

# The Basics of Certification for Spine Surgery Programs

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# Benefits of Certification

- Builds the structure required for a systematic approach to clinical care
- Reduces variability and improves the quality of patient care
- Pushes you to look at yourself more closely
- Creates a loyal, cohesive clinical team
- Promotes a culture of excellence
- Provides an objective assessment of clinical excellence
- Promotes achievement to your marketplace

# What's Different about Certification?

- Reviews are service-based, focused on quality, safety, and outcomes of improving clinical care
- A voluntary review to look at a specific clinical program
  - Separate and distinct decision and award
  - Separate reviewers
- Two-year cycle
- Required twelve-month intracycle event

# Certification Eligibility

- Formal program structure
- Standardized method of clinical care delivery based on clinical guidelines/ evidence-based practice
- Organized approach to performance measurement

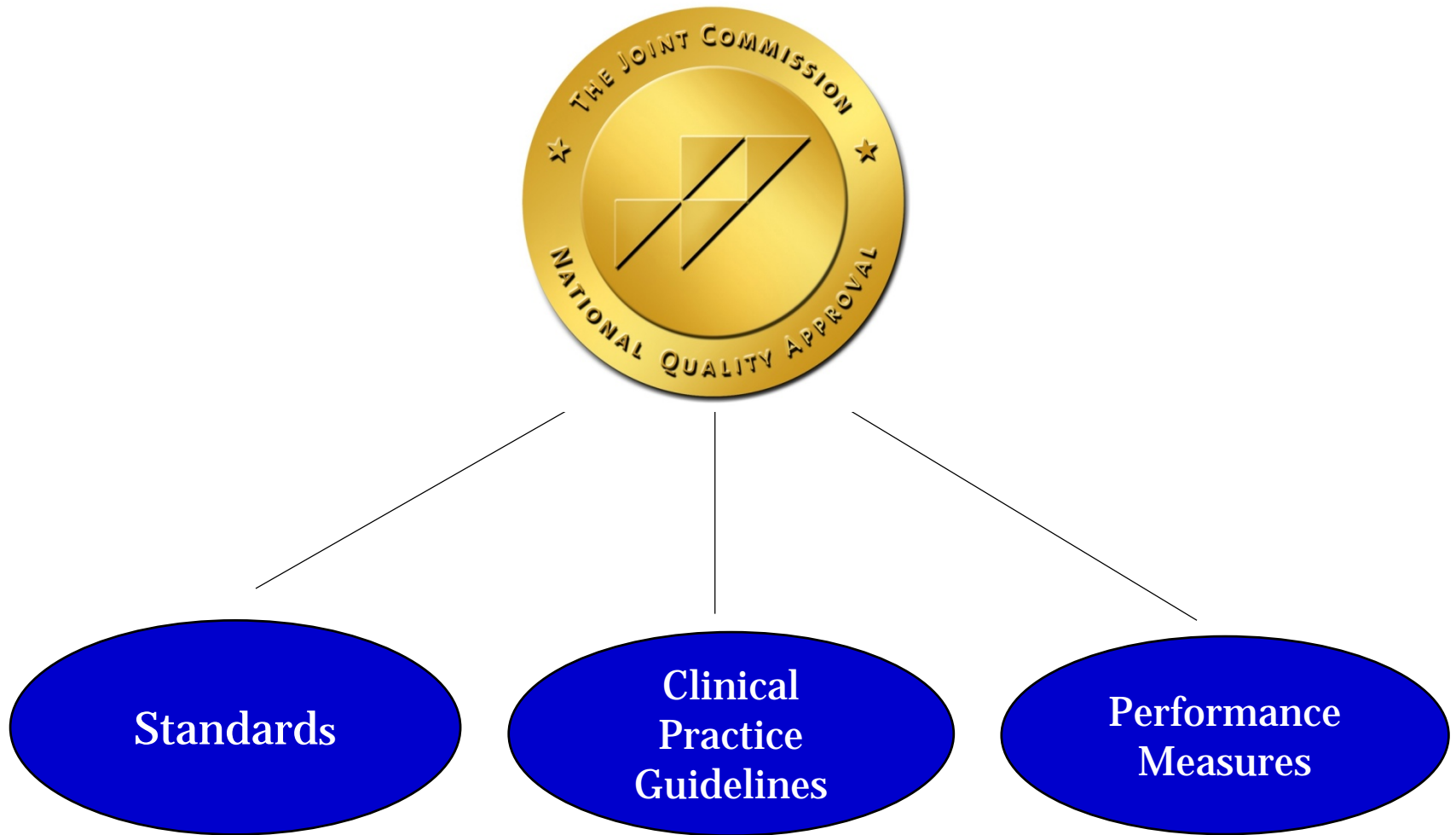
Specific additional eligibility for spine surgery certification

- Three procedures bundled into one certification award. Program must perform all three (no minimum volume or percentage of each.)
  - Discectomy
  - Laminectomy
  - Spinal Fusion

