



Advanced Total Hip and Knee Replacement Certification

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March 3rd, 2020

Advanced Total Hip & Knee Certification

Learning Objectives

At the end of the webinar, participants will have a clear understanding, and ability to discuss the following:

- The components to Advanced Total Hip & Knee certification
- The differences between core and advanced total hip and knee replacement certifications
- The steps to becoming certified

The Gold Standard in Private Accreditation

For health care accreditation, the knowledge and experience of The Joint Commission is unmatched. Our commitment to excellence is applied with equal passion and rigor to our Orthopedic Certification program.



Advanced Total Hip & Knee Replacement (THKR)

The Joint Commission offers this certification in collaboration with the American Academy of Orthopedic Surgeons (AAOS).



Advanced Total Hip and Knee Replacement Certification

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Certified Programs



Orthopedic Certifications Help You Achieve Excellence

We designed our portfolio of orthopedic certifications to meet the specific needs of a range of Joint Commission-accredited organizations within hospitals, critical access hospitals (CAHs), and Ambulatory Surgical Centers (ASCs).

- 121 Advanced Total Hip and Knee Replacement
- 437 core hip replacement
- 443 core knee replacement
- 4,141 Disease Specific Care certifications, across 110 certification programs with TJC

www.Qualitycheck.org

*Current as of February 19th, 2020

Advanced Certification for Total Hip and Total Knee Replacement (THKR)

The Advanced Certification program helps organizations develop consistent communication and collaboration among all health care providers involved in the care of the patient — from the pre-surgical orthopedic consultation with their surgeon to the intraoperative, hospitalization or ASC admission, rehabilitation activities and then the follow-up visit with the orthopedic surgeon.

