

Blue Distinction Centers for Knee and Hip ReplacementSM Program Program Selection Criteria for 2009/2010 Designations

Evaluation is based primarily on the facility's responses to the Blue Distinction Centers for Knee and Hip Replacement Program detailed clinical request for information (RFI) survey, examining structure, process and outcome measures for knee and hip replacement. The clinical focus of this program is on total knee and hip replacement procedures, both primary and revision. To be considered for designation, the facility must meet all required criteria and achieve at least 60 points on the RFI. Additional factors may be considered by the local Blue Cross and/or Blue Shield Plan that may affect the decision to invite a facility to participate in the Program.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
GENERAL CRITERIA FOR ALL BLUE DISTINCTION CENTERS			
Comprehensive Inpatient Facility	7	Facility must be an inpatient acute care hospital that provides comprehensive inpatient care, e.g., Emergency Room, Intensive Care and other specified services.	Required
Accreditation	8	Full facility accreditation by a CMS-deemed national accreditation organization	Required
Institute for Healthcare Improvement (IHI)	9	Facility participation in IHI with a commitment to patient safety, including formal commitment to at least 6 improvement maps (i.e., initiatives)	2
Leapfrog (or equivalent)	10	Facility publicly reports on the Leapfrog Web site via the Leapfrog Group Quality and Safety Hospital survey, or Plan may substitute a comparable local initiative.	1
Association of American Medical Colleges Principles (AAMC)	11	Facility accepts AAMC principles for the conduct and reporting of clinical trials.	1
Health Information Technologies	12	Facility uses a certified electronic medical record (EMR).	1
	13	Facility uses an e-prescribing program to facilitate communication	1
	14	Facility uses a medication reconciliation program to facilitate communication.	1
Nursing Excellence	15	Facility demonstrates a commitment to quality nursing care by one of the following: <ul style="list-style-type: none"> Has earned the Magnet Recognition Award of the American Nurses Credentialing Center Reports to the American Nurses Association's National Database of Nursing Quality Indicators (NDNQI) 	1 for either initiative
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	16	Facility participates in HCAHPS survey and makes data publicly available on the Hospital Compare Web site for the most recent public reporting date.	1
National Quality Improvement Initiatives	17	Facility utilizes one of the following surgical safety and verification processes: <ul style="list-style-type: none"> Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery World Health Organization Surgical Safety Checklist 	1 for either process
Surgical Care Improvement Project (SCIP)	18	Facility participates in the Surgical Care Improvement Project (SCIP)	2
		<ul style="list-style-type: none"> SCIP INF 1: Prophylactic antibiotic received within one hour prior to surgical incision 	≥ 90% 1 point
		<ul style="list-style-type: none"> SCIP INF 2: Prophylactic antibiotic selection for surgical patients 	≥ 90% 1 point

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
		<ul style="list-style-type: none"> • SCIP INF 5: Postoperative wound infection diagnosed during index hospitalization (OUTCOME) 	1 for tracking and reporting result
		<ul style="list-style-type: none"> • SCIP VTE 1: Surgery patients with recommended venous thromboembolism prophylaxis ordered 	≥ 90% 1 point
		<ul style="list-style-type: none"> • SCIP VTE 2: Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery 	≥ 90% 1 point
		<ul style="list-style-type: none"> • SCIP VTE 3: Intra- or postoperative pulmonary embolism (PE) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME) 	1 for tracking and reporting result
		<ul style="list-style-type: none"> • SCIP VTE 4: Intra- or postoperative deep vein thrombosis (DVT) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME) 	1 for tracking and reporting result
Disclosure	19	Facility has a policy on physician/surgeon conflict of interest.	1
	20	Facility publicly reports physician/surgeon conflict of interest related to financial relationships with pharmaceutical companies or device manufacturers.	1
	21	Facility discloses to patients prior to surgery exclusive relationships the facility has with device manufacturers or pharmaceutical companies.	1
	22	Facility has a written policy or process for selecting devices in the device formulary.	1
Pain Management	23	Facility has protocols for acute pain management in peri-operative surgical patients.	1
		Pain management protocols are based on national guidelines: <ul style="list-style-type: none"> • American Society of Anesthesiologists' Practice Guidelines for Acute Pain Management in the Peri-operative Setting • Pain Management Standards of the facility's accrediting agency (identified in question #8) 	1 for either guideline
	24	Interdisciplinary workgroup/committee/team in place for implementing pain management protocols and monitoring their effectiveness	2
KNEE AND HIP REPLACEMENT PROGRAM CRITERIA			
STRUCTURE			
Duration	25	Program is currently and has been actively performing knee and hip replacement surgery since January 1, 2008 or for at least the immediately previous 12 uninterrupted months.	Required
Dedicated Unit	34	Facility has an inpatient unit dedicated to the care of orthopedic patients.	2
Multi-disciplinary Clinical Pathways and Teams	35	Program utilizes multi-disciplinary clinical pathways/protocols for the care of knee and hip replacement patients.	up to 4 based on nurse review
		Multi-disciplinary pathways/protocols address the full continuum of care across inpatient and outpatient settings.	1
		Multi-disciplinary pathways/protocols generate standardized pre- and post-operative order sets.	1
		Program has standing orders that are utilized for the care of knee and hip replacement patients.	1
		Pathways/protocols or standing orders are placed in the medical record for daily use by all care providers.	1
		Specific physician orders are required to deviate from the pathways/protocols or standing order set.	1

