The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), certified organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

**Advanced Certification Requirements for Total Hip and Total Knee Replacement**

**APPLICABLE TO ADVANCED DISEASE-SPECIFIC CARE CERTIFICATION FOR TOTAL HIP AND TOTAL KNEE REPLACEMENT**

**Effective March 14, 2016**

**Program Management Chapter**

**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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**Key:** A indicates scoring category A; C indicates scoring category C; D indicates that documentation is required; M indicates Measure of Success is needed; A indicates an Immediate Threat to Health or Safety; A indicates situational decision rules apply; A indicates direct impact requirements apply.
4. The program leader(s) identifies, in writing, the composition of the interdisciplinary team.

**Requirements Specific to Total Hip and Total Knee Replacement**

a. The program establishes an interdisciplinary team to collaborate in the care of patients undergoing total hip and total knee replacements.
b. The interdisciplinary team includes, but is not limited to, the following:
   - Attending physician, hospitalist, or primary care physician
   - Orthopedic surgeon(s)
   - Anesthesiologist or certified registered nurse anesthetist in accordance with law and regulation and the credentialing and privileging decisions of the organization
   - Nursing staff caring for the total hip and total knee replacement patient
   - Pharmacist
   - Discharge planner or nurse case manager
   - Physical therapist
c. Based on the care, treatment, and services provided and the patients’ needs, the interdisciplinary team also utilizes individuals from the following disciplines:
   - Physician assistant(s)
   - Advanced practice registered nurse(s)
   - Social worker
   - Occupational therapist
   - Rehabilitation services (inpatient or outpatient)
   - Home health care services
   - Dietitian
   - Psychological services (behavioral health services)
   - Financial support

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 Total Hip and Total Knee Replacement**

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, and 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.

<table>
<thead>
<tr>
<th>Elements of Performance for DSPR.2</th>
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</thead>
<tbody>
<tr>
<td>1. The interdisciplinary team designs the program.</td>
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<td>2. The interdisciplinary team implements the program.</td>
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<td>3. The interdisciplinary team evaluates the program.</td>
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<td>4. The interdisciplinary team uses the results of the program evaluation to improve performance.</td>
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DSPR.3
The program meets the needs of the target population.

<table>
<thead>
<tr>
<th>Elements of Performance for DSPR.3</th>
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<tbody>
<tr>
<td>1. The leader(s) defines, in writing, the program’s mission and scope of service.</td>
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<tr>
<td>2. The leader(s) approves the program’s mission and scope of service.</td>
</tr>
<tr>
<td>3. The program identifies its target population.</td>
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<tr>
<td>4. The services provided by the program are relevant to the target population.</td>
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DSPR.4
The program follows a code of ethics.

<table>
<thead>
<tr>
<th>Elements of Performance for DSPR.4</th>
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</thead>
<tbody>
<tr>
<td>1. The program protects the integrity of clinical decision making.</td>
</tr>
<tr>
<td>2. The program respects the patient's right to decline participation in the program.</td>
</tr>
<tr>
<td>3. The program has a process for receiving and resolving complaints and grievances in a timely manner.</td>
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</table>
**DSPR.5**
The program determines the care, treatment, and services it provides.

### Elements of Performance for DSPR.5

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<tbody>
<tr>
<td>1.</td>
<td>The program defines in writing the care, treatment, and services it provides.</td>
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<td></td>
<td>a. The program’s scope includes these phases of care: the orthopedic consultation, preoperative, intraoperative, postoperative, discharge, and follow-up visit to the orthopedic surgeon.</td>
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<td></td>
<td>b. The program includes transitions of care from the orthopedic consultation, preoperative, intraoperative, postoperative, discharge, and if applicable, transfer to another facility.</td>
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<td></td>
<td>c. The standard of care provided to the patient participating in the program is consistent 24 hours a day, 7 days a week.</td>
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<td>d. Post discharge the program includes; rehabilitation either on-site or by referral and, if applicable, transfer of the patient to another facility.</td>
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<td>2.</td>
<td>The program communicates to the patient the care, treatment, and services it provides.</td>
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<td></td>
<td>a. The program provides an overview of total hip and total knee replacement to the patient (for example, classes, video, brochure).</td>
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<td></td>
<td>b. The program provides the patient with information related to indications for surgery (for example, pain relief and degeneration).</td>
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<td>3.</td>
<td>The program provides care, treatment, and services to patients in a planned and timely manner.</td>
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<td>4.</td>
<td>The program complies with applicable law and regulation.</td>
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<td>5.</td>
<td>The program informs the patient and family about how to access care, treatment, and services, including after hours (if applicable).</td>
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<tr>
<td></td>
<td>a. Patients are able to access their orthopedic surgeon or the surgeon’s clinical designee 24 hours a day, 7 days a week until the patient is discharged from the orthopedic surgeon’s follow-up care.</td>
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<td>Note: Means of access may include use of the telephone, the Internet, or referral to urgent care or emergency care settings.</td>
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<td>6.</td>
<td>The program has a process to provide emergency/urgent care.</td>
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<td></td>
<td>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.</td>
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<td>b. The receiving facility is made aware in advance of the patient transfer.</td>
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<td>7.</td>
<td>The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment, and services.</td>
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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.

