

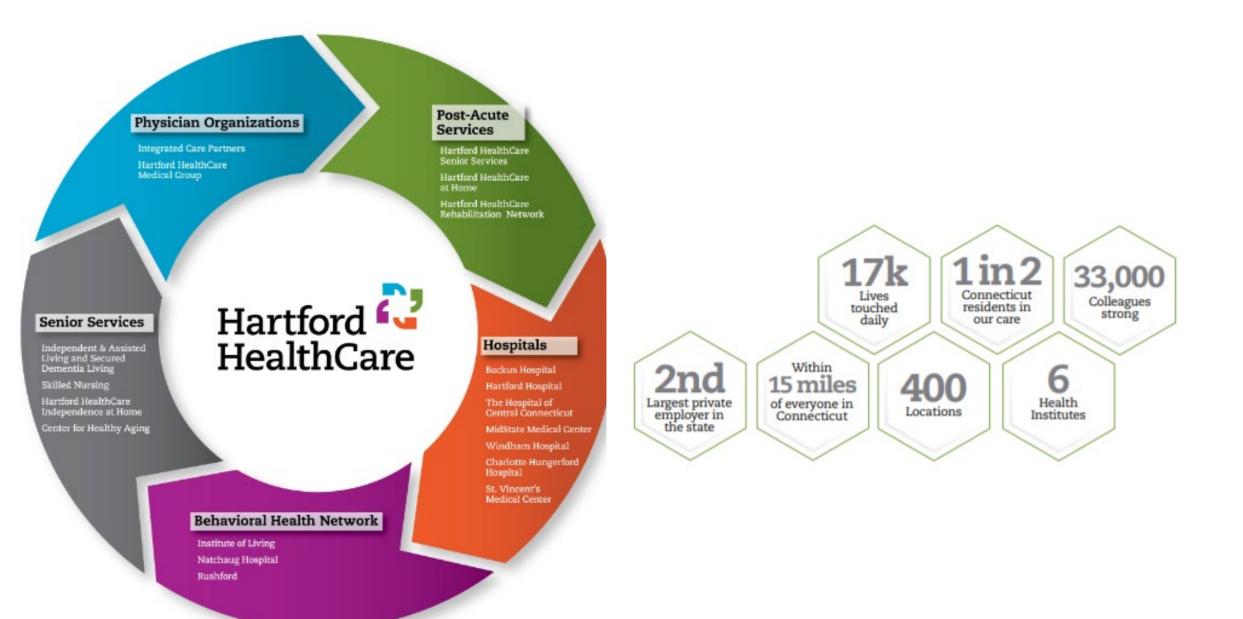
## Achieving Joint Commission Advanced Spine Surgery Certification

MidState Medical Center

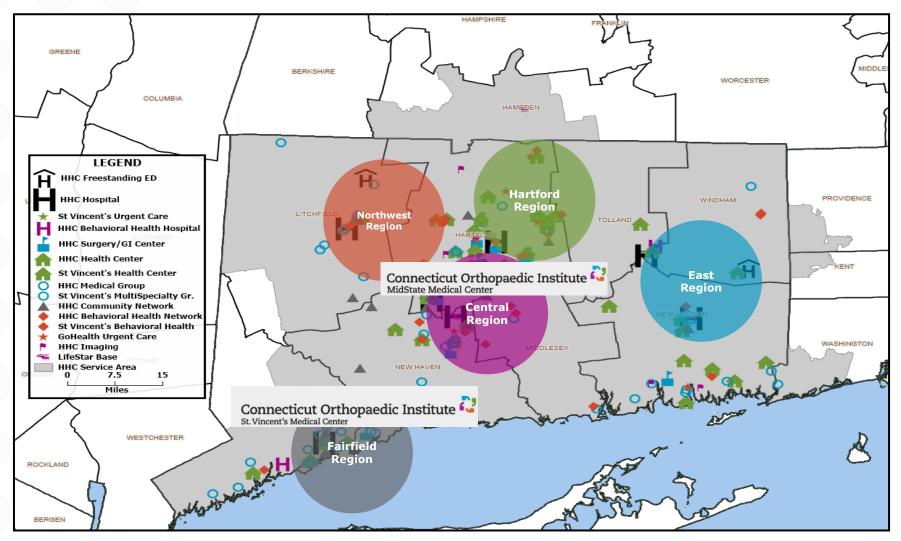
### Connecticut Orthopaedic Institute's Journey Developing a Spine Center of Excellence

