

The Joint Commission Advanced Total Hip and Knee Replacement (THKR) Certification

The AAOS, in collaboration with The Joint Commission (TJC), incorporates its clinical expertise into standards development and performance measurement requirements for the Total Hip and Knee Replacement (THKR) Certification. TJC established the voluntary advanced certification in 2016 for accredited hospitals, critical access hospitals, and ambulatory surgery centers (ASCs) seeking to elevate the quality, consistency, and safety of their services and patient care.

What are the measures?

Measure Name	Description	Numerator	Denominator
THKR-1 Regional Anesthesia	Patients with regional anesthesia attempted or performed including spinal and epidural blocks and peripheral nerve blocks	Patients undergoing and total hip or total knee replacement with regional anesthesia performed	Patients undergoing a total hip or total knee replacement
THKR-2 Postoperative Ambulation on the Day of Surgery	Patients who ambulated postoperatively the day of surgery or ambulated in the PACU or within 4 hours of discharge from the PACU	Patients undergoing total hip or total knee replacement who ambulated postoperatively the day of surgery or ambulated in the PACU or within 4 hours of discharge from the PACU	Patients undergoing a total hip or total knee replacement
THKR-3 Discharged to Home	Patients discharged to home following a total hip or knee replacement	Patients discharged to home following a total hip or knee replacement	Patients undergoing a total hip or total knee replacement
THKR-4 and THKR-5 Preoperative and Postoperative Functional/Health Status Assessment	Percentage of patients submitted to AJRR who completed the general health (VR-12 or PROMIS-Global) and joint specific (HOOS Jr./subscales or KOOS Jr./subscales) functional status assessments: Within 90 days prior to surgery and 90 days postoperatively.		

How do sites participate?

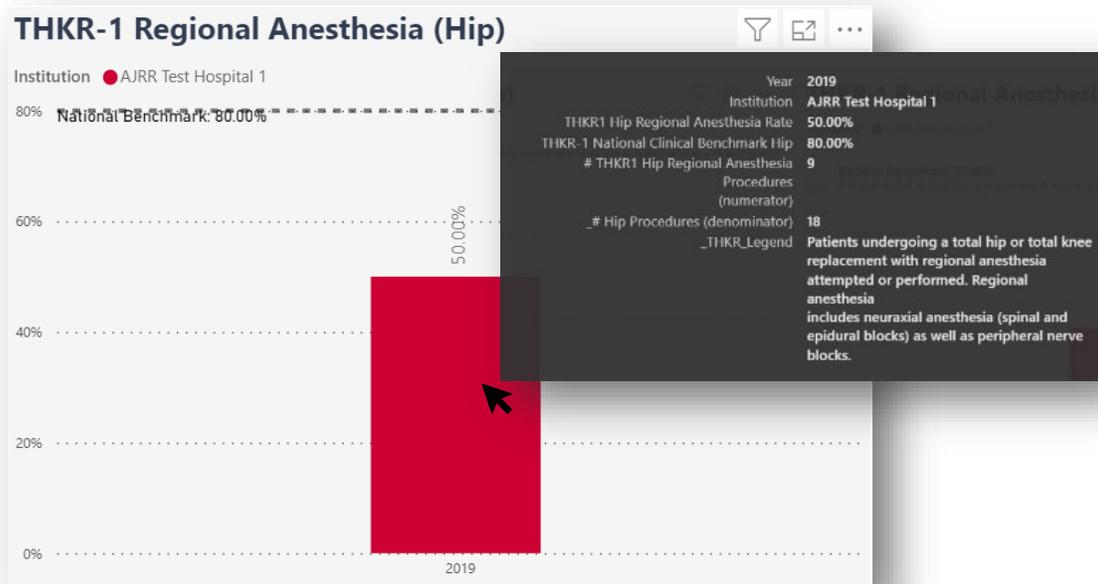
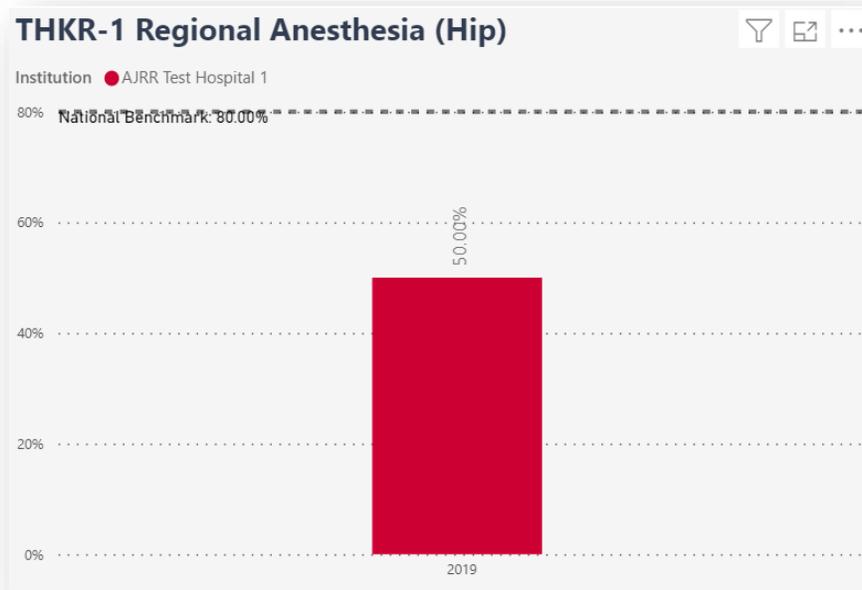
TJC Advanced THKR Certification requires active participation in the American Joint Replacement Registry (AJRR). Sites must be contracted with AJRR and submitting data to the registry on at least a quarterly basis. To view calculated measures in the RegistryInsights® dashboard, sites need to submit the following TJC elements in our data specifications and the outlined pre- and post-operative PROMs assessments.

