

Blue Distinction Centers for Knee and Hip Replacement® Program
Program Selection Criteria for 2010 Mid-Point 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 9a	Facility participation in IHI with a commitment to patient safety, including formal commitment to at least 6 improvement campaigns (i.e., initiatives)	2 for at least 6 improvement campaigns
Leapfrog (or equivalent)	10 10a	Facility publicly reports on the Leapfrog Web site via the Leapfrog Group Quality and Safety Hospital Survey	1
	10b	If facility does not report to Leapfrog, facility participates in other initiatives that encourage the sharing of best practices, incorporates data feedback for objective analysis and promotes collaborative improvement <i>*Alternate initiatives will be reviewed on a case-by-case basis</i>	
Association of American Medical Colleges Principles (AAMC)	11 11a	Facility accepts the Association of American Medical Colleges (AAMC) principles for all clinical trials	1
Health Information Technologies	12	Facility uses a certified electronic medical record (EMR) certified by the Certification Commission for Healthcare Information Technology (CCHIT)	1
	13	Facility uses an e-prescribing program to facilitate communication that meets the standards set forth in the 2003 Medicare Modernization Act (MMA)	1
	14	Facility has a formal process of medication reconciliation that includes: <ul style="list-style-type: none"> • Verification • Clarification • Reconciliation 	1
Nursing Excellence	15	Facility is currently active in one of the following quality nursing excellence initiatives: <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 national quality improvement initiatives focused on surgical safety: <ul style="list-style-type: none"> • Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong 	1 for either initiative

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CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
		Person Surgery <ul style="list-style-type: none"> World Health Organization Surgical Safety Checklist 	
Surgical Care Improvement Project (SCIP)	18	Facility participates in the Surgical Care Improvement Project (SCIP)	2
	18a	<ul style="list-style-type: none"> SCIP INF 1a: Prophylactic antibiotic received within one hour prior to surgical incision 	≥ 90% 1
		<ul style="list-style-type: none"> SCIP INF 2a: Prophylactic antibiotic selection for surgical patients 	≥ 90% 1
		<ul style="list-style-type: none"> SCIP INF 5: Postoperative wound infection diagnosed during index hospitalization (OUTCOME – facility tracks & internally reports data) 	1 for tracking and internal reporting
		<ul style="list-style-type: none"> SCIP VTE 1: Surgery patients with recommended venous thromboembolism prophylaxis ordered 	≥ 90% 1
		<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
		<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 – facility tracks & internally reports data) 	1 for tracking and internal reporting
	18b	<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 – facility tracks & internally reports data) 	1 for tracking and internal reporting
Facility's SCIP database is able to produce procedure-specific performance reports		Informational	
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
	22a	Facility's policy includes a mechanism for tracking FDA-recalled prosthesis and notifying patients who have received them	Informational
	22b	Facility reports incidences of device malfunction to the device manufacturer	Informational
Pain Management	23	Facility has protocols for acute pain management in peri-operative surgical patients	1
	23a	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	Facility has an 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 July 1, 2009 or for at least the immediately previous 12 uninterrupted months	Required
Continuous Quality Improvement (CQI)	26 26a	Program has a formal CQI program in place for knee and hip replacement services 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 	7 components = 2 3-6 components = 1 0-2 components = 0

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		<ul style="list-style-type: none"> 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 	
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 31a	Program has a 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 multi-center registry or database that tracks knee and hip replacement surgery	Informational
	32a	Program reports to at least one of the following registries or database: <ul style="list-style-type: none"> National Surgical Quality Improvement Program (NSQIP) University HealthSystem Consortium (UHC) Premier Clinical Advisor 	2 for reporting to any one registry/database
	32b	Program plans to participate in a comprehensive national knee and hip replacement registry once one is developed	Informational
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 that include the following features: <ul style="list-style-type: none"> Treatment goals Sequence and timing of interventions Active participation of a multi-disciplinary team Daily milestones Coordination of discharge, patient education and other patient needs 	5 features = 4 3-4 features = 3 2 features = 2 1 feature = 1 0 features = 0
	35a	Multi-disciplinary pathways/protocols address the full continuum of care across inpatient and outpatient settings	1
	35b	Multi-disciplinary pathways/protocols generate standardized pre- and post-operative order sets	1
	35c	Program has standing orders that are utilized for the care of knee and hip replacement patients	1
	35d	Pathways/protocols or standing orders are placed in the medical record for daily use by all care providers	1
	35e	Specific physician orders are required to deviate from the pathways/protocols or standing order set	1
	35f	Program consults resources to develop facility's pathways/protocols or standing orders (e.g., clinical guidelines, national standards)	Informational
	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 (for a total of 8)

