Joint Commission Resources
Quality & Safety Network (JCRQSN)

Resource Guide

The Joint Commission Survey: Tracer Methodology 101

August 27, 2015
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# TABLE OF CONTENTS

- Program Summary ................................................................................................................................................. 4
- Program Outline ..................................................................................................................................................... 5
- Continuing Education (CE) Credit ........................................................................................................................ 6
- Facts About the Tracer Methodology .................................................................................................................. 7
- Maximizing Hospital Tracer Activities .................................................................................................................. 8
- Tracer Methodology 101: How to Perform Your Own Mock Tracer ................................................................. 22
- Spotlight on Success: Tucson Medical Center Uses Mock Tracers to Prepare for Survey ............................... 24
- ED RN Patient Tracer Summary 2014 ..................................................................................................................... 26
- Tracer Methodology 101: Medication Management In Hospital Psychiatric Units .......................................... 35
- Tracer Methodology 101: Medication Management System Tracer in a Community Health Center ............. 38
- Appendix A: Additional Resources ...................................................................................................................... 41
- Appendix B: Faculty Biographies ........................................................................................................................ 42
- Appendix C: Continuing Education (CE) Accrediting Bodies .......................................................................... 44
- Appendix D: Discipline Codes Instructions ........................................................................................................ 45
- Appendix E: Post-Test .......................................................................................................................................... 46
- Appendix F: JCRQSN Contact Information ....................................................................................................... 48
Program Summary

This page provides an overview of the program content and learning objectives. Please refer to the Table of Contents and Program Outline for a detailed list of the topics covered. The information included in this Resource Guide is intended to support but not duplicate the video presentation content. There may be additional information available online for this topic.

Program Description

Tracer methodology is an evaluation method where surveyors select a patient, resident, or client and use that individual's record as a roadmap to move through an organization to assess and evaluate the organization's compliance with selected standards and the organization's systems of providing care and services.

Tracers are powerful and valuable tools when used correctly and when they focus on high-risk processes within the organization. Designed for organizations that want a better understanding of tracer implementation and methodologies, this 60-minute live activity provides the information and tools needed to make the most of the opportunities tracers provide.

Program Objectives

After completing this activity, the participant should be able to:

1. Identify various tracers that focus on care processes and systems.
2. Prioritize tracer data to determine the effectiveness of process design in the delivery of safe, high-quality care.
3. Improve systems and processes through use of tracer methodology and aggregation of tracer findings data.

Target Audience

This activity is essential for those people who are responsible for assessing the quality and safety of care provided throughout the organization, as well as those who are responsible for accreditation compliance, including survey coordinators, risk managers, performance improvement (PI) coordinators, department managers, and others who have a hands-on role in The Joint Commission accreditation process or in assessing the systems and processes within the organization.
Program Outline

The Joint Commission Survey: Tracer Methodology 101
August 27, 2015

I. Introduction
   A. Program Content
   B. Objectives
   C. Faculty

II. Tracers as a Component of Ongoing Operational Readiness

III. Sample Tracers for Performance Improvement

IV. Sample Tracer Conducted by Joint Commission Surveyor

V. Conclusion

VI. Post-Program Live Question and Answer Session
   A. Audio only telephone seminar with program faculty – for 30 minutes following the program.
      B. Call 1-888-206-0090; enter conference code: 7925428.
         Or e-mail your questions or comments to: Questions@jcrqsn.com

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Program Question and Answer Session

During the live airing of this program on August 27, 2015, you may be able to talk directly with the faculty when prompted by the program’s host. After this date, your message will be forwarded to the appropriate personnel.

Immediately following the program, we invite you to join in a live discussion with the program presenters. Call 1-888-206-0090 and enter Conference Code: 7925428 to be included in the teleconference.

To submit your question ahead of time or for additional details, please send an e-mail to questions@jcrqsn.com. If you submit your questions after this date, your message will be forwarded to the appropriate personnel.

You can also receive answers to your questions by calling The Joint Commission’s Standards Interpretation Hotline at 630-792-5900, option 6.
Continuing Education (CE) Credit

After viewing the JCR Quality & Safety Network presentation and reading this Resource Guide, please complete the required online CE/CME credit activities (test and feedback form). The test measures knowledge gained and/or provides a means of self-assessment on a specific topic. The feedback form provides us with valuable information regarding your thoughts on the activity’s quality and effectiveness.

NOTE: Effective April 1, 2012, the Learning Management System web site URL changed as noted below.

Prior to the Program Presentation Day
1. Login to the JCRQSN Learning Management System web site at http://twnlms.com/
2. Enroll yourself into the program
   
   **Note:** Your administrator may have already enrolled you in the program
   • Select All Courses from the courses menu.
   • Select the course category for the current year, 2015 Programs.
   • Select the course for this program, The Joint Commission Survey: Tracer Methodology 101
   • When prompted, choose Yes to confirm that you would like to enroll yourself.
3. Display and print the desire documents (Resource Guide, etc.).

Online Process for CE/CME Credit
1. Read the course materials and view the entire presentation.
2. Login to the JCRQSN Learning Management System web site at http://twnlms.com/
   
   **Note:** This assumes you have already been enrolled in the program as described above.
4. If you didn’t view the broadcast video presentation, view it online.
5. Complete the online post test (see Appendix E).
   • You have up to three attempts to successfully complete the test with a minimum passing score of 80%.
   • Physicians must take the post test to obtain credit.
6. Complete the program feedback form.
7. On the top right corner of the main course page, you will see your completion status in the Status block.
8. Select Print Certificate from within the Status block to print your completion certificate.
Facts About the Tracer Methodology

A key part of The Joint Commission's on-site survey process is the tracer methodology. The tracer methodology uses information from the organization to follow the experience of care, treatment, or services for a number of patients through the organization's entire health care delivery process. Tracers allow surveyors to identify performance issues in one or more steps of the process, or interfaces between processes. The types of tracers used by The Joint Commission during the on-site survey are:

**Individual tracer activity:** These tracers are designed to “trace” the care experiences that a patient had while at an organization. It is a way to analyze the organization's system of providing care, treatment, or services using actual patients as the framework for assessing standards compliance. Patients selected for these tracers will likely be those in high-risk areas or whose diagnosis, age, or type of services received may enable the best in-depth evaluation of the organization's processes and practices.

**System tracer activity:** Includes an interactive session with a surveyor and relevant staff members in tracing one specific “system” or process within the organization, based on information from individual tracers. While individual tracers follow a patient through his or her course of care, the system tracer evaluates the system or process, including the integration of related processes, and the coordination and communication among disciplines and departments in those processes. The three topics evaluated by system tracers are data management, infection control and medication management. Whether all system tracers are conducted varies, but the data use system tracer is performed on every survey.

**Accreditation program-specific tracers:** The goal of these tracers is to identify risk points and safety concerns within different levels and types of care, treatment, or services. Program-specific tracers focus on important issues relevant to the organization. For example, clinical services offered and high-risk, high-volume patient populations.

**Second generation tracers:** These are a deep and detailed exploration of a particular area, process, or subject. A surveyor conducting any type of tracer might notice, for example, that a high-risk area requires a more in-depth look. High-risk issues include processes or procedures that, if not planned or implemented correctly, have significant potential for affecting patient safety. Examples of high-risk topics that surveyors might need to explore in more detail are: cleaning, disinfection, and sterilization; patient flow across the care continuum; contracted services; diagnostic imaging; therapeutic radiation; and ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE).
Maximizing Hospital Tracer Activities

Joint Commission Resources

Tracer Methodology – A Review

• A systems approach to evaluation.
• Traces patients/systems/outcomes through the organization's entire health care process.
• Enables surveyors to identify performance issues:
  – In one or more steps of the process or
  – In the interfaces between processes.
• Onsite continuation of operational assessment.

Tracer Methodology as a Systems Improvement Tool

• Assessment of the systems and processes for delivery of care.
  – Trace a patient.
    ➢ Trace a specific care process.
  – Trace a system.
  – Trace a priority focus area.

Looking for Risk Points
  – Trace an area of risk/pain points.

• Compare practice.
  – Organization policies and procedures
  – Standards and elements of performance
  – NPSGs and implementation expectations
• Understand variation.
• Monitor for improvements.
• Validate or change improvement strategies.

Tracing as a Management Tool

• Performance Appraisal
  – Assess and validate staff performance.
    ➢ Documentation – Completeness, Timing, Legibility, Use of Abbreviations, Quality
    ➢ Communication – Written, Verbal, Interdisciplinary, Interaction with Patients and Families
    ➢ Clinical Practice – Safety Practices, Use of Protocols (Restraints, Fall Prevention, Patient-Controlled Analgesia [PCA], etc.)
    ➢ Competence – Skills, Knowledge, Critical Thinking, Coordinating Care, etc.
Tracers Overview

- Individual tracers
  - Following experiences of care recipients.
- System tracers
  - Focus on system issues; Medication Management (MM), Infection Control (IC), Data.
- Program-specific tracers
  - Related to specific accreditation programs.
- Second Generation tracers
  - Deep detailed look at a particular process/system.

Tracers Follow Patient's Care Journey

Types of Tracers

Other Tracers Related to Organizational Needs:

- Adverse events
- Readmissions
- Healthcare-Acquired Infections (HAI)
- Core Measures (ORYX)
Individual Patient Tracer Activity

**Individual Tracers**
- Identifying specific care processes.
- How to select high-risk patient populations:
  - Vulnerable
  - Fragile
  - Unstable
  - Diagnosis-Related Groups (DRGs)
  - Readmissions
- Identifying outcomes of failing to provide the right care in the right way.