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
	36	In addition to orthopedic surgery and/or neurosurgery, other dedicated members of the multi-disciplinary care team for knee and hip replacement include: <ul style="list-style-type: none"> • Anesthesiology • Psychiatry/Psychology • Pain management specialist • Clinician focused on peri-operative medical management • Nursing • Physical Therapy/Occupational Therapy (PT/OT) • Physiatry/Physical Medicine and Rehabilitation • Dedicated case managers as care coordinators for complex patients 	1 for each discipline
		Subspecialty certification in the following clinical areas: <ul style="list-style-type: none"> • Nursing • PT/OT 	1 for each certification
	37	Knee and hip replacement team holds multi-disciplinary team meetings or case management conferences at least monthly.	1
Surgeon Certification and Training	52	Surgeons performing knee and hip replacement surgery are certified by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons Board, or the American Osteopathic Board of Orthopedic Surgery.	Required
		≥ 50% knee and hip surgeons are fellowship-trained.	1
Continuous Quality Improvement (CQI)	26	Program has a formal CQI program in place with the following components: <ul style="list-style-type: none"> • Collection of quality indicator data • Analysis of collected data • Identification of issues • Development of improvement goals • Implementation of changes • Demonstration that the implemented changes improve the quality of clinical care that patients receive • Ongoing requirements for physician/surgeon learning and improvement and/or regularly scheduled educational conferences 	2 for all 7 components 1 for 3 - 6 components
Data Management and Patient Tracking	27	Program maintains an internal registry or database to track knee and hip replacement patients' treatment and outcome data.	5
	28	Program has a process in place to track complications in the context of a program-wide quality improvement process	2
	29	Program has a process in place to track primary knee and hip replacement patients who return to the facility for revision of their primary procedure.	1
	30	Program obtains and evaluates patient satisfaction specific to knee and hip replacement services with results reported back to program staff.	Informational
	31	Protocol in place to contact patients (or primary physicians) for follow-up and status information post-discharge	1
Data Reporting	32	Program reports to a national database (e.g., National Surgical Quality Improvement Program, University HealthSystem Consortium or Premier).	2
PROCESS			
Patient Selection	38	Program has written patient selection criteria that are applied to all adult patients referred for knee or hip replacement.	1
		Patient selection criteria are developed by a multi-disciplinary team of physicians and staff.	1
	39	Program screens knee and hip patients pre-operatively for the presence of anxiety and depression.	1