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	36a	Program identifies departments that have at least one identified clinician who provides as-needed consultation to the knee and hip replacement team: <ul style="list-style-type: none"> • Cardiology • Endocrinology • Pulmonology • Nutrition • Social Services 	Informational
	36kh1	Program has pain management specialist(s) with subspecialty certification in Pain Medicine	Informational
	36kh2	Program identifies subspecialty certification(s) held by nurses on the care team: <ul style="list-style-type: none"> • Surgical nursing • Orthopedic nursing • Rehabilitation nursing 	1 for any one certification
	36kh3	Physical therapists on the care team maintain the American Physical Therapy Association (APTA) certification in orthopedic care	1
	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 or eligible for certification 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% of knee and hip replacement surgeons have ACGME fellowship training in Adult Reconstructive Orthopaedics	1
		Surgeon participation in American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC)	Informational
PROCESS			
Functional Assessments	33 33a 33b	Structured functional assessments that are routinely performed and tracked for all knee and hip replacement patients include: <ul style="list-style-type: none"> • Pre-operative functional assessments • Functional assessments four or more weeks post-operatively 	2 for pre-operative assessment 1 for post-operative assessment
	33c	Program identifies routine pre- and post-op assessment of functional status that are used for standardized indexes (e.g., Knee Society Score or Harris Hip Score, Western Ontario and McMaster Osteoarthritis Index, SF-36, EuroQol 5-D)	Informational
	38 38a 39 39a	38 Program has written patient selection criteria that are applied to all adult patients referred for knee or hip replacement 38a Patient selection criteria are developed by a multi-disciplinary team of physicians and staff 39 Program screens knee and hip patients pre-operatively for the presence of anxiety or depression 39a Program uses formal measures to screen pre-operatively for anxiety or depression: <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) • Euro Qol 5-D 	1 1 1 1 for any scale listed
Shared Decision-Marking (SDM)	40 or 40a	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

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	41a	Pre-operative patient education activities include: <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 for either: group session or class or interactive electronic media program
	41b	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	Program utilizes established practice standards/recommendations for the peri-operative care of knee and hip replacement patients: <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 	3-4 guidelines = 2 1-2 guidelines = 1
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	Program implements the following anesthesia practices: <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	Program has protocols for the assessment and treatment of physical therapy needs in the post-operative knee and hip replacement surgery patients	1
	46a	Program identifies aspects of PT/OT care that are provided routinely (e.g., pre-operative and post-operative education, home assessment, functional assessment, readiness-for-discharge assessment)	Informational
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 \geq 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
	50a	Program tracks receipt of the operation note and discharge summary by primary care physician	Informational
	51	Program utilizes services of the local Blue Cross Blue Shield case management care team to coordinate transitions of care	Informational
OUTCOMES AND VOLUME			

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Surgeon Volumes	53	Average and median surgeon volumes (across all surgeons actively performing TKA or THA) are at least 50 primary or revision TKA or THA procedures during reported 12 month period. 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 in 12 months but have a median of at least 40 procedures will be evaluated on a case-by-case basis</i>	Required
Facility Volumes	54	Facility performs at least 100 total knee and total hip replacement surgeries (primary and revisions) during reported 12 month period, with at least 25 each of total knee and total hip replacements	Required
		Facility volume ≥ 250 surgeries during reported 12 month period	3
		Facility volume ≥ 500 surgeries during reported 12 month period	2 additional for a total of 5
Revisions	54	Facility performs ≥ 50 net revisions for Total Knee and Total Hip Arthroplasty (Net Volume = total reported TKA/THA revisions minus revisions performed < 6 months following a primary procedure where both procedures were done at the facility)	2
Length of Stay (LOS)	54	Average LOS for primary Total Knee Arthroplasty (TKA) ≤ 3.5 days	3
		Average LOS for primary Total Hip Arthroplasty (THA) ≤ 4.0 days	3
		Average LOS for Revision Hip Replacement, Hip Resurfacing and Revision Knee Replacement	Informational
30-day Post-Discharge Readmission Rate	54	Average 30-day readmission rate for primary Total Knee Arthroplasty (TKA) ≤ 10%	2
		Average 30-day readmission rate for primary Total Hip Arthroplasty (THA) ≤ 10%	2
SCIP Measures for TKA	55	Program tracks the selection, administration and discontinuation of prophylactic antibiotics for total knee replacement patients: SCIP INF 1e, INF 2e and INF 3e	Informational
BUSINESS REQUIREMENTS			
Facility Contracting	5	Facility is a participating provider in the local Blue Plan's Preferred Provider Organization (PPO) Network	Required
Subspecialists	6	Proportion of the knee and hip replacement care providers and/or provider groups (i.e., anesthesiologists, radiologists, pathologists) that have current agreements with the local Blue Cross and/or Blue Shield Plan	Informational
Provider Contracting	52	All identified surgeons have active Preferred Provider Organization (PPO) network participating provider contracts with the local Blue Cross and/or Blue Shield Plan, pending Blue Distinction designation to the extent required by the local Blue Plan	Required

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%

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