**Tracer May Include**
Observation for:
- Environment of Care issues
- Emergency Management
- Medication processes
- Infection control
- Data use (Performance Improvement)
Successful Tracer Activity

- Use a worksheet.
- Take notes.
- Jot questions or links.
- See opportunities, not failures.
- This is the first step.

System Tracer

While all complex processes have elements that need review, the care recipient may only directly experience some of the elements of that process; other elements are in the “background.”

Surveyors facilitate system tracers, therefore, to assess the construction and design of high-priority functions in their entirety.

The surveyor “traces” the elements of the system.

**Note:** Dashed vertical arrows reflect standards evaluation opportunities related to exploration of the design of a system and dots represent any given elements of a system.

System Tracers

- Focus on high-risk processes.
  - Discuss the process.
  - Trace the process.
  - Look for risk points.
- Process changes
  - Risk point altered requiring reassessment
    - People
    - Equipment
    - Information systems
    - Sequence
    - Location
System Tracers

- Data Use System Tracer
- Medication Management System Tracer
- Infection Control System Tracer
- Patient Flow System Tracer
- Environment of Care
- Emergency Management

Medication Management

- Organization's medication management processes.
- Continuity of medication management from procurement of medications through monitoring.
- Medication reconciliation process during “hand-off” from one level of care to another.

Infection Control

- Planning, implementation, and evaluation of the organization's infection control program.
- Organization's process for the:
  - infection control plan development.
  - outcome of the annual infection control evaluation process.
  - oversight of opportunities for improvement.
- Processes used by the organization to reduce infection.

Data Management

Organization's performance improvement process including the management of data use.

- Planning process for data.
- Identification of priority measures.
- Data collection methodology.
- Data aggregation and analysis.
- Data use-using information from data analysis.

Environment of Care Tracer

Part 1: EC Discussion – 70% of session time

- EC Risk Management Cycle (risks and construction activities)
  - Plan
  - Teach
  - Implement
  - Respond
  - Monitor
  - Improve
Environment of Care Tracer

Part 2: EC Tracer - 30% of session time
• Observing and evaluating organization performance of selected EC area of risk.

Emergency Management Tracer
• Emergency management structure, operations, and planning activities
  – Mitigation
  – Planning
  – Response
  – Recovery
    ➢ Six critical functions

Program-Specific Tracers
• Identify safety concerns within different levels and types of care.
  – Types of services offered by the organization
  – Programs being surveyed
  – Organization's priority focus areas
  – Centers for Medicare & Medicaid deems status/recognition requirements
  – Suicide Prevention (Behavioral Health Care [BHC]/Hospital Accreditation Program [HAP])
  – Laboratory Integration (HAP/Critical Access Hospital [CAH])
  – Patient Flow (HAP/CAH)

2nd Generation Tracers…WHY
• Delivery of healthcare services continues to become more complex.
  – More chronic illnesses.
  – More diagnostic and treatment options.
  – More technology.
  – Social problems are not adequately addressed.
  – Data indicate problems in our healthcare systems.

2nd Generation Tracers…HOW
• Deep and detailed exploration of a high-risk-specific area, process, subject.
• Not an event in itself but an addition to an individual tracer when applicable.
• A natural, detailed evaluation when expansion of the process requires.
• Standardized way for surveyors to explore high-risk areas.
2nd Generation Tracers…What

- Patient Flow Across Care Continuum
- Contracted Services
- Cleaning, Disinfection, and Sterilization of Medical Equipment, Devices, and Supplies
- Diagnostic Imaging
- Ongoing Professional Practice Evaluation/Focused Professional Practice Evaluation (OPPE/FPPE)
- Clinical/Health Information

The Course of Care (a 2nd Generation Tracer)

Conducting 2nd Generation Tracers

Trace the Object

- Identify starting and ending points.
- May trace bi-directionally; or start at any point in the process.
- Steps and technical requirements.
- Validation of accuracy.
- Interview and observation.
- Transport/movement.
Conducting 2nd Generation Tracers

Trace the Process Flow
- Who does what
- Timing (sequence)
- Technology
- Safety
- Assessment
- Planning
- Documentation
- High risk processes (MM, IC, etc.)
- Competency/Privileging

Maximizing Tracer Activity in Your Organization

- How can we take the tracer methodology and incorporate it into our processes for improvement?
- Who are the individuals who can conduct these tracers?
- Which type of tracer activity does this resemble?

Maximizing Tracer Methodology

- Integrating Tracer Methodology and Patient Safety Concerns
- Tracers Related to Organizational Needs
  - Adverse events
  - Readmissions
  - Healthcare Acquired Infections
  - Core Measures (ORYX)

Tracers Related to Organizational Needs

What are your organizational needs or ‘pain points’?

- ORYX issues
- Adverse events
- Quality improvement issues
- Major diagnoses
- Readmissions issues
- Surgical site infections
Data Collection – What & WHY

- Data confirms the current state.
- Data confirms the root cause is found.
- Data validates our improvement works.
- Data provides more confidence than “Gut Feel” and often speeds our improvements.

How do we collect the right data and the right amount without wasting time?

Purpose of the Data Collection

State your purpose to collect data.

- No existing data.
- Not sure of data integrity.
- Not enough data.
- Need to validate the root causes.
- Need to validate if the solution works.

Data Collection Tips

- Continuous data is best.
- Collect data to represent what you are studying, avoid biases.
- Get the data you need – even if difficult to obtain.
- Ensure the data is truthful.
- Take notes when collecting data – variables happen and may provide clues to your data.
- Don't have “Analysis Paralysis.”
- Operational definitions.

Most Important: Plan, Plan, Plan

Data Collection Tools

- Tracer tools
- Audit tools
- Focused tracer tools
- Financial data (Admission/Registration)
- Dependent on issue
What Do I Do With All This Data?
- What is Leadership's expectation on communication of vulnerabilities/opportunities?
- Who is actually conducting tracers?
- How many are being completed weekly?
- How many resources do you have to manage the data?
- Can IT build you a database?
- Can you build an excel worksheet?
- Will it be manual or electronic?
- Can the tracer management staff enter their data and you aggregate the data?

Why Aggregate the Data?
- To get a complete picture of performance in care and safety issues.
- To identify problematic processes, which can lead to patient safety issues.
- To generate ideas for improving performance in areas of non compliance.
- To reduce duplicative effort.
- To identify best practices in the organization.
- To celebrate successes.

Aggregating Tracer Findings
- After all the tracer exercises are completed, it is important to aggregate the issues and link them to the standards or clinical guidelines or parameters of success.
- Helpful to prioritize, in order, to risk potential.
- May need to do additional tracer exercises in order to validate conclusions.
- Use as an ongoing monitoring tool for standards compliance.
- Consider issues across service/program lines.

Why Analyze the Data?
WHY:
Identify operational efficiencies on an ongoing basis (not just for accreditation).
Look at organization as a system.
Provides basis for future Performance Improvement (PI) actions.

HOW:
Focus on using standards to achieve and maintain excellent operation.
Incorporate standards into daily processes.
Demonstrate sustained level of compliance.
Evaluating the Data

Practically
• “Eyeball” the data.

Statistically – Analytically
• Relationships
• Analytical tools

Graphically
• Time series plots, histograms, dot plots, probability plots, etc.

Data Analysis Process Includes:
• Data cleaning – data are inspected, and erroneous data are corrected.
• Initial data analysis – assessment of data quality, quality measurements, characteristics of sample.
• Main data analysis – assessing stability of results by cross validation (tracers vs. chapter reviews).
• Final data analysis

In Other Words…
• Good data analysis entails little more than finding the best data relevant to given questions.
• Making meaningful comparisons among the data.
• Drawing sound conclusions from the comparisons.

Data Analysis and Tracers
• Transform tracer data into useful information.
  – Draw conclusion about performance.
    ➢ Basis for further improvement.
• Working through the data.
  – Review tracer findings.
    ➢ Pull out raw data.
    ➢ Determine sorting method.
    ➢ Find means to analyze data.
• Apply a statistical approach when possible.

Working Through the Data
• Allocate sufficient resources for analyzing and aggregating data.
• Ensure leadership commitment.
• Rely on the team for support and focus.
Data Analysis
• Charts, graphs, and textual write-ups are forms of data analysis.
• Designed to refine and distill data.
• Eliminates need to sort through the data.

Commonly Used Statistical Tools
• Run chart
• Control chart
• Histogram
• Pareto chart
• Scatter diagram

Key Points
• Run charts and control charts are simple tools that will help you determine whether a process has common cause or special cause variation.
• A visual diagram of data can be more effective.
• You must look at data over time if you want to know whether a process is improving.
• After selecting an indicator (Measure of Success [MOS]), develop a good operational definition, and keep it during this assessment time.
• Type of variation helps managers know how to proceed with improvement efforts.

Variation Is the Range of Performance:
Factors influencing variation:
• Patient – (psychological, economic, social)
• Organization – affecting effectiveness of care (staffing, equipment)
• Staff – influencing effectiveness of care (competency)
• Environmental – determined by outside forces (payer reimbursements/delays)
• Chance

Prioritizing Areas for Improvement
• High risk
• High volume
• Problem prone
• Impact on the customer
• Relationship to the organization's strategic plan
• Financial impact
• Physician satisfaction
• Effect on patient outcomes
• Regulatory requirements
Prioritizing the Improvement Work

- Processes related to the National Patient Safety Goals (NPSGs).
- High-reliability processes.
- Problem-prone areas.
- Process that signaled a high probability of an adverse outcome.
- Initiatives that concentrate on more than one process.
- Evidence-based practice.

