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Advanced Orthopaedic Certification Issue

Reaching new heights of excellence

Orthopaedic procedures are on the rise, particularly in the outpatient setting, where patients, providers, and payers experience lower costs and increased efficiency. To stand out from other facilities in the industry and demonstrate a commitment to patient safety and quality of care, many ambulatory surgery centers (ASCs) are obtaining official certification in orthopaedic procedures.

Building off accreditation and focusing on specialty care, the AAAHC Orthopaedic Certification Standards concentrate on transitions of care from pre-assessment through discharge and rehabilitation.

It is important for facilities seeking advanced orthopaedic certification to create a robust plan and follow specific steps to ensure compliance with the requirements and avoid jeopardizing a successful outcome. These elements include conducting a gap analysis, developing a plan for improvement, and implementing changes. Outlined below (see page 2) are seven key steps to help facilities plan accordingly when preparing for a certification survey and when seeking to maintain certification compliance throughout the 1,095-day term.

"We perform a variety of orthopaedic procedures and our patients know they can turn to us for expert medical care. Building upon our ongoing compliance to AAAHC Accreditation requirements, our Advanced Orthopaedic Certification emphasizes our commitment to continually improving our orthopaedic processes and performance."

— *Total Joint Medical Director, Robert Hartman, M.D. of the Minnesota Valley Surgery Center*

Leadership message

COMPLEX SURGICAL PROCEDURES CAN BE PERFORMED SAFELY IN AN AMBULATORY SURGICAL CENTER

According to some industry analysts, half of all total joint procedures performed in the U.S. will be outpatient by the middle of 2020. To address patient safety and quality concerns and to support AAAHC clients in their quality improvement efforts, AAAHC developed the Advanced Orthopaedic Certification (AOC) Program. The AOC Standards

Noel M. Adachi, president and CEO of AAAHC

provide AAAHC-accredited ASCs with a framework for further strengthening quality assurance initiatives and aims to mitigate many of the challenges related to the provision of these high-risk procedures. This approach ties to the AAAHC philosophy, *1095 Strong, quality every day*. For facilities participating in the AAAHC Accreditation or Certification programs, we expect continuous quality improvement and ongoing demonstration of an organization's commitment to AAAHC Standards

Reaching new heights of excellence
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1. **Identify Core Leaders** appointed to direct the orthopaedic specialty service, which for compliance with certification requirements, should include a medical director and a clinical resource person.

2. **Develop a Project Plan** or action plan that is continuously reviewed and updated and which can form the basis for your quality improvement efforts.

3. **Conduct a Gap Analysis** to assess your organization's scope, readiness for certification, and resources for compliance.

4. **Develop a Plan for Improvement** (PFI) to help your organization reduce risk, educate staff on requirements, and identify an area for a quality improvement (QI) study.

An effective PFI consists of six elements:
- Deficiency Statement
- Corrective Action
- Responsible Party
- Correction Date
- Monitoring Activity
- Supporting Documentation

5. **Implement Actions and Submit Application**; revise documents and policies and procedures to reflect best practice and communicate changes through memos or staff training sessions. Then, submit your application with supporting documents.

6. **Report findings** of deficient practice and any changes that occur as a result of your process improvement. Collect all documented evidence that the change occurred, and that it has been properly communicated and reported.

7. **Conduct an internal audit** and verify that all documented activity aligns with staff knowledge and is observed in their practice. An internal audit focuses on verifying that your written processes are being implemented and are effective.

These same steps can be utilized in the annual review of your organization's compliance with the advanced orthopaedic certification requirements and will be required for completion of an annual attestation.

To contact the AAAHC Orthopaedic Certification Team, email orthopaedic@aaahc.org, call 847-853-6060, or visit aaahc.org/certification. ▲

Leadership message *continued from page 1*

compliance and best practice through all 1,095 days of the accreditation/ certification term…*because your patients do too*.