Measure Name	Data Element(s)	Acceptable Values for Submission
THKR-1 Regional Anesthesia	<u>TJC AnesthesiaType:</u> Submitted techniques indicate successful attempt. Regional Anesthesia techniques are defined as options 2 (spinal block), 3 (epidural block), 4 (hip peripheral nerve block), or option 5 (knee peripheral nerve block).	1 = General; 2 = Spinal; 3 = Epidural; 4 = Nerve Block: Lumbar Plexus/Psoas/etc. (hip); 5 = Femoral/Sciatic/Adductor/etc. (knee); 6 = Not reported or NR; 7 = Monitored Anesthesia Care (MAC); PLEASE NOTE: a comma separation may be used if there is more than one technique administered (e.g., "1, 4").
	<u>TJC Rgnl Ansth Exemption:</u> Required if a successful regional anesthesia technique is not reported in TJC_AnesthesiaType for an otherwise measure-eligible case. Indicate 6 (Not Reported) if a successful regional anesthesia technique is reported in TJC_AnesthesiaType.	1 = Attempted and Failed; 2 = Not attempted; 3 = Contraindicated; 4 = Not Indicated; 5 = Unknown; 6 = Not reported
THKR-2 Postoperative Ambulation on the Day of Surgery	<u>TJC Ambulation:</u> Did the patient ambulate on the day of surgery or within 4 hours of PACU discharge?	1 = Yes; 2 = No; 3 = No, other medical factors preventing ambulation; 4 = Unknown; 5 = Not reported
THKR-3 Discharged to Home	<u>TJC DSCHDISPCODE:</u> The status code that identifies final place or setting to which the patient was discharged. The CMS Patient Discharge Status Code is a two-digit code that identifies where the patient is at the conclusion of a health care facility encounter (this could be a visit or an actual	## or not reported or NR Any valid CMS Patient Discharge Status Code. Common codes used are: 01 = Discharged to Home or Self Care (routine discharge); 02 = Discharged/Transferred to a Short-term General Hospital for Inpatient Care; 03 = Discharged/Transferred to a

	<p>inpatient stay) or at the time end of a billing cycle (the 'through' date of a claim).</p> <p>Discharge codes 01 and 06 indicate a discharge to home as specified in this measure.</p>	<p>Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care; 04= Discharged/Transferred to a Intermediate Care Facility (ICF); 05= Discharged/Transferred to a designated cancer center or children's hospital; 06= Discharged/Transferred to Home Care of Organized Home Health Service Organization; 07=Left against Medical Advice or Discontinued Care; 09=Admitted as an Inpatient to this Hospital (This code is for use only on Medicare outpatient claims, and it applies only to those Medicare outpatient services that begin greater than three days prior to an admission.); 20=Expired (This code is used only when the patient dies.); 90= Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission</p>
	<p><u>TJC Discharge Exclusion:</u> Required if a discharge to home is not reported in TJC_DSCHDISPCODE for an otherwise measure-eligible case. If the patient was not discharged to home, a reason is necessary to exclude the patient. 1 (Yes) indicates that a documented medical/social reason exists for not discharging the patient to home.</p>	<p>1=Yes, 2=No, 3=Unknown, 4=Not reported or NR</p>
	<p><u>TJC Admit Source:</u> Where the patient resided before admission to the facility. The admit source element is treated like an exemption, and only submitted when the discharge is not to home.</p>	<p>1=Home; 2=SNF and/or Other Healthcare Facilities; 3=Other; 4=Unknown; 5=Not reported or NR</p>