**Dianne Vye, MSN, RN, ONC** Regional Orthopedic Program Manager and **Joel Bauman, MD FAANS** Chief of Neurosurgery Connecticut Orthopaedic Institute





### Hartford HealthCare Locations and Service Area







### Patient Care Statistics – FY21 MidState Medical Center

- Licensed bed capacity: 156
- Transitions from inpatient care: 9,669
- **Patient Days:** 39,972
- **ED visits:** 46,135
- Newborn admissions: 725
- Inpatient surgeries: 2,805
- Ambulatory surgeries\*: 6,005
- **Employees:** 1,303
- Physicians on staff: 794
  - Operating revenue (audited): \$385.4 million
- \*Includes joint venture ASC (Glastonbury, Southington, Waterford) volumes



### **Connecticut Orthopaedic Institute**



#### **Mission**

• To improve the orthopaedic health, healing, and quality of life of the people and communities we serve.

#### <u>Vision</u>

To provide an exceptional patient experience while providing world-class quality and safe care driven by data proven, researched-based orthopaedic best practices.

#### <u>Highlights</u>

- Evidenced-based quality care
- Coordinated care
- State of the art facilities and technology



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## Program Design

### **Concept**

- Centered around patient experience
- Designed by physicians



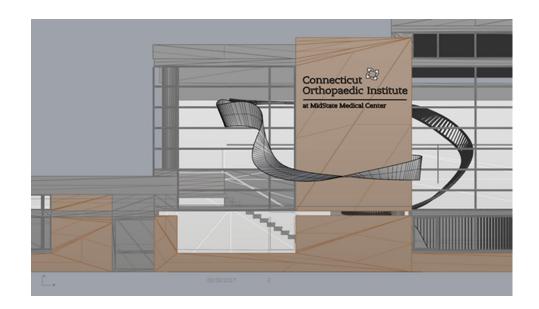


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### Connecticut Orthopaedic Institute



- Opened April 3, 2017
  - Originally comprised of two private groups
  - Recruitment of additional surgeons and specialized staff

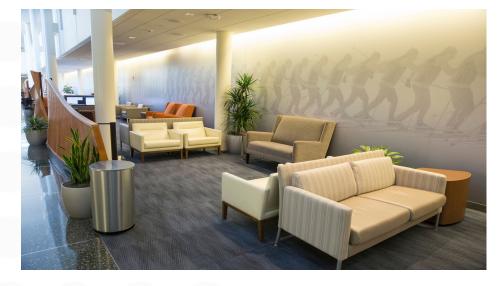




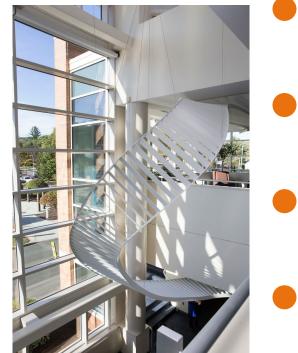
## Facility Upgrades

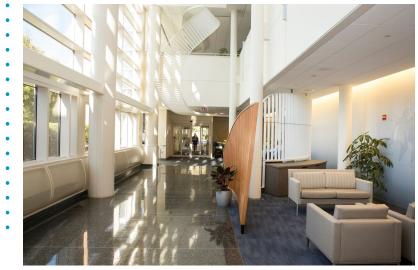
### > 14,500-square-foot space includes:

- Galleria upgrade to 2,600 square feet
- Spacious lounges for family
- Redesigned reception area
- Text paging system
- Private consultation rooms









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## Facility Upgrades

- Dedicated Orthopedic/spine unit
- Rehab gym
- Separate kitchen
- Refreshment station
- Engagement tablets
- State of the art SPD
- 15 operating rooms





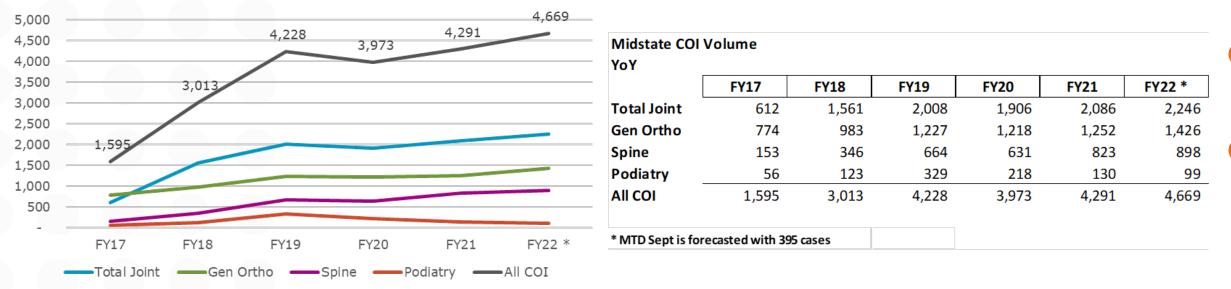




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### **Connecticut Orthopaedic Institute Volume**