Prioritizing the Improvement Work by Identifying...

- Processes that are not currently producing acceptable outcomes
- Processes incapable of meeting expected future outcomes
- Savings which can be achieved by improving processes and eliminating high costs from redundancy /poor quality.

Cannot improve everything all at once!

The Improvement Process

- Who Does the Work?
  - Improvement Models
    - PDCA (Plan–Do–Check–Act) (Plan–Do–Study–Act [PDSA])
    - Critical Paths (Pathways)
    - FADE (focus, analyze, develop, execute)
    - PROCESS (plan, research, organize, create, evaluate, standardize, start over)
- Designing the Improvement.
- Setting a Time Line for Implementation.
- Planning Resource-Wise Improvements.

Redesigning Processes

- Simplify
- Automate
- Build in fail-safe mechanisms
- Document
- Tighten or loosen time constraints
- Increase detectability
- Reinforce training
- Standardize
Implementing Improvements

- Making others aware of the planned improvements:
  - Engage appropriate staff in the improvement
  - Education
  - Information
  - New expectations clear
  - Feedback mechanism
  - Public recognition of team efforts

Evaluating Systems Improvement

- Walk through the process.
  - Are we doing those steps according to our procedures?
  - If we are doing it according to procedures, what is the value in what we are doing?
  - Are there things we could cut out?
  - If there is something we are doing that does not have a procedure attached, should there be a procedure?
  - Are we doing things consistently and if we are not, then why not?
  - Is there anything in the process that is an extra step or has no value added?
  - Is there anything in place identified from the tracer that needs to be placed in the formal, written process?

Sustaining Performance Improvement

- Ongoing monitoring (tracers)
  - Systematic
  - Undesirable trends are analyzed

- Continued Leadership support
  - Role models of active support (steering committee)
  - Ongoing education related to changes
  - Continuous process
Tracer Methodology 101: How to Perform Your Own Mock Tracer

Tracer methodology is an integral part of the on-site accreditation survey process used by The Joint Commission. Surveyors use tracers to evaluate the care of an individual or to evaluate a specific care process as part of a larger system. A surveyor reviews an individual’s record and follows the specific care processes the individual experienced by observing and talking with staff members in areas where the individual received care.

Ordinarily, this column provides an example tracer for organizations to consider integrating into their mock tracer program. This month, we thought it might be helpful to step back and provide a refresher course on why tracers are important, and how to develop a mock tracer program to help maintain continuous survey readiness. The mock tracer is conducted by someone in the organization who performs the role of an actual surveyor.

Benefits of Understanding Tracers

Health care organizations that educate staff about tracers will have a better understanding of the overall survey process, particularly because an on-site surveyor can typically devote up to 60% of his or her time conducting tracers. In addition, an organization that understands tracers can use mock tracers as a tool to assess its compliance with standards and make improvements before a surveyor arrives. For example, if an organization wants to analyze how well a specific aspect of a system on a specific unit functions—such as the security in the neonatal intensive care unit of a hospital—it can conduct a mock tracer of that system. Although its purpose would be to learn more about how systems function in that particular unit, a mock tracer would also provide important information that could identify broader issues for improvement.

Conducting Mock Tracers

The best way to understand all types of tracers is through practice—that is, through conducting mock tracers. This involves developing some basic skills, such as learning how to ask good questions. An actual tracer is not performed by one person in isolation. It involves talking with multiple staff members and, in the case of individual tracers and some system tracers, the care recipient and even family members (if possible) to learn details about an individual’s health care experience or how a particular system functions in an organization.

Health care organizations can use tracer methodology as a part of their proactive risk assessment and performance improvement activities.

All important details about the individual’s care or the system’s function can be explored by asking simple questions in succession. And how a question is asked is particularly important. A surveyor poses questions in a manner that encourages the staff member or care recipient to share as much information as possible. Observation of the surroundings or attention to how a respondent answers one question can lead to other related issues and can trigger additional questions. Skills in analysis and organization are also involved, particularly in planning a mock tracer, and of course, analysis is necessary to evaluate and prioritize the results of a mock tracer.

Similar skills are involved in the reporting of the results and in the follow-up on any consequent plans for improvement based on the results. Often, an organization will institute a mock tracer program that will train participants for optimum outcomes to these practice tracers. The benefits that result from mock tracers support and enhance the continuation of such teams.

10 Steps to Performing Your Mock Tracer

Step 1: Establish a Schedule for the Mock Tracer
- Schedule by phase: Allow adequate time for each phase of a mock tracer
- Make it part of your regular Performance Improvement program
- Let everyone in your organization know about the mock tracers being planned

Step 2: Determine the Scope of the Mock Tracer Month
- Start with your organization’s mission, scope of care, range of treatment or services, and population(s) served. Choose representative
tracers that support and define your organization
• Target the top compliance issues
• Address any new Joint Commission standards that relate to your organization
• Focus on high-volume/high-risk and low-volume/high-risk areas and activities

**Step 3: Choose Those Playing the Roles of Surveyors**
- Month
  • Include at least one administrator or manager on the team
  • Recruit people who are observant, detail oriented, and committed to quality and professionalism

**Step 4: Train Those Playing the Roles of Surveyors**
- Take some time to learn the basics of tracers
- Become familiar with current Joint Commission requirements related to the targeted tracer
- Welcome experience: Staff and leaders who have been through a tracer can be valuable resources
- Examine closed medical records
- Study mock tracer scenarios and practice interviewing

**Step 5: Assign the Mock Tracer**
- Match a “surveyor” who is an expert in a department/program/service to a mock tracer for a similar department/program/service—but for objectivity, do not assign them to the same specific department/program/service in which they work
- Also match another “surveyor” to a department/program/service that is new to him or her
- Pair “surveyors” so they can learn from and support each other, or allow one “surveyor” to follow and monitor the other for additional experience

**Step 6: Conduct the Mock Tracer**
- Those playing the roles of surveyors must collect data that help to establish whether your organization is in compliance with applicable accreditation requirements
- Be methodical and detail oriented

- Whenever possible, remind tracer interview subjects of the purpose of tracers and mock tracers: To learn how well a process or system is functioning
- Keep the process on track and continually make connections to the broader issues affecting care recipient safety and delivery of care, treatment, or services

**Step 7: Debrief About the Mock Tracer Process**
- After each mock tracer meet as a team as soon possible to evaluate and document how it went

**Step 8: Organize and Analyze the Results of the Mock Tracer**
- The problems and issues revealed in the mock tracer must be reviewed, ranked, and prioritized.

**Step 9: Report the Results of the Mock Tracer**
- In all reports, it is important to avoid having the tracer appear punitive or like an inspection
- Do not include staff names or other identifying information

**Step 10: Develop and Implement Improvement Plans**
- Hand off to managers: Hand off any easily addressed corrective actions that are particular to one department/program/service to the relevant managers
- Most of what will need to be done will require integration into your organization’s Performance Improvement program
- Make sure the entire organization is aware of the corrective actions proposed as a result of the mock tracer.
- The mock tracer team is not responsible for completing all the corrective actions, but it is responsible for working toward that goal by monitoring any plans based on findings from the mock tracer
- Prepare for the next round: Develop a mock tracer program that allows for periodic mock tracers, sometimes with several running at one time

**Editor’s Note:** This article is adapted from the following book, published by Joint Commission Resources: The Joint Commission. *Even More Mock Tracers.* Oak Brook, IL: Joint Commission Resources, 2012.
Spotlight on Success: Tucson Medical Center Uses Mock Tracers to Prepare for Survey

After recommitting to Joint Commission accreditation in late 2013, Tucson Medical Center was looking for ways to kick-start its accreditation preparation efforts. It had been several years since the hospital was last accredited, and the organization was starting from square one. To help assess current performance, identify areas of improvement, and gear up for continuous compliance, the hospital implemented a robust mock tracer program that leverages both human resources and technology.

**Organization Facts:** Tucson Medical Center is a 607-bed, nonprofit, regional hospital located in southern Arizona. It provides emergency, pediatric, acute, and specialty care, as well as home health and hospice.

**Project Description:** The organization engages in a comprehensive mock tracer program to promote continuous standards compliance and prepare staff for survey.

**Outcomes:** By using software to help with mock tracers, the organization has been able to embed the tracer process into daily operations and get ready for its first triennial survey.

“We saw the value in mock tracers because they make it clear what work we have to do,” says Marcia OBara, accreditation and regulatory program manager for Tucson Medical Center. “When people have been responsible for an area for a long time, they are intimately familiar with that area and often think it performs really well. Sometimes it takes someone coming in from the outside and asking questions to point out shortfalls and instances where things don’t always work as intended. The tracer highlights inconsistencies and areas in which we need to improve.”