# Certification Statistics

- 105 Current certifications in Spine Surgery
- In 35 states

# Core Program Components



# Disease-Specific Care Standards



# Core Program Components



Clinical  
Practice  
Guidelines



# Clinical Practice Guidelines

- Patient care must be based on guidelines / evidence-based practice
- Program identifies the guidelines it will use
- On-site review validates:
  - Rationale for selection / modification
  - Implementation of CPGs
  - Monitoring & improving adherence

# CPG Examples for Spine Surgery

- American Academy of Orthopaedic Surgeons ( AAOS )
- Association of Perioperative Registered Nurses (AORN)
- National Association of Orthopedic Nurses (NAON)
- American Association of Neuroscience Nurses (AANN)
- International Journal of Spine Surgery
- North American Spine Society

# Core Program Components



# Performance Measurement: Criteria

- Four process or outcome measures to monitor on an ongoing basis
- At least two of the measures must be clinical
- Up to two measures can be non-clinical: administrative, utilization, financial, patient satisfaction, etc.

# Performance Measurement: Process

- Define measures at time of application
- Share 4 months of data at initial onsite visit
- Monitor data monthly
- Share 12 months of data one year after achieving certification

# What Makes a Good Performance Measure?

- Results can be used for improvement
- Relates to current medical evidence
- Defined specifications
- Data collection is consistent and logical

# PM Examples for Spine Surgery

- Early Mobilization
- Pre-Admission Education
- Patient Discharge Education
- DVT/VTE Prophylaxis
- Discharged to Home
- Unplanned Return to OR
- 30-Day Readmission
- Length of Stay
- Patient Satisfaction
- Pain Management
- Catheter Usage

# Preparation steps and readiness assessment



# The Steps to Apply Certification Roadmap

## Connect with your Associate Director

### 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

# Resources from The Joint Commission

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# Preparation Tips

- Review the standards in the *Disease-Specific Care Certification Manual*
- Contact the Standards Interpretation Group:  
630-792-5900, [www.jointcommission.org](http://www.jointcommission.org) “Ask a Standards Question”
- Submit Performance Measure questions to <http://manual.jointcommission.org>

# Preparation Tips

- Conduct a gap analysis of current state versus the expectations of the standards.
- Conduct a mock certification review. Document areas of potential compliance or noncompliance.
  - Look for areas of inconsistency in your current practice
  - Are neuro and ortho doctors working from the same playbook?
- Develop preparation action plans from the results of the gap analysis and mock review and determine your certification timeline.

# Preparation Tips

- If possible, line up help from an organization that has already achieved spine surgery certification
  - The Joint Commission can help you find someone
- If it's a nearby facility, or a sister hospital, ask for help to organize a mock review
- If your hospital has other certifications, talk to those team leaders, and look at how they organized the program information.

# Review Clinical Practice Guidelines

- Review your standards of care – do you have good evidence-based guidelines underpinning the steps you take with every patient?
  - Published document that is use to develop the order sets/ care paths/ policies/ protocols
    - Demonstrate discussion and adoption by team
- Research with national associations and peer-reviewed publications.
- Are you functioning as a program with the most recent clinical standards in your field?

# Determine Your Performance Measures

- Choose *performance improvement* measures to track over time
- Four process or outcome measures to monitor on an ongoing basis
- At least two of the measures must be clinical
- Up to two measures can be non-clinical, administrative, utilization, financial, patient satisfaction, etc.

# Determine Your Performance Measures

- Review the overall performance improvement goals and activities of your program.
- Look for measurable characteristics of the performance improvement plans and projects
- Determine how to define the data you need and how to collect it consistently
  - Who, What, Where and When



# Determine Your Performance Measures

- Start collecting data ahead of time
- **Four months** of data must be collected and available by the time of the on-site review
- **No data** is required in the application step

# The Application Process

# Application Timetable

- Think ahead – by what date do you want certification achieved?
- Submit application 5-6 months before your desired date.
  - Tell The Joint Commission what month you want review done (the “Readiness Date”)

# Start the Application Process

- Have the following information ready to go for the application
  - Basic demographic data about your program
  - The name(s) of the clinical guidelines you have adopted
  - Seven questions about your program's performance improvement activities (the "PI Plan")
  - Names and descriptions of the performance measures (for non-standardized measures)
  - A preferred month you would like the on-site review to take place ("Readiness Date")
- No actual performance measurement data is required at this step

# Start the Application Process

- Hit “**Submit**”
- Once received, an account executive will contact you to review the application and begin the scheduling process.

# Schedule the Review

- 30-days' notice of initial review for a program
- Plan how you want to present your program in the opening conference
  - Does not need to be elaborate
  - Tell us your story
- Decide who will accompany the reviewer for the day
  - Note-taker
  - Medical record expert
- Assemble the four months of data on your measures

# On-Site Review and Follow-Up

# The Day of the Review

- Opening conference
- Patient tracers
- Data discussion / Performance Improvement
- Review of credentialing and competency
- Preliminary report of findings



# Follow-Up Activities

- Any deficiencies will be discussed at the end of the review
- Sixty days to submit evidence of standards compliance (ESC)

# Advertise Your Achievement



# Questions



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