MMC COI Trended Growth



### **Collaboration Across Two Institutes**

Neurosurgeons and Orthopaedic Spine Surgeons:

*Combination of Hospital Employed and Private Practice Surgeons* 



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Ayer Neuroscience Institute





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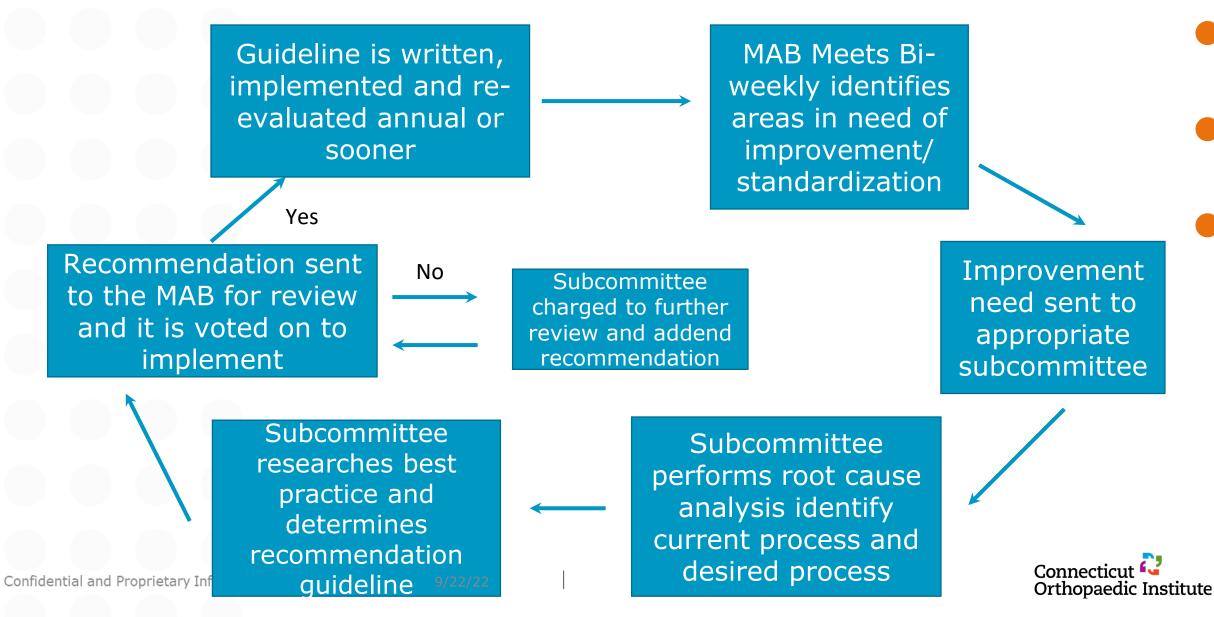
## SPINE Medical Advisory Board (MAB)

### MAB MISSION:

- to develop best practice standardization and guidelines for the CT Orthopaedic Institute
- Multidisciplinary team
- MAB Subcommittees- Pre-admission, Peri-op, Post-OP Inpatient, Post-OP Discharge