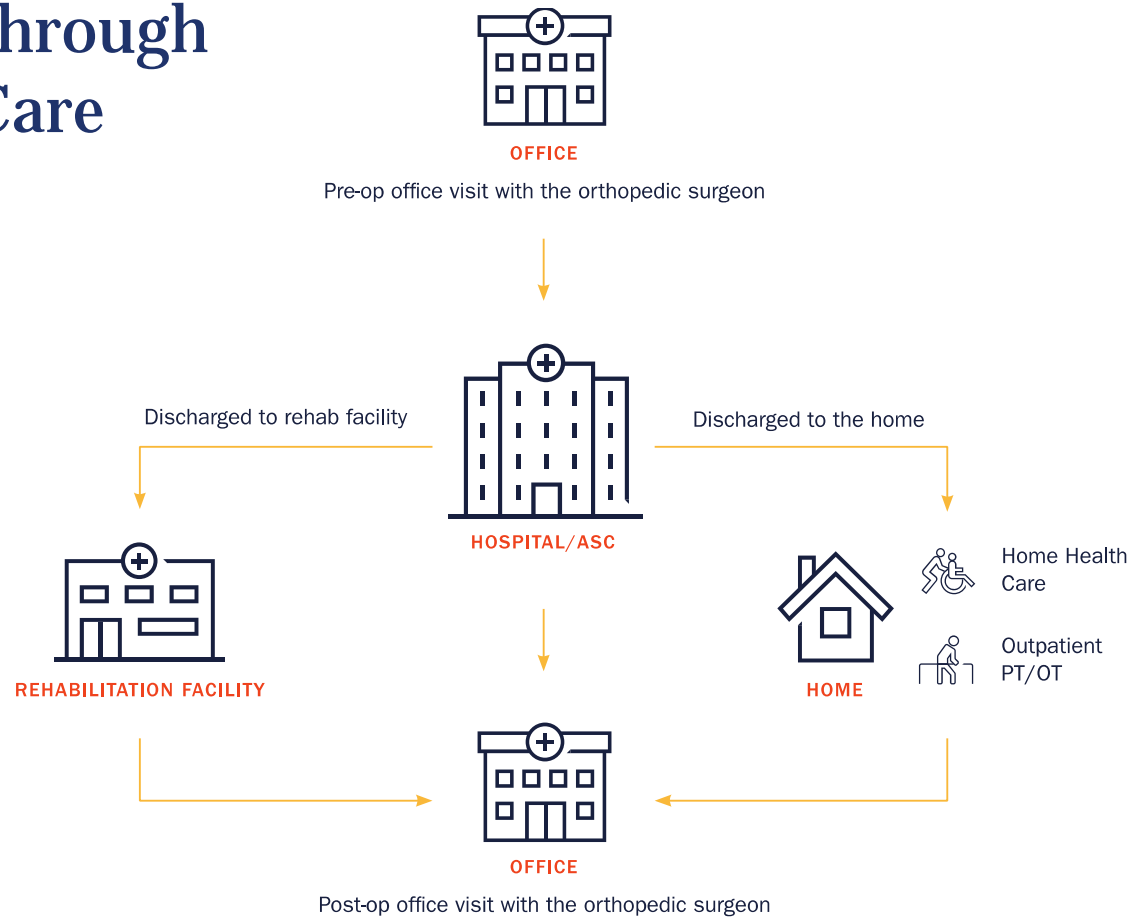
Key Requirements

- Patient-centered care from consultation through follow-up
- Site of procedure (hospital inpatient or outpatient, or ambulatory care)
- Instructions and advice provided to patients and caregivers
- Staff proficiency in all patient settings and transition of care
- Shared decision-making with patient throughout continuum of care
- Collaboration among the clinical team
- Ongoing improvement processes



Communications Through the Continuum of Care

- Communication and collaboration among intraoperative and PACU staff
- Patient education and discharge planning and physical/occupational therapy



Orthopedic Systems of Care

What is Orthopedic Certification?



Our orthopedic certification provides structure for programs to improve their patient outcomes and reduce patient risk.

Certification shows an organization's commitment to continuous performance improvement. Orthopedic Certification options are evaluated under the Disease-Specific Care Certification manual and have three components:

- Standards
- Clinical Practice Guides
- Performance Measurement

This structure provides a framework for consistency of care to improve patient outcomes.

Disease Specific Care Certification Standards

A hospital is asked to demonstrate elements of 6 categories of standards

- DSPR: Program Management
- DSDF: Delivering / Facilitating Care
- DSSE: Supporting Self-Management
- DSCT: Clinical Information Management
- DSPM: Performance Measurement
- CPR: Certification Participation Requirements

Requirements specific to Total Hip and Total Knee Replacement

This is the framework for self-assessment

Disease Specific Care Certification Standards

Standards, Elements of Performance, and Scoring

Standard DSPR.1

The program defines its leadership roles.

Elements of Performance for DSPR.1

1. The program identifies members of its leadership team.

Requirement Specific to Total Hip and Total Knee Replacement

- a. The organization identifies a medical director for the total hip and total knee program.

Note: *The medical director for the program must have experience in the care of patients undergoing total hip and total knee replacements in order to provide clinical guidance and administrative leadership to the program.*

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 Total Hip and Total Knee Replacement

- a. The program leader(s) collaborates with community health care settings and providers to support the continuum of care and patient outcomes.
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Clinical Practice Guidelines

Clinical care is provided based on industry guidelines / evidence-based practice

Hospitals will be expected to demonstrate their application of and compliance with clinical practice guidelines, which may include the guidelines and recommendations published by *the American Academy of Orthopaedic Surgeons* relevant to the patient being treated

Guidelines to cover the entire continuum of care

- Pre-Operative Evaluation/Optimization
- Post-Operative Care
- Anesthesia (Regional)
- DVT Prevention
- Early Mobilization
- Pain Management
- Recommendations for Rehabilitation

Performance Measurement

Centers seeking certification are required to collect and submit data for a specified measure set

- THKR 1 Regional Anesthesia
- THKR 2 Postoperative Ambulation on the day of Surgery
- THKR 3 Discharged to Home
- THKR 4 Preoperative Functional/Health Status Assessment

Most recent 4 months of collected data should be reported to The Joint Commission prior to the on-site review

Organizations will collect monthly data on measures and report the data on a quarterly basis on *The Joint Commission Connect* extranet site

THKR-1 Regional Anesthesia

Numerator	Patients undergoing a total hip or total knee replacement with regional anesthesia attempted or administered
Denominator	Total hip & total knee replacements

