



Supplemental Instructions

Wyoming Blue Circle of Excellence for Knee and Hip Replacement

The Supplemental Instructions provide additional information and guidance for completing the Wyoming Blue Circle of Excellence (BCE) for Knee and Hip Replacement Provider Survey and Team Table. The BCE for Knee and Hip Replacement program is for adult patients (18 years of age or older) who have had an elective total knee or total hip replacement surgery for degenerative disease.

A Provider can apply to achieve the Wyoming Blue Circle of Excellence designation as an Ambulatory Surgery Center (ASC).

- **Providers** will be evaluated based on data sourced from the Provider Survey as ‘self-reported’.
- Additionally, ASCs are required to have a transfer agreement to an acute care comprehensive inpatient facility that is able to provide a higher level of care.

Volume and Outcome Measures — Time Periods and Case Inclusion

Volume and outcome measures can have different time periods and/or different case volume inclusion details, which vary depending on the Question. Read each Question carefully and refer to the examples and table below.

- **Outcome measures** use ‘**Patient Counts,**’ where each patient should be counted **only once;**
- **Procedure volumes** use ‘**Procedure Counts,**’ where each procedure is counted — which may result in an individual patient being counted more than once.

Example 1: Patient Outcomes. *If an individual patient had more than one total knee replacement procedure (e.g. a right total knee replacement and left total knee replacement), during the same requested time period, you would count 1 patient in the primary total knee bucket.*

Example 2: Facility Procedure Volume. *If an individual patient had more than one knee replacement procedure (e.g. a left total knee replacement and a right total knee replacement), during the same requested time period, then both procedures will be counted in the primary total knee bucket.*

Question Number	Measures Name	Case Inclusion
8	Patient Transfer Rate	Patient Count
10	Patient Discharge to “Home” Rate	Patient Count
11 – 13	Patient Population for Outcome Measurement	Patient Count
25 – 27	Facility Procedure Volume	Procedure Count
36	Patients Opioid Free Upon Discharge Rate	Patient Count

Volume an Outcome Measures – Reporting

- ONLY enter zero (0) if the actual numerator/denominator or volume numerical value is zero (0).
- If you are unable to report a volume numerical value, then check the box indicating that you are unable to report.

Provider Survey: Ambulatory Surgery Centers

Question 6: Advanced Orthopedic Certification

Check all **advanced orthopedic certifications** that your ASC holds currently. If your ASC does not hold one of these two advanced orthopedic certifications, or if your ASC is currently in the process of being evaluated for one of these two advanced orthopedic certifications, we encourage you to complete and submit the Provider Survey.

- Accreditation Association for Ambulatory Health Care (AAAHC) **Advanced Orthopaedic Certification**. www.aaahc.org
- **The Joint Commission's (TJC)** Advanced Certification for Total Hip and Total Knee Replacement. www.jointcommission.org

This advanced certification is specific for orthopedic procedures, and is different than the facility level accreditation, Question 5. For more information on the advanced orthopedic certifications, refer to the links above.

Question 9: 30 Day Patient Transfer Rate

The ASC will need to complete the numerator and denominator. The Provider Survey will automatically calculate the 30 day patient transfer rate. Include all primary total knee and total hip replacement patients who were transferred from your ASC to a transfer facility equipped to provide a higher level of care (that includes an ICU) with the appropriate resources. **This is a patient count (patients only counted once) and the time period is for surgeries performed within the twelve months 90 days prior to the application date.**

Numerator Inclusion:

- Of those patients reported in the denominator, how many total knee and total hip replacement patients were transferred because they required a higher level of care (i.e., intensive care services)?

Denominator Inclusion — patients must meet **all** of the following:

- Patients 18 years or older;
- Primary Total Knee and Total Hip Replacements Patients (Medical Codes in Appendix A, below); and
- Surgery was performed within the twelve months 90 days prior to the application date.

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your ASC does not have the requested data, enter 'Not Applicable' in the box.

Question 10: Discharge Destination

The ASC will need to complete the numerator and denominator. Include all primary total knee and total hip replacement patients who were discharged post-op to their 'home or normal living environment' (i.e. one's own house or apartment, long term care center, family member's house, or other place where the patient normally resided prior to having the primary total knee or total hip replacement surgery. **This is a patient count (patients only counted once) and the time period is for surgeries performed within the twelve months 90 days prior to the application date.**

Numerator Inclusion/Exclusion:

- Of those patients reported in the denominator, how many total knee and total hip replacement patients were discharged to their 'home or normal living environment'.
- *Note:* Patients sent to a rehabilitation facility for short or long term physical/occupational therapy post-op **would not** be included in the numerator.

Denominator Inclusion — patients must meet **all** of the following:

- Patients 18 years or older;
- Primary Total Knee and Total Hip Replacements Patients (Medical Codes in Appendix A, below); and
- Surgery was performed within the twelve months 90 days prior to the application date.