### SPINE MAB/Subcommittee Work Flow

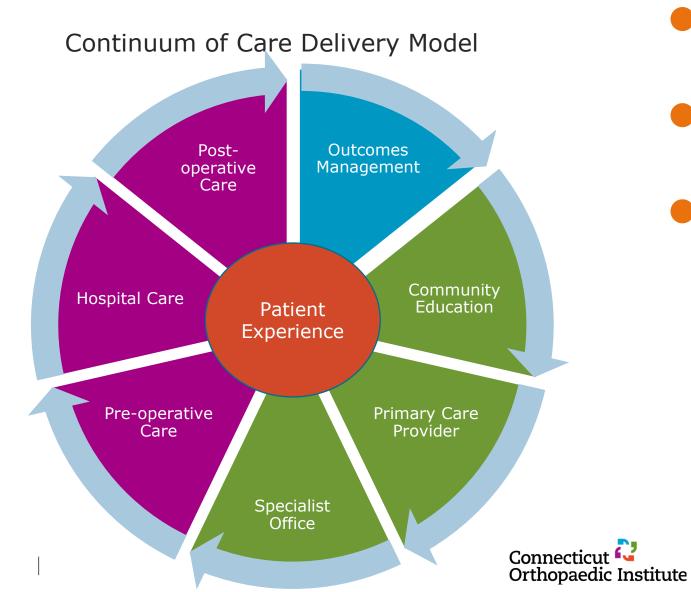


### The Connecticut Orthopaedic Institute

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### Multidisciplinary Team

- Surgeons
- Advanced Practice Providers
- Anesthesiologists
- Registered Nurses
- Nurse Navigators
- Surgical Technicians
- Nurse Technicians
- Care Coordinators
- Rehab Therapists
- Office Staff
- Administration



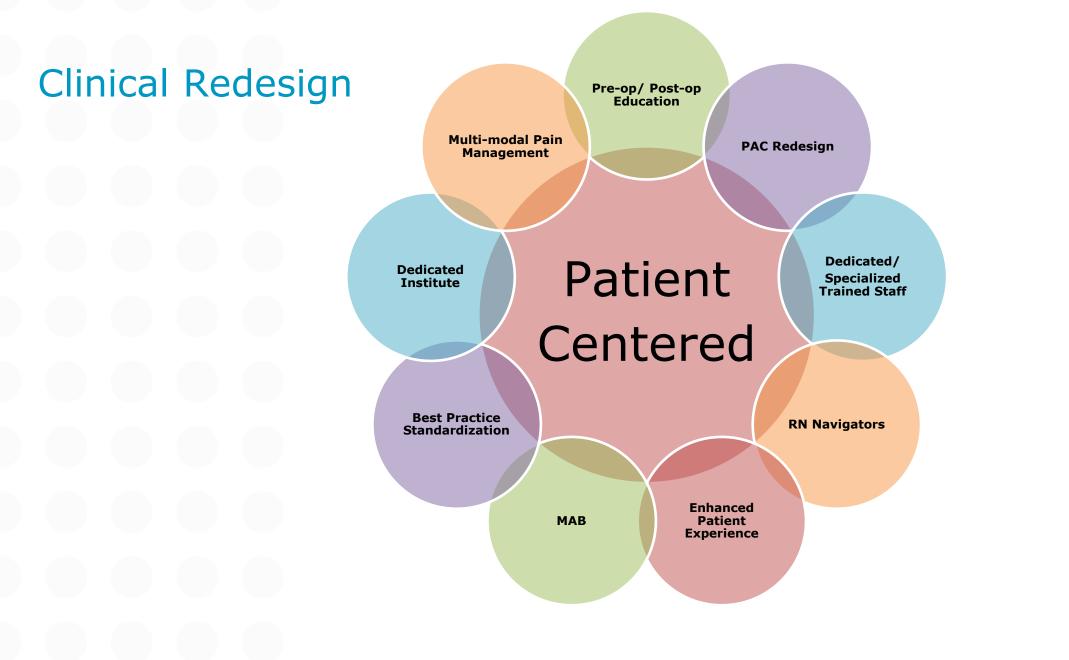
## Journey to Excellence

Program Elements	Pre- COI	COI- Current state
PAT Center	No APRN for clearance	APRN added
Leadership rounding with patients	Limited	Expectation for unit manager & CRL(both shifts)
PFAC(patient family advisory committee)	only hospital based committee	specific for COI
Patient Engagement Platform - patient outreach	not in place	Cipher Health to Force
RN Navigators	not in place	4 RN navigators following joint and spine patients- multiple touch
		points in place
Patient Experience	limited	Enhanced with concierge service- meal tickets, flower delivery,
		quiet packs, t-shirts, face masks, eye glass holders,blankets
Clinical redesign	not in place	Clinical redesign - see slide
Pre-op/Post-op education	Limited	Expanded- in community & online
Patient Engagement Tablets	not in place	Every room has tablet with COI education & entertainment
MAB(Medical Advisory Board)	not in place	Biweekly meetings- 2 MAB committees(Spine & Joint) strong MD
		participation
Marketing	limited	MD outreach manager hired to work with marketing, COI specific
		website, branding, community events



