The program defines its leadership roles.

**Elements of Performance (EPs) for DSPR.1**

1. The program identifies members of its leadership team.
   
   *Requirements Specific to Spine Surgery*
   
   a. The program designates a medical director who is board certified in orthopedic surgery or neurological surgery. The medical director must also have a minimum of three years' experience in the care of patients undergoing neurological or orthopedic spine surgery in order to provide clinical oversight and administrative leadership for the program.
   
   b. The program designates a spine coordinator who has experience in the care of patients undergoing spine surgery.

2. The program defines the accountability of its leader(s).

3. The program leader(s) guides the program in meeting the mission, goals, and objectives.
   
   *Requirement Specific to Spine Surgery*
   
   a. The program uses transfer protocols with standardized handoffs to support the continuity of care.

4. The program leader(s) identifies, in writing, the composition of the interdisciplinary team.
   
   *Requirement Specific to Spine Surgery*
   
   a. The program documents the responsibilities of the medical director and spine coordinator.

5. The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.

6. The program leader(s) provides for the uniform performance of care, treatment, and services.
   
   *Requirement Specific to Spine Surgery*
   
   a. Program leaders require and monitor the consistent implementation of procedures that support patient safety, quality, and effective transitions through preoperative, intraoperative, and postoperative phases of care (for example, standard order sets, daily huddles, monthly interdisciplinary team meetings, bedside report).

7. The program leader(s) makes certain that practitioners practice within the scope of their licensure, certification, training, and current competency.

8. The program leader(s) monitors the performance of the program's interdisciplinary team as it relates to achievement of the program's mission, goals, and objectives.

**DSPR.2**
The program is collaboratively designed, implemented, and evaluated.

**Elements of Performance (EPs) for DSPR.2**

1. The interdisciplinary team designs the program.

**Requirement Specific to Spine Surgery**

a. The program implements interdisciplinary clinical pathways.

2. The interdisciplinary team implements the program.

3. The interdisciplinary team evaluates the program.

4. The interdisciplinary team uses the results of the program evaluation to improve performance.

**Requirement Specific to Spine Surgery**

a. The program has ongoing quality improvement initiatives (such as, collecting data, analyzing data to identify improvement goals, and acting on improvement goals).

**DSPR.3**

The program meets the needs of the target population.

**Elements of Performance (EPs) for DSPR.3**

1. The leader(s) defines, in writing, the program's mission and scope of service.

2. The leader(s) approves the program's mission and scope of service.

3. The program identifies its target population.

**Requirement Specific to Spine Surgery**

a. The program has a dedicated care team for the care of spine surgery patients.

4. The services provided by the program are relevant to the target population.

**Requirement Specific to Spine Surgery**

a. The program develops occupational therapy and physical therapy protocols for postoperative spine surgery patients.

**DSPR.5**

The program determines the care, treatment, and services it provides.

**Elements of Performance (EPs) for DSPR.5**

1. The program defines in writing the care, treatment, and services it provides.

**Requirements Specific to Spine Surgery**

a. The program's scope includes these phases of care: the spine surgery consultation, preoperative, intraoperative, postoperative, discharge, and follow-up visit to the spine surgeon.

b. The program includes transitions of care from the spine surgery consultation, preoperative, intraoperative, postoperative, discharge, and if applicable, transfer to another facility.

c. The standard of care provided to the patient participating in the program is consistent 24 hours a day, 7 days a week.

d. After discharge, the program includes rehabilitation either on site or by referral and, if applicable, transfer of the patient to another facility.
2. The program communicates to the patient the care, treatment, and services it provides.

Requirements Specific to Spine Surgery

a. The program provides an overview of the spine surgery procedure to the patient, family, and caregivers (such as, classes, video, brochure).
b. The program identifies key learning goals based on the patient's needs.
c. The program confirms understanding by having patients repeat back key information (such as the level of surgery) or demonstrate self-care activities (“teach back” and “show-me”). This information is documented in the medical record.
d. The program provides the patient with information related to indications for spine surgery (such as, pain relief and degeneration).