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your ASC does not have the requested data, leave the numerator and denominator blank and enter 'Not Applicable' in the box.

Questions 11 through 13: Patient Population for Outcome Measurement

The ASC will need to complete the requested volumes for primary total knee replacements (Question 11) and primary total hip replacements (Question 12) by using the codes provided in Appendix A, below.

The Total Number of Patients reported in Question 13 will be the **denominator** for calculating the patient outcome measures, Questions 14–24. **Patients who had a primary total knee and/or primary total hip replacement can only be counted once.**

Patient Population for Outcome Measurement Inclusion

- Include all patients regardless of whether or not the patient was a Blue Cross Blue Shield member, if **all** the following criteria are met:
 - Procedure was performed at your ASC;
 - Procedure has at least one of the applicable procedure codes listed in the Supplemental Instructions (Appendix A, below);
 - Procedure was performed within the twelve months 90 days prior to the application date.
 - Patient was at least 18 years of age at time of procedure; **and**
 - Procedure was performed as elective admission and not considered a trauma case.

Note: Only enter zero (0) if the reported patient volume is zero (0). If the ASC is unable to report the patient volume, choose 'My ASC is unable to report requested data.'

Questions 14 through 24: Patient Outcome Measures

The ASC will need to enter the numerator values for each of the patient outcome measures (Questions 14–24). The denominator will be automatically populated from the Total Number of Patients (reported in Question 13) and the BD Portal Survey tool will automatically calculate the patient outcome measure rates.

- **Patients may be included in more than one outcome measure.** For example, a patient who experienced both an acute myocardial infarction (AMI) and pneumonia, within 7 days post-op following a total knee replacement, would be counted in both the AMI and the pneumonia numerators.

Note: Only enter zero (0) if the reported patient numerator value is zero (0). If your ASC is unable to report the numerator, enter 'Not Applicable' in the box.

Question 14: 7 Day “Hospital Visit” Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients had a **“Hospital Visit”** within **7 days**, post primary total knee and primary total hip replacement. For the purposes of this measure, “Hospital Visits” include emergency department visits, observation stays, and unplanned inpatient admissions.

This measure assesses **all-cause, unplanned** hospital visits within **7 days** of a primary total knee and primary total hip procedure performed at an ASC.

Question 15: 7 Day AMI Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients experienced an **Acute Myocardial Infarction (AMI)** within **7 days** post-primary total knee and primary total hip replacement.

Question 16: 7 Day Pneumonia Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients experienced **Pneumonia** within **7 days** post-primary total knee and primary total hip replacement.

Question 17: 7 Day Sepsis/Septicemia/Septic Shock Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients had a diagnosis of **Sepsis/Septicemia/Septic shock** within **7 days** post-primary total knee and primary total hip replacement.

Question 18: 30 Day Unplanned Inpatient Admission Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients had an **Unplanned Inpatient Admission** within 30 days post-primary total knee and primary total hip replacement.

This measure assesses **all-cause, Unplanned** Inpatient Admissions within 30 days of a primary total knee and primary total hip procedure performed at an ASC.

Note: If a patient had an *Unplanned Inpatient Admission* within 7 days post-op, they will **also** be part of the numerator value for “Hospital Visit” rate, in Question 20.

Question 19: 30 Day Surgical Site Bleeding Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients experienced **Surgical Site Bleeding** within **30 days** post-primary total knee and primary total hip replacement.

Question 20: 30 Day Pulmonary Embolism Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients experienced a **Pulmonary Embolism** within **30 days** post-primary total knee and primary total hip replacement.

Question 21: 30 Day Mortality Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients **died** within **30 days** post-primary total knee and primary total hip replacement.

Question 22: 30 Day Re-operation Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients had a **Re-operation** related to the primary procedure within **30 days** post-primary total knee and primary total hip replacement.

Question 23: 90 Day Mechanical Complication Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients experienced a **Mechanical Complication** related to the primary procedure within **30 days** post-primary total knee and primary total hip replacement.

Question 24: 90 Day Wound Infection/Periprosthetic Joint Infection Rate

Of those primary total knee and primary total hip patients reported in Question 13, enter the numerator value of how many patients experienced a **Wound Infection or Periprosthetic Joint Infection** related to the primary procedure within **30 days** post-primary total knee and primary total hip replacement.