**Leveraging Technology**

Although Tucson Medical Center thought mock tracers were a good idea, the hospital was a little wary of creating them on its own. “It can be overwhelming trying to construct tracers by yourself,” says OBara. “So I was intrigued when I learned about the mock tracer software at one of the Joint Commission education sessions. The software provides customizable templates and also helps you build your own tracers from scratch. Our organization purchased the software—along with the Accreditation Manager Plus [AMP] program—so we could generate the most comprehensive and accurate tracers and assess our compliance with specific elements of performance [EPs].” The tracer software lets users record, track, and trend internal tracer activities. The survey questions in the program link directly to the EPs in the AMP solution, allowing organizations to accurately score EPs and get a true sense of organizational readiness.*

**Selecting the Right People for the Job**

After getting up to speed on the software, OBara trained several staff members to conduct mock tracers. “These individuals come from various parts of the hospital, including health information management, infection control, and quality improvement,” says OBara. “When choosing people, I looked for outgoing individuals who are willing to ask questions and teach. Not everyone is suitable for this kind of work. For instance, it can be challenging when you find an issue, to correct it on the spot without offending people. It takes a certain approach, and you need to find people for whom that approach comes naturally.”

“I also selected individuals who were very familiar with our policies and processes and who have been here for a while,” continues OBara. “Because I am relatively new to the organization, I wanted to pick people who had experience that I could rely on.”

From time to time, Tucson Medical Center also has some of its senior leaders perform tracers. “At one point, we had our CNO and CMO go out onto the floor,” says OBara. “This helped them see firsthand how compliance was progressing. It also reinforced to staff the importance of the work.”

Embedding Tracers into Daily Operations

Since implementing the software, mock tracers have become a regular occurrence throughout the organization. “About every two weeks, I use the software to create a mock tracer, publish it, and then assign it via e-mail to one of the individuals trained to perform mock tracers, giving them two weeks to complete the task,” says OBara. “As they conduct a tracer, they note the date, time, location, and people they talk to, as well as the equipment they look at. They answer each standardized question—which is attached to an EP—using a yes/no format, adding additional comments when warranted. When they complete the tracer, it goes to a librarian who keys the information into the tracer software. Although we could have everyone key in their own results, we choose to have one person do it to ensure more accuracy and consistency.”

During a tracer, if a staff person doesn’t give the right answer to a question, the individual conducting the tracer helps the person find the right answer. “This may involve reviewing a policy or providing on-the-spot education,” says OBara. “When a large number of staff gives the wrong answer, it points to a bigger issue and the need for more education.” (See “The ‘Rock The Joint Commission’ Fair” below.)

To date, Tucson Medical Center has performed tracers in many different areas. “As we’ve gone along, the tracers have gotten more sophisticated,” says OBara. “We recently did one on sterile processing, and we have also done a couple aimed at the environment of care. Restraint use is another big topic area for us, as it is with many hospitals.”

Because the organization uses both tracer and AMP software, it can look at a particular standard or topic area and immediately see tracer performance with that standard or area. “We can see the percent of staff that answer questions correctly and the percent that do not,” says OBara. “Because the AMP and tracer software are married, we can get the most out of each solution and pinpoint opportunities for improvement.”

Laying the Groundwork for Future Success

Going forward, the organization will keep on using mock tracers to increase readiness. “In the next few weeks, I will be developing mock tracers that tackle some of the issues brought up in the gap analysis that came from our recent mock survey,” says OBara. “That way we can make further progress toward resolving deficiencies and ensuring continuous compliance throughout the organization.”

The “Rock The Joint Commission” Fair

To reinforce the mock tracer program and also build awareness of the Joint Commission accreditation process, Tucson Medical Center recently held a compliance fair, which they called “Rock The Joint Commission.”

The fair took place in one of the medical center’s larger meeting rooms and consisted of several booths, which addressed key topics. “We looked at the areas we kept missing on the mock tracers, and those informed what we focused on during the fair,” comments OBara. “For example, we had a booth for the National Patient Safety Goals where we zeroed in on the Universal Protocol. We had another booth that addressed environment-of-care issues like keeping clutter out of the hallway.”

The organization has designated “chapter champions” who take charge of compliance work for specific Joint Commission standards chapters. For instance, an infection prevention and control nurse is a designated chapter champion for the “Infection Prevention and Control” (IC) chapter, and there are three people in the surgery department that take responsibility for Universal Protocol compliance. “Our chapter champions were in charge of the different booths and how the material was presented,” says OBara. “Each person put their own creativity into it—there was food, games, props, and so on. When staff visited a booth, they received a stamp on a card. After the card was full of stamps, it was entered into a drawing for prizes.”

The fair was well received by staff, who got a better appreciation of how Joint Commission compliance fits into day-to-day work. “We had 900 staff attend the fair,” comments OBara. “We did a separate fair for our hospice and home care staff and there was 100% participation.”

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**ED RN PATIENT TRACER SUMMARY 2014**

**Directions:** Complete a minimum of two tracers per nurse this year; optimally one tracer between January–May and one tracer between June and November. Mark the boxes below when the RN does not know the answer; requires prompting or is unable to provide a satisfactory response. If no learning needs identified, mark, “No needs identified.” FAX completed form to 602-2700 (Administration)

<table>
<thead>
<tr>
<th>Assessment &amp; Care/Services</th>
<th>Patient Safety</th>
<th>Communication</th>
<th>Medication Management</th>
<th>Information Management</th>
</tr>
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<tbody>
<tr>
<td>No needs identified</td>
<td>No needs identified</td>
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<tr>
<td>Initial nursing assess</td>
<td>Patient ID</td>
<td>Chain of command</td>
<td>Med knowledge</td>
<td>Backup systems</td>
</tr>
<tr>
<td>Pain management</td>
<td>Critical results</td>
<td>Facility handoff</td>
<td>Range/prn meds</td>
<td>Privacy/confidentiality</td>
</tr>
<tr>
<td>Falls</td>
<td>Universal Protocol</td>
<td>Occurrences</td>
<td>Prep area</td>
<td>Locating Policies</td>
</tr>
<tr>
<td>Restraints</td>
<td>Time Out</td>
<td>Verbal orders</td>
<td>Security</td>
<td>Chart navigation</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Equipment Use</th>
<th>Infection Control</th>
<th>Physical Environment</th>
<th>QI Expertise/Activities</th>
<th>Rights and Ethics</th>
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<tr>
<td>No needs identified</td>
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<td>Precautions</td>
<td>Cleaning</td>
<td>Eye splash</td>
<td>QI activities</td>
<td>Consent</td>
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<tr>
<td>Training</td>
<td>Isolation precautions</td>
<td>MSDS</td>
<td>Hand hygiene</td>
<td>Consent</td>
</tr>
<tr>
<td>Breakdown process</td>
<td>CAUTI</td>
<td>Fire</td>
<td>Equipment in hall</td>
<td>Care provider</td>
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<tr>
<td></td>
<td>CLABSI</td>
<td>O2 cut-off</td>
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<td>O2 cylinder storage</td>
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<td></td>
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<td>Equipment in hall</td>
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**Comments:**
<table>
<thead>
<tr>
<th><strong>SCRIPT</strong></th>
<th><strong>KEY POINTS</strong></th>
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<tbody>
<tr>
<td><strong>Assessment &amp; Care/Services</strong></td>
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<tr>
<td>- What is the patient’s name and medical record number?</td>
<td>- Found on the blue Demographic Banner bar</td>
</tr>
<tr>
<td>- Tell me about [patient]. [If needed to prompt for more information, ask:]</td>
<td>- Arrival date/time; how admitted (point of entry to hospital); chief complaint; summary of care/procedures</td>
</tr>
<tr>
<td>- Who is [patient’s] physician? How do you know [physician’s] has privileges and what they are?</td>
<td>- RN should be able to find the patient’s MD from the ED Evaluation or other documentation in the record; For privileges go to the Intranet, type name, click on “privileges,” and enter “doctor” for the password</td>
</tr>
<tr>
<td><strong>If patient has undergone a procedure:</strong></td>
<td></td>
</tr>
<tr>
<td>- Was the ED Evaluation done before the surgery/ procedure?</td>
<td>- The ED Evaluation can be used in place of the H&amp;P for an emergency room patient going for surgery</td>
</tr>
<tr>
<td><strong>Initial nursing assessment</strong></td>
<td></td>
</tr>
<tr>
<td>- Was the initial nursing assessment completed?</td>
<td>- Can locate and give date and time first assessment was done</td>
</tr>
<tr>
<td>- Is the patient a suicide risk?</td>
<td>- Can explain process for basic suicide risk screening and what to do if patient is at risk (do not leave patient alone, etc)</td>
</tr>
<tr>
<td>- Are the patient allergies listed?</td>
<td>- Suicide risk screening is found in the Triage Note</td>
</tr>
<tr>
<td>- Are the ED Evaluation and the initial nursing assessment consistent with major health problems?</td>
<td>Can locate and compare</td>
</tr>
<tr>
<td>- What is the patient’s preferred language for discussing healthcare?</td>
<td>- Allergies can be found in the Allergy section on the Menu Bar.</td>
</tr>
<tr>
<td></td>
<td>- Articulates how to handle conflicting data.</td>
</tr>
<tr>
<td></td>
<td>Identifies the procedure for documentation of preferred language for discussing healthcare, and process for providing translation services if needed</td>
</tr>
<tr>
<td></td>
<td>- This information is found in the Triage Note in General Info section.</td>
</tr>
<tr>
<td></td>
<td>- Policy- Administrator Manual 11.10 Interpreter Services</td>
</tr>
<tr>
<td><strong>SCRIPT</strong></td>
<td><strong>KEY POINTS</strong></td>
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</tbody>
</table>
| ▪ Has [patient] been identified as a possible victim of domestic abuse, or [if applicable] elder abuse and neglect?  
▪ If he/she was a possible victim, what would your responsibility be? | ▪ Information regarding if patient feels safe in their current living situation is found in the Triage Note  
✓ Actual or suspected abuse of a vulnerable adult:  
▪ Any SVHC associate or physician may report. Report is made to the Abuse Hotline by phone (1-800-342-9152) - (1-800-96A-BUSE) or to Care Management.  
✓ Domestic Violence:  
▪ Contact Care Management. If the patient has injuries caused by a weapon, a report must be called to police (JSD). |

