



Advanced Total Hip and Knee Replacement Certification

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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
- Updates to the requirements for Advanced Total Hip & Knee Replacement certification
- The steps to becoming certified
- American Joint Replacement Registry Program Overview

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

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).

- 108 Advanced Total Hip and Knee Replacement
- 888 core hip and/or knee replacement
- 4,059 Disease Specific Care certifications, across 110 certification programs with TJC

*Current as of July 13th, 2019

www.Qualitycheck.org

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

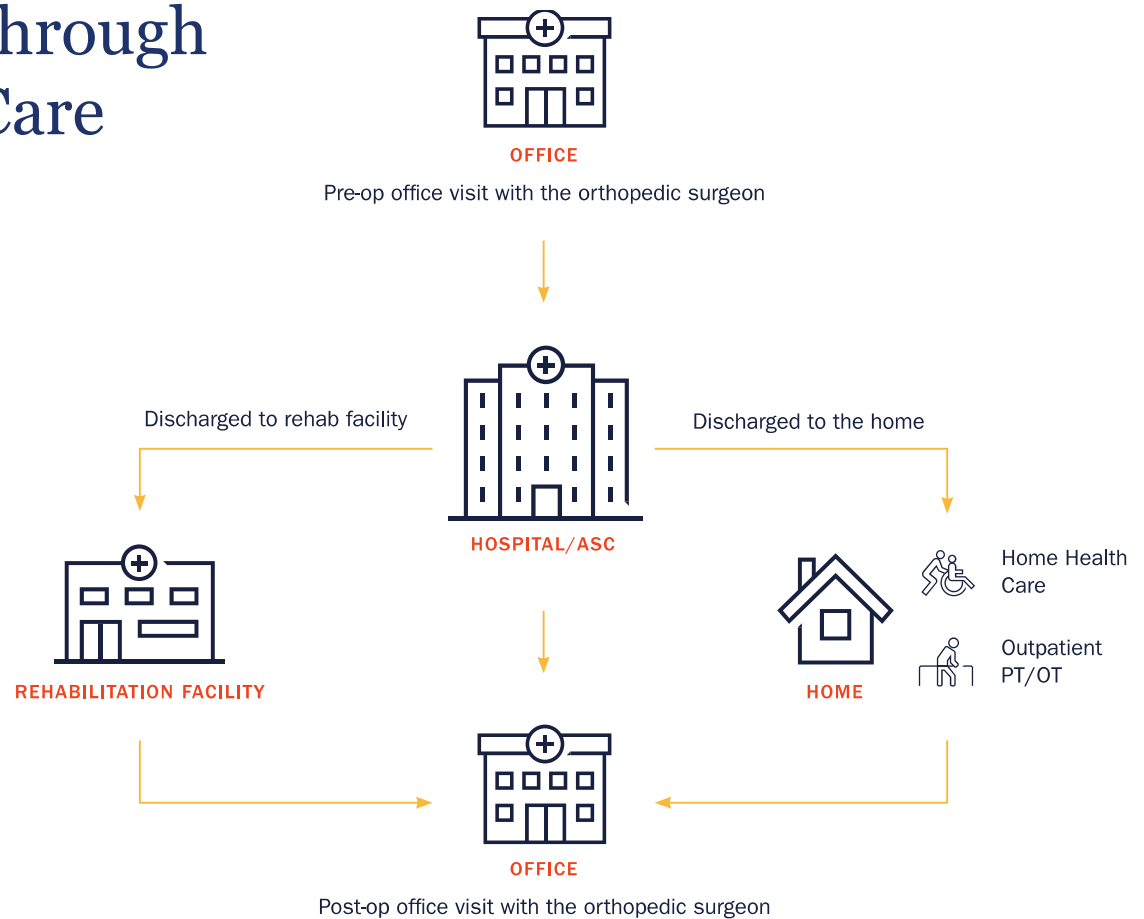
- Patient-centered care from consultation through follow-up
- Site of procedure (hospital inpatient or outpatient, or ambulatory care)
- Instructions and advice provided to patients and caregivers
- Staff proficiency in all patient settings and transition of care
- Shared decision-making with patient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



Advanced Total Hip and Knee Replacement Certification

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.
-

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

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

92% of our customers
tell us that certification
through The Joint
Commission improves
patient outcomes.