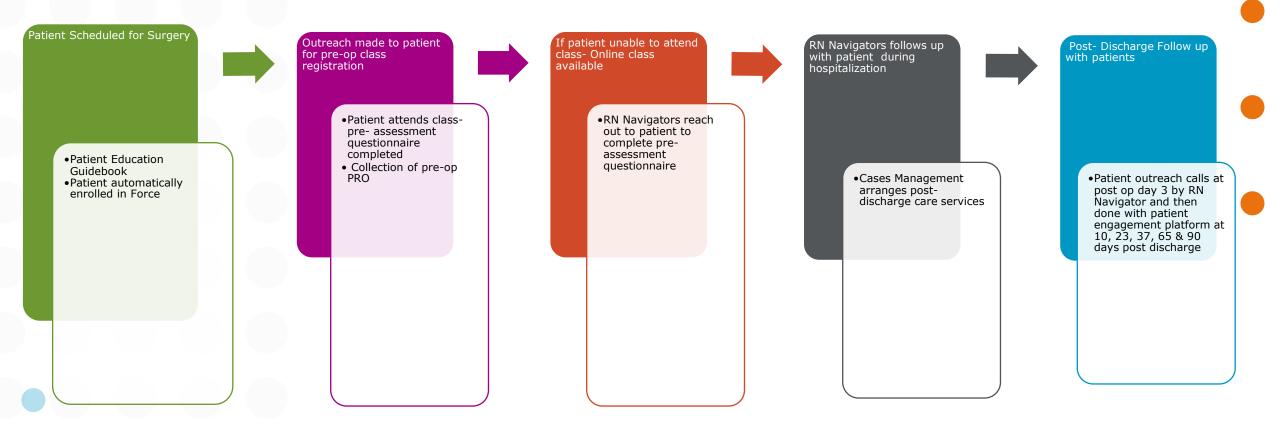
### Journey to Excellence

Program Elements	Pre- COI	COI- Current state
Quality Metrics	Limited	COI Joint & Spine dashboard developed with identified
		programmatic metrics
Quality Designations	Limited	Achieved multiple designations of excellence- BCBS , AETNA,
		Advanced JC knee & hip, Spine
Anesthesia Providers	Not specific to ortho	Committed to ortho COI- improved pain management techniques
ASR	not in place	Participation established
Dedicated Institute/Unit	not in place	Dedicated orthopedic unit & peri op area- PRIVATE rooms
RN Certification Ortho	not in place	Required for RN working on ortho unit
Rehab gym	very small space	Expanded large rehab gym with stairs & car stimulator
Designated ortho PA/APRN team	limited	Specific for COI
Standardized Joint & Spine Guidelines	not in place	Developed by MAB committee- adherence monitored
Dedicated Institute Leaders- MD Director/Co-	not in place	Established
Director		





### Connecticut Orthopaedic Institute Patient Touch Points





Pre-op/ Post-op Education

PAC Redesign

## Program Elements

**RN Navigators** 

Dedicated Institute

- Pre-procedure intake (Surgeon consultation and Pre-admission Center)
- Patient education (Surgeon's office, Pre-op classes, Spine Guidebook, and Preadmission Center, Patient Engagement Platform)
- Medical clearance by primary care provider or PAC APRN/MD
- Nurse Navigators
- Patient engagement
- PRO (NDI/ODI/PROMIS surveys)
- Standardized guidelines



Dedicated/ Specialized Trained Staff

Best Practice Standardization

## **Program Elements**

Enhanced Patient Experience

Multi-modal Pain Management

### <u>Hospital Stay:</u>

- OR team
- Orthopedic/Spine Unit & certified staff
- Rehabilitation staff
- Rehabilitation gym on the same floor
- Care coordinators
- Multidisciplinary Team/Rounds
- Patient Amenities

### Post-Discharge:

- Follow-up phone calls/touchpoints
- HCAHPS survey
- Post-operative visits with surgeon
- PRO surveys

### Marketing:

- Surgeons
- Dedicated marketing liaison
- Community Outreach



## Patient Engagement Platform

A platform for

### patient education,

exercises, and a means to

### enhance

### communication

between our patients, surgeons, and interdisciplinary team.



### **Nurse Navigator**

Team **monitors** and triages messages, and

utilizes platform as a tool to organize patients. Daily "to-do" lists **prompt patients** to

complete recommended exercises, **view care** instructions, and

### complete surveys

which provides information to care team.

## Patient reported outcome

surveys sent to patients throughout their surgical

continuum **evaluate** our

program's **SUCCESS** at improving the quality of our patient's lives.

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## Why Pursue Joint Commission Disease Specific Certification?