Denominator Population	Numerator Population
Included <ul style="list-style-type: none"> Total Hip replacements Total Knee Replacements 	Included <ul style="list-style-type: none"> Regional anesthesia administered or attempted Neuraxial anesthesia (spinal/epidural) Peripheral nerve blocks Regional anesthesia or peripheral nerve block administered with general anesthesia, conscious/deep sedation/MAC
Excluded <ul style="list-style-type: none"> Medical reason for no regional anesthesia Patient refusal History of spinal fusion 	Excluded <ul style="list-style-type: none"> None

THKR-2 Postoperative Ambulation on Day of Surgery



Numerator	Patients who ambulated on the day of surgery	
Denominator	Total hip & total knee replacements	
	Denominator Population	Numerator Population
	Included: Total hip & knee replacements	Included: Postoperative ambulation <ul style="list-style-type: none"> • Day of surgery • Any location including PACU • Patient ambulates ≤ 4 hours of dc from PACU
	Excluded: <ul style="list-style-type: none"> • Postoperative patients who are admitted to ICU the day of surgery • Medical reason for not ambulation on day of surgery • Femur, hip, pelvic fractures • Patient expired/left AMA the day of surgery 	Excluded: <ul style="list-style-type: none"> • None

THKR-3 Discharged to Home



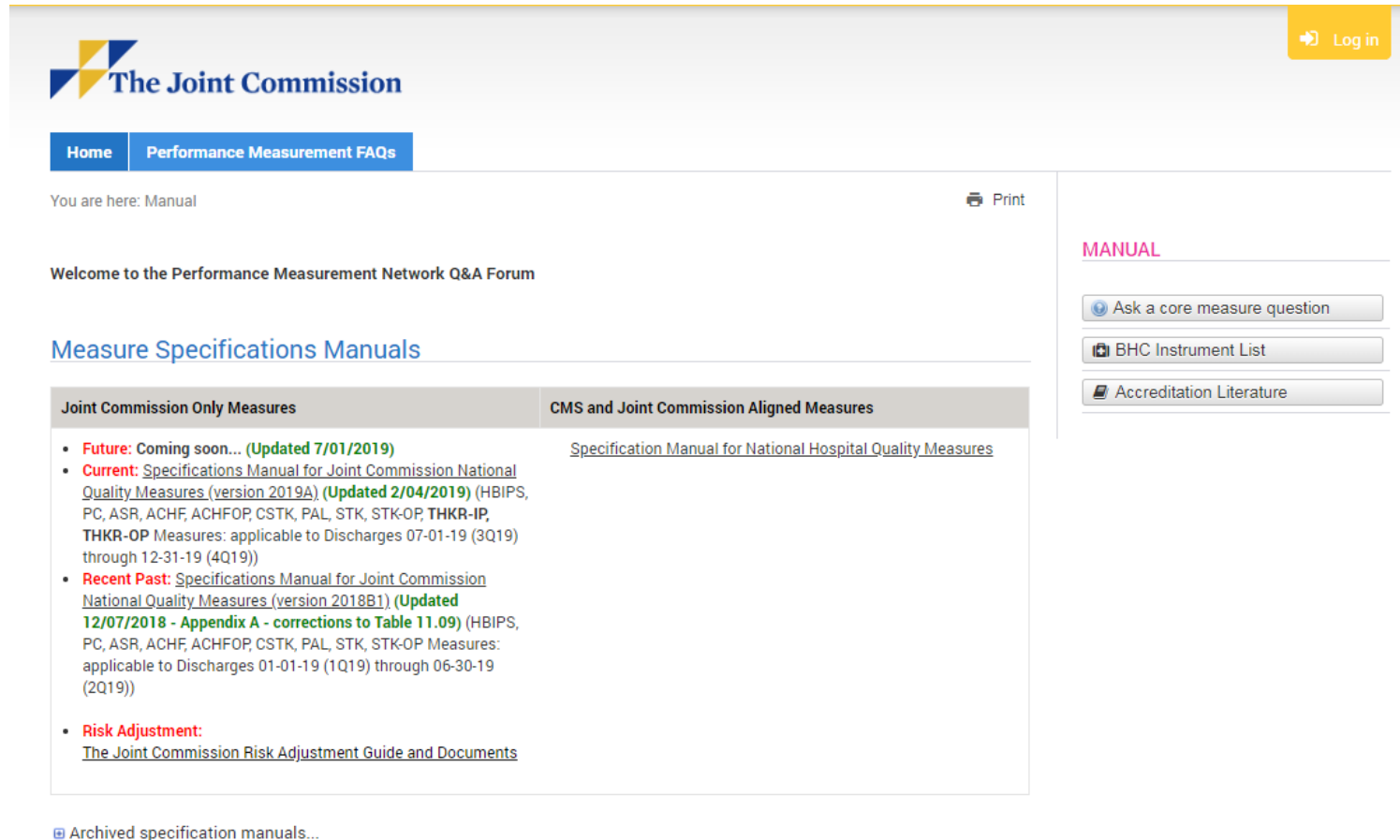
Numerator	Patients discharge to home	
Denominator	Total hip & total knee replacements	
	Denominator Population	Numerator Population
	Included: Total hip & knee replacements	Included: <ul style="list-style-type: none"> Patients discharged to home
	Excluded: <ul style="list-style-type: none"> Bilateral/concurrent procedures (INPATIENTS ONLY) Femur, hip, pelvic fractures Expired or left AMA Resident of nursing home or “other health care facility” Medical reason for not discharging patient to home 	Excluded: <ul style="list-style-type: none"> None

