New Performance Measures for Advanced Certification in Total Hip and Total Knee Replacement

The Joint Commission recently finalized performance measures for Total Hip and Total Knee Replacement (THKR) Certification (an advanced disease-specific care certification available to Joint Commission–accredited hospitals, critical access hospitals, and ambulatory surgery centers). Data collection for the new measures will be mandatory effective January 1, 2018, for all currently THKR-certified programs as well as those seeking initial certification.

Nearly 700,000 total hip and total knee replacements are performed each year—with the demand expected to quadruple by 2030—placing these procedures among the most common surgeries performed in the United States. For the most part, these surgeries are highly successful; however, according to the Centers for Medicare & Medicaid Services, there is significant variance in the quality and cost of care for these surgeries.

To select performance measures for development, The Joint Commission worked with a technical advisory panel that included experts in orthopedic surgery, anesthesia, rehabilitative medicine, internal medicine, physical therapy, perioperative nursing, social work, and joint program administration. These measures were then posted for public comment. The final four THKR measures address patients undergoing a total hip or a total knee replacement in the inpatient or outpatient setting and comprise the following:

- 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

Programs will be required to collect monthly data for the four standardized measures and report the data on a quarterly basis to The Joint Commission via the Certification Measure Information Process (CMIP) on the secure Joint Commission Connect™ extranet site.

Measure specifications for the four mandatory THKR measures are detailed in the Advanced Certification in Total Hip and Total Knee Replacement Performance Measurement Implementation Guide. This guide will be available in July on The Joint Commission website at https://www.jointcommission.org/certification/adv_cert_total_hip_total_knee_replacement.aspx.

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Revisions Announced for Comprehensive Stroke Center Measures

Effective January 1, 2018, The Joint Commission will implement changes to the performance measure requirements for Comprehensive Stroke Center (CSTK) Certification. Changes include the suspension of CSTK-02 and the addition of CSTK-10, CSTK-11, and CSTK-12 (see sidebar in left column on page 18 for CSTK measures), resulting in 10 mandatory comprehensive stroke measures (in addition to the eight [STK] measures) for meeting performance measure requirements.

CSTK-02, CSTK-10, and Modified Rankin Score

The Joint Commission is converting CSTK-02—Modified Rankin Score (mRS) at 90 Days from a process to an outcome measure that captures the percentage of ischemic stroke patients treated with a reperfusion therapy (IV or IA thrombolytic [tPA] therapy or mechanical reperfusion [MER] therapy) and have a good outcome (mRS 0, 1, or 2) at 90 days. The mRS (see table in right column on page 18) is a commonly used scale for measuring the degree of disability or dependence in the daily activities of people who have suffered a stroke or other cause of neurological disability. It has become the most widely used clinical outcome measure for stroke clinical trials.

Originally intended as an outcome measure, the design of CSTK-02 was modified prior to its 2015 implementation to focus on the process of obtaining score data 90 days after the patient’s discharge from the hospital. Comprehensive Stroke Centers now have processes in place to collect 90-day mRS

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