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**DSPR.6**
The program has current reference and resource materials.

<table>
<thead>
<tr>
<th>Elements of Performance for DSPR.6</th>
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<tbody>
<tr>
<td>1. Practitioners have access to reference materials, including clinical practice guidelines, in either hard copy or electronic format.</td>
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<tr>
<td>A</td>
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<tr>
<td>2. Reference materials and resources are current and evidence based.</td>
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</table>

**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.

<table>
<thead>
<tr>
<th>Elements of Performance for DSPR.7</th>
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<tr>
<td>2. The program implements strategies to minimize security risks.</td>
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<td>6. The program implements strategies to minimize the risk of fire and address fire safety–related issues.</td>
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<td>C</td>
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<tr>
<td>7. The program identifies activities to minimize risks associated with medical equipment used in the program.</td>
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<td>A</td>
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</table>

**Requirement Specific to Total Hip and Total Knee Replacement**
a. The organization uses a process for maintaining the most up-to-date information on implantable devices, including manufacturer recalls and warnings.

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

C | M | |
Delivering or Facilitating Clinical Care Chapter

**DSDF.1**
Practitioners are qualified and competent.

**Elements of Performance for DSDF.1**

- **1.** Practitioners have education, experience, training, and/or certification consistent with the program’s scope of services, goals and objectives, and the care provided.

- **2.** The program verifies each practitioner’s licensure using a primary source verification process upon hire and at licensure expiration.

- **3.** The program assesses practitioner competency at time of hire. This assessment is documented.

- **4.** Orientation provides information and necessary training pertinent to the practitioner’s responsibilities. Completion of the orientation is documented.

- **5.** The program assesses practitioner competence on an ongoing basis. This assessment is documented.

  **Requirements Specific to Total Hip and Total Knee Replacement**
  a. The organization defines the specific competencies required of staff who are caring for patients undergoing hip and knee replacements.
  b. The surgeon’s privilege list indicates the specific hip replacement and knee replacement procedures the surgeon is privileged to perform.

- **6.** The program identifies and responds to each practitioner’s program-specific learning needs.

- **7.** Ongoing in-service and other education and training activities are relevant to the program’s scope of services.

  **Requirement Specific to Total Hip and Total Knee Replacement**
  a. The program supports practitioners continuing education or certification related to hip and knee replacements.
  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 for DSDF.2**

- **1.** The selected clinical practice guidelines are evaluated for their relevance to the target population.
2. The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders.

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

   **Requirement Specific to Total Hip and Total Knee Replacement**
   a. Order sets and protocols are reviewed and updated for current evidence at least annually and revised as necessary by the interdisciplinary team.

4. Practitioners are educated about clinical practice guidelines and their use.

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

   **Requirement Specific to Total Hip and Total Knee Replacement**
   a. Patient care provided by the program reflects the use of evidence-based practice and clinical practice guidelines.

6. The program implements modifications to clinical practice guidelines based on current evidence-based practice.

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**DSDF.3**

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

**Elements of Performance for DSDF.3**

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

   **Requirement Specific to Total Hip and Total Knee Replacement**
   a. The program defines the role and responsibilities of each interdisciplinary team member involved in the care of hip and knee replacements.

2. The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.

   **Requirements Specific to Total Hip and Total Knee Replacement**
   a. The patient is assessed for onset and duration of symptoms, location and severity of pain, and limitations in activity.
   b. 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.
   c. A functional assessment of the patient, as defined by the program, is completed in accordance with clinical practice guidelines or evidence-based practices in a time frame that meets the patient's needs. The functional assessment is documented in the patient's medical record.
   d. The reassessment includes the functional assessment and risk and health status assessments as defined by the program and is completed within a time frame that meets the patient's needs.
3. The program implements care, treatment, and services based on the patient's assessed needs.