While AAAHC agrees that many surgical procedures can be performed safely in an ambulatory surgical center that is committed to quality health care and that follows rigorous policies and procedures, an ASC may have limitations for high-risk patients. Selecting the right candidates through established patient selection criteria based on current clinical practice guidelines is paramount to ensuring optimal patient outcomes in the ambulatory surgical setting. Clinical comorbidities should be optimized, and patients should be motivated, active, and at an acceptable low risk for perioperative complications. We also recognize that to achieve positive patient outcomes, care extends beyond the surgical procedure. Assessment and care planning should include education, social support, and environmental factors, in addition to planning for post-discharge care coordination with a support person and other services, such as pre-procedure and post-procedure rehabilitation.

By participating in our accreditation and certification programs, facilities can demonstrate a commitment to ensuring that patients receive clinically appropriate surgical procedures, that these procedures do not pose a safety risk when performed in an ASC, and that ASCs are committed to quality improvement and patient safety. *This matters to patients*. And facilities that achieve certification can externally communicate this commitment.

Together we are *1095 Strong, quality every day!* ▲

Calendar

Quarterly Conferences
January 17–19, 2020
ASCA Winter Seminar
Austin, TX

Live Seminars
March 13–14, 2020
Achieving Accreditation
Miami, FL

1095 Learn
On Demand Webinars
Credentialing & Privileging
Emergency Drills
Medication Reconciliation
Patient Safety
Peer Review & Internal Benchmarking
Safe Injection Practices

Go to **learn.aaahc.org** to register for *Achieving Accreditation* and for up-to-date listings of all available eLearning and webinar opportunities.

Completing your Certification application

Megan Burns, MA, LPC and Naté Poindexter, MHA
AAAHC Accreditation Services, Staff

Participation in the AAAHC Accreditation Program is a fundamental eligibility requirement for application to the Advanced Orthopaedic Certification Program. By setting this expectation, interested facilities already are familiar with the application and survey process. However, with its heightened specialty focus, our Standards development experts incorporated several new requirements. To date, numerous facilities have already achieved this certification, and we have learned from their experience some of the more challenging "survey readiness" requirements that delayed their journey. For interested ASCs, we've identified a few areas in the application that require more focus.

CORE LEADERS

Core leaders must consist of a medical director (MD) and a clinical resource person (RN). The purpose of this requirement is based on the scopes of practice and delineation of responsibilities that facilitate the continuum of care and coordination of specialty service requirements.

NUMBER OF SURGEONS AND LIST OF PRIVILEGED PROVIDERS

The privileged provider list should include the type of procedure and volume of procedures that are specific to each surgeon. Note that other uni- or partial procedures (*e.g.*, total ankle, elbow, and wrist) are not included. Eligible volume is limited to the following procedures:

Total joint replacement procedures
• Total Knee
• Total Hip
• Total Shoulder

Complex spine procedures
• Lumbar Fusion
• Lumbar Laminectomy/Discectomy
• Cervical Fusion
• Cervical Laminectomy

ORGANIZATION CHART

The organization chart must display the functional relationship(s) between the organization and its total joint and/or spine program, (*e.g.*, subcommittees with reporting lines to Quality Assurance and Performance Improvement (QAPI) or governance committees). Core leaders may be reflected or specific orthopaedic departments may also be included.

MEETING MINUTES

For multispecialty organizations, the quality committee meeting minutes provided with your application are not required to separate the specialty-specific quality meeting elements. These minutes may be used across the organization; however, there needs to be clear evidence that the orthopaedic program is engaged in specialty-specific activities aimed at reducing specialty patient risks and improving outcomes. This also means that data must be separated out so that total joint replacement and/or complex spine patient data, such as surgical site infections, patient falls, or DVTs (deep vein thrombosis) are identified and trended.

PATIENT SATISFACTION

The AAAHC Certification program is specific to orthopaedic patients and eligible procedures. Therefore, for purposes of your orthopaedic certification application, your patient satisfaction surveys should only include data associated with patients undergoing total joint replacement of the knee, hip, shoulder, and complex spine procedures.