<table>
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<tr>
<th><strong>Pain management</strong></th>
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</table>
| ▪ Has [patient] experienced any pain?  
**If yes:** How has this been managed? | ▪ Check pain assessment in triage note and check MAR for pain medications. Did interventions occur? |

<table>
<thead>
<tr>
<th><strong>If pain medications have been given:</strong></th>
<th></th>
</tr>
</thead>
</table>
| ▪ Was the pain reassessed?  
▪ How/when does reassessment occur?  
▪ What decisions do you make based on the reassessment? | ▪ Information found in MAR as a “PRN response” and in I-View in the Pain Assessment section.  
▪ Check pain medication orders – there should never be “range” orders, if there are range orders, the physician must reorder the medication with specific parameters (range orders lend to nurses practicing outside the scope of nursing)  
▪ Each PRN pain med should have indications for use (ie., for severe pain, etc) located in the Order Information Details. |

<table>
<thead>
<tr>
<th><strong>Falls</strong></th>
<th></th>
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</table>
| ▪ Is [patient] at risk for falling? Why? | ▪ If high risk:  
▪ Has the patient been given a yellow armband and yellow socks? |

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<tr>
<th><strong>Restraints</strong></th>
<th></th>
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</thead>
</table>
| ▪ Is [patient] restrained?  
▪ If yes, are restraints for medical surgical care or were they applied for behavioral reasons? | ▪ Identifies type of restraints used.  
▪ Information needed  
  o Order for restraints  
  o I-View documentation for restraints (every two hours for medical/surgical care and every hour for violent/behavioral reasons)  
▪ Med/Surg (non-violent)= 24 hours for adult  
▪ Behavioral (violent; self-destructive) = 4 hours for adult  
▪ PRN orders for restraints are never used  
▪ Chemical restraints are never used |

| **If not restrained, ask:** If [patient] was restrained, when is the order renewed? |  |
### Patient Safety

#### Patient Identification
- Tell me how you identify [patient] when giving medications or providing treatments? Do you check the wristband every time?
- Tell me your process for administering blood.

#### Critical results
- Has the patient had any critical test results?
  - If no, ask: What if [patient] had a critical test result, for example—potassium level of 6.9). Tell me your process for critical results of tests.

#### Universal Protocol
- I see [patient] had a ______ -OR- What if [patient] had a ______ [bedside procedure relevant to unit population]. Tell me the process for Universal Protocol.
- Did the three steps of the Universal Protocol occur?
- When does the Universal Protocol apply?

#### Time out
- What are the parts/requirements for the Time-Out?

#### Communication

### Chain of command
- Who is the Nursing Manager for this unit?
- Director of Nursing?
- Name of Nurse Manager
- Name of Director of Nursing
<table>
<thead>
<tr>
<th>Facility Handoff</th>
</tr>
</thead>
<tbody>
<tr>
<td>If [patient] is on isolation, how is this communicated to other care providers (ie., radiology, etc)?</td>
</tr>
<tr>
<td>An isolation alert will show when departments open the patients chart indicating the patient is on isolation.</td>
</tr>
<tr>
<td>The RN may see this information on Care Compass in the Room/Bed section as a hazard icon and on the Handoff Summary on the Menu Bar.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unexpected Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Dr. _____ or a co-worker appeared to be impaired, what would you do?</td>
</tr>
<tr>
<td>Contact manager/supervisor and describe observations.</td>
</tr>
<tr>
<td>How would you handle a suspected blood transfusion reaction?</td>
</tr>
<tr>
<td>Follow steps on back of blood ticket (comes with the bag)</td>
</tr>
<tr>
<td>The RN would complete a “Flagged” annotation in I-View and document in the Blood Product Administration band.</td>
</tr>
<tr>
<td>There is an ESO Blood Product Reaction PowerPlan.</td>
</tr>
</tbody>
</table>

| If [patient] had a complaint, how would you handle? |
| Try to resolve issue if possible. If not, refer to unit management. |
| Does the hospital inform its patients about how to contact management to report concerns about patient safety and quality of care? How? |
| This information is provided in the St. Vincent’s Patient Guide that each patient receives when admitted. The information is also posted on the St. Vincent’s public website. It is also posted on the Patient Rights signs. |
| Does the hospital inform its patients how to contact The Joint Commission to report concerns about patient safety and quality of care? How? |

<table>
<thead>
<tr>
<th>Verbal Orders</th>
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</thead>
<tbody>
<tr>
<td>Tell me your process for taking verbal orders.</td>
</tr>
<tr>
<td>Identify patient with two identifiers.</td>
</tr>
<tr>
<td>Verbal orders must entered into the EMR and then read back to the provider. (Write And Read).</td>
</tr>
<tr>
<td>Providers sign their verbal and phone orders electronically in OneCare.</td>
</tr>
<tr>
<td>The RN must choose the correct “Ordering Communication Type” when placing an order.</td>
</tr>
<tr>
<td>Verbal and Phone communication types go to the physician’s inbox for signature.</td>
</tr>
<tr>
<td>Paper and Initiate Provider’s Plan communication types do not go back to the physician’s inbox for signature.</td>
</tr>
<tr>
<td>When do they need to be signed by the physician? How do you make sure this happens?</td>
</tr>
<tr>
<td>Identify patient with two identifiers.</td>
</tr>
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</table>
## Medication Management

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you ever hold a medication without a physician order (ex., blood pressure medications)?</td>
<td>Never hold medications without a physician order (constitutes practicing outside of the scope of nursing).</td>
</tr>
</tbody>
</table>

### Range/PRN meds

*Look for examples of range orders or multiple pain meds.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>How do/did you decide to give [patient] this medication and amount? What are your criteria?</td>
<td>Locates the physician’s order and actions are strictly based on physician orders.</td>
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</table>

### Med prep area

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you ever mix IVs or crush medications yourself? Tell me your process.</td>
<td>Identifies designated area for medication preparation</td>
</tr>
</tbody>
</table>

### Med security

<table>
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<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does your unit keep medications secure?</td>
<td>Pyxis, locked storage areas.</td>
</tr>
<tr>
<td>Is it OK to leave a medication on the counter of the nursing unit? In a patient room?</td>
<td>Never leave medications unsecured, on top of counters, etc.</td>
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</table>

### Med storage

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<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Let’s look at some situations involving medication storage. How do you know if a medication needs to be refrigerated or not?</td>
<td>The medication label</td>
</tr>
<tr>
<td>If a medication needs to be refrigerated, when should you take it out of the refrigerator?</td>
<td>Right before use (if in question, contact the pharmacy)</td>
</tr>
<tr>
<td>If the person doing the refrigerator temperature check finds that the temperature is out of range, what should be done?</td>
<td>Adjust; recheck. Notify Pharmacy and Plant if still out of range. Do not keep using as meds may not be ok to use. Document actions on the temperature log.</td>
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</table>

### Adverse Drug Reaction (ADR)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What would you do if [patient] had an Adverse Drug Event?</td>
<td>Notify physician immediately. Call Adverse Drug Reaction Hotline (308-5893) or Pharmacy for further information/follow up.</td>
</tr>
<tr>
<td></td>
<td>Document a “flagged” annotation in I-View</td>
</tr>
<tr>
<td></td>
<td>Submit an ERS</td>
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## Information Management

### Back-up systems

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
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<tbody>
<tr>
<td>If information systems are down, what are the backup systems?</td>
<td>Describes the 7/24 Downtime Access Viewer and purpose.</td>
</tr>
<tr>
<td></td>
<td>Describes the manual ordering systems for lab, radiology, dietary, consults</td>
</tr>
</tbody>
</table>
### Privacy and confidentiality
- How is [patient] personal health information (PHI) protected?
- Where do you discard old/extra printouts of patient information?
- Clipboards turned facing wall
- Clipboards, charts, PHI (personal health information) not viewable by anyone except those involved in care
- Shred PHI or put in confidential bin

### Locating policies
- Where are hospital policies located? How do you find out about new polices and changes?
- Describes how to locate online policies/procedures.

### Do-Not-Use abbreviations
- Do you use QD or u when you document or take verbal orders? Is it OK to ever use them?
- No—on “Do-Not-Use” list.
- What do you do if the physician writes an unapproved abbreviation on the order sheet?
- Ask the physician to clarify the order and write an order clarification

### Reporting Safety Events and/or Near Misses
- Have you been educated on the online event reporting system (ERS)? Do you know when you would use this system?
- The ERS system is for any patient safety/quality issues or concerns, med errors, falls, unsafe deviations from routine care processes even if they have not reached the patient
- Do you know where the system is located?
- ERS is located on the Intranet homepage > Applications > ERS/PRS

### Equipment Use

#### Precautions
- Are you using any equipment to care for [patient]?
- What precautions do you take when using this equipment?
- Ensure there is a Trimedx sticker on all medical equipment; if unsure, contact BioMed
- For all other equipment, ensure that all cords are intact and safe for use; if unsure, contact Plant Facilities

#### Training
- Did you receive training before using this equipment?
- What education have you given [patient] about the equipment?
- Take out of service; mark “do not use,” notify BioMed (clinical equipment) or Plant Facilities (non-clinical equipment).

