Revisions to Total Hip and Total Knee Replacement

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 ADVANCED CERTIFICATION FOR TOTAL HIP AND TOTAL KNEE REPLACEMENT
Effective July 1, 2020

Program Management (DSPR) Chapter

DSPR.1

The program defines its leadership roles.

Element(s) of Performance for DSPR.1

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.

Requirements 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.
b. The program uses transfer protocols with standardized handoffs to support the continuity of care.
DSPR.5

The program determines the care, treatment, and services it provides.

**Element(s) of Performance for DSPR.5**

2. The program communicates to the patient the care, treatment, and services it provides.

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

a. The program provides an overview of total hip and total knee replacement to the patient (for example, classes, video, brochure).

b. The program provides the patient with information related to indications for surgery (for example, pain relief and degeneration).

---

Delivering or Facilitating Clinical Care (DSDF) Chapter

DSDF.1

Practitioners are qualified and competent.

**Element(s) of Performance for DSDF.1**

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

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

a. The organization provides program-specific orientation for staff who are caring for patients undergoing hip and knee replacements.
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.

**Element(s) of Performance for DSDF.2**

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.

**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

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.

---

Key: 🅓 indicates that documentation is required; ⚠️ indicates an identified risk area;
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.
b. The program follows current American Academy of Orthopedic Surgeons (AAOS) clinical practice guidelines.
Note 1: Individual patient needs or newly published evidence may warrant the use of additional or alternate evidence-based guidelines.
Note 2: The National Association of Orthopaedic Nurses (NAON) and the Association of periOperative Registered Nurses (AORN) also provide evidence-based clinical practice guidelines, which can be used in conjunction with the AAOS guidelines to meet this requirement.

DSDF.3

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

Element(s) of Performance for DSDF.3

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. 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.

Key: ☐ indicates that documentation is required; ☑ indicates an identified risk area;
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]

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, extension)
   - Medication (for example, anticoagulation therapy)
   - Risk reduction
   - Nutrition/diet

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
   - Post-operative respiratory management
   - Therapy/exercise (for example, mobility assessment, flexion, extension)
   - Medication (for example, anticoagulation therapy)
   - Risk reduction
   - Nutrition/diet

DSDF.6

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

Element(s) of Performance for DSDF.6

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.
Requirement Specific to Total Hip and Total Knee Replacement

a. The program provides information on best practices for the care of patients recovering from total hip or knee replacement.

Supporting Self-Management (DSSE) Chapter

DSSE.1

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

Element(s) 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.

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. If bilateral joint surgery is offered by the program, the orthopedic surgeon discusses the risks and benefits of performing that procedure with patients who are candidates.
f. The patient is involved in decision making throughout each phase of care.
DSSE.2
The program addresses the patient's self-management plan.

**Element(s) 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

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

   **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:
      - Nutrition
      - Activity and exercise
      - Maintaining a healthy weight
      - Tobacco use
      - Alcohol use
      - Drug use

Key: ☑ indicates that documentation is required; ☑️ indicates an identified risk area;
DSSE.3

The program addresses the patient's education needs.

Element(s) of Performance for DSSE.3

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.

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 (including pre- and post-discharge dosing), 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.
Clinical Information Management (DSCT) Chapter

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.

Element(s) of Performance for DSCT.4

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
Requirements Specific to Total Hip and Total Knee Replacement

a. The interdisciplinary team has a consistent communication process during each care transition that includes the following:

- 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
- The plan of care is included in the information exchange along with the program’s expectations for providing care.

b. Upon discharge, the orthopedic surgeon, hospitalist, or primary care physician provides a report to the receiving organization’s physician that includes criteria for when to contact the orthopedic surgeon.

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, including the reason for performing the procedure(s) and interventions used to optimize the patient’s health condition prior to surgery
- 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.

Element(s) of Performance for DSCT.5

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.

Requirements 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.
b. All transitions are documented in the medical record.
c. Information in the medical record includes orthopedic surgeon’s office notes, lab results, x-ray reports, and post-discharge documents.

Performance Measurement (DSPM) Chapter

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.

Element(s) 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

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)
   - Blood management, including interoperative blood loss, transfusion rates, blood product utilization, and blood conservation methods including the use of tranexamic acid
   - Readmission rate

Key: □ indicates that documentation is required; ▪ indicates an identified risk area;
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.

Requirements Specific to Total Hip and Total Knee Replacement

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