THKR-4 Preoperative Functional/Health Status Assessment



Numerator	Patients who completed the general health (VR-12 or PROMIS-Global) AND joint specific functional status assessments (HOOS Jr/subscales or KOOS Jr/subscales) within 90 days prior to surgery	
Denominator	Total hip & total knee replacements	
	Denominator Population	Numerator Population
	Included: Total hip & knee replacements	Included: <ul style="list-style-type: none"> • Patients who completed the general health (VR-12 or PROMIS-Global) AND • Hips: HOOS Jr. (6 questions) or HOOS pain, function daily living subscales (27 questions) • Knees: KOOS Jr. (7 questions) or KOOS stiffness, pain, function daily living subscales (28 questions) • Within 90 days prior to surgery
	Excluded: <ul style="list-style-type: none"> • Femur, hip, pelvic fractures 	Excluded: <ul style="list-style-type: none"> • None

Performance Measures Q & A Forum



The screenshot shows the website interface for the Performance Measurement Network Q&A Forum. At the top left is the The Joint Commission logo. A navigation bar contains 'Home' and 'Performance Measurement FAQs'. A 'Log in' button is in the top right. Below the navigation, a breadcrumb trail reads 'You are here: Manual' and a 'Print' icon is visible. A welcome message states 'Welcome to the Performance Measurement Network Q&A Forum'. The main content area is titled 'Measure Specifications Manuals' and is divided into two columns: 'Joint Commission Only Measures' and 'CMS and Joint Commission Aligned Measures'. The 'Joint Commission Only Measures' column contains a list of items with status indicators (Future, Current, Recent Past, Risk Adjustment) and links to manuals and guides. The 'CMS and Joint Commission Aligned Measures' column contains a link to the 'Specification Manual for National Hospital Quality Measures'. On the right side, there is a 'MANUAL' section with three buttons: 'Ask a core measure question', 'BHC Instrument List', and 'Accreditation Literature'. At the bottom left, there is a link for 'Archived specification manuals...'.

Joint Commission Only Measures

- **Future:** Coming soon... (Updated 7/01/2019)
- **Current:** [Specifications Manual for Joint Commission National Quality Measures \(version 2019A\) \(Updated 2/04/2019\)](#) (HBIPS, PC, ASR, ACHF, ACHFOP, CSTK, PAL, STK, STK-OP, THKR-IP, THKR-OP Measures: applicable to Discharges 07-01-19 (3Q19) through 12-31-19 (4Q19))
- **Recent Past:** [Specifications Manual for Joint Commission National Quality Measures \(version 2018B1\) \(Updated 12/07/2018 - Appendix A - corrections to Table 11.09\)](#) (HBIPS, PC, ASR, ACHF, ACHFOP, CSTK, PAL, STK, STK-OP Measures: applicable to Discharges 01-01-19 (1Q19) through 06-30-19 (2Q19))
- **Risk Adjustment:** [The Joint Commission Risk Adjustment Guide and Documents](#)

CMS and Joint Commission Aligned Measures

- [Specification Manual for National Hospital Quality Measures](#)

[Archived specification manuals...](#)

<https://manual.jointcommission.org/>

Performance Improvement

7 questions regarding improvement planning

- Scope of Performance Improvement Activities
- Composition of Disease Management Team
- Performance Improvement Goals and Objectives
- Activities that are underway to achieve Goals and Objectives
- Process by which data and analysis is shared across the organization
- Where the Performance Improvement plan fits in the context of the larger organization-wide plan
- Identify the individual by title that has ultimate responsibility for the organization wide performance improvement plan

Benefits of Orthopedic Certification

Achieving certification through The Joint Commission sets your program above the rest.

