### Program Management (DSPR)

#### DSPR.1

1. The program defines its leadership roles.

#### Elements of Performance for DSPR.1

<table>
<thead>
<tr>
<th>Requirement Specific to Total Hip and Total Knee Replacement</th>
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</thead>
<tbody>
<tr>
<td>a. The program identifies a leader(s) who has experience in the care of patients with hip and knee replacement.</td>
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</table>

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.

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

<table>
<thead>
<tr>
<th>Requirement Specific to Total Hip and Total Knee Replacement</th>
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<tbody>
<tr>
<td>a. The program leader(s) defines clear clinical, operational, and performance goals.</td>
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<tr>
<td>b. The program leader(s) collaborates with community health care settings and providers to support the care continuum.</td>
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4. The program leader(s) identifies, in writing, the composition of the interdisciplinary team.

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

<table>
<thead>
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<tbody>
<tr>
<td>a. The program establishes an interdisciplinary team to collaborate in the care of hip and knee replacement patients.</td>
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<tr>
<td>b. The interdisciplinary team includes, but is not limited to, the following:</td>
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<tr>
<td>- Attending physician or hospitalist</td>
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<tr>
<td>- One or more orthopedic surgeons</td>
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<tr>
<td>- Anesthesiologist or certified nurse anesthetist</td>
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<tr>
<td>- Preoperative, intraoperative, and postoperative nursing staff</td>
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<tr>
<td>- Social worker</td>
</tr>
<tr>
<td>- Discharge planner</td>
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<tr>
<td>- Physical therapist</td>
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<tr>
<td>- Occupational therapist</td>
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<tr>
<td>c. Based on the care, treatment, and services provided and the patients’ needs, the interdisciplinary team also utilizes individuals from the following disciplines:</td>
</tr>
<tr>
<td>- Rehabilitation services (inpatient or outpatient)</td>
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<tr>
<td>- Home health care services</td>
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<tr>
<td>- Nutrition services</td>
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<tr>
<td>- Psychological services (behavioral health services)</td>
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<tr>
<td>- Financial support</td>
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</tbody>
</table>

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 facilitate consistent implementation of procedures that support patient safety, quality, and effective transitions through preoperative, intraoperative, and postoperative phases of care.

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.

**Elements of Performance for DSPR.2**

1. The interdisciplinary team designs the program.
2. The interdisciplinary team implements the program.
3. The interdisciplinary team evaluates the program.
4. The interdisciplinary team uses the results of the program evaluation to improve performance.

**DSPR.3**

- The program meets the needs of the target population.

**Elements of Performance for DSPR.3**

1. The leader(s) defines, in writing, the program’s mission and scope of service.
2. The leader(s) approves the program’s mission and scope of service.
3. The program identifies its target population.
4. The services provided by the program are relevant to the target population.

**DSPR.4**

- The program follows a code of ethics.

**Elements of Performance for DSPR.4**

1. The program protects the integrity of clinical decision making.
2. The program respects the patient's right to decline participation in the program.
3. The program has a process for receiving and resolving complaints and grievances in a timely manner.
DSPR.5
The program determines the care, treatment, and services it provides.

Elements of Performance for DSPR.5

1. The program defines in writing the care, treatment, and services it provides.

   Requirements Specific to Total Hip and Total Knee Replacement
   a. The program’s scope includes the preoperative, intraoperative, and postoperative phases of care.
   b. The program includes transitions of care throughout the preoperative, intraoperative, and postoperative phases of care.
   c. Patients receiving care on evenings and weekends have registered nurse coverage and have access to physical therapy, occupational therapy, discharge planning services, and social work services.

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

3. The program provides care, treatment, and services to patients in a planned and timely manner.

4. The program complies with applicable law and regulation.

5. The program informs the patient and family about how to access care, treatment, and services, including after hours (if applicable).

   Requirement Specific to Total Hip and Total Knee Replacement
   a. Patients are able to access their orthopedic surgeon or the surgeon’s clinical designee 24 hours a day, 7 days a week during the course of their care.
   Note: Means of access may include use of the telephone, the internet, or referral to emergency care settings.