QUALITY IMPROVEMENT PLAN

The quality improvement plan provided from a multispecialty organization is not required to be a separate plan explicitly focused on orthopaedics. However, the QI plan should include elements that address the specialty service line.

POLICIES AND PROCEDURES

Medical Device: Written policies for the selection, approval, and use of implantable medical devices should include but are not limited to:
• A unique identifier (*e.g.*, lot, batch, or serial number) with traceability
• A process for reporting device complications to the FDA

Clinical Care: Written policies specific to patients during the continuum of orthopaedic care should include but are not limited to:
• Pre-screening inclusion and exclusion criteria
• Patient and caregiver education
• Discharge planning policies that include timeframes for discharge follow-up calls
• Post-operative patient positioning

Clinical Deterioration:
Written policies that identity early recognition and management of clinical deterioration should include but are not limited to:
• Transfer of care
• Intra-operative monitoring
• Emergency preparedness (*e.g.*, cardiopulmonary arrest and difficult intubation, malignant hyperthermia)
• Post-Anesthesia Care Unit (PACU) monitoring and discharge criteria (Phase I and Phase II, if applicable) ▲

Advanced Orthopaedic Certification Framework

The AAAHC Certification Standards for orthopaedics allow organizations to demonstrate the use of evidence-based clinical practice guidelines, ongoing performance improvement strategies, and an organizational infrastructure that supports excellence. The Standards include six chapters with emphasis on leadership effectiveness and care integration in the delivery of orthopaedic services. The program focuses on transitions of care from pre-assessment through discharge and rehabilitation.

Effective Leadership

1. Strategic Planning

- ▶ **Strategic Plan**: Have core leaders been appointed for the specialty service?
- ▶ **Target Population**: What is driving demand for the specialty services? Has the eligibility criterion for 20 procedures performed in the last 12 months been met?
- ▶ **Strategic Partnerships**: Have strategic partners that bridge gaps in care been identified? How are the partner services evaluated?

2. Providers and Staff

- ▶ **Engaged Providers**: Is the median number of eligible procedures for each specialty type performed by surgeons participating in the specialty service(s) at least 50?
- ▶ **Specialty Physicians**: Does the initial appointment of specialty physicians include peer evaluation of a minimum of 10 outpatient cases?
- ▶ **Specialty Skill Mix**: Is there a nurse with or working toward specialty nursing certification?
- ▶ **Orientation and Training**: Are CME education details for core leaders and surgeons logged?

3. Quality and Safety

- ▶ **Quality Improvement Program**: Does the annual quality improvement study focus on improving patient total joint/spine patient outcomes, reducing risk, and/or reducing adverse incidents related to orthopaedics?
- ▶ **Performance Measurement**: Is data being submitted to an AAAHC accepted specialty registry? How are benchmarking and findings used to improve the specialty program?
- ▶ **Implantable Medical Devices**: Do the implantable medical device policies include a register, traceability, and FDA reporting?

Integrated Care

4. Service Delivery

- ▶ **Policies and Order Sets**: Do policies/procedures/protocols reference current clinical practice guidelines? How is compliance with care policies monitored and measured?
- ▶ **Information Management**: How does the information management system support the collection of data regarding performance measures and specialty patient outcomes?

5. Episodes of Care

- ▶ **Pre-screening**: Are there rigorous pre-screening inclusion and exclusion criteria?
- ▶ **Assessment**: Are standardized assessment tools based on evidence-based practice?
- ▶ **Care Planning**: Are patients and their support person involved in and educated about each phase of care?
- ▶ **Transitions of Care**: Does discharge follow-up go beyond 24–72 hours post discharge and include 30–60–90 days?
- ▶ **Clinical Deterioration**: What is the process for escalating care? How are patients informed?

6. Consumer and Community Engagement

- ▶ **Feedback Process**: What is the process for submitting feedback about the specialty program?
- ▶ **Community Engagement**: How are community engagement and health promotion reflected in the organization's strategic plan?