- Provide organizations with a pathway to excellence
- Provide a framework to improve patient outcomes
- Reduce variation in care delivery
- Establish a consistent approach to care, reducing the risk of error
- Demonstrate commitment to a higher standard of clinical service
- Organize teams across the continuum of care
- Provide a competitive edge in the marketplace
- Enhance staff recruitment and development

Key Comparisons Between Core Program and Advanced Program

Core/Advanced Comparison Grid

Core	Advanced
<p>Hospital or ambulatory surgery center only</p>	<p>Physicians office(s), inpatient/hospital based outpatient/ambulatory surgery center and post follow-up care organizations</p>
<p>Core certification options for organization:</p> <ul style="list-style-type: none"> • Core hip certification • Core knee certification <p>*Two certification decisions for the combined core hip and core knee certification *Must perform surgeries based on core program(s) chosen</p>	<p>Advanced certification for organization:</p> <ul style="list-style-type: none"> • Must perform both total hip replacement and total knee replacement <p>*One certification decision for the whole total hip and total knee replacement program</p>

Core/Advanced Comparison Grid

Core	Advanced
Tracer sites: <ul style="list-style-type: none"> • Hospital • Ambulatory surgery center 	Tracer sites: <ul style="list-style-type: none"> • Physician office visit and/or direct communication with office staff • Hospital • Ambulatory surgery center
Review day (1 day) <ul style="list-style-type: none"> • Core hip certification • Core knee certification 	Review days: <ul style="list-style-type: none"> • 2-day intense review of entire total hip and total knee replacement program
Core standards disease-specific care	Core standards disease-specific care + advanced standards for advanced certification for total hip and total knee replacement

Core/Advanced Comparison Grid

Core	Advanced
<p>Surgical tracer:</p> <ul style="list-style-type: none"> • Visit and communication with peri-operative team 	<p>Surgical tracer:</p> <ul style="list-style-type: none"> • Surgical observation and conversation with entire peri-operative team • Observation of hand-offs between each care area <p>**Arrange for reviewer to observe either a total hip or total knee replacement day 1 or day 2 of review</p>
<p>Hand-off:</p> <ul style="list-style-type: none"> • Discussion with staff regarding hand-offs 	<p>Hand-off:</p> <ul style="list-style-type: none"> • Direct observation of hand-off communications throughout entire care continuum

Core/Advanced Comparison Grid

Core	Advanced
<p>Communication and collaboration:</p> <ul style="list-style-type: none"> • Team within the hospital • Working toward High Reliability 	<p>Communication and collaboration:</p> <ul style="list-style-type: none"> • Communication, collaboration, and shared decision making throughout the entire continuum of care • Continuum of care contains: • Physician’s office visit to preoperative area, preoperative area to intraoperative area, intraoperative area to postoperative area, postoperative area to patient care unit, patient care unit to discharge, discharge to physician’s office for follow-up care, and any post discharge care • Includes hand-offs/transitions within care areas • Consensus among practitioners to limit variation using concepts of High Reliability

Core/Advanced Comparison Grid

Core	Advanced
Uniformity: <ul style="list-style-type: none"> • Program in the hospital or ambulatory surgery center 	Uniformity: <ul style="list-style-type: none"> • Across the entire care continuum • Physician office(s), inpatient / hospital based outpatient / ambulatory surgery center, and post discharge • Consistency of all physicians in the program. No significant outliers in physician practice
Order sets: <ul style="list-style-type: none"> • Movement toward standardized order sets for all physicians 	Order sets: <ul style="list-style-type: none"> • Consistent use of standardized order sets for all physicians
Preoperative evaluation: <ul style="list-style-type: none"> • Notes regarding this being completed 	Preoperative optimization: <ul style="list-style-type: none"> • All notes need to be available from providers as part of the medical record

