

Aetna Institutes of Quality® Orthopedic Surgery facility program requirements

We may select a facility for our Institutes of Quality (IOQ) Orthopedic Care Facilities network that meets our requirements for quality, value and access. We limit the evaluation for total joint replacement to knee and hip replacement surgery. In order to be designated for total joint replacements (knee and/or hip) facilities must meet all requirements for total joint replacement for both. Spinal spine surgery designation is separate. We review the facility's answers to our survey. We also review other data, including our own.

Also, the facility must participate in our network for the member's applicable product. And it must meet our hospital and ambulatory surgery center standard requirements.

In order to be designated, a facility will be evaluated on the following bases:

- Clinical quality
- Cost efficiency
- Network access for specific orthopedic surgery programs in its IOQ network

Designation process

1. We invite the facility to complete and submit a Request for Information (RFI). The RFI applies to adult members (age 18 and over) only.
2. We review the response to determine clinical eligibility. If the facility does not meet all of our clinical criteria, the facility is not eligible for the IOQ network. We evaluate no further.
3. If the facility meets all of our clinical criteria, we determine if the facility meets our cost efficiency and network access criteria.
4. We'll let the facility know if it's eligible for the IOQ network.
5. If the facility meets all of these requirements, we will list the designated facility in our DocFind® online provider directory.

Data management

To maintain designation, facility must comply with IOQ program requirements. Programs must be able to collect, analyze and report data. And they must submit updated information on request. In addition, all facilities must reapply for designation on request. That's typically every 3 years.

Program processes and facility obligations

Facility must agree to tell us in writing about any changes in its ability to deliver services to our members.

Facility must maintain staffing and protocol lists that they can share with us on request.

Facility must disclose and explain any closures or suspensions to the satisfaction of the Institutes of Quality Oversight Committee (IOQOC).

Facility mandatory program requirements

We'll consider facilities for the IOQ program if they meet all of these clinical requirements. They must also meet our cost requirements.

1. The facility must be accredited by at least one of the following:
 - a) The Joint Commission (TJC)
 - b) Healthcare Facilities Accreditation Program (HFAP)
 - c) American Osteopathic Association
 - d) National Integrated Accreditation for Healthcare Organizations (NIAHO)
 - e) Det Norske Veritas (DNV) Healthcare

2. All orthopedic surgeons who practice at the facility must be board certified or board eligible by at least one of the following:
 - a) American Board of Orthopedic Surgery (ABOS)
 - b) American Osteopathic Board of Surgery (AOBS)
 - c) Royal College of Physicians and Surgeons of Canada (RCPSC)

3. All neurosurgeons who practice at the facility must be board certified or board eligible by at least one of the following:
 - a) American Board of Surgery (ABS)
 - b) American Board of Neurological Surgery (ABNS)
 - c) Royal College of Physicians and Surgeons of Canada (RCPSC)

4. The facility participates with at least one of the following organizations focused on patient safety and quality improvement: Institute for Healthcare Improvement (IHI), Leapfrog, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Centers for Medicare & Medicaid Services (CMS)/Premier Hospital Quality Incentive Demonstration (HQID) Project, Surgical Care Improvement Project (SCIP).

5. The facility has a documented continuous quality improvement program, with initiatives focused on continuously measuring and improving orthopedic care. These should include an automated data collection system and personnel.

6. The facility has documented physical therapy protocols for post-total joint replacement surgery and post-spine surgery patients. Facility must provide physical therapy services seven days a week. If not, the facility must be affiliated with a facility that provides this service.

7. If the facility is an ambulatory surgery center (ASC) or specialty orthopedic center, the center must be licensed by the state in which it operates. Or, in the absence of state licensure requirements, it must provide evidence of Medicare eligibility or certification as an ASC under 42 CFR 416.

8. If the facility is an ambulatory center (ASC), the ASC must be accredited by one or more of the organizations:
 - a) Accreditation Association for Ambulatory Health Care (AAAHC)
 - b) American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF)
 - c) American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP)
 - d) The Joint Commission (TJC)

9. If the facility is an ambulatory surgery center (ASC), it must use a written plan and transfer agreement for transferring a patient with complications to an inpatient participating facility within a reasonable distance.

