

# Prepublication Requirements

• Issued December 20, 2023 •



## Revisions to the Total Hip and Knee Replacement Advanced Certification

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*®), accredited 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>.

**Please note:** Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

### APPLICABLE TO THE DISEASE SPECIFIC CARE CERTIFICATION PROGRAM

Effective July 1, 2024

### Delivering or Facilitating Clinical Care (DSDC) Chapter

#### **DSDC.02**

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.

#### **Element(s) of Performance for DSDC.02**

- EP 3 The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.
- Ⓧ Documentation is required

**Current Requirements 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.

b. Care pathways to promote standardized care delivery include at least the following:

Preoperative:

- Identification, evaluation, and mitigation of risk factors prior to surgery that might compromise treatment or recovery

Intraoperative:

- Blood loss management that looks at preoperative blood counts, strict normothermia during anesthesia, and the use of tranexamic acid

- Prevention of surgical site infections and venous thromboembolic disease

Postoperative:

- Maximizing early mobilization

- 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

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**Revised Requirements 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.

b. Care pathways to promote standardized care delivery include at least the following:

Preoperative:

- Identification, evaluation, and mitigation of risk factors prior to surgery that might compromise treatment or recovery. This includes but is not limited to preoperative opioid use and history of diabetes.

Intraoperative:

- Blood loss management that looks at preoperative blood counts, strict normothermia during anesthesia, and the use of tranexamic acid

- Prevention of surgical site infections and venous thromboembolic disease

- Reduction of post-operative pain and opioid use through the use of peripheral nerve block or the use of periarticular local infiltration

Postoperative:

- Maximizing early mobilization

- 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

- Glycemic control for patients with diabetes and glycemic monitoring and referral for patients without diabetes who had an elevated post-operative random glucose level as defined by the organization

- Discharge criteria when transferring to acute rehabilitation, skilled nursing, or home health

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**DSD.F.03**

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

**Element(s) of Performance for DSD.F.03**

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

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

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. 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. The assessment includes the results of patient-reported outcomes measures including the following:

- Veterans RAND 12 Item Health Survey (VR 12) or Patient-Reported Outcomes Measurement Information System (PROMIS) Global-10
- Hip Disability and Osteoarthritis Outcome Score Junior (HOOS Jr) or Knee Injury and Osteoarthritis Outcome Score Junior (KOOS Jr)

f. The reassessment includes a postoperative 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. The functional reassessment includes the results of patient-reported outcomes measures including the following:

- Veterans RAND 12 Item Health Survey (VR 12) or Patient-Reported Outcomes Measurement Information System (PROMIS) Global-10
  - Hip Disability and Osteoarthritis Outcome Score Junior (HOOS Jr) or Knee Injury and Osteoarthritis Outcome Score Junior (KOOS Jr)
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EP 3 The program implements care, treatment, and services based on the patient's assessed needs.

***Current 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
    - Urinary catheter management
    - Blood management
    - Postoperative respiratory management
    - Therapy/exercise (for example, mobility assessment, flexion, extension)
    - Medication (for example, anticoagulation therapy)
    - Risk reduction
    - Nutrition/diet
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    - Symptom management
    - Pain management
    - Urinary catheter management
    - Blood management
    - Postoperative respiratory management
    - Therapy/exercise (for example, mobility assessment, flexion, extension)
    - Medication (for example, anticoagulation therapy)
    - Risk reduction
    - Diabetes/management or referral of hyperglycemia
    - Nutrition/diet
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