3. The program provides care, treatment, and services to patients in a planned and timely manner.

4. The program complies with applicable law and regulation.

5. The program informs the patient and family about how to access care, treatment, and services, including after hours (if applicable).

Requirement Specific to Spine Surgery

a. Patients are able to access their spine surgeon or the spine surgeon’s clinical designee 24 hours a day, 7 days a week until the patient is discharged from the spine surgeon’s follow-up care.

Note: Means of access may include use of the telephone, the Internet, telehealth visits, or referral to urgent care or emergency care settings.

6. The program has a process to provide emergency/urgent care.

Requirements Specific to Spine Surgery

a. In ambulatory surgery centers: The program establishes transfer protocols with one or more hospitals if a patient experiences an emergency that requires a transfer to a higher level of care.
b. The receiving facility is made aware in advance of the patient transfer.

7. The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment, and services.

8. The program evaluates services provided through contractual arrangement to make certain the care, treatment, and services are consistently provided in a safe, quality manner. This evaluation is documented.

9. Variables such as staffing, setting, or payment source do not affect outcomes of care, treatment, and services.

DSPR.7

The program's facilities are safe and accessible.

Note: The program may use the organization’s plan and processes for safety and accessibility if they address the program’s unique needs and target population.

Elements of Performance (EPs) for DSPR.7

2. The program implements strategies to minimize security risks.

6. The program implements strategies to minimize the risk of fire and address fire safety–related issues.

7. The program identifies activities to minimize risks associated with medical equipment used in
the program.

**Requirement Specific to Spine Surgery**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>The program uses a process for maintaining the most up-to-date information on implantable devices, including manufacturer recalls and warnings.</td>
</tr>
</tbody>
</table>

8. The program implements activities to minimize risks associated with medical equipment used in the program.

**Requirement Specific to Spine Surgery**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>The program provides training to spine surgery staff on medical equipment specific to spine surgery.</td>
</tr>
</tbody>
</table>

**DSDF.1**

Practitioners are qualified and competent.

**Elements of Performance (EPs) for DSDF.1**

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Practitioners have education, experience, training, and/or certification consistent with the program's scope of services, goals and objectives, and the care provided.</td>
</tr>
<tr>
<td>2.</td>
<td>The program verifies each practitioner's licensure using a primary source verification process upon hire and at licensure expiration.</td>
</tr>
<tr>
<td>3.</td>
<td>The program assesses practitioner competency at time of hire. This assessment is documented.</td>
</tr>
<tr>
<td>4.</td>
<td>Orientation provides information and necessary training pertinent to the practitioner's responsibilities. Completion of the orientation is documented.</td>
</tr>
</tbody>
</table>

**Requirement Specific to Spine Surgery**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>The program provides program-specific orientation for staff who are caring for patients undergoing spine surgery procedures.</td>
</tr>
<tr>
<td>5.</td>
<td>The program assesses practitioner competence on an ongoing basis. This assessment is documented.</td>
</tr>
</tbody>
</table>

**Requirements Specific to Spine Surgery**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>The program defines the specific competencies required of staff who are caring for patients undergoing spine surgery.</td>
</tr>
<tr>
<td>b.</td>
<td>The surgeon's privilege list indicates the specific spine surgery procedures the surgeon is privileged to perform.</td>
</tr>
<tr>
<td>6.</td>
<td>The program identifies and responds to each practitioner's program-specific learning needs.</td>
</tr>
<tr>
<td>7.</td>
<td>Ongoing in-service and other education and training activities are relevant to the program's scope of services.</td>
</tr>
</tbody>
</table>

**Requirement Specific to Spine Surgery**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>The program supports practitioners' continuing education or certification related to spine surgery.</td>
</tr>
</tbody>
</table>

**Note**: This support may include providing education or accommodating training attendance by modifying work schedules.

**DSDF.2**

The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.