**Requirements Specific to Total Hip and Total Knee Replacement**
- a. Patient-specific therapy is based on a diagnosis (for example, osteoarthritis, pain, joint deformity).
- b. Treatment of total hip and total knee replacement patients includes evaluation and management of comorbid conditions, where they exist.
- c. Based on priority and risk, the interdisciplinary team implements interventions that include at least the following:
  - Assistance with self-management activities
  - Symptom management
  - Pain management
  - Therapy/exercise (for example, mobility assessment, flexion, and extension)
  - Medication (for example, anticoagulation therapy)
  - Risk reduction
  - Nutrition/diet

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### DSDF.4
The program develops a plan of care that is based on the patient's assessed needs.

#### Elements of Performance for DSDF.4

<table>
<thead>
<tr>
<th>Element</th>
<th>Grade</th>
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<tbody>
<tr>
<td>1. The plan of care is developed using an interdisciplinary approach and patient participation.</td>
<td>A</td>
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<tr>
<td>2. The program individualizes the plan of care for each patient.</td>
<td>A</td>
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<tr>
<td>3. The individualized plan of care is based on the patient’s goals and the time frames to meet those goals.</td>
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<tr>
<td>4. The individualized plan of care reflects coordination of care with other programs, as determined by patient comorbidities.</td>
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<tr>
<td>5. The program explains the plan of care to the patient in a manner he or she can understand.</td>
<td>C</td>
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</table>

**Requirement Specific to Total Hip and Total Knee Replacement**
- a. The program has a process for obtaining the patient’s informed consent.

<table>
<thead>
<tr>
<th>Element</th>
<th>Grade</th>
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<tbody>
<tr>
<td>6. The program informs patients of all potential consequences of not complying with recommended care, treatment, and services.</td>
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<tr>
<td>7. The program informs patients of their responsibility to provide information to facilitate treatment and cooperate with practitioners.</td>
<td>C</td>
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<tr>
<td>8. The program continually evaluates, revises, and implements revisions to the plan of care to meet the patient’s ongoing needs.</td>
<td>C</td>
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</table>
**DSDF.5**

The program manages comorbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to other practitioners.

**Elements of Performance for DSDF.5**

1. The program coordinates care for patients with multiple health needs.  
2. Patients with comorbidities and co-occurring conditions needing clinical and/or psychosocial care, treatment, and services are managed by the program’s practitioners or referred to other practitioners for care.  
3. The program’s practitioners communicate to other practitioners important information regarding co-occurring conditions and comorbidities needed to manage the patient’s conditions.

**DSDF.6**

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

**Elements of Performance 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 Total Hip and Total Knee Replacement**

a. Prior to discharge, an interdisciplinary team member and the patient collaborate to arrange a follow-up appointment with the orthopedic surgeon or 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 orthopedic consultation through the continuum of care prior to discharge, and thereafter at a frequency based on the assessed needs of the patient:

- Prescribed medications
- Activity level
- Infection prevention
- Blood clot prevention
- Diet
- Incision care
- Pain control
- When and how to schedule follow-up appointments

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.
4. 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.

Supporting Self-Management Chapter

**DSSE.1**
The program involves patients in making decisions about managing their disease or condition.

**Elements of Performance for DSSE.1**

1. The program involves patients in decisions about their care, treatment, and services.

   **Requirements Specific to Total Hip and Total Knee Replacement**
   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 orthopedic surgeon discusses surgical options with the patient. When an implant is planned, this discussion includes the implant type. This discussion is documented in the medical record.
   e. The patient is involved in decision making throughout each phase of care.

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 Total Hip and Total Knee Replacement**
   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 for DSSE.2

1. The program promotes lifestyle changes that support self-management activities.  
   Requirement Specific to Total Hip and Total Knee Replacement  
   a. The program educates the patient on the following:  
      - Nutrition  
      - Activity and exercise  
      - Maintaining a healthy weight

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 Total Hip and Total Knee Replacement  
   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 Total Hip and Total Knee Replacement  
   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:  
      - 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 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 Total Hip and Total Knee Replacement**

a. The program provides the patient with initial and ongoing education on complication prevention and risk reduction, medications provided, pain management, activity and weight-bearing status, 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; weight-bearing status; 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, weight-bearing status, assistance with adaptive equipment, and a home exercise program.

d. Education and resources are provided to the patient when durable medical equipment is recommended for home use.

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**Clinical Information Management Chapter**

**DSCT.1**

Patient information is confidential and secure.

**Elements of Performance for DSCT.1**

1. Patients are made aware of how data and information related to them will be used by the program.

2. The program discloses health information only as authorized by the patient or as otherwise consistent with law and regulation.