#### Breakdown process
- What do you do if the equipment breaks down?

### Infection Control

#### Cleaning
- How is equipment cleaned between patients and after use?
- PDI wipes
  - Kill time is 2 minutes (this info is located on the container.)
  - Always use Dispatch wipes for c-diff patient equipment
<table>
<thead>
<tr>
<th><strong>Isolation precautions</strong></th>
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</thead>
<tbody>
<tr>
<td>• Is [patient] on any isolation precautions?</td>
</tr>
<tr>
<td>• <em>If yes:</em> What measures do you take?</td>
</tr>
<tr>
<td>• <em>If no:</em> What if [patient] were on ____ precautions? How would that affect your care?</td>
</tr>
<tr>
<td>• How is equipment cleaned/protected that goes in and out of the room?</td>
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<table>
<thead>
<tr>
<th><strong>CAUTI</strong></th>
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<tbody>
<tr>
<td>• What measures are taken to prevent (Foley catheter-related UTI)?</td>
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<thead>
<tr>
<th><strong>CLABSI</strong></th>
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<tbody>
<tr>
<td>• <em>If appropriate:</em> How is our hospital doing with central line associated bloodstream infections (CLABSI)?</td>
</tr>
<tr>
<td>• What measures do you take to prevent?</td>
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<tr>
<th><strong>Physical Environment</strong></th>
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<tr>
<td><strong>Eye splash</strong></td>
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<tr>
<td>• Let’s say you are squatting down in the hallway picking up something on the floor. As the cleaning cart goes by, a container falls off and the liquid is splashed in your eyes. The substance immediately starts burning your eyes. What would you do?</td>
</tr>
<tr>
<td>• Flush eyes with tepid water for 15 minutes at eye wash station. Notify manager of the exposure. (Total time for eye washing should be no less than 15 minutes)</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th><strong>MSDS</strong></th>
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<tbody>
<tr>
<td>• How would you find out about the properties of the liquid?</td>
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<td>• MSDS via 3E Company’s MSDS fax on demand service, or 3E company’s online service (Maxcom coming online soon)</td>
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<table>
<thead>
<tr>
<th><strong>Fire</strong></th>
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<tbody>
<tr>
<td>• What would you do if there was a fire in [patient]’s room?</td>
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<tr>
<td>• Where’s the closest fire alarm? The closest fire extinguisher?</td>
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<tr>
<td>• Is there an evacuation plan for your unit? How would [patient] fit in with that plan?</td>
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<tr>
<td>• RACE</td>
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<tr>
<td>• Names location of alarm and extinguisher</td>
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<tr>
<td>• Describes evacuation plan/route and how patient could travel and ss able to verbalize “head count” location for the department</td>
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</table>
### O2 shutoff
- If deemed necessary, who can shut off the oxygen valve?
- Where is the medical gas shut off valve for [patient’s] room?

In an emergency, only the following are authorized to shut off oxygen or medical gas zone valves (EOC: Policy, 12.20)
1. Nurse Manager of affected Unit/Charge Nurse
2. Fire Department
3. Respiratory Therapist

States location of medical gas shut off valve for [patient’s] room; never store items in front of shutoff valves

### O2 cylinder storage
- Where are O2 cylinders stored on your unit? How many can be stored there?
- Is it OK to store a cylinder on a shelf or stand it in a corner? Why/why not?
- What do you do if you find an unsecured cylinder?

Names location
- Cylinders must always be secure and in a rack or stand.
- No more than 12 cylinders can be stored in any one area (includes full, in-use and empty cylinders).
- Associate should be able to explain new process for separating full, partial, and empty storage (full is “green” zone tanks, empty is “red” zone, partial is in between)

### Equipment in hall
- What equipment can be stored in the hall outside of [patient’s] room?
- When IV pumps are not in use, where should they be kept?

Only isolation carts and crash carts can be “parked” in hallways.
IV pumps should be kept in room, plugged in.

### Quality Improvement Expertise & Activities

#### QI activities
Let’s talk about unit quality improvement activities.
- What improvement issues/projects is your unit working on to improve patient safety and quality of care? How have you been involved?

Examples—falls, hand hygiene, core measures, patient satisfaction

#### Hand hygiene
- What is the unit’s current goal for hand hygiene compliance? How are you doing with meeting that goal?

Current goal is for 100% compliance by all associates; infection control sends out unit compliance to managers; house compliance is posted on quality boards

#### Consent
- If applicable: Was the consent completed (All blanks filled in), dated and timed prior to procedure? Did physician document that alternatives, benefits, risks were explained?
- When is consent required?

Listed in Administrative policy 11.31, H&P and Consent Requirements For Non-Operating Room Procedures.
Never have patient sign blank/incomplete forms.
Tracer Methodology 101: Medication Management In Hospital Psychiatric Units

Hospital-based psychiatric units have particular issues that need to be addressed when evaluating their medication management processes. Most specifically, issues related to transitions in care, storage, administration, and assessment can present particular challenges.

While every aspect of the medication management process should be taken into consideration, certain common problem areas could benefit from additional attention, including the following:

- What types of medications are typically being dispensed?
- How do these medications need to be stored?
- What type of relationship should exist with the pharmacy to facilitate the ordering and delivery of these medications?
- How is medication management factored into discharge planning?

Patients receiving psychiatric care can be hospitalized for a number of reasons, including medical, psychiatric, or a combination of emergencies that may warrant stabilization and medical care in one area of the hospital but could also necessitate additional care within a psychiatric unit. Regardless of how a patient presents at the hospital, explains Jane Schetter, RN, MSN, CJCP, senior Continuous Service Readiness (CSR) consultant at Joint Commission Resources, if the patient requires psychiatric treatment during his or her hospitalization, certain key elements should be considered when planning for the medication management needs of the patient.

“Medication management in and of itself represents a complex area of care, and where and how emphasis is placed will largely depend on the patient’s experience and particular medication needs,” she adds. If, for example, a psychiatric patient was taking medication on admission, then medication management should ensure that interactions are safe, appropriate, and factored into care after the patient is discharged.

Organizations should be aware that a patient receiving psychiatric care might be admitted to other units in addition to the psychiatric department, depending on the reasons for his or her hospitalization.

Transitions of Care

Another important area for hospitals to consider are transitions in care for psychiatric patients as they move through the organization. “A patient may require intensive care unit (ICU) treatment initially and undergo a specific course of medication,” Schetter says. “But then after they are transitioned into the psychiatric unit there may be additional medication needs that need to be managed.” Schetter adds that, based on any specific treatments that the patient may have already been receiving, such as participation in an opioid treatment program, specific plans may need to be in place to effectively manage this process. Communication and documentation should also be clear to ensure that the patient is not at risk during transitions from one area of care in the hospital to care in the community or on an outpatient basis.

The assessment and reassessment of psychiatric patients should also be factored into the medication management processes. This is not only important to the ongoing care needs of patients, explains Schetter, but is also helpful when considering actions to prevent suicide. “This is especially important if a patient has expressed suicide ideation or attempted suicide using medication,” she notes. The security of medications and their appropriate administration should be carefully tracked and monitored by unit staff.

Teamwork is also particularly critical in relation to planning for effective medication management in psychiatric units. “When you work as a team, you can better manage and understand the medical needs of a patient through the input of different health care practitioners, particularly if the patient is being administered medications for psychiatric care,” explains Schetter. Effective teamwork is enabled by
clear lines of communication and by ensuring that the team is comprised of the right members. “Optimize your medication management planning processes by involving as many staff as possible who may be involved in that patient’s care,” she adds.

Above all, the most effective medication management processes are those that consider the different types of patients the hospital serves and the particular risks to their care. By placing specific focus on how the medication management process functions in the hospital psychiatric unit, hospital can reduce the risk of harm to patients that they serve.

The Scenario
This tracer took place in a hospital in an urban area in the southwestern United States. The tracer followed the experiences of a patient who was admitted to the psychiatric unit via the emergency department (ED) of the hospital. A review of the patient’s record revealed that he was directed to the ED by his private-practice psychotherapist after he expressed suicidal ideation and had exhibited reckless behavior that resulted in injury, which needed urgent treatment. After being stabilized and treated in the ED, he was admitted to the psychiatric unit. Additional notes in his record indicated that prior to the hospitalization the patient had been taking an antidepressant, an anti-anxiety medication, and one antipsychotic medication, as well as a daily antihistamine, an artificial thyroid hormone, and a multivitamin. During the tracer, the surveyor examined the hospital’s medication management processes, particularly in relation to its psychiatric unit. [1, 2, 3] The tracer also explored suicide risk management, assessment and processes for medication administration and secure storage. [4, 5, 6]

The patient’s record indicated that, while he was hospitalized, his antidepressant dose was increased and a second antipsychotic medication was prescribed and administered. It was expected that he would continue these medications postdischarge. The surveyor asked the staff how they were planning for and documenting the patient’s discharge. A discussion revealed that the hospital did not have a standardized process in place to document justification for keeping the patient on more than one antipsychotic postdischarge. [7, 8]

Moving forward. The group discussed improving its processes and improving training and communication related to postdischarge medications, such as the patient continuing on more than one antipsychotic. Going forward hospital leadership decided to review their medication management processes to determine if any modification was necessary. A multi-disciplinary team was convened to develop a standardized process for documenting in the electronic medical record when patients are prescribed more than one antipsychotic medication postdischarge.

Sample Questions
The following represent some questions that could be asked during a tracer. Use them as a starting point to plan your own tracers.