Source: Value of Certification, Market Research, 2016.

Basic Requirements

Advanced Certification

Core Disease-Specific Care Standards plus program-specific requirements

Provide both total hip and total knee joint replacement procedures

2-day review, including review of a patient on-site undergoing a hip or knee replacement surgery

Intraoperative observation

Standardized performance measures

Participation in the American Joint Replacement Registry (AJRR)

Updates to the Requirements for THKR

Effective July 1, 2019

Standard DSPM.4

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

Element(s) of Performance for DSPM.4

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

Requirements Specific to Total Hip and Total Knee Replacement

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

b. The program analyzes its total hip and total knee arthroplasty data in the American Joint Replacement Registry (AJRR) and uses it for quality improvement purposes

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

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

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.



Registry Program Overview

Academy Strategic Decision

Academy Board
Approves multi-
year investment in
registries

June 2017

Focus on **bridging gap** between science & clinical practice to define and improve quality

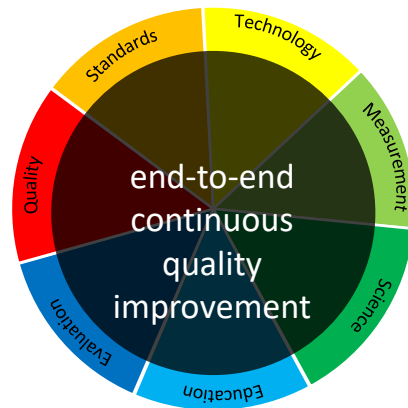
End to end **systems approach** to continuous quality improvement that translates science into practice

Leverage registries to collect data, report, and benchmark to **define quality** MSK care that is patient center, evidence based and cost effective

Invest in becoming a **leader and partner** to ensure quality in the delivery of MSK care

Relevance to **the future of the profession and patients**

Quality Vision



Registries

- component of a larger quality vision
- provide data to inform AAOS guidelines and test performance measures
- provide feedback to providers to continuously improve their practice and healthcare outcomes
- allow AAOS to define what quality means in a value-based system
- reduce the reporting burdens on physicians
- help inform gaps in knowledge or ~~areas for further education~~

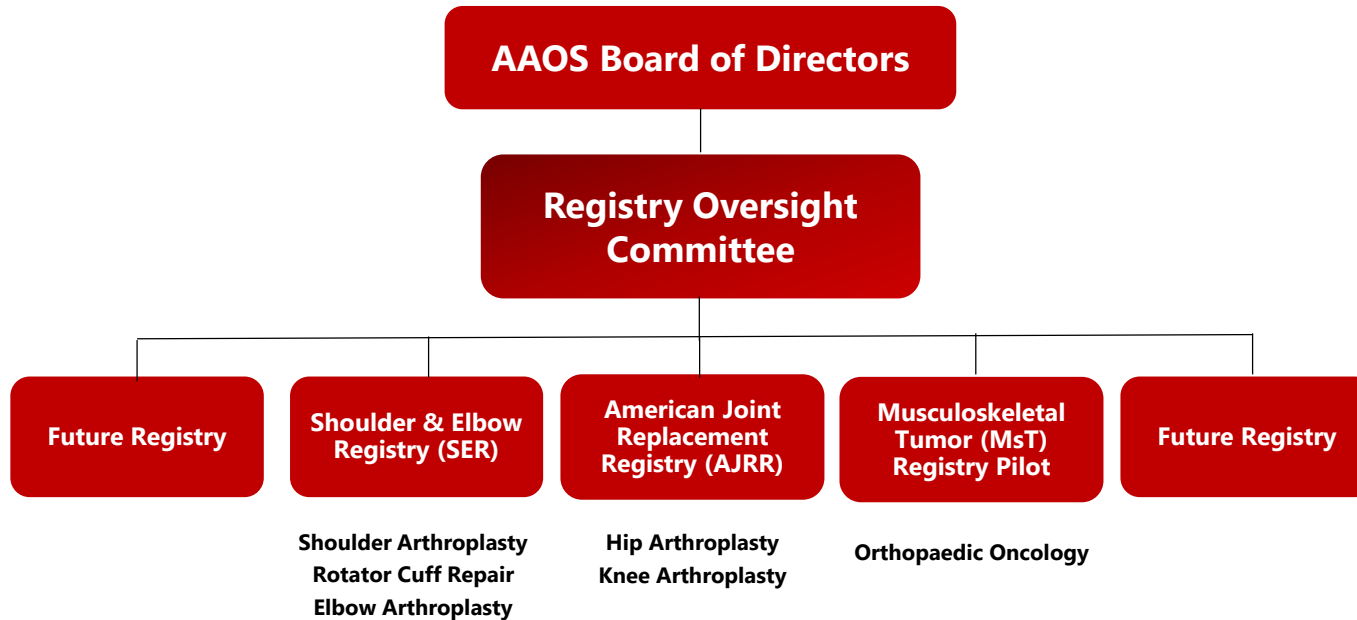
"If you can't measure it, you can't improve it" ~ Drucker