## **Center of Excellence**

- Care continuum built around evidence-based standards of practice/clinical care guidelines
- Validates excellence in quality of care
- Commitment to continual performance improvement
- Gold Seal of Approval from Joint Commission
- Differentiator within the market
- Demonstrates value based care model- a trending necessity with payors



### Advanced Spine Certification from Joint Commission

- Advanced Program was new; applications opened 7/1/21
- Minimum 200 spine patients to be eligible
- Active participant of the American Spine Registry (ASR)
- 2-day review of entire program including an intra-operative observation





Advanced Certification in Spine Surgery



A partnership between American Association of Neurological Surgeons American Academy of Orthopaedic Surgeons

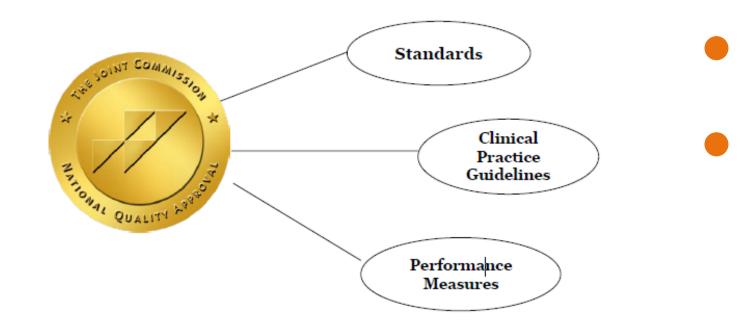


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### **Program Components**

#### **STANDARDS:**

- Certification Participation Requirements (CPR)
- Program Management (DSPR)
- Delivering or Facilitating Clinical Care (DSDF)
- Supporting Self Management (DSSE)
- Clinical Information Management (DSCT)
- Performance Measurement (DSPM)





## Standards- Specific to Advanced Certification

Standard Label	Standard Text				Actions
SPR.1	The program defines its leadership roles.				
Standard Int	troduction and Rationale				~
Nbr Elements	s of Performance (EPs)	CMS	New	FSA	DOC ESP
1 The prog	gram identifies members of its leadership team.				
a. The p three ye the prog	ements Specific to Spine Surgery program designates a medical director who is board certified in orthopedic surgery or neurological surgery. The medical director must also have a minimum of ears' experience in the care of patients undergoing neurological or orthopedic spine surgery in order to provide clinical oversight and administrative leadership for gram. program designates a spine coordinator who has experience in the care of patients undergoing spine surgery.				
2 The prog	gram defines the accountability of its leader(s).				D
3 The prog	gram leader(s) guides the program in meeting the mission, goals, and objectives.				
	ement Specific to Spine Surgery program uses written transfer protocols with standardized handoffs to support the continuity of care.				
4 The prog	gram leader(s) identifies, in writing, the composition of the interdisciplinary team.				D
	ement Specific to Spine Surgery program documents the responsibilities of the medical director and spine coordinator.				
5 The prog	gram leader(s) participates in designing, implementing, and evaluating care, treatment, and services.				
6 The prog	gram leader(s) provides for the uniform performance of care, treatment, and services.				
a. Progra	ement Specific to Spine Surgery ram leaders require and monitor the consistent implementation of procedures that support patient safety, quality, and effective transitions through preoperative, erative, and postoperative phases of care (for example, standard order sets, daily huddles, monthly interdisciplinary team meetings, bedside report).				
7 The prog	gram leader(s) makes certain that practitioners practice within the scope of their licensure, certification, training, and current competency.				
8 The prog	gram leader(s) monitors the performance of the program's interdisciplinary team as it relates to achievement of the program's mission, goals, and objectives.				
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## Standards- Specific to Advanced Certification

Certification > Advanced Disease Specific Care > Spine Surgery > Certification Standards > Supporting Self-Management (DSSE )

User, Guest @ MidState Medical Center (5671)

		Print Chapter	() Related Links	Expand All	✿ Collapse Al
Stand	dard Label Standard Text				Actions
DSSI	E.1 The program involves patients in making decisions about managing their disease or condition.				680
Sta	andard Introduction and Rationale				~
Nbr	Elements of Performance (EPs)	CMS	New PSA	DOC	ESP
1	The program involves patients in decisions about their care, treatment, and services.  Requirements Specific to Spine Surgery a. The interdisciplinary team discusses with the patient their 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.				
2	The program assesses the patient's readiness, willingness, and ability to engage in self-management activities.				
3	The program assesses the family and/or caregiver's readiness, willingness, and ability to provide or support self-management activities when needed.				
4	The program utilizes the assessment of the patient and family and/or caregiver to guide the development of a self-management plan.				
5	Patients and practitioners mutually agree upon goals. 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.				





