Joint Commission Tracers 2011

What Hospitals Need to Know

Speaker

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Tracer Methodology

- The surveyors follow actual experience of a sample of patients as they interact with their health care team
- The surveyors evaluate the actual provision of care provided to these patients
- Looks at how the individual components of the hospital interact to provide safe, high quality patient care
- System tracer examine in detail specific high risk components of the hospital like medication management
- The proof is in the pudding and this makes great sense

Introduction to Patient Tracers

- Purpose is to evaluate compliance with the standards as they relate to the care and treatment of a patient
- Tracers are integral to the on-site survey process and often referred to as the corner stone of the Joint Commission survey (no longer called JCAHO)
- Practicing tracers are a great way to prepare for your survey
- Tracers can provide you with information and ability to increase patient safety and improve clinical outcomes

1 Tracer Methodology: Tips and Strategies for Continuous System Improvement, 2nd edition, TJC
Introduction to Patient Tracers

In 2011 added reminders in the individual tracers addendum, Data Management and Infection Control System Tracer, and the Competence Assessment guides to explore aspects of employee health

- Individual Tracers can be program specific such as fall reduction and hospital readmission for OME (home care) or patient flow and lab integration for hospitals
- Violence prevention, elopement, and suicide prevention for BHC, Continuity of care for AHC etc.
- New tracer in 2011 for psychiatric hospitals that participate in Medicare and Medicaid
- Multiple activities tied to the CoPs
- Focused tracers occur during time designated for individual tracer activity in 2011
**Looks at 14 Priority Focus Areas**

- Looks at the 14 priority focus areas (PFA)
- PFA (priority focus areas) are: assessment and care/services, communication, credentialed practitioners, equipment use
- Infection control, information management, medication management, organizational structure, orientation and training
- Patient safety, physical environment, quality improvement, rights and responsibilities, and staffing

**Introduction and Surveyor Planning Session**

- In surveyor preliminary survey planning session discusses logistical needs
- Session lasts about 30-60 minutes and individual tracer is 60-120 minutes each day of survey
- Surveyor needs workspace to use as their base for the duration of the survey
  - Phone, desk or table, access to plug
- Need name and phone number of key person to assist them in planning and their tracer selection
  - This is done to plan for tracer activity

**Introduction**

- Surveyor will begin planning for tracer shortly after they arrive
- Will describe priority focus processes and describe system tracer they will conduct
- They will review the documents provided
- Readiness Guide lists the documents needed so make sure you have these ready to go
- Integrate tracers findings into Periodic Performance Reviews (PPR)

**Introduction**

- Documents such as the organizational chart, contact person to assist surveyor, and map
- List of all sites eligible for survey, list of services at each site, PI data, and infection data,
- EOC data with Statement of Conditions and any Plans for Improvement (PFI)
- Patient lists of scheduled for deliveries, surgeries and procedures, patient roster and measure of success data

**Individual Tracer**

- Duration of individual tracer activity varies but typically is about 60-120 minutes
- Practice multiple mock tracers before the survey so staff are