**Elements of Performance (EPs) for DSDF.2**

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The selected clinical practice guidelines are evaluated for their relevance to the target...</td>
</tr>
</tbody>
</table>
The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders.

The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.

**Requirements Specific to Spine Surgery**

- Order sets and protocols are reviewed and updated for current evidence at least annually and revised as necessary by the interdisciplinary team.
- Care pathways to promote standardized care delivery include at least the following:
  - Identification, evaluation, and mitigation of risk factors that might compromise treatment or recovery prior to surgery
  - Prophylactic administration of antibiotic therapy to prevent surgical site infection
  - Decolonization of organisms
  - Medication reconciliation to determine which medications need to be discontinued
- Blood glucose monitoring
- Blood loss management (such as use of tranexamic acid [TXA])
- Normothermia during anesthesia
- Use of mechanical compression devices to prevent venous thromboembolism
- Maximizing early ambulation
- Issues to address prior to discharge and what milestones determine when a patient is ready for discharge
- Post-discharge therapy, wound monitoring, venous thromboembolism prophylaxis, and surgical and medical follow-up
- Discharge criteria when transferring to acute rehabilitation, skilled nursing, or home health

Practitioners are educated about clinical practice guidelines and their use.

The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.

**Requirements Specific to Spine Surgery**

- The program follows current clinical practice guidelines.
  - Note 1: Individual patient needs or newly published evidence may warrant the use of additional evidence-based guidelines.
  - Note 2: Examples of clinical practice guidelines include the North American Spine Society (NASS), the American Academy of Orthopaedic Surgeons (AAOS), the American Association of Neurological Surgeons (AANS), the American Association of Neuroscience Nurses (AANN), the National Association of Orthopaedic Nurses (NAON), the Association of periOperative Registered Nurses (AORN) and the Congress of Neurological Surgeons (CNS).
- The program implements a process to prevent wrong-level or wrong-site spinal surgery.
  - Note: Tools for the prevention of wrong-site spinal surgery includes the North American Spine Society’s Sign, Mark & X-ray (SMaX) protocols and checklist.
- The program implements modifications to clinical practice guidelines based on current evidence-based practice.

The program is implemented through the use of clinical practice guidelines selected to meet the...
176 patient’s needs.

**Elements of Performance (EPs) for DSDF.3**

177 1. The program establishes an interdisciplinary team based on the patient’s assessed needs and direction from clinical practice guidelines.

**Requirement Specific to Spine Surgery**

179  a. The program defines the roles and responsibilities of each interdisciplinary team member involved in the care of spine surgery procedures.
2. The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.

Requirements Specific to Spine Surgery

a. In ambulatory surgery centers: The program has selection criteria to identify those patients who may safely discharge to home within 23 hours postoperatively. Note: Examples of criteria include age, body mass index, current health condition, medical history, caregiver support, and home environment.

b. The patient is assessed for onset and duration of symptoms, location and severity of pain, and limitations in activity.

c. An assessment of risk and health status, as defined by the program, is completed in accordance with clinical practice guidelines or evidence-based practice in a time frame that meets the patient's needs. This assessment includes body mass index (BMI), allergies, hemoglobin levels, blood pressure levels, coronary artery disease, pulmonary disease, glucose levels, tobacco use, alcohol use, minimum cognitive assay, and mental health status. The assessment of risk and health status is documented in the patient's medical record.

d. The results of a comprehensive health assessment determine the actions to optimize the patient's health condition prior to surgery.

e. One of the following general and functional assessment tools is used to complete the preoperative and postoperative patient reported outcomes:

- Veterans Rand 12 Item Health Survey (VR 12)
- Patient-Reported Outcomes Measurement Information System (PROMIS) Global-10
- PROMIS Physical Function
- PROMIS-29
- PROMIS-CAT
- PROMIS Depression
- PROMIS Anxiety
- PROMIS Pain Interference
- Neck Disability Index (NDI)
- Oswestry Disability Index (ODI)
- Numeric Rating Scale (NRS)
- EQ-5D

3. The program implements care, treatment, and services based on the patient's assessed needs.

Requirements Specific to Spine Surgery

a. Patient-specific therapy is based on a diagnosis (for example, degeneration, pain).

b. Treatment of spine surgery patients includes evaluation and management of comorbid conditions, where they exist.

c. Based on priority and risk, the interdisciplinary team implements evidence-based interventions that include at least the following:

- Assistance with self-management activities
- Symptom management
- Pain management
- Urinary catheter management
- Blood management
- Postoperative respiratory management
- Therapy/exercise (for example, mobility assessment)
- Medication management (for example, anticoagulation therapy)
- Risk reduction
- Nutrition/diet

DSDF.4

The program develops a plan of care that is based on the patient's assessed needs.

Elements of Performance (EPs) for DSDF.4

1. The plan of care is developed using an interdisciplinary approach and patient participation.
231  2. The program individualizes the plan of care for each patient.

232  3. The individualized plan of care is based on the patient’s goals and the time frames to meet those goals.

234  4. The individualized plan of care reflects coordination of care with other programs, as determined by patient comorbidities.

236  5. The program explains the plan of care to the patient in a manner he or she can understand.

Requirement Specific to Spine Surgery
a. The program has a process for obtaining the patient’s informed consent.

238  6. The program informs patients of all potential consequences of not complying with recommended care, treatment, and services.

240  7. The program informs patients of their responsibility to provide information to facilitate treatment and cooperate with practitioners.

242  8. The program continually evaluates, revises, and implements revisions to the plan of care to meet the patient's ongoing needs.

DSDF.6

244  The program initiates discharge planning and facilitates arrangements for subsequent care, treatment, and services to achieve mutually agreed upon patient goals.

Elements of Performance (EPs) for DSDF.6

1. In preparation for discharge, the program discusses and plans with the patient and family the care, treatment, and services that are needed in order to achieve the mutually agreed upon self-management plan and goals.

Requirements Specific to Spine Surgery
a. Prior to discharge, an interdisciplinary team member and the patient collaborate to arrange a follow-up appointment with the spine surgeon or spine surgeon’s clinical designee to occur within a time frame that meets the individualized care needs of the patient.
b. The patient is educated regarding the following, beginning with the spine surgery consultation through the continuum of care prior to discharge, and thereafter at a frequency based on the assessed needs of the patient:
   - Prescribed medications
   - Pain control
   - Infection prevention
   - Blood clot prevention
   - Incision care
   - Drain care
   - Durable medical equipment (such as donning and doffing of lumbar and cervical braces and cervical collars)
   - Activity level
   - Diet
   - When and how to schedule follow-up appointments and referrals if applicable

2. In preparation for discharge, the program considers the patient’s anticipated needs and goals when identifying the setting and practitioners for continuing care, treatment, and services.

3. In preparation for discharge, the program communicates the patient’s needs and goals to other practitioners who will continue to support the patient in achieving the desired outcomes.
The program provides education and serves as a resource, as needed, to practitioners who are assuming responsibility for the patient’s continued care, treatment, and services.

**Requirement Specific to Spine Surgery**

a. The program provides information on best practices for the care of patients recovering from spine surgery.

---

**DSSE.1**

The program involves patients in making decisions about managing their disease or condition.

**Elements of Performance (EPs) for DSSE.1**

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 his or her 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.

---

**DSSE.2**

The program addresses the patient’s self-management plan.

**Elements of Performance (EPs) for DSSE.2**

1. The program promotes lifestyle changes that support self-management activities.

2. The program evaluates barriers to lifestyle changes.

3. The program engages family and community support structures in the patient’s self-management plan, as directed by the patient.