6. The program has a process to provide emergency/urgent care.

   Requirement Specific to Total Hip and Total Knee Replacement
   a. In ambulatory surgery centers: the program establishes a relationship with one or more hospitals if a patient experiences an emergency that requires a transfer to a higher level of care.

7. The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment, and services.

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.

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

Elements of Performance for DSPR.6

1. Practitioners have access to reference materials, including clinical practice guidelines, in either hard copy or electronic format.

2. Reference materials and resources are current and evidence based.
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.

Elements of Performance for DSPR.7

1. The program identifies its security risks.
2. The program implements strategies to minimize security risks.
3. The unique needs of the program’s patients and/or the program’s setting are included in the organization’s emergency management plan.
4. The program implements strategies to minimize the risk of disruption of care due to an emergency.
5. The program evaluates its fire risk.
6. The program implements strategies to minimize the risk of fire and address fire safety–related issues.
7. The program develops a medical equipment management plan.

Requirement Specific to Total Hip and Total Knee Replacement

a. The organization has a process for maintaining the most up-to-date equipment information, including manufacturer recalls and warnings.

8. The program implements its medical equipment management plan.
9. The program evaluates risks to its power, gas, and communication services.
10. The program implements strategies to minimize risks to its power, gas, and communication services.
11. The program educates staff on environment of care risk-reduction strategies.
12. The program tracks incidents related to the environment of care and makes changes accordingly.
Delivering or Facilitating Clinical Care (DSDF)

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.

Requirements Specific to Total Hip and Total Knee Replacement

a. The program educates the following practitioners, in addition to the interdisciplinary team, on specific policies, procedures, and patient management practices:
   - Physician assistants
   - Residents
   - Nursing staff
b. The program supports the education of the following practitioners on specific policies, procedures, and patient management practices:
   - Pharmacists
   - Radiologists

Note: Examples of educational support include webinars, in-service workshops, and continuing education.

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 replacement.
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 interdisciplinary team members’ continuing education or certification related to hip and knee replacement.

Note: This support may include providing continuing education units (CEUs), accommodate training attendance by modifying work schedules, or directly offer continuing education.
Disease-Specific Care Certification Program

**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. The program reviews and updates its order sets and pathways at least annually.

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

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

a. Practitioners providing hip and knee replacement care demonstrate knowledge of the clinical practice guidelines and evidence-based care practices followed by the program.

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**


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

**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 replacement.
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. A member(s) of the interdisciplinary team assesses the patient's onset and duration of symptoms, location and severity of pain, and limitations in activity.

b. A member(s) of the interdisciplinary team performs an assessment of risk and health status, completed in accordance with clinical practice guidelines or evidence-based care practices in a time frame that meets the patient’s needs. Examples of risk assessments include body mass index (BMI), allergies, hemoglobin levels, hypertension, coronary artery disease, pulmonary disease, tobacco use, alcohol use, minimum cognitive assay, and mental health status. The assessment of risk and health status is documented in the patient medical record.

c. A member(s) of the interdisciplinary team performs a functional assessment of the patient, as defined by the program, completed in accordance with clinical practice guidelines or evidence-based care practices. The functional assessment is documented in the patient medical record.

d. A member(s) of the interdisciplinary team reassesses the patient. The reassessment occurs whenever there is a change in the patient's condition or a change in the patient’s preferences and includes the functional and risk and health status assessments as defined by the program. The reassessment is documented in the patient medical record.

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 hip and knee replacement includes evaluation and management of comorbid conditions, where they exist.

c. Based on priority and risk, the interdisciplinary team implements interventions across inpatient, hospital-based outpatient, and ambulatory settings that include at least the following:

- Assistance with self-management activities
- Symptom management
- Therapy/exercise
- Medication
- Risk reduction
- Nutrition/diet

**DSDF.4**

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

**Elements of Performance for DSDF.4**

1. The plan of care is developed using an interdisciplinary approach and patient participation.

2. The program individualizes the plan of care for each patient.

3. The individualized plan of care is based on the patient’s goals and the time frames to meet those goals.

4. The individualized plan of care reflects coordination of care with other programs, as determined by patient comorbidities.

