

## Comparison of Core and Advanced Hip & Knee Certification

Program Concept	Core	Advanced
<b>Scope of Program Review</b>	Hospital or ambulatory surgery center only	Physicians office(s), inpatient/hospital based outpatient/ambulatory surgery center and post follow-up care organizations
<b>Surgical Procedures Performed</b>	Core certification options for organization: <ul style="list-style-type: none"> <li>• Core hip certification</li> <li>• Core knee certification</li> </ul> *Two certification decisions for the combined core hip and core knee certification *Must perform surgeries based on core program(s) chosen	Advanced certification for organization: <ul style="list-style-type: none"> <li>• Must perform both total hip replacement and total knee replacement</li> </ul> *One certification decision for the whole total hip and total knee replacement program
<b>Visit and Tracer Sites</b>	<ul style="list-style-type: none"> <li>• Hospital</li> <li>• Ambulatory surgery center</li> </ul>	<ul style="list-style-type: none"> <li>• Physician office visit and/or direct communication with office staff</li> <li>• Hospital</li> <li>• Ambulatory surgery center</li> </ul>
<b>Review Days</b>	Review day (1 day) <ul style="list-style-type: none"> <li>• Core hip certification</li> <li>• Core knee certification</li> </ul>	Review days: <ul style="list-style-type: none"> <li>• 2-day intense review of entire total hip and total knee replacement program</li> </ul>
<b>Standards</b>	Core standards disease-specific care	Core standards disease-specific care + advanced standards for advanced certification for total hip and total knee replacement
<b>Surgical Tracer</b>	Visit and communication with peri-operative team	<ul style="list-style-type: none"> <li>• Surgical observation and conversation with entire peri-operative team</li> <li>• Observation of hand-offs between each care area</li> </ul> **Arrange for reviewer to observe either a total hip or total knee replacement day 1 or day 2 of review
<b>Hand-Offs</b>	Discussion with staff regarding hand-offs	Direct observation of hand-off communications throughout entire care continuum

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<b>Communication and collaboration</b>	<ul style="list-style-type: none"> <li>• Team within the hospital</li> <li>• Working toward High Reliability</li> </ul>	<p>Communication, collaboration, and shared decision making throughout the entire continuum of care</p> <p>Continuum of care contains:</p> <ul style="list-style-type: none"> <li>• Physician’s office visit to preoperative area, preoperative area to intraoperative area, intraoperative area to postoperative area, postoperative area to patient care unit, patient care unit to discharge, discharge to physician’s office for follow-up care, and any post discharge care</li> <li>• Includes hand-offs/transitions within care areas</li> <li>• Consensus among practitioners to limit variation using concepts of High Reliability</li> </ul>
<b>Uniformity</b>	Program in the hospital or ambulatory surgery center	<p>Across the entire care continuum</p> <ul style="list-style-type: none"> <li>• Physician office(s), inpatient / hospital based outpatient / ambulatory surgery center, and post discharge</li> <li>• Consistency of all physicians in the program. No significant outliers in physician practice</li> </ul>
<b>Order Sets</b>	Movement toward standardized order sets for all physicians	Consistent use of standardized order sets for all physicians
<b>Preoperative Optimization</b>	Notes regarding this being completed	All notes need to be available from providers as part of the medical record
<b>Standardization</b>	<ul style="list-style-type: none"> <li>• Clinical practice guidelines</li> <li>• Order sets</li> </ul>	<p>Clinical practice guidelines follow the entire scope of the program (i.e., preoperative assessment and testing, perioperative procedures, postoperative pain management, antibiotics, mobility, DVT prophylaxis)</p> <p>Order sets</p> <ul style="list-style-type: none"> <li>• Among physician(s) inpatient / hospital based outpatient / ambulatory surgery center across the care continuum from office(s) through follow-up visit</li> <li>• Specific guidelines for both hip and knee</li> </ul>

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<b>Physician Engagement</b>	Physician champion / medical director identified, involved in program initiatives	<ul style="list-style-type: none"> <li>• Medical director identified</li> <li>• Surgeon(s) involvement (i.e., program initiatives, team meetings, data analysis, performance improvement, staff in-service and education)</li> </ul>
<b>Patient Education</b>	Content review of preoperative education (i.e., joint class)	<ul style="list-style-type: none"> <li>• Content review of preoperative education (i.e., joint class)</li> <li>• Direct observation of a portion of the class (no minimum class number required), perioperative patient interviews, therapy sessions, patient discharge teaching, or other patient education</li> </ul>
<b>Post Discharge</b>	Review hospital / ambulatory surgery center discharge process	<ul style="list-style-type: none"> <li>• Review discharge process</li> <li>• Review data communication from post discharge entities to see engaged tracking through patient follow-up visit</li> </ul>
<b>Functional Outcomes</b>	Should be considering, if not implementing, some form of functional outcome measures	Should have strong functional outcome data
<b>Performance Measures</b>	4 performance improvement measures of organization(s) choice (2 of 4 must be clinical)	<ul style="list-style-type: none"> <li>• 4 standardized performance improvement measures</li> <li>• Use of Regional Anesthesia, DOS Ambulation, Discharge Disposition and Pre-operative Functional Assessment completed</li> <li>• Must be participating with AJRR</li> </ul>