1. What is your medication management process? Who is responsible for its oversight?
2. What specific processes do you have in place to assess medication management needs in relation to psychiatric patients? How is this documented?
3. How often do you evaluate the effectiveness of your medication management system? What is your process to make modifications to the system, if appropriate or warranted? How is this documented?
4. How are psychiatric patients assessed when admitted through the emergency department (ED)? When patients transition to another area of the hospital from the ED, how is this handled and documented?
5. What is your process for medication administration? How is this documented?
6. Can you explain how you secure medications? What processes do you put in place to monitor medication administration and usage for psychiatric patients, particularly when monitoring for suicide risk?
7. What do you do when a patient’s medication needs to be reviewed or modified? How is this documented? What is your process to reconcile medications?
8. What kind of discharge planning do you have in place for psychiatric patients, particularly in relation to any medications postdischarge?

Mock Tracer Tracking Worksheet:
Medication Management in Hospital Psychiatric Units

Use this worksheet to record notes and areas of concern that you identify while conducting your organization’s mock tracers. This information can be used to highlight a good practice or to determine issues that may require further follow-up.

<table>
<thead>
<tr>
<th>Tracer Questions</th>
<th>Correct Answer</th>
<th>Incorrect Answer</th>
<th>Follow-Up Needed</th>
<th>Required Written Documentation</th>
<th>Comments or Notes</th>
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<td>3. How often do you evaluate the effectiveness of your medication management system? What is your process to make modifications to the system, if appropriate or warranted? How is this documented?</td>
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<td>4. How are psychiatric patients assessed when admitted through the emergency department (ED)? When patients transition to another area of the hospital from the ED, how is this handled and documented?</td>
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Tracer Methodology 101: Medication Management System Tracer in a Community Health Center

A community health center (CHS) can often be a primary source of health care for a patient, be it for dental, medical, or behavioral health care. Often coupled with these varied, yet critical, types of care is the provision of medication management. Whether the organization is caring for a pediatric patient receiving a set of vaccinations or an elderly diabetes patient undergoing dental treatment, a community health center will need to ensure that its medication management processes are designed to meet the needs of the population it serves while also considering the type of medication issues that need to be managed effectively to prevent medication errors.

During an on-site accreditation survey at a community health center, a surveyor will often look at the medication management system in its entirety, from the procurement of medications to how well the center’s own policies and procedures are followed, explains Lynette Mundey, MD, family practice physician and ambulatory care surveyor with The Joint Commission. “Our priority is examining how the entire process works within the organization,” she adds. This will include the organization’s processes for medication management such as planning, selection and procurement, storage, ordering, preparing and dispensing, administration, monitoring, and evaluation, as well as the collection of data.

Although medication management is pervasive and impacts much of the provision of care in a community health center, organizations can simplify the processes that comprise it. “Medication management may be complex in its scope,” notes Mundey, “but how it is managed need not be complicated.”

Often, the “how” is what makes the difference. Mundey points to both process design and leadership as key challenges facing community health centers in relation to medication management. “In some centers the challenge is the consistent execution of those policies which the center itself has put into place,” she explains. She advises organizations to focus on designing processes that are suited to the center itself. “There is no one way to design how you manage medications in your organization. The most important factor is to design policies that reflect the scope of care provided and then to consistently follow the policies you have in place.” For organizations struggling with medication management, Mundey recommends a careful review of all set procedures by looking at data on around medication errors or near misses that the organization may have collected or by using tracer methodology to determine if there are any gaps or issues with the procedures. The review will help to ensure that they are appropriate for the center’s own medication management processes and that staff are well educated about how to follow them.

Organizations can benefit from simplifying their management processes as much as possible.

Another challenge that Mundey has observed is a lack of leadership oversight of medication management. “Responsibility for an organization’s medication management processes falls to leadership,” she explains. The design and oversight of medication management requires leadership input to better ensure that these processes support the needs and goals of the center itself. Mundey notes, however, that clinical leaders—such as physicians—may not come to their roles with extensive prior training in how to manage health care organizations. They may also struggle with how best to oversee the medication management system. One way to address this challenge is to use a team-based approach when designing and drafting medication management processes. Other members of the leadership team can provide input about the feasibility of the process for the center and can help test what works best for the organization’s setting. In addition, having a consistent and well-monitored process, supported by leadership, ensures that medication is managed appropriately.

Determining the best strategy to improve or monitor a center’s medication management system will largely depend on the scope of care provided by that center and the types of medications typically administered or prescribed. Mundey notes that medication storage and look-alike/sound-alike drugs are of particular concern for some community health centers. She advises
these organizations to look carefully at where medications are stored and verify that the procedures they have in place help reduce medication errors.

**Tracing Medication Management**

Mundey offers the following tips for community health centers when using tracer methodology to assess the effectiveness of their medication management:

- **Ensure that your evaluation is robust.** During a survey we look at how the program is designed, how it is executed, monitored, and evaluated for effectiveness. Ensure that the processes of medication management you have in place are followed according to your own policies. If there is any variation, try to use tracer methodology to determine why this is taking place and ascertain if the process needs modification or if staff require additional training.

- **Follow the patient’s experience with medication management.** It is critical to examine medication management, it’s critical to study those procedures from the patient’s perspective. Ensure that you also review different types of patients to determine if there are any problems in the process.

**The Scenario**

This tracer took place in a large, urban community health center located in the Midwest. For the tracer, the surveyor selected a pediatric patient, 2 years old, who had an appointment in the community health center with his mother for vaccinations later that morning.

“There is no one way to design how you manage medications in your organization; the most important factor is to design policies that reflect the scope of care provided and then to consistently follow the policies you have in place.”

— Lynette Mundey, MD

*Ambulatory Care Surveyor with The Joint Commission*

**Exploring the medication management system.** The surveyor first asked to meet with staff to discuss the patient and the center’s medication management processes, also asking how the center monitored data relating to medication errors and the like. She met with the medical director, the nurse manager, the physician assistant, a case manager, and the care coordinator. [1, 2] She also asked how the center had educated staff on the processes, including updating them on any modifications or changes. [3] The medical director explained that the leadership team had reviewed all procedures with the input of a consultant 18 months earlier. They found that generally the procedures were well followed, although some staff were unaware that some policies had been updated. When asked about this, the nurse manager explained that those staff had missed a recent training in which updated policies had been shared. The team was planning to have another training and ensure that those staff could attend.

**Tracing the patient.** The surveyor then went with the nurse and physician to observe the appointment with the patient. After the mother had given permission for the surveyor to observe, she saw that the parent received education about the vaccinations, including any information about possible side effects. [4] She then accompanied staff to the medication storage room where she saw the refrigerator in which the vaccinations were stored and checked the log where temperatures were recorded. She also asked staff to show her how they handle look-alike/sound-alike medications. [5, 6] The surveyor then returned with staff to the patient and his mother and observed the correct administration of vaccinations to the patient, including a verification of the right vaccinations for the right patient. [7]

**Moving forward.** The surveyor and team discussed making an improvement through training and providing information for staff on medication management processes.

**Sample Questions**

The following represent some questions that could be asked during a tracer. Use them as a starting point to plan your own tracers.

1. Tell me about your medication management process. How did you design it and who was involved?

2. How do you monitor its effectiveness? What is your process to modify policies? What data do you collect relating to medication management?
3. How did you educate staff on the process? What do you do to orient new staff? How are staff educated or updated on changes?

4. What patient education do you provide? What specific information do you provide in certain cases, such as vaccinations for pediatric patients?

5. Show me where you store medications. How do you monitor temperature-controlled medications?

6. How do you store look-alike/sound-alike medications?

7. What is your process to verify correct medications are administered?

Mock Tracer Tracking Worksheet:
Medication Management System Tracer in a Community Health Center

Use this worksheet to record notes and areas of concern that you identify while conducting your organization's mock tracers. This information can be used to highlight a good practice or to determine issues that may require further follow-up. Checking “yes” or “no” indicates whether the staff member interviewed during the tracer answered the question correctly. An incorrect answer should always receive comments or recommendations for follow-up.

Tracer Team Member: ____________________________  Tracer Patient or Medical Record: ______________________________
Staff Interviewed: ______________________________
Unit or Department Where Tracer Was Conducted: ________________________________________________

<table>
<thead>
<tr>
<th>Tracer Questions</th>
<th>Correct Answer</th>
<th>Incorrect Answer</th>
<th>Follow-Up Needed</th>
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Appendix A: Additional Resources

Print Resources

JCR periodical articles can be purchased on PubMed via Ingenta (http://www.ingentaconnect.com/).

More Mock Tracers

A collection of practical, easy-to-understand instructions and exercises to help health care professionals conduct an effective tracer in any health care setting.
Published July, 2011. 180 pages.
For more information, please visit www.jcrinc.com

Even More Mock Tracers

This easy-to-follow practical tool offers a wealth of sample tracers, called scenarios. These address issues in all domestic and international program settings.
Published July, 2012. 196 pages.
For more information, please visit www.jcrinc.com

Electronic Resources

The Joint Commission: http://www.jointcommission.org
Joint Commission Resources: http://www.jcrinc.com/

Tracers with AMP

All with just a few clicks, this cost-effective tool provides a mechanism to jump start or revive your tracer program, reinvent your patient safety activities, automate your PI process, and print reports for senior leaders and frontline staff.
For more information, please visit www.jcrinc.com

NOTE: The Internet is an ever-evolving environment and links are subject to change without notice.
Appendix B: Faculty Biographies

NOTE: These presenters do not have any financial arrangements or affiliations with corporate organizations that either provide educational grants to this program or may be referenced in this activity. These presenters have also attested that their discussions will not include any unapproved or off-label use of products.