A facility **must meet all** mandatory program requirements for **both** total knee replacement and total hip replacement to be eligible for our Total Joint Replacement IOQ program.

Total knee replacement mandatory program requirements

1. Facility must have performed at least 200 knee replacement surgeries (primary and revisions) in the past 12 months.
2. Facility must have at least one physician who performed at least 50 knee replacement surgeries (primary and revisions) in the past 12 months.
3. The facility must have been performing total knee replacement surgery continuously and uninterrupted for the past 12 months before completing the RFI.
4. In the past 12 months, the facility's inpatient total knee replacement mortality rate (risk adjusted) must be less than or equal to 0.3%.
5. In the past 12 months, the facility's total knee replacement pulmonary embolus/deep vein thrombosis rate (rate not risk adjusted) within 30 days of discharge must be less than 4.2%.
6. In the past 12 months, the facility's total knee replacement surgical wound infection rate must be less than or equal to 4.0%.
7. In the past 12 months, the facility's total knee replacement surgical wound infection rate with methicillin resistant staphylococcus aureus (MRSA) must be less than or equal to 0.6%.
8. In the past 12 months, the facility's revision rate within 6 months of initial surgery for total knee replacement must be less than or equal to 4.0%.
9. In the past 12 months, the facility's all-cause readmission rate within 30 days of discharge for total knee replacement must be less than or equal to 3.0%.
10. In the past 12 months, the total knee replacement's average inpatient length of stay (LOS) must be less than six days.

Total hip replacement mandatory program requirements

1. Facility must have performed at least 100 hip replacement surgeries in the past 12 months.
2. Facility must have at least one physician who performed at least 50 hip replacement surgeries (primary and revisions) in the past 12 months.
3. The facility must have been performing total hip replacement surgery continuously and uninterrupted for the past 12 months before completing the RFI.
4. In the past 12 months, the facility's inpatient total hip replacement mortality rate (risk adjusted) must be less than or equal to 1.0%.
5. In the past 12 months, the facility's total hip replacement pulmonary embolus/deep vein thrombosis rate (rate not risk adjusted) within 30 days of discharge must be less than 4.2%.
6. In the past 12 months, the facility's total hip replacement surgical wound infection rate must be less than or equal to 2.0%.
7. In the past 12 months, the facility's total hip replacement surgical wound infection rate with methicillin resistant staphylococcus aureus (MRSA) must be less than or equal to 0.6%.
8. In the past 12 months, the facility's total hip replacement revision rate within six months of initial surgery must be less than or equal to 4.0%.
9. In the past 12 months, the facility's total hip replacement all-cause readmission rate within 30 days of discharge must be less than or equal to 3.5%.
10. In the past 12 months, the facility's total hip replacement average inpatient length of stay (LOS) must be less than eight days.

Spine surgery mandatory program requirements

1. Facility must have performed at least 200 spine surgeries in the past 12 months.
2. Facility must have at least one physician who performed at least 50 spine surgeries in the past 12 months.
3. The facility must have been performing spine surgeries continuously and uninterrupted for the past 12 months before completing the RFI.
4. In the past 12 months, the facility's spine surgery inpatient mortality rate (risk adjusted) must be less than 0.30%.
5. In the past 12 months, the facility's spine surgery intraoperative dural tear rate must be less than 5.0%.
6. In the past 12 months, the facility's spine surgery pulmonary embolus/deep vein thrombosis rate (not risk adjusted) within 30 days of discharge must be less than 4.2%.
7. In the past 12 months, the facility's spine surgery spine surgical wound infection rate with methicillin resistant staphylococcus aureus (MRSA) must be less than 0.6%.
8. In the past 12 months, the facility's spine surgery all-cause readmission rate within 30 days of discharge must be less than 3.5%.
9. In the past 12 months, the facility's spine surgery average inpatient length of stay (LOS) in days must be less than seven days.

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