## Standards- Specific to Advanced Certification

DSS	.3	The program addresses the patient's education needs.					li 🔒 🖃		
Sta	Standard Introduction and Rationale								
Nbr	CMS New FSA								
1		ram's education materials comply with recommended elements of care, treatment, and services, which are supported by literature and promoted through clinical guidelines and evidence-based practice.				D			
2	The prog	ram presents content in an understandable manner according to the patient's level of literacy.							
3	The prog	ram presents content in a manner that is culturally sensitive.							
4	The prog	ram makes initial and ongoing assessments of the patient's comprehension of program-specific information.							
5	Require a. The pr discharg b. The pr hazards; occupatio c. The pr	ram addresses the education needs of the patient regarding their disease or condition and care, treatment, and services. ments Specific to Spine Surgery rogram provides the patient with initial and ongoing education on complication prevention and risk reduction, medications provided (including pre- and post- e dosing), pain management, activity level, treatments, and incision care. rogram provides the patient with initial and ongoing education and information regarding self-care including, but not limited to, the following: home safety; fall identification of support person; signs and symptoms of infection; pain management; physical therapy; and, as indicated based on the needs of the patient, onal therapy, anticoagulant therapy, and metal detection. ogram provides the patient with a rehabilitation plan including, but not limited to, assistance with adaptive equipment and a home exercise program. tion and resources are provided to the patient when durable medical equipment is recommended for home use (such as walkers, back and neck braces, cervical							
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	<u>.</u>	- I and December 2 of Section				Connect	ticut 🞝		

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### **Clinical Practice Guidelines**

*CPGs and guidelines are developed based on recommendations from the following specialty organizations:* 

- North American Spine Society (NASS)
- The National Association of Orthopedic Nurses (NAON)
- Association of Peri-Operative Registered Nurses (AORN)
- American Academy of Orthopedic Surgeons (AAOS)

- Standardized Order sets/Guidelines
- Reviewed and updated annually
- Revised as necessary by the interdisciplinary team
- Staff have easy access to the CPG's
- Practitioners are educated about clinical practice guidelines
- Patient care reflects evidence-based practice and clinical practice guidelines
- CPGs are embedded in the medical record



## Differences between Advanced and Core Certification

- 2-day intense review of entire spine surgery program
- Intraoperative observation Surgical Tracer- Surgical observation and conversation with entire perioperative team
- Observation of hand-offs between each care area
- Physician's office(s), inpatient/hospital-based outpatient/ambulatory surgery center and post follow-up care organizations
- Physician office visit and/or direct communication with office staff

with the

surgeon



or ASC

admission



care



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## Advanced Certification in Spine Surgery

Communication and Collaboration must be evident in EMR

- 1. Physician's office → preoperative area
  - 2. Preoperative area  $\longrightarrow$  intraoperative area
  - 3. Intraoperative area —> postoperative area
  - 4. Postoperative area → patient care unit
  - 5. Patient care unit → discharge
  - 6. Discharge ---- physician's office for follow-up care
- Consensus among practitioners to limit practice variation
- Preoperative optimization
- Access to private office EMR/Medtel

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## Advanced Certification in Spine Surgery

- Standardization- Clinical practice guidelines encompass the entire scope of the program
- Order sets- Consistent use of standardized order sets for all providers
- Specific clinical practice guidelines for spine surgery
- Physician engagement
- Medical director and spine coordinator identified
- Surgeon(s) involvement

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## Advanced Certification in Spine Surgery

- Patient Education-content review of preoperative education
- Direct observation of a portion of the class, perioperative patient interviews, therapy sessions, patient discharge teaching, or other patient education
- Post Discharge communication
- Functional Outcomes

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### **Required Performance Measures**

- SSI Rate (Surgical Site Infection)
- New Neurological Deficits
- Unplanned Return Visit to OR
- Pre-op & Post-op Patient Reported Outcomes (PROs)

### **Our Journey to Certification**

## Develop GAP Analysis Utilize JC resources

Utilize JC resourcesEducate team/staff

## Program Development

• Phase of Care approach

- Identify leaders/MD champions
- Define multidisciplinary teams
- Review of standards
- Develop program guidelines/standardization