   - **Requirements Specific to Spine Surgery**
     
     a. The program determines, through the preoperative assessment, that the patient’s...
home environment supports safe and effective recovery.
b. The program educates the patient and his or her family about skills and
self-care he or she will need to perform after transitioning to another facility
or to home. (See also DSSE.3, EPs 1–5)

4. The program assesses and documents the patient's response to recommended lifestyle changes.

5. The program addresses the education needs of the patient regarding disease progression and
health promotion.

**Requirements Specific to Spine Surgery**
a. Patients are counseled about risk factors, disease prevention, potential
treatment(s), symptom identification, self-management, and follow-up care in order
to promote healing.
b. Health promotion education addresses risks that might compromise treatment or
recovery; this education includes, but is not limited to, the following:
   - Nutrition
   - Activity and exercise
   - Maintaining a healthy weight
   - Tobacco use
   - Alcohol use
   - Drug use

6. The program revises the self-management plan according to the patient's assessed needs.

**DSSE.3**
The program addresses the patient's education needs.

**Elements of Performance (EPs) for DSSE.3**

1. The program's education materials comply with recommended elements of care, treatment, and
services, which are supported by literature and promoted through clinical practice guidelines
and evidence-based practice.

2. The program presents content in an understandable manner according to the patient's level of
literacy.

3. The program presents content in a manner that is culturally sensitive.

4. The program makes initial and ongoing assessments of the patient's comprehension of
program-specific information.

5. The program addresses the education needs of the patient regarding his or her disease or
condition and care, treatment, and services.

**Requirements Specific to Spine Surgery**
a. The program provides the patient with initial and ongoing education on
complication prevention and risk reduction, medications provided (including pre-
and post-discharge dosing), pain management, activity level, treatments, and
incision care.
b. The program provides the patient with initial and ongoing education and
information regarding self-care including, but not limited to, the following: home
safety; fall hazards; identification of support person; signs and symptoms of
infection; pain management; physical therapy; and, as indicated based on the needs
of the patient, occupational therapy, anticoagulant therapy, and metal detection.
c. The program provides the patient with a rehabilitation plan including, but not
limited to, assistance with adaptive equipment and a home exercise program.
Education and resources are provided to the patient when durable medical equipment is recommended for home use (such as walkers, back and neck braces, cervical collars).

DSCT.3
Patient information is gathered from a variety of sources.

**Elements of Performance (EPs) for DSCT.3**

1. Information is gathered directly from the patient and family.

2. Information is gathered from relevant practitioners and/or health care organizations.

**Requirements Specific to Spine Surgery**

a. The program follows a process of consistent communication among all practitioners who provide care for the patient across the continuum of care.

b. The program gathers information from practitioners or health care organizations that are involved with the patient prior to the spine procedure.

DSCT.4

The program shares information with relevant practitioners and/or health care organizations about the patient’s disease or condition across the continuum of care.

**Elements of Performance (EPs) for DSCT.4**

1. The program shares information directly with the patient.

2. The program shares information with relevant practitioners and/or health care organizations to facilitate continuation of patient care.

**Requirements Specific to Spine Surgery**

a. The interdisciplinary team has a consistent communication process during each care transition that includes the following:
   - Established methods and timelines for communication and information exchange between sender and receiver, including communication prior to a patient’s transition
   - Collaboration between sender and receiver
   - The plan of care is included in the information exchange along with the program’s expectations for providing care.

b. Upon discharge, the spine surgeon, hospitalist, or primary care physician provides a report to the receiving organization’s physician that includes criteria for when to contact the spine surgeon.

c. Upon discharge, nursing staff provide a report to the receiving organization’s nursing staff.