Steven Chinn, DPM, MBA, MS, CJCP
Consultant
Joint Commission Resources, Inc.

Steven Chinn has more than 25 years of clinical and management experience in community, behavioral health, and academic medical centers, as well as ambulatory care and managed healthcare settings. His consulting skills for ambulatory and hospital organizations lie in the areas of organizational assessment, survey preparation, performance improvement, managed care, medical staff, human resources and staff competency, and business development. He also serves as a JCR faculty member for the Department of Education and is involved with educational presentations for hospital and ambulatory accreditation standards, performance improvement, patient safety, and medical staff affairs.

Dr. Chinn has served as a faculty member at the University of California, San Francisco, School of Medicine; California College of Podiatric Medicine, San Francisco, California; and Veterans Affairs Medical Center, Palo Alto, California. He is also a noted presenter at many healthcare conferences on ambulatory, acute care, and practice management topics. He has published numerous articles and book chapters on accreditation, practice management, compliance, and business development.

Dr. Chinn has been a Joint Commission surveyor for the ambulatory, hospital, behavioral health care and network accreditation programs. He also has expertise as an auditor for the California Department of Corporation health plan survey program and has expertise as a medical consultant for the Northern California Medicare program.

Dr. Chinn has held many positions of esteem including director, accreditation, quality and safety, Stanford Hospital and Clinics, Palo Alto, California, assistant administrator of quality and safety, Kaiser Permanente Medical Center in Redwood City, California; chief of quality management, VA Palo Alto Health Care System in Palo Alto, California; director of performance improvement and regulatory compliance, Fremont Hospital in Fremont, California; and vice president and dean for clinical affairs, Pacific Coast Hospital and California College of Podiatric Medicine, San Francisco, California.

Dr. Chinn received a Master of Science degree in medical education and Doctorate of Podiatric Medicine from California College of Podiatric Medicine, San Francisco, California; and a Master of Business Administration from the University of Massachusetts, Amherst, Massachusetts. He also received a certificate in project management from Villanova University, Villanova, Pennsylvania.

He is a Certified Professional in Healthcare Risk Management, Certified Professional in Healthcare Quality, and a Fellow of the American College of Healthcare Executives.
Pamela Stewart, RN, MBA
Nurse Surveyor
The Joint Commission

Pamela Stewart has been a Joint Commission surveyor since 2012, and is trained under the Accreditation Manual for Hospitals. She presently is a surveyor in the Hospital Accreditation Program.

Ms. Stewart is currently licensed in Georgia as an RN. Prior to joining The Joint Commission, her clinical experience includes pediatrics, women's services, and adult medical/surgical. Her administrative experience includes various nursing administrative positions, Director of Nursing, Director of Infection Control, and Director of Clinical Quality and Regulatory Accreditation.

She received her nursing degree from Brenau Women's College and a Master of Business Administration degree from Auburn University.
Appendix C: Continuing Education (CE) Accrediting Bodies

To be eligible for CE credit from any of the following accrediting bodies, you MUST view the video presentation and read the Resource Guide first. Then, complete the post test at http://twnlms.com/ by the due date listed online. See Appendix E.

**Accreditation Council for Continuing Medical Education (ACCME).**
The Joint Commission is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. JCR takes responsibility for the content, quality, and scientific integrity of this CME activity. JCR designates this educational activity for 1.0 contact hour of AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**American Nurses Credentialing Center's Commission on Accreditation (ANCC).**
The Joint Commission is also accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. JCR designates this continuing nursing education activity for 1.0 contact hour.

Joint Commission Resources (JCR) is a provider approved by the California Board of Registered Nursing, provider number CEP 6381 for 1.0 contact hours.

**American College of Healthcare Executives (ACHE)**
JCR is authorized to award 1.0 contact hour of pre-approved ACHE Qualified Education credit for this program toward advancement, or re-certification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or re-certification.

**National Association for Healthcare Quality (NAHQ)**
This activity has been approved by the National Association for Healthcare Quality (NAHQ) for 1.0 Certified Professional Healthcare Quality (CPHQ) CE credit.

**International Association for Continuing Education and Training (IACET)**
The Joint Commission has been accredited as an Authorized Provider by the International Association for Continuing Education and Training (IACET). In obtaining this accreditation, JCR has demonstrated that it complies with the ANSI/IACET Standard, which is recognized internationally as a standard of good practice. As a result of their Authorized Provider status, JCR is authorized to offer IACET CEUs for its programs that qualify under the ANSI/IACET Standard. JCR is authorized by IACET to offer 0.1 CEUs for this program.

**Certified Joint Commission Professional (CJCP)**
This education offering qualifies for 1.0 CJCP credit hours towards CJCP recertification. In order to obtain CJCP credit hours, an individual must first be certified before they start acquiring CJCP credit hours. CJCP credit hours will not be retroactive.

**Accreditation Council for Pharmacy Education (ACPE)**
The Joint Commission is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmaceutical education. This program is approved for 1 hour (0.1 CEUs) of continuing pharmacy education credit. Proof of participation will be posted to your NABP CPE profile within 4 to 6 weeks to participants who have successfully completed the post-test. Participants must participate in the entire presentation and complete the course evaluation to receive continuing pharmacy education credit. Live activity ACPE #0573-0000-15-026-L05-P; Enduring ACPE #0573-0000-15-026-H05-P

Successful completion of this CE activity includes the following:
- View the presentation and read the accompanying Resource Guide.
- Complete the online Evaluation Form and Post Test.
- A CE certificate/statement of credit can be printed online following successful completion of the Post Test and the Evaluation Form.

**NOTE:** This information applies to The Joint Commission Resources Quality & Safety Network program titled, The Joint Commission Survey: Tracer Methodology 101, originally presented on Thursday, August 27, 2015 from 2:00 – 3:00 p.m. ET. There is no individual participant fee for this educational activity.
Appendix D: Discipline Codes Instructions

Some of our programs are accredited for more than one discipline. To ensure that we issue each participant a certificate by the appropriate accrediting body, we ask that you supply us with the following information: 1) two-digit discipline code. 2) followed by the position code (example: for a medical doctor, use 10 MD).

<table>
<thead>
<tr>
<th>Discipline</th>
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<th>Position</th>
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<tbody>
<tr>
<td>Physician (CME)</td>
<td>10 MD</td>
<td></td>
<td>Medical Doctor</td>
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<td>MDFP MD Family Practice</td>
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<td>MDPS MD Psychiatrist</td>
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<td></td>
<td>MDPH MD Public Health Certificate</td>
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<td></td>
<td>MDPP MD Public Psychiatry Certificate</td>
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<td>MDAC MD Area Clinical Needs</td>
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<td>MDFM MD Medical Faculty Certificate</td>
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<td></td>
<td>MSP MD Medical Staff Physician</td>
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<tr>
<td></td>
<td>MDLL MD Limited License</td>
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<tr>
<td></td>
<td>DO MD Doctor of Osteopathy</td>
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<td>Health Unit Coor</td>
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Appendix E: Post-Test

To be eligible for CE credit, you MUST view the video presentation and read the Resource Guide first. Then complete the post-test at http://twnlms.com/ by the due date listed online.

1. The tracer methodology is employed by Joint Commission surveyors, but it can also be used as a systems improvement tool by hospitals
   a. True
   b. False
2. Stanford Health Care has several strategies to help make their approach to mock tracers successful, including _____.
   a. organization-wide participation
   b. training managers on how to conduct tracers
   c. developing a calendar of focused/priority topics
   d. All of the above.
3. Which type of tracer follows a patient's progression through a healthcare organization to provide insights into the organization's provision of care and services?
   a. Program-Specific Tracer
   b. Individual Tracer
   c. Environment of Care Tracer
   d. System Tracer
4. During the individual patient tracer conducted at Palmetto Health Richland, the surveyor interviewed a _____.
   a. physician
   b. clinical pharmacist
   c. PICU nurse
   d. All of the above.
5. After mock tracer exercises are completed, it is important to logically organize any information that was collected, and then share that information with appropriate managers and staff.
   a. True
   b. False
6. The mini-tracer demonstrated by the Quality Safety Supervisor for Respiratory Care Services at Stanford Health Care covered which area?
   a. National Patient Safety Goals
   b. Infection control
   c. Patient charts
   d. Fire safety
7. Which type of tracer is related to the specific types of services/programs offered by an organization that are surveyed by The Joint Commission?
   a. Individual Tracer
   b. Emergency Management Tracer
   c. Program-Specific Tracer
   d. Priority Focus Tracer
8. The surveyor's interview with the clinical pharmacist at Palmetto Health Richland revealed that they do not make use of Tallman lettering in storing look-alike, sound-alike medications.
   a. True
   b. False

9. Medication management, infection control, and data use tracers are examples of which type of tracer?
   a. Program-Specific Tracer
   b. Leadership Tracer
   c. System Tracer
   d. Environment of Care Tracer

10. At Palmetto Health Richland, a key to their success with the use of mock tracers is _____.
    a. involving all staff
    b. using scribes and/or escorts during mock tracers to record information
    c. reporting results up the management chain
    d. All of the above.
Appendix F: JCRQSN Contact Information

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toll-free 1-888-219-4678

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Lean Six Sigma Certified Yellow Belt
Publications and Education Department
griccio@jcrinc.com
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