3. Records and information are safeguarded against loss, destruction, tampering, and unauthorized access or use.

4. The program identifies, in writing, who is authorized to access, use, and disclose patient information.

5. The program defines a process for responding to a violation of confidentiality or security.
6. The program implements its process for addressing a violation of confidentiality or security.

**DSCT.2**
Information management processes meet the program's internal and external information needs.

**Elements of Performance for DSCT.2**

1. Data are easily retrieved in a timely manner without compromising security and confidentiality.
   - A

2. The program uses aggregate data and information to support leadership decisions.
   - A

3. The program uses aggregate data and information to support operations.
   - A

4. The program uses aggregate data and information to support performance improvement activities.
   - A

5. The program uses aggregate data and information to support patient care.
   - A

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

**Elements of Performance for DSCT.3**

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

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

**Requirements Specific to Total Hip and Total Knee Replacement**

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 total hip or knee arthroplasty 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 for DSCT.4**

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

**Requirements Specific to Total Hip and Total Knee Replacement**

a. The communication process used during each care transition includes:
   - 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
b. Upon discharge, the orthopedic surgeon, hospitalist, or primary care physician provides a report to the receiving organization’s physician.
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
   - 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 weight-bearing status, limitations, and goals
   - 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 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.
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.

**Requirement Specific to Total Hip and Total Knee Replacement**

a. When an implant has been placed, the medical record contains the information about the implant, including specific type and manufacturer.

6. The medical record contains sufficient information to facilitate continuity of care.
7. The program reviews its medical records for completeness and accuracy.
### Performance Measurement Chapter

#### DSPM.1
The program has an organized, comprehensive approach to performance improvement.

<table>
<thead>
<tr>
<th>Elements of Performance for DSPM.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The program leader(s) identifies goals and sets priorities for improvement in a performance improvement plan.</td>
</tr>
<tr>
<td>2. The program leader(s) involves the interdisciplinary team and other practitioners across disciplines and/or settings in performance improvement planning and activities.</td>
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<tr>
<td>3. The program has a written performance improvement plan.</td>
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<tr>
<td>4. The program leader(s) shares the program performance improvement plan with organizational leadership.</td>
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<tr>
<td>5. The program collects data related to its target population to identify opportunities for performance improvement.</td>
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<tr>
<td>6. The program analyzes its performance measurement data to identify opportunities for performance improvement.</td>
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<tr>
<td>7. The program documents actions taken to achieve improvement.</td>
</tr>
<tr>
<td>8. The program determines if improvements have been achieved and are being sustained.</td>
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</tbody>
</table>

#### DSPM.2
The program maintains data quality and integrity.

<table>
<thead>
<tr>
<th>Elements of Performance for DSPM.2</th>
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</thead>
<tbody>
<tr>
<td>1. The program uses standardized data, definitions, and measure specifications in a consistent manner.</td>
</tr>
<tr>
<td>2. Data collection is timely, accurate, complete, and relevant to the program.</td>
</tr>
<tr>
<td>3. The program minimizes data bias.</td>
</tr>
<tr>
<td>4. The program monitors data reliability and validity.</td>
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</tbody>
</table>
5. The program uses sampling methodology based on measurement principles.  
6. The program uses data analysis tools.

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 data source for comparative purposes.

Elements of Performance 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.  

   Requirement Specific to Total Hip and Total Knee Replacement  
   a. Using the organization’s established performance improvement process, the program monitors, at a minimum, the following:  
      - Infection (mechanical, wound)  
      - Bleeding  
      - Venous thrombosis  
      - Readmission rate

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

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 Total Hip and Total Knee Replacement  
   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 for DSPM.4

1. The program tracks data variances at the patient level.
   
2. The program evaluates variances that affect program performance and outcomes.
   
   **Requirement Specific to Total Hip and Total Knee Replacement**
   
   a. The performance improvement program includes evaluation of care processes and transitions of care.

3. The program uses data analysis to modify performance improvement activities in support of clinical practice guidelines.
   
DSPM.5
The program evaluates patient satisfaction with the quality of care.

Elements of Performance for DSPM.5

1. The program evaluates patient satisfaction with and perception of quality of care at the program level.

2. Patient satisfaction data are utilized for program-specific performance improvement activities.

DSPM.6
The program has a sentinel event process that includes identifying, reporting, managing, and tracking sentinel events.

Elements of Performance for DSPM.6

1. A process exists for identifying sentinel events related to the program.

2. A process exists for internally tracking sentinel events if and when they occur.

3. A process exists for analyzing sentinel events as they relate to program activity.

4. The program leader(s) implements changes to the program based on the analysis of sentinel events.