d. The following information from the medical record will be included to support coordination of care and the transfer of information between the sending and receiving organizations:
   - Any diagnostic tests performed and their results
   - Any laboratory tests performed and their results
   - Any procedures performed and their outcomes, including the reason for performing the procedure(s) and interventions used to optimize the patient’s health condition prior to surgery
   - Any medications ordered, changed, or discontinued, and any new prescriptions
   - Any findings from history and physical data relevant to the patient’s condition
   - Any information on pending results of diagnostic tests, laboratory tests, and medical procedures
   - Physical therapy reports including current activity level, activities of daily
living limitations, goals and adaptive equipment requirements.
- Occupational therapy reports (if applicable)
- Pain management history and care
- Wound/incision history and care
- Patient goals
- Identification of family members or others serving as the patient’s caregiver
and, where present, the patient’s support system

**DSCT.5**

The program initiates, maintains, and makes accessible a medical record for every patient.

**Elements of Performance (EPs) for DSCT.5**

1. All relevant practitioners have access to patient information as needed.
2. The medical record contains sufficient information to identify the patient.
3. The medical record contains sufficient information to support the diagnosis.

**Requirements Specific to Spine Surgery**

a. The following information from the medical record is included to verify the correct level of the spinal column:
   - Magnetic resonance imaging (MRI)
   - Computerized tomography (CT)
   - Computerized tomography (CT) myelography
   - Radiography (X-ray)

b. For cervical spine surgery, the following information from the medical record will be included to support the diagnosis:
   - Magnetic resonance imaging (MRI) abcd
   - Computerized tomography (CT) myelography abcd
   - Radiography (X-ray) abcd

4. The medical record contains sufficient information to justify the care, treatment, and services provided.
5. The medical record contains sufficient information to document the course and results of care, treatment, and services.

**Requirements Specific to Spine Surgery**

a. When spinal instrumentation has been placed, the medical record contains the information about the spinal instrumentation, including specific type, manufacturer, and the unique identifier (such as lot number or serial number if applicable).

b. All transitions are documented in the medical record.

c. Information in the medical record includes spine surgeon’s office notes, lab results, radiology reports, and post-discharge documents.

6. The medical record contains sufficient information to facilitate continuity of care.

7. The program reviews its medical records for completeness and accuracy.

**DSPM.3**

The program collects measurement data to evaluate processes and outcomes.

Note: Measurement data must be internally trended over time and may be compared to an external
Elements of Performance (EPs) for DSPM.3

1. The program selects valid, reliable performance measures that are relevant to the target population and based on clinical practice guidelines or other evidence-based practice.

2. The program collects data related to processes and/or outcomes of care.

Requirements Specific to Spine Surgery

a. The program collects data related to complications for procedures performed (such as, transient dysphagia, postoperative hematoma, esophageal injuries, nerve injury, reoperations).

b. The program utilizes The American Spine Registry (ASR) to monitor data and measure outcomes.

3. The program collects patient satisfaction data relevant to its target population.

4. Data are aggregated at the program level.

5. The program reports aggregated data results to The Joint Commission at defined intervals.

6. The program communicates to staff and organizational leaders the identified improvement opportunities.

Requirements Specific to Spine Surgery

a. Program staff review measurement results to determine whether goals were achieved.

b. Program leaders review and prioritize identified improvement opportunities.

7. The program incorporates identified improvement opportunities into the performance improvement plan.

8. The program demonstrates improvement in processes and patient outcomes.

DSPM.4

The program collects and analyzes data to determine variance from the clinical practice guidelines.

Elements of Performance (EPs) for DSPM.4

1. The program tracks data variances at the patient level.

2. The program evaluates variances that affect program performance and outcomes.

Requirements Specific to Spine Surgery

a. The performance improvement program includes evaluation of care processes and all transitions of care.

b. The program analyzes its spine surgery data (for example, treatment and outcomes, process to track complications, and reoperation rates) in the American Spine Registry (ASR) and uses it for quality improvement purposes.

3. The program uses data analysis to modify performance improvement activities in support of clinical practice guidelines.