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
		<p>Program uses formal measures to screen pre-operatively for anxiety or depression:</p> <ul style="list-style-type: none"> • Hamilton Depression Scale (HAM-D) • Beck Depression Inventory (BDI) • The Hospital Anxiety and Depression Scale (HADS) • The nine-item depression scale of the Patient Health Questionnaire (PHQ-9) • The mental health subscale of the Health status Questionnaire Short Form-36 (SF-36) • EuroQol 5-D 	1 for any scale listed
Shared Decision-Marking (SDM)	40	Program employs or is willing to implement SDM processes with patients considering knee or hip replacement surgery.	Informational
Patient Education	41	Program provides standardized pre-operative patient education.	1
		<p>Pre-operative patient education activities include:</p> <ul style="list-style-type: none"> • Educational group session or class • Interactive electronic media program • Materials provided to the patient (print, video) • Written questionnaire completed by the patient 	2 points for either: group session or class or interactive electronic media program
		Percentage of patients participating in pre-operative patient education process \geq 90%.	1
	42	Protocol informing patients with relevant comorbidities (e.g., BMI > 40 kg/m ² , diabetes mellitus) of the increased risks associated with knee and hip replacement surgery	1
Medical Management	43	<p>Program utilizes established practice standards/recommendations for the peri-operative care of knee and hip replacement patients:</p> <ul style="list-style-type: none"> • American Society of Anesthesiologists (ASA) Practice Advisory for Preanesthesia Evaluation • American College of Cardiology/American Heart Association (ACC/AHA) Guideline for the Perioperative Cardiovascular Evaluation for Non-cardiac Surgery • American Diabetes Association (ADA) Standards of Diabetes Care in the Hospital • AHA recommendations for Smoking Cessation - Making Hospital-Wide System Level Changes That Succeed 	2 for \geq 3 guidelines or 1 for 1 - 2 guidelines
Thromboprophylaxis	44	Program has a thromboprophylaxis protocol in place that is specific for knee and hip replacement patients and incorporates the American Academy of Orthopedic Surgeons (AAOS) Clinical Guideline on the Prevention of Symptomatic Pulmonary Embolism in Patients Undergoing Total Hip or Total Knee Arthroplasty [THA or TKA].	1
Anesthesia	45	<p>The following anesthesia practices are implemented:</p> <ul style="list-style-type: none"> • Knee and hip replacement patients are routinely evaluated for the use of regional anesthesia. • The program has a protocol in place for monitoring and maintaining intraoperative normothermia for appropriate knee and hip replacement patients. 	1 for either practice
Physical Therapy and Rehabilitation Services	46	The program assesses physical therapy needs and has or has access to physical therapists dedicated to orthopedic surgery.	1
Functional Assessments	33	Routine pre- and post-op assessment of functional status using standardized indexes, e.g., Knee Society Score or Harris Hip Score, Western Ontario and McMaster Osteoarthritis Index, SF-36, EuroQol 5-D	2 for pre-operative assessment and 1 for post-operative assessment

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
Transitions of Care	47	Standard practices for case management and discharge planning for knee and hip replacement patients include: <ul style="list-style-type: none"> • Evaluation for discharge needs occurs prior to the hospital admission • Written criteria for hospital discharge and readmission • Coordination of post-discharge needs (e.g., physical therapy, home care services) • Written protocol for emergency evaluation and treatment post discharge 	1 for ≥ 3 practices
	48	Percentage of patients admitted from home who return to home	Informational
	49	Program monitors transitions of care for patients discharged to another setting (e.g., home, rehab facility) using a formal method.	1
	50	Program has an established protocol ensuring the operation note and discharge summary of each patient are made available to the primary care physician upon discharge.	1
	51	Program utilizes services of the local Blue Cross Blue shield case management care team to coordinate transitions of care.	Informational
OUTCOMES AND VOLUME			
Volume	54	Facility performs at least 100 total knee and total hip replacement surgeries (primary plus revision) per year, with at least 25 each of total knee and total hip replacements.	Required
		Facility volume ≥ 250 surgeries	3
		Facility volume ≥ 500 surgeries	2 additional
	53	Average and median surgeon volume (across all surgeons actively performing TKA or THA) are at least 50 primary or revision TKA or THA procedures annually. Surgeons may include cases done at any facility. <i>Programs that do not meet the <u>median</u> surgeon volume threshold of at least 50 primary or revision TKA or THA procedures annually but have a median of 40 procedures will be evaluated on a case-by-case basis.</i>	Required
Revisions	54	Facility performs revision TKA or THA. Revisions performed < 6 months following a primary procedure done at the facility are not counted.	2 if ≥ 50 revisions
Length of Stay (LOS)	54	Average LOS for primary TKA ≤ 3.5 days	3
	54	Average LOS for primary THA ≤ 4.0 days	3
30-day Post-Discharge Readmission Rate	54	Average 30-day readmission rate for primary TKA ≤ 10%	2
		Average 30-day readmission rate for primary THA ≤ 10%	2
SCIP Measures for TKA	55	Program tracks the selection, administration and discontinuation of prophylactic antibiotics for knee replacement patients.	Information
BUSINESS REQUIREMENTS			
Blue Cross Blue Shield Plan Contract Status	5	Facility is currently contracted with the local Blue Plan.	Required
Provider Contracting	53	All identified surgeons participate in the local Blue network or are willing to participate in the network pending Blue Distinction designation to the extent required by the local Blue Plan.	Required

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

OVERVIEW OF PROGRAMMATIC SCORING		Points
General Criteria for all BDCs		
	Structure	27
Knee & Hip Replacement		
	Structure	36
	Process	20
	Outcomes and Volume	17
TOTAL POINTS		100
% Structure		63%
% Process		20%
% Outcome		17%
Total Percent		100%

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.