Core/Advanced Comparison Grid

Core	Advanced
<p>Standardization:</p> <ul style="list-style-type: none">• Clinical practice guidelines• Order sets	<p>Standardization:</p> <ul style="list-style-type: none">• Clinical practice guidelines• Follow the entire scope of the program (i.e., preoperative assessment and testing, perioperative procedures, postoperative pain management, antibiotics, mobility, DVT prophylaxis)• Order sets• Among physician(s) inpatient / hospital based outpatient / ambulatory surgery center across the care continuum from office(s) through follow-up visit• Specific guidelines for both hip and knee

Core/Advanced Comparison Grid

Core	Advanced
<p>Physician engagement:</p> <ul style="list-style-type: none"> -Physician champion / medical director identified, involved in program initiatives 	<p>Physician engagement:</p> <ul style="list-style-type: none"> • Medical director identified • Surgeon(s) involvement (i.e., program initiatives, team meetings, data analysis, performance improvement, staff in-service and education)
<p>Patient education:</p> <ul style="list-style-type: none"> -Content review of preoperative education (i.e., joint class) 	<p>Patient education:</p> <ul style="list-style-type: none"> • Content review of preoperative education (i.e., joint class) • Direct observation of a portion of the class (no minimum class number required), perioperative patient interviews, therapy sessions, patient discharge teaching, or other patient education

Core/Advanced Comparison Grid

Core	Advanced
Post discharge: <ul style="list-style-type: none"> Review hospital / ambulatory surgery center discharge process 	Post discharge: <ul style="list-style-type: none"> Review discharge process Review data communication from post discharge entities to see engaged tracking through patient follow-up visit
Functional outcomes: <ul style="list-style-type: none"> Should be considering, if not implementing, some form of functional outcome measures 	Functional outcomes: <ul style="list-style-type: none"> Should have strong functional outcome data
Performance measures: <ul style="list-style-type: none"> 4 performance improvement measures of organization(s) choice (2 of 4 must be clinical) 	Performance measures: <ul style="list-style-type: none"> 4 standardized performance improvement measures Use of Regional Anesthesia, DOS Ambulation, Discharge Disposition and Pre-operative Functional Assessment completed Must be participating with AJRR

The Steps to Apply Certification Roadmap

Connect with your Associate Director

- Contact certification@jointcommission.org

Pre-Application

- Review Standards in E-dition® and analyze gaps
- Review Standardized Performance Measures
- Identify Clinical Practice Guidelines
- Complete Performance Improvement Plan
- Establish a Ready Date

Complete Application on Connect® portal

- No Performance Measure data required

Prepare for Onsite Review

- Use the Review Process Guide on Connect® portal
- Upload most recent 4 months of measure data

Onsite Review

- 2 Day x 1 Reviewer

Joint Commission Reviewers

Provide best-in-class expertise and create a collaborative experience for our certifying organizations



Our reviewers are subject-matter experts in the program being reviewed and provide enormous value for your organization:



Provide leading practices to improve/grow the programs they are reviewing



Conduct educationally focused reviews



Lead a collaborative engagement that helps to increase staff awareness and education



Inspire staff to improve the quality of patient care

THKR Two-day Agenda

- Opening conference
- Planning meeting
- Patient tracers
 - Peri-operative, Inpatient, Post-discharge
 - Visit or conference calls with orthopedic surgeon office staff, MD, PA, NP
 - Patient education, interview, or observation; such as, joint class, therapy session observation, discharge instructions, etc.
- Data tracers
- Competency and privileging
- Issue resolution
- Closing conference



Disease-Specific Care Certification Review Process Guide 2020



Advertise Your Achievement



Why Work with the Joint Commission

Your Source for Orthopedic Certification



Looking to Elevate and Strengthen Your Orthopedic Program?

The Joint Commission can help. With a comprehensive suite of offerings to choose from — backed by the expertise and insight of our robust orthopedic care experience — you will find the guidance, knowledge and framework you need to achieve improved outcomes and continued success.

Reach out today

For more information on Joint Commission orthopedic certification, please contact us at certification@jointcommission.org today.

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