Understand JC standards/requirements

• Track metrics-process improvement



## Survey Preparation

- Mock survey/patient tracers
- Use JC review guide as checklist
- Team approach



### Process Improvement- Dashboards

Performance Measure

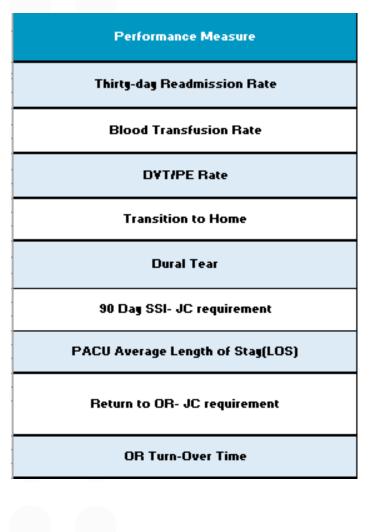
Patient reported outcome capture at 90 days post-op

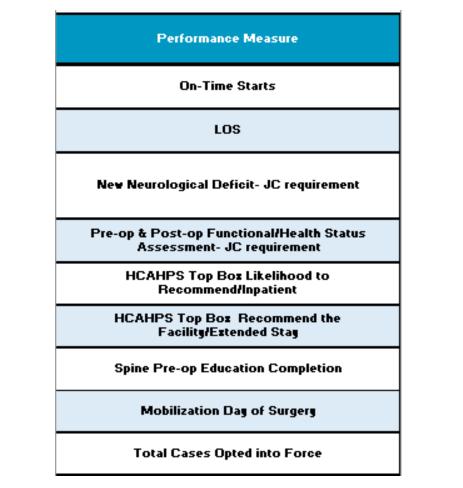
MD documentation of discussion of spinal instrumentation, allograft, and/or autograft with patient in pre-op note

First Case On Time Starts



### Process Improvement- Dashboards







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### **Our Journey**

### **Challenges-**

- Data analytics
- ASR participation
- PRO survey collection
- Job responsibilities
- Maintain Physician engagement
- COVID pivot plan

### **Lessons Learned-**

- Engage Providers
- Committee development
- Directorship
- Participation agreement
- Best Practice Guidelines
- Continuous improvement
- Patient experience
- Leadership rounding



### Looking Ahead....

- System collaboration-HHC Neuro-Spine council
- COI paved the way... two additional sites received Advanced Spine Certification
- Only three hospitals in CT (all HHC sites)
- System dashboard

Mission: Collaborate, seek and share best practices, and explore research initiatives Vision: Achieve the highest level of spine care across the HHC System

HHC System: FY Quarter - Elective Spine											
HHC Site	Surgery Cases	# of Patients	Surgical Site Infection	Unplanned Return Visit to OR	New Neurological Deficit	Readmission	VTE Event				
Backus Hospital											
Hartford Hospital											
MidState Medical Center											
St. Vincent's Medical Center											
Windham Hospital											
HHC SYSTEM Total	0	0	0	0	0	0	0				
Std. Dev.*											
FY 2021											
FY 2020											
*Highlighted rates 2 or more SD	*Highlighted rates 2 or more SD above the mean										



## Provide Safe & High Quality Care

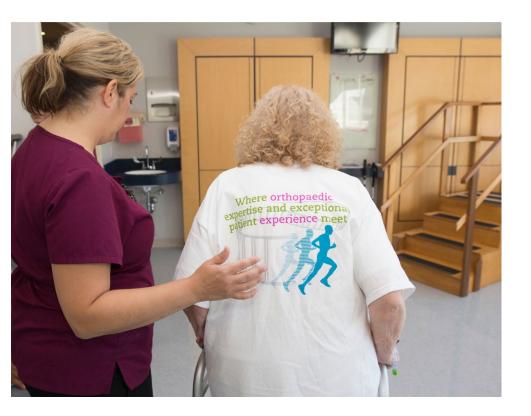
- First in Country to Receive Advanced Certification in Spine Surgery from Joint Commission
- Advanced Certification for Hip & Knee Replacement from Joint Commission
- Core Shoulder Certification: in progress
- Go Clear Award Gold Recognition Level
- Anthem BCBS Center of Distinction+ for Joint Replacement and Spine Surgery
- Aetna Institutes of Quality (IOQ) for Joint Replacement and Spine Surgery
- America's Best Hospitals for Orthopedics by the Women's Choice Award
- Healthgrades Five-Star Recipient for Total Knee Replacement <u>and</u> Spinal Fusion Surgery
- CJR quality rating Excellent (19.4/20)
- 2022 Greater New Haven Chamber of Commerce Health Care & Life Science Award Winner
- Healthgrades- Outstanding Patient Experience Award for 2 consecutive years — Top 10% in the Nation for Outstanding Patient Experience for 2 consecutive years (100 Best Hospitals for Patient Experience)







## Connecticut Orthopaedic Institute Center of Excellence





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