5. The program explains the plan of care to the patient in a manner he or she can understand.
6. The program informs patients of all potential consequences of not complying with recommended care, treatment, and services.

7. The program informs patients of their responsibility to provide information to facilitate treatment and cooperate with practitioners.

8. The program continually evaluates, revises, and implements revisions to the plan of care to meet the patient’s ongoing needs.

**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.

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

   a. The program has a process for obtaining the patient’s informed consent.

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.

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 (DSSE)

**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. An interdisciplinary team member discusses the course of care with the patient and documents the discussion in the medical record.
   
   b. The orthopedic surgeon discusses implant selection with the patient.
   
   c. The patient is involved in decision making throughout the course of care.
   
   d. The patient’s goals are discussed with the interdisciplinary team throughout the course of care.
   
   e. The patient’s goals are documented in the medical record.

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.

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

a. The program promotes patient self-management through involvement in the care team.

5. Patients and practitioners mutually agree upon goals.

   **Requirements Specific to Total Hip and Total Knee Replacement**
   
   a. The mutually agreed upon goals address the patient’s condition, symptoms, and management.
   
   b. The 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 ascertains, through the preoperative assessment, that the patient’s home environment supports safe and effective recovery.
b. The program educates the patient about skills and care tasks he or she will need to perform after transitioning to another facility or to home.

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.

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

a. The program obtains information about cultural, spiritual, and religious beliefs and practices important to the patient that influence care, treatment, and services.

4. The program makes initial and ongoing assessments of the patient’s comprehension of program-specific information.
The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services.

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

**a. Preoperative patients are educated about treatment modalities that include the following:**
- Infection control
- Pain control
- Preoperative exercise
- Preoperative medication

**b. Patients are educated prior to surgery and throughout the course of care about treatment modalities available to them to support their recovery, including the following:**
- Pain control
- Medication
- Discharge planning
- Homecare
- Rehabilitation services

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

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### Clinical Information Management (DSCT)

**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.
2. The program uses aggregate data and information to support leadership decisions.
3. The program uses aggregate data and information to support operations.
4. The program uses aggregate data and information to support performance improvement activities.
5. The program uses aggregate data and information to support patient care.
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.
2. Information is gathered from relevant practitioners and/or health care organizations.

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

- a. The program follows a process of consistent communication among all practitioners throughout the course of care.
- b. The program gathers information from practitioners or health care organizations that provided care to 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.
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. Interdisciplinary team members will provide communication to relevant practitioners and/or health care organizations regarding changes in the patient condition and transitions in care.
- b. 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.
- c. Upon discharge, the orthopedic surgeon, hospitalist, or attending physician provides a report to the receiving organization’s physician.
- d. Upon discharge, nursing staff provide a report to the receiving organization’s nursing staff.

**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.
6. The medical record contains sufficient information to facilitate continuity of care.

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

a. The medical record includes the following information in order to support coordination of care and the transfer of information between the sending and receiving organization:

- 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
- Patient goals
- Identification of family members or others serving as the patient’s caregiver and, where present, the patient’s support system
- Follow-up appointment(s)

7. The program reviews its medical records for completeness and accuracy.

**Performance Measurement (DSPM)**

**DSPM.1**

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

**Elements of Performance for DSPM.1**

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

**DSPM.2**

The program maintains data quality and integrity.

**Elements of Performance for DSPM.2**

1. The program uses standardized data, definitions, and measure specifications in a consistent manner.
2. Data collection is timely, accurate, complete, and relevant to the program.
3. The program minimizes data bias.
4. The program monitors data reliability and validity.
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. The program monitors and reports to leadership the indicators and incidents throughout the episode of care related to, at a minimum, the following:
   
   - Complications
   - Patient self-management
   - Patient education
   - Patient experience of care
   - Patient goal achievement

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.
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 in 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.