Provider Survey: Knee and Hip Replacement Program Information (Question 25 - 46)

Question 25 through 29: Facility Procedure Volume

The facility will enter the **procedure volume** for total knee replacements, revision knee replacements, total hip replacements, and revision hip replacements. The Provider Survey will automatically calculate the Total Facility Procedure Volume, in Question 29. **This is a procedure volume (patients may be counted more than once) — and this is for surgeries performed within the twelve months 90 days prior to the application date.**

Facility Procedure Volume Inclusion Criteria

- Include all patients regardless of whether or not the patient was a Blue Cross Blue Shield member, if **all** the following criteria are met:
 - Procedure was performed at your facility;
 - Procedure has at least one of the applicable procedure codes listed in Appendix A, below;
 - Procedure was performed within the twelve months 90 days prior to the application date; and
 - Patient was at least 18 years of age at time of procedure.

Note: *If your facility offers any of the procedures below, but did not perform them during the time period requested enter **zero (0)** into the space provided. If your facility does not offer the procedure or is unable to report the data, choose 'My facility is unable to report requested data.'*

Questions 30 through 32: Shared Decision Making

Complete Questions 30 through 32, which refer to the facility's program in relation to shared decision making (SDM) processes. The facility's program may include both inpatient and outpatient care settings that incorporate SDM during the pre- and post-surgical timeframe. You may need to work with the surgeon or surgeon's office to collect the information needed to answer these Questions.

For example, the physician who provides surgical services at the facility may utilize a clinician team in the outpatient care setting to support SDM, whereby staff in the clinic are trained in implementation of SDM using appropriate tools during the pre- and post-op evaluations.

For more information, see the AHRQ website: <https://cahps.ahrq.gov/Quality-Improvement/Improvement-Guide/Browse-Interventions/Communication/Shared-Decision-Making/index.html>

Question 36: Patients Opioid Free Upon Discharge

The facility will need to complete the numerator and denominator. Include all primary total knee and total hip replacement patients. **This is a patient count (patients only counted once) and the time period is for surgeries performed within the twelve months 90 days prior to the application date.**

Numerator Inclusion:

- Of those patients reported in the denominator, how many post-operative total knee and hip replacement patients were opioid free at discharge.

Denominator Inclusion — patients must meet **all** of the following:

- Patients 18 years or older;
- Primary total knee and total hip replacement patients (medical codes in Appendix A, below);
- Procedure was performed at your facility; and
- Surgery was was performed within the twelve months 90 days prior to the application date.

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your ASC does not have the requested data, enter 'Not Applicable' in the box.

Questions 38 and 39: Functional Assessment Tools

Question 38: Check the appropriate statement that best describes your facility's knee and hip replacement program. You may need to work with the surgeon(s) and/or their office(s)/clinic(s) to answer this Question, as a lot of the pre- and post-operative functional assessment evaluations may be completed in the surgeon's office/clinic.

- If the facility does routinely use a nationally recognized functional assessment tool, Question 39 will open for completion.

Question 39: If the facility does routinely use a nationally recognized functional assessment tool for total knee and total hip replacement patients, name the tool, indicate if the tool is used pre-operatively, post-operatively, or both. Also enter how long the tool has been in use at the facility in months (numerical values only, do not enter the word 'month' — e.g. for 2 years enter 24 — for the value in months).

Part 2: Team Table

In addition to **Part 1: Survey**, facilities must also complete **Part 2: Team Table**.

Transfer Facility Table

- List each facility with which your site transfers total knee and total hip replacement patients, when in need for a higher level of care (that includes an ICU), with the appropriate resources.
- Refer to the [NPPES NPI Registry](#) to find the transfer facility's National Provider Identifier (NPI) number.

Transfer Facility Name	Address	City	State	Zip Code	Transfer Facility's National Provider Identifier (NPI)
XXX	XXX	XXX	XXX	XXX	XXX

Team Table

Please complete the Team Table for **ALL** Surgeons who have privileges **AND** are actively performing total knee and total hip replacement procedures at your facility.

- Exclude all Surgeons who are not currently practicing at your facility at the time of this application's submission (i.e. retired, left employment).
- Exclude all Surgeons who do not perform total knee or total hip replacement procedures.
- Exclude all locum tenent Surgeons.
- Exclude all Physician Assistants, Nurse Practitioners, and Medical/Surgical Residents in training.
- Exclude all Surgeons who do NOT treat or manage any adult patients (ages 18 and older) at your facility at the time of this application's submission.

Manually enter each Surgeon name one at a time using the form below.

- Step 1 - Manually enter Surgeon information into the form below.
- Step 2 - Repeat as necessary until all Surgeons are added to the Team Table below.

Surgeon Team Table

FIRST NAME	LAST NAME	TYPE 1 NATIONAL PROVIDER IDENTIFIER (NPI)
XXX	XXX	XXX

Questions

If you have Questions regarding the Knee and Hip Replacement Provider Survey, or the Part 2: Team Table, please contact BCBSWY by emailing your questions to provider.relations@bcbswy.com.

Appendix A

Knee and Hip Replacement Medical Code Table

Medical Codes included in the Blue Circle of Excellence for Knee and Hip Replacement designation.

27445, 27447, 27130, and 27132