Registry Program Highlights



- AJRR was re-integrated into AAOS, the Shoulder & Elbow Registry (SER) & Musculoskeletal Tumor Registry (MsT) Pilot were developed and launched
- Obtained access to Medicare claims data for linkage
- Selected for National Eval System for health Technology Coordinating Center (NESTcc) grant to participate in feasibility pilot for data linkage from private payers
- Launched Registry Analytics Institute to foster further dissemination of Registry Program data in literature, conferences, and across trainees
- Continued investment in technical infrastructure to optimize user and multi-stakeholder experience
- Development of PROM dashboards, data access directly to AAOS surgeons, and increased value of Registry Insights™

AAOS Family of Registries



AJRR Data Elements

Procedure

Patient

- Name (Last, First)
- Date of Birth
- Social Security Number
- Diagnosis (ICD-9/10)
- Gender
- Race/Ethnicity

Hospital

- Name and Address

Surgeon

- Name (National Provider Identifier)

Procedure

- Type (ICD-9/10)
- Date of Surgery
- Laterality
- Implants

Comorbidities and Complications

- Comorbidities (ICD-9/10)
- CJR Risk Variables
- Height + Weight/Body Mass Index
- Length of Stay
- American Society of Anesthesiologists Score
- Operative and Post-operative Complications

Patient-reported Outcomes

Recommended:

- PROMIS-10 Global
- VR-12
- HOOS/KOOS, JR.

Also Available:

- SF-36 v1
- HOOS/KOOS
- Oxford Hip and Knee Scores
- Knee Society Knee Scoring System
- Harris Hip Score
- WOMAC (Modified via HOOS and KOOS)
- SF-12, EQ-5D, WOMAC (only accepting final scores)

2018 AJRR Annual Report



- Now available online with two digital supplements:
<http://www.ajrr.net/publications-data>
- Includes data on over 1.1 million procedures from 2012-2017
- Integration of Medicare data
- Includes 54 implant survivorship curves

