

Registry Office Hours for The Joint Commission Advanced Certification in Spine Surgery Q & A

1. Regarding The Joint Commission Advanced Certification in Spine Surgery (ACSS) and the American Spine Registry (ASR), please detail the data required for the performance measure "New Neurologic Deficits" - symptoms, return to surgery, etc.

The first four measures for lumbar and cervical spine are readmission-related and are calculated through diagnosis codes submitted on the post-op file. Please see the data specifications for the code list.

2. Are the only patients being sent in the post-op file the ones that meet either Return to OR/SSI or New Neurologic Deficit coding? If a patient doesn't have the code, would they not be sent?

We accept all cause readmissions and RegistryInsights® pulls out SSI, Neurological Deficit, etc. to calculate these measures.

3. Is it 90-day inclusive only?

All post-ops should be submitted if they are within 90 days of the initial procedure. If there is a post-op complication past the 90 days, it would be submitted into a new procedure file layout.

4. If a patient expires post-operatively but does not return to the hospital, there would not be a post-op module submitted for them. How would this death be reflected in the mortality rate?

Sites can resubmit procedure case with death date recorded if known. Otherwise, mortalities aren't documented in RegistryInsights.

5. It seems like a more comprehensive way to track outcomes would be to submit follow-up data on all patients – not just those who return to the same operative hospital.

We agree, but it is a challenge to follow the path of care for a patient when they do not return to the same hospital. This is especially true if that hospital is not contracted with the Registry.

6. Does the dashboard have a way to provide benchmarks to show how your facility is doing compared to other facilities utilizing ASR?

Yes, many of the data elements are benchmarked with other ASR facilities nationally on the dashboards.

- 7. Can you explain the difference between "inclusion criteria" and "trigger codes?"

 Trigger codes are primary procedure indicators that 'trigger' what the procedure is, while inclusion criteria designate the trigger code.
- **8.** Where can the data specifications spreadsheet be accessed? For current users of the RegistryInsights platform, the data specifications and data

dictionary can be found in the Tools & Resources tab.

- 9. How do you handle a patient that has codes that could either be lumbar or cervical? Would that patient be sent on both registry file submissions, or do you need to determine if the patient truly goes to just one registry module? Yes, the majority of px codes are module-specific and you need to determine if it goes to just one (cervical goes through upper thoracic and lumbar has lower mid back).
- 10. If a patient has a trigger code but no diagnosis inclusion criteria, would you include that patient?

The case would not be included. It would need both.

11. I think there needs to be more clarification in the data specification documents for the case inclusion criteria. "Trigger" and "secondary" are confusing terms. There are also some trigger codes that are not included on the "procedural inclusion criteria" section.

Yes, we are aware that only the CPT codes are listed there. This was done for the surgeon tracking of PROMs capture, but we will be updating this. Thank you!

12. Are the test files for the ASR in the same format as the American Joint Replacement Registry?

Yes, they are very similar.

13. When is the next office hours?

It is on October 25th, at 1pm CT.

14. Do you have an ASR directory you can publish?

We do not at this time, but current RegistryInsights users can submit a help ticket to our Feedback & Support link on the RegistryInsights platform. Anyone else can send an email to Engagement@AmericanSpineRegistry.org.



Advanced Certification in Spine Surgery

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