Revisions to Total Hip and Total Knee Replacement Advanced Certification Requirements

Effective January 1, 2019, The Joint Commission will add one eligibility requirement and revise two certification requirements for organizations that participate in the Advanced Total Hip and Total Knee Replacement (THKR) Certification program. Designed to improve the safety and quality of services for patients electing to undergo total joint arthroplasty, these changes will apply to all THKR programs seeking initial certification or recertification.

The new eligibility requirement (see the underlined text in the sidebar) and the revision to Performance Measurement (DSPM) Standard DSPM.4, EP 2 both require hospitals, critical access hospitals, and ambulatory surgical centers that participate in the THKR program to join a national registry and use the data collected from that registry to analyze and improve processes.

Program-Specific Eligibility Requirements

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

The Advanced Certification for Total Hip and Total Knee Replacement program (THKR) is available to hospitals, critical access hospitals, and ambulatory surgery centers with total hip and total knee replacement programs. In addition to the eligibility criteria described in “The Joint Commission Certification Process” (CERT) chapter of this manual [Comprehensive Certification Manual for Disease-Specific Care], programs seeking THKR certification must also do the following:

• Apply for the site that provides total hip and total knee replacement procedures. Each individual site must independently meet the eligibility requirements and standards.
• Provide both total hip and total knee replacement procedures.
• Be an active and continuous member of a national registry.
• At time of review, arrange for the reviewer to observe either a total hip or total knee replacement operation.

The revision to Delivering or Facilitating Clinical Care (DSDF) Standard DSDF.3, EP 2 requires ambulatory surgical centers to have patient selection criteria to identify those patients who can be safely discharged to home 23 hours after the surgical procedure. The revision also provides examples of possible selection criteria.

The revisions to DSPM.4, EP 2 and DSDF.3, EP 2 (underlined in the box on the next page) have been posted on the Prepublication Standards page of The Joint Commission website. The changes will also be reflected in the January 1, 2019, E-dition® and the 2019 hard copy publication of the Comprehensive Certification Manual for Disease-Specific Care.

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Revisions for THKR Advanced Certification Requirements

**Applicable to Total Hip and Total Knee Replacement Advanced Certification**

**Effective January 1, 2019**

**Performance Measurement (DSPM)**

**Standard DSPM.4:** The program collects and analyzes data to determine variance from the clinical practice guidelines.

**Element of Performance for DSPM.4**

1. 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 a national registry and uses it for quality improvement purposes.

**Delivering or Facilitating Clinical Care (DSDF)**

**Standard DSDF.3:** The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.

**Element of Performance for DSDF.3**

1. 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. 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. 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.

   e. 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.