Annual Data Specification Sunset Cycle

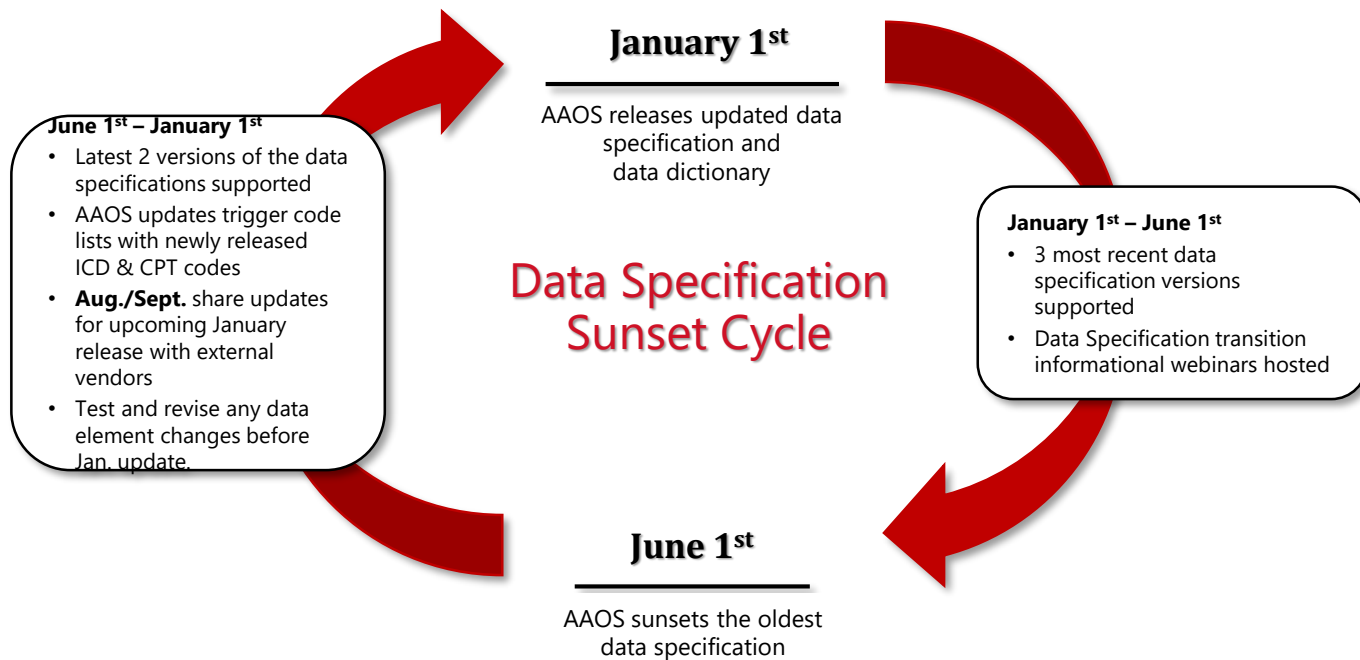
Updating data specifications is necessary to:

- Improve quality of data collected
- Reduce data entry burden
- Grow with the orthopaedic profession

The **AAOS Registry Data Specification Sunset Cycle** simplifies the transition of data specifications by informing you of when our new data specifications will be released and when we plan to sunset the oldest data specifications.

This release and sunset cycle will occur annually.

Registry Data Specification Sunset Cycle



Data Insights for Orthopaedics

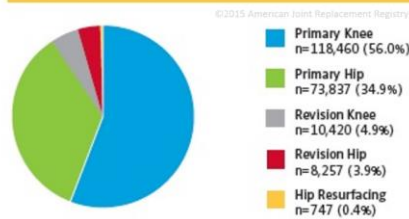
Detail Surgeon Activities and Case Numbers

Table 1: 2014 Average Procedural Volume for Participating Surgeons (N=2,247)

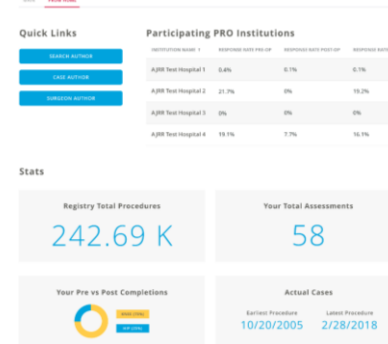
	Total Surgeons	Total Procedures	Per Surgeon Average	Range	Number of Surgeons Who Submitted Only One Procedure
HIP					
Primary	1,822	42,249	23.2	1-317	295
Revision	757	4,624	6.1	1-76	229
KNEE					
Primary	1,617	64,552	39.9	1-522	182
Revision	1,045	6,143	5.9	1-103	308

Provide Distribution of Procedures

Figure 12: Distribution of Procedures (N=211,721)



Track Patient Reported Outcomes



Characterize US Implant Usage Patterns

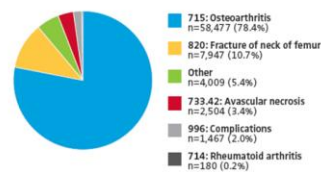
Table 2: Frequency and Percentage of Femoral Head Sizes Implanted by Year (N=74,833)