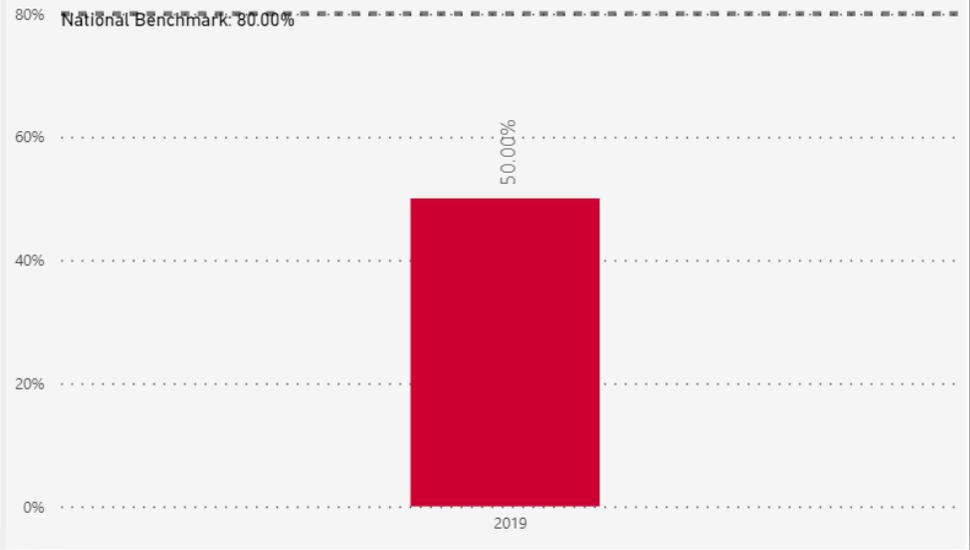
How can sites view their data?

AJRR has dashboards on the RegistryInsights® platform that display a site's performance measure data for the TJC Advanced THKR Certification measures. The dashboard analytics filter out TJC exclusion and exemption criteria for each case, displaying only those applicable to the measure. Built-in functionalities allow for quick highlighting of graph bars to show a detailed legend including the Numerator/Denominator (N/D) counts. For ease of reporting, each graph can be exported into excel which also includes the N/D counts for your TJC-required quarterly update.



THKR-1 Regional Anesthesia (Hip)

Institution ● AJRR Test Hospital 1

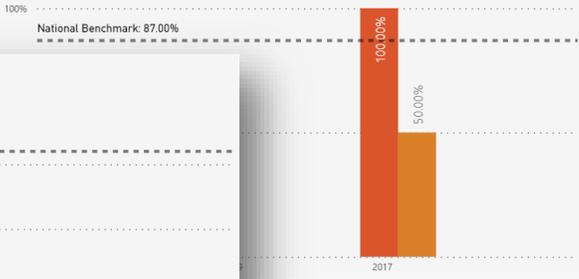


- Export data
- Show as a table
- Spotlight
- Sort descending
- Sort ascending
- Sort by ▶

Calendar Hierarchy - Year	Institution	THKR-1 National Clinic	# THKR1 Hip Regional Anesthesia Procedures (numerator)	_# Hip Procedures (denominator)	THKR_Legend	THKR1 Hip Regiona
2019	AJRR Test Hospital 1	80.00%	9	18	Patients undergoing a	50.00%

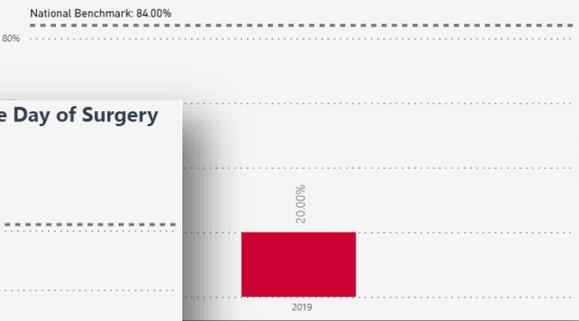
THKR-4 Preoperative Functional/Health Status Assessment (Knee)

Institution ● AJRR Test Hospital 1 ● AJRR Test Hospital 2 ● AJRR Test Hospital 4



THKR-3 Discharged to Home (Hip)

Institution ● AJRR Test Hospital 1



THKR-2 Postoperative Ambulation on the Day of Surgery (Hip)

Institution ● AJRR Test Hospital 1

