Site Infection Rates
- New Neurological Deficit
- Unplanned Returned Visit to the OR
- Patient Reported Outcomes

Reporting of Data (ASR)

- Data collection
 - Complications related to procedures
- American Spine Registry (ASR)
 - Monitor data
 - Measure outcomes
- Review measurement results
- Prioritize identified opportunities

Core vs Advanced

Scope of Program Review

Core

- Hospital or ASC only

ACSS

- Physician's office(s), inpatient/hospital-based outpatient/ambulatory surgery center and post follow-up care organizations

Surgical Procedures Performed

Core

- Core Spine Certification
- Microdiscectomy, Discectomy, Laminectomy, Spinal Fusion (volume requirement is 10 per each core program)

ACSS

- Have provided served a minimum of 200 patients annually

Visit and Tracer Sites

Core

- Hospital and Ambulatory Surgery Center

ACSS

- Physician office visit and/or direct communication with office staff
- Hospital and Ambulatory surgery center

Reviewer Days

Core

- Review day (1 day)
- Core spine certification

ACSS

- 2-day intense review of entire spine surgery program
- Intraoperative observation on day 1 or day 2 of review

Standards

Core

- Core standards disease-specific care

ACSS

- 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

Core

- Visit and communication with peri-operative team

ACSS

- 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

Handoffs

Core

- Discussion with staff regarding hand-offs

ACSS

- Direct observation of hand-off communications throughout entire care continuum

Communication/Collaboration

Core

- Team within the hospital or ASC
- Working toward High Reliability

ACSS

- Includes shared decision making
- Physician's office visit to post discharge care
- Hand-offs/transitions within care areas
- Consensus among practitioners to limit variation using concepts of High Reliability

Uniformity

Core

- Program in the hospital or ambulatory surgery center

ACSS

- 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

Core

- Movement toward standardized order sets for all physicians

ACSS

- Consistent use of standardized pre and post op order sets for all physicians

Preoperative Optimization

Core

- Notes regarding this being completed

ACSS

- All notes need to be available from providers as part of the medical record

Standardization

Core

- Clinical practice guidelines
- Order sets

ACSS

- Clinical practice guidelines follow the entire scope of the program
- Order sets
- Among physician(s) inpatient /hospital-based outpatient/ASC across the care continuum
- Specific clinical practice guidelines for spine surgery

Physician Engagement

Core

- Physician champion/medical director identified, involved in program initiatives

ACSS

- 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

Core

- Content review of preoperative education (i.e., back class)

ACSS

- 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

Core

- Review hospital/ambulatory surgery center discharge process

ACSS

- Review discharge process
- Review data communication from post discharge entities to see engaged tracking through patient follow-up visit

Functional Outcomes

Core

- Should be considering, if not implementing, some form of functional outcome measures

ACSS

- Should have strong functional outcome data

Performance Measures

Core

- 4 performance improvement measures of choice (2 of 4 must be clinical)

ACSS

- 4 standardized performance improvement measures
- Must be an active participant of the American Spine Registry (ASR) and use the data collected from the registry to analyze and improve processes

Thank you!

American Spine Registry



A partnership between

American Association of Neurological Surgeons

American Academy of Orthopaedic Surgeons

Introduction to the American Spine Registry

*Data Element and Measure Review for the
Advanced Certification in
Spine Surgery (ACSS)*

A Partnership Based on the Need for Spine Data

- Degenerative spine disease is one of the ***most prevalent and costly disease states worldwide***
 - LBP is the most common cause of work-related disability in the U.S.
 - In the U.S. alone, the total direct costs for spine care exceed \$100 billion annually
- Utilization of common spine procedures has increased 150-600% over the last decade
 - Lumbar spinal fusion surgeries, which range from \$60,000 to \$110,000 per procedure, have significantly increased in frequency
- Various estimates suggest that between 10 and 25% of spine care (diagnostic and therapeutic) is unnecessary and/or ineffective



ASR Clinical Data Elements

Two Modules Available: Cervical & Lumbar

Demographics

Patient

- Name (Last, First)
- Date of Birth
- Social Security Number
- Diagnosis (ICD-10)*
- Gender
- Race/Ethnicity
- Comorbidities (ICD-10)
- COVID-19 as prior diagnosis
- Height + Weight/Body Mass Index

Site of Service

- Name and Address (TIN/NPI)

Surgeon

- Name (NPI)

Procedure

- Type (ICD-10, CPT)*
- Date of Surgery
- Spinal Approach
- **Implants and Grafts (manufacturer/lot#, UDI)**
- Length of Stay
- American Society of Anesthesiologists Score
- Anticoagulation

Post-Operative/Complications

- Operative and Post-operative Complications
- Secondary Surgical Procedures

**Vanguard sites utilize an operative form for additional procedural & diagnosis detail*



ASR PRO Data Elements

Patient-reported Outcomes*

Recommended

- PROMIS-10 Global **or** VR-12
- PROMIS Physical Function **or** Oswestry Disability Index (ODI) 2.1/Neck Disability Index (NDI)
- Numeric Rating Scale (NRS)

Additional Options Accepted

- PROMIS CAT, PROMIS-29
- PROMIS Emotional Distress – Depression
- PROMIS Emotional Distress – Anxiety
- PROMIS Pain Interference
- EQ-5D

**Vanguard sites pursue longer PROMs post-operative follow-up (min 1 year) compared to standard sites (min 90 days)*

**Sites can utilize their existing PROMs collection mechanism or utilize ASR's no cost PROM tool*



ACSS Measures

ASR



Surgical Site Infection Rates

- Patients with a post-operative surgical site infection identified within 90 days after the primary procedure.

Numerator



Spine cases with documented surgical site infection within 90 days of the primary procedure.

Denominator



All primary cervical and lumbar degenerative spine cases submitted to ASR.

New Neurological Deficits

- Patients with new neurological deficits present within 90 days after the primary procedure.

Numerator



Spine cases with new unexpected neurologic deficit with focus motor strength that is a 3/5 or worse.

Denominator



All primary cervical and lumbar degenerative spine cases submitted to ASR.

Unplanned Return Visit to the OR

- Patients who had an unplanned return to the OR within 90 days of the primary procedure.

Numerator



Spine cases that are not multi-stage procedures, with unplanned return visits to the operating room.

Denominator



All primary cervical and lumbar degenerative spine cases submitted to ASR.

Pre- and Post- Operative PROMs

- Proportion of patients submitted to ASR who completed the general health and spine specific functional status assessments:
 - 90 days prior to surgery and 90 days post-operatively.

ASR Patient-reported Outcomes

Recommended

- PROMIS-10 Global **or** VR-12
- PROMIS Physical Function **or**
Oswestry Disability Index (ODI)/Neck Disability Index (NDI)
- Numeric Rating Scale (NRS)

Additional Options Accepted

- PROMIS CAT, PROMIS-29
- PROMIS Emotional Distress – Depression
- PROMIS Emotional Distress – Anxiety
- PROMIS Pain Interference
- EQ-5D

ACSS Measures

Measure Name	Description	Denominator	Numerator
Surgical Site Infection Rates	Patients with a post-operative surgical site infection identified within 90 days after the primary procedure.	All primary cervical and lumbar degenerative spine cases submitted to ASR.	Spine cases with documented surgical site infection within 90 days of the primary procedure.
New Neurological Deficits	Patients with new neurological deficits present within 90 days after the primary procedure.	All primary cervical and lumbar degenerative spine cases submitted to ASR.	Spine cases with new unexpected neurologic deficit with focus motor strength that is a 3/5 or worse.
Unplanned Return Visit to the OR	Patients who had an unplanned return to the OR within 90 days of the primary procedure.	All primary cervical and lumbar degenerative spine cases submitted to ASR that are not multi-stage procedures.	Spine cases that are not multi-stage procedures, with unplanned return visits to the operating room.
Pre-operative and Post-operative Patient Reported Outcomes (PROs)	Proportion of patients submitted to ASR who completed the general health and spine specific functional status assessments: 90 days prior to surgery and 90 days post-operatively.		

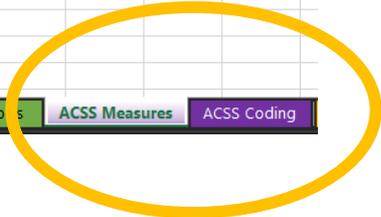
ACSS Data Collection

Measure Name	Data Element Collection
Surgical Site Infection Rates	<i>Surgical site infection rates would be identified by ICD-10 coding in the ASR data specifications. For additional information on SSI per the criteria set forth by the CDC and the Surveillance for Surgical Site Infection (SSI) Event, please refer to this document: https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscasicurrent.pdf</i>
New Neurological Deficits	<i>New Neurological deficits would be identified by ICD-10 coding (see ASR data specifications)</i>
Unplanned Return Visit to the OR	<i>Unplanned return visits to the OR would be identified by ICD-10 coding (see ASR data specifications)</i>
Pre-operative and Post-operative Patient Reported Outcomes (PROs)	<i>Sites would submit one general health and one spine specific functional status assessments currently accepted by ASR. ASR accepts the following assessments: PROMIS-10, VR-12, ODI, NDI, PROMIS Physical Function, Numeric Rating Scale, PROMIS-CAT, PROMIS-29, PROMIS Pain Interference, PROMIS Emotional Distress Depression, PROMIS Emotional Distress Anxiety, EQ-5D</i>

Data Collection

Advanced Certification in Spine Surgery (ACSS)			
Measure Name	Description	Denominator	Numerator
Surgical Site Infection Rates	Patients with a post-operative surgical site infection identified within 90 days after the primary procedure.	All primary cervical and lumbar degenerative spine cases submitted to ASR.	Spine cases with documented surgical site infection within 90 days of the primary procedure.
New Neurological Deficits	Patients with new neurological deficits present within 90 days after the primary procedure.	All primary cervical and lumbar degenerative spine cases submitted to ASR.	Spine cases with new unexpected neurologic deficit with focus motor strength that is a 3/5 or worse.
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Pre-operative and Post-operative Patient Reported Outcomes (PROs)	Proportion of patients submitted to ASR who completed the general health and spine specific functional status assessments: 90 days prior to surgery and 90 days post-operatively		

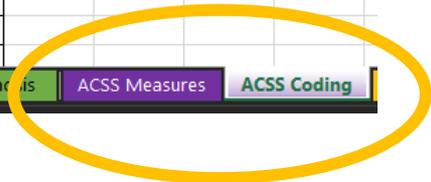
ASR 2021 Data Specifications include designated tabs for the ACSS Measures and Coding to guide data collection and submission.



ACSS Coding

	A	B	C	D	E	F	G
1	Advanced Certification in Spine Surgery (ACSS)						
2	Measure: Surgical Site Infection Rates	Surgical site infection rates would be identified by ICD-10 coding, including use of T81.49XA. For additional information on SSI per the criteria set forth by the CDC and the Surveillance for Surgical Site Infection (SSI) Event, please refer to this document: https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscscscurrent.pdf					
3	A40.8	Other streptococcal sepsis					
4	A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus					
5	A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus					
6	E83.2	Disorders of zinc metabolism					
7	L08.89	Other specified local infections of the skin and subcutaneous tissue					
8	L08.9	Local infection of the skin and subcutaneous tissue, unspecified					
9	M00.00	Staphylococcal arthritis, unspecified joint					
10	M00.10	Pneumococcal arthritis, unspecified joint					
11	M00.20	Other streptococcal arthritis, unspecified joint					
12	M00.80	Arthritis due to other bacteria, unspecified joint					
13	M00.9	Pyogenic arthritis, unspecified					
14	M00.08	Staphylococcal arthritis, vertebrae					
15	M00.18	Pneumococcal arthritis, vertebrae					
16	M00.28	Other streptococcal arthritis, vertebrae					
17	M00.88	Arthritis due to other bacteria, vertebrae					
18	M00.9	Pyogenic arthritis, unspecified					
19	M00.08	Staphylococcal arthritis, vertebrae					
20	M00.18	Pneumococcal arthritis, vertebrae					
21	M00.28	Other streptococcal arthritis, vertebrae					
22	M00.88	Arthritis due to other bacteria, vertebrae					
23	M00.9	Pyogenic arthritis, unspecified					
24	M00.09	Staphylococcal polyarthritis					
25	M00.19	Pneumococcal polyarthritis					
26	M00.29	Other streptococcal polyarthritis					

- ACSS Measures are collected via ICD-10 coding.
- Coding lists for each measure are available on the ACSS Coding tab in the 2021 ASR Data Specifications.
- Codes would be associated with a case, if applicable, and uploaded to ASR



American Spine Registry

A partnership between

American Association of Neurological Surgeons

American Academy of Orthopaedic Surgeons



Thank You

Info@AmericanSpineRegistry.org

www.americanspineregistry.org

Improving spine care through **data.**

Questions?

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