	2012 n(%)	2013 n(%)	2014 n(%)
<28mm	537 (4.9)	704 (3.2)	1,176 (2.8)
28mm	1,049 (9.6)	2,902 (13.2)	5,752 (13.7)
32mm	3,112 (28.5)	6,025 (27.4)	10,790 (25.7)
36mm	4,890 (44.8)	9,828 (44.7)	19,607 (46.7)
40mm	808 (7.4)	1,165 (5.3)	2,225 (5.3)
>40mm	515 (4.7)	1,363 (6.2)	2,435 (5.8)
Total	10,911	21,987	41,985

Excludes hemiarthroplasty

Show Top Reasons for TJA Procedures

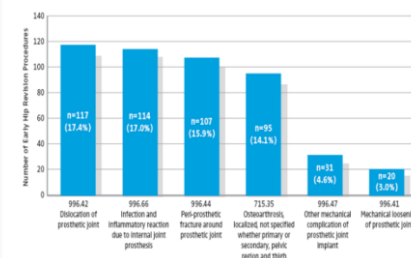
Figure 14: ICD-9 Diagnosis Codes for All Hip Arthroplasty Procedures (N=74,584)



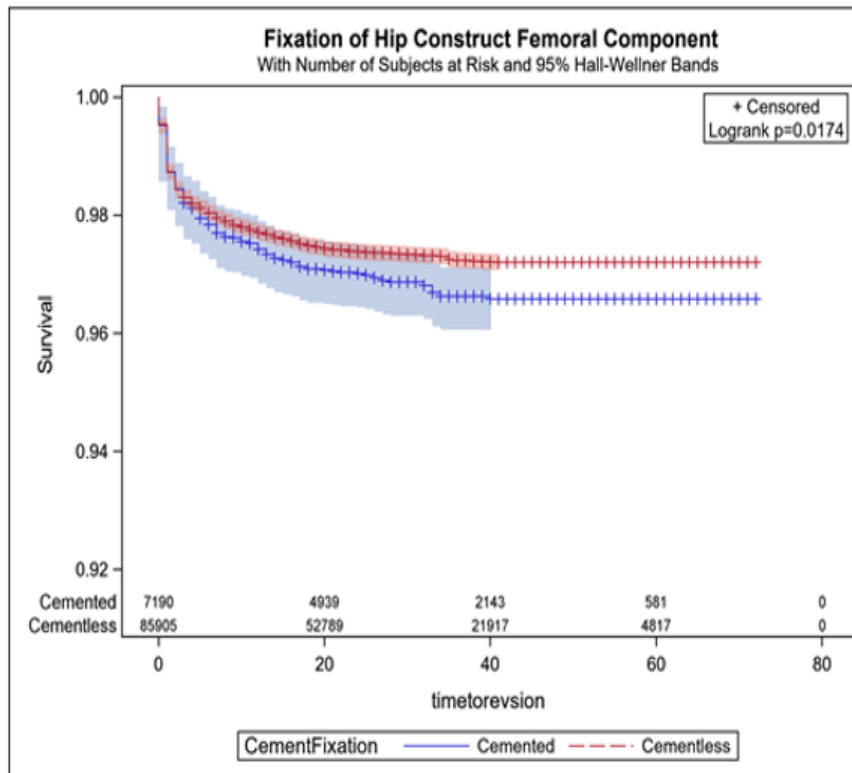
Other codes include those in categories 716, 719, 733, 736, 755. See Appendix D for complete list of diagnosis codes included in each category.

Characterize Causes of Early Revision

Figure 27: Most Frequently Reported ICD-9 Diagnosis Codes for Hip Revisions (<3 Months to Revision)



Integration of Medicare Data



Obtained access to **Medicare claims data** (2012-2018 for all patients represented in Registry with Medicare records, ~700k patient)

Participants have access to custom reports that compare their site to the national Annual Report analyses, inclusive of survivorship curves

PROM Management

The screenshot displays the AAOS registry insights interface for PROM Management. It is divided into two main sections: a list of procedure reports and a pre-operative case information form.

Procedure Reports Section:

- Navigation: HOME, SEARCH, PRE-REGISTRATION, DASHBOARD & REPORTS, TOOLS & RESOURCES, DATA MANAGEMENT, ADMINISTRATION.
- Page Title: Patient Reported Outcomes Reports
- Sub-sections: Count of Components by Type, Assessment Summary.
- Filter: Entries 10
- Table Columns: ACCOUNT ID, HOSPITAL/ASC NAME, PATIENT ID, PATIENT LAST NAME, PATIENT FIRST NAME, PATIENT DATE OF BIRTH, PATIENT EMAIL ADDRESS, PATIENT PHONE TYPE, PATIENT PHONE NUMBER, PROCEDURE, LATERALITY, PLANNED SURGERY DATE, SURVIVAL.

ACCOUNT ID	HOSPITAL/ASC NAME	PATIENT ID	PATIENT LAST NAME	PATIENT FIRST NAME	PATIENT DATE OF BIRTH	PATIENT EMAIL ADDRESS	PATIENT PHONE TYPE	PATIENT PHONE NUMBER	PROCEDURE	LATERALITY	PLANNED SURGERY DATE	SURVIVAL
1041062	SER Test Hospital 1	PRP30258	atAOS	johnny	1/1/1980				Shoulder Arthroplasty	Left	1/24/2019	
1041062	SER Test Hospital 1	PRP30258	atAOS	johnny	1/1/1980				Shoulder Arthroplasty	Left	1/24/2019	
1041061	SER Test Hospital 5	PRP30261	Bobby	Ricky	7/16/2019				Rotator Cuff Repair	Left	2/28/2019	165
1041061	SER Test Hospital 5	PRP30261	Bobby	Ricky	7/16/2019				Rotator Cuff Repair	Right	2/28/2019	1619012200
1041062	SER Test Hospital 1	PRP30246	Brown	Charlie	1/1/1980				Shoulder Arthroplasty	Left	1/20/2019	.
1041062	SER Test Hospital 1	PRP30246	Brown	Charlie	1/1/1980				Shoulder Arthroplasty	Left	1/20/2019	.
1041062	SER Test Hospital 1	PRP30235	butkus	dick	1/1/1980				Shoulder Arthroplasty	Left	1/20/2019	.

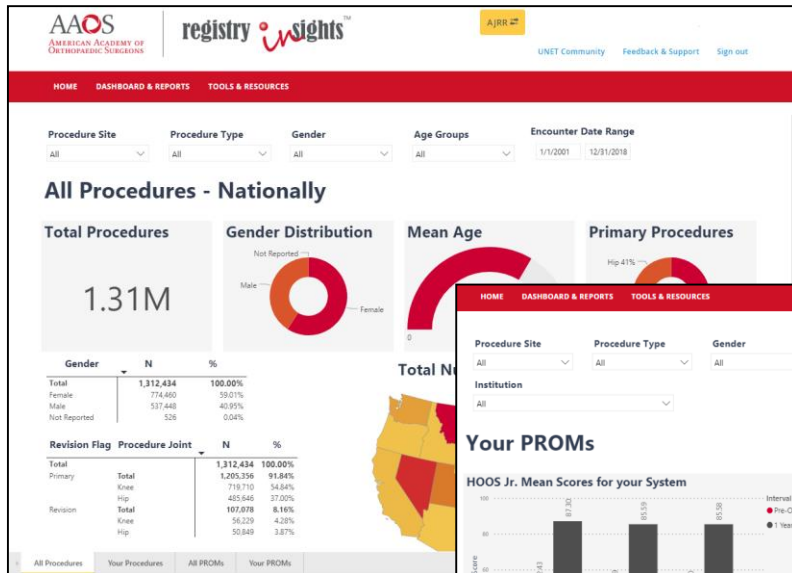
Pre-Operative Case Information Form Section:

- Section: PART 2: Pre-Operative Case Information
- Text: Please complete all applicable required and optional fields of the pre-operative case section. Case information is required for all cases to be added to the Registry. Please note that all case data requested pertains to future procedures.
- Fields:
 - Planned Proc Date
 - Procedure Site (Dropdown: Select One, Shoulder, Elbow, Institution)
 - Surgeon (Dropdown: Select One)
 - Payer Info (Dropdown: Select One)
 - Submit Button

PART 1: Patient demographic details Section:

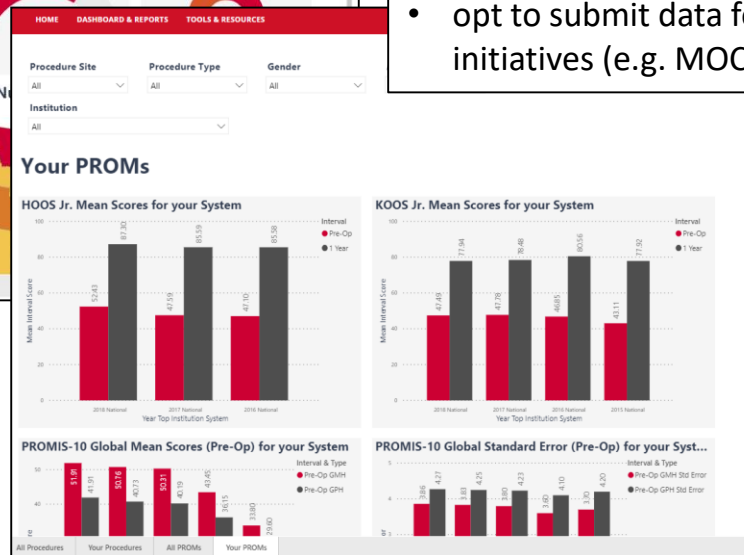
- Text: Please complete all applicable required and optional fields of the patient demographic section. Note: Email is conditionally required, however if you are administering assessments via email you must provide a patient email or the system will not be able to send the email to the patient.
- Text: If the Patient Social Security Number (SSN) is not available, please select the "Not Available" option next to the Social Security field. Please note that the Registry also accepts the last 4 digits of the SSN. Patient SSN assists the Registry with achieving its mission through the ability to track longitudinal device information.
- Field: Social Security* (Input field)
- Field: Not Available (Checkbox)
- Field: Email (Input field)

Surgeon Feedback



Surgeons are able to:

- see their procedural, post-operative and PRM data
- compare themselves to national benchmarks
- request custom reports
- opt to submit data for quality initiatives (e.g. MOC, QPP)



Registry Authorized Vendor Program

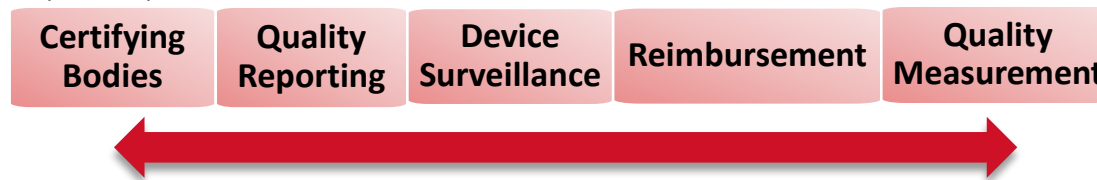


- We've partnered with technology vendors to help with a seamless data submission process
- Re-use data that already exists in your medical record, practice management and PRO systems
- Direct data submission and management can be handled by your technology provider

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Re-use of Registry Data

- Calculate national performance benchmarks
- Access to on-demand practice specific quality reports and dashboards to compare locally, regionally, and nationally
- Track and monitor outcomes with longitudinal patient information
- Reduce complications and revision rates across sites
- Support quality initiatives and participation in payer incentivized QI
- Improve data to support orthopaedic care and best practices
- Allow for re-use of data towards the Joint Commission Advanced Certification, MIPS, MOC, and more



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How to Get Started

1. Contract with AAOS
2. Accounts are set-up
 - Site administrator
 - Data submission
 - Surgeon users
 - PROM administrators
3. Data Submission
 - Technical set-up
 - Test data submission
 - Live data submission
4. Use of data
 - Dashboards
 - Canned reports
 - Custom reporting



Submission Best Practices

- Most participants submit monthly, active submission is at least every 90 days
- Ask your site's IT about setting up automated reports
- You can monitor data submission uploads and address errors by logging into [RegistryInsights™](#)
- To learn more about correcting cases with issues, follow the instructions in the [How-To Guide: Fix Rejected Data in Uploaded Files to AJRR](#)



Questions?

Registryinfo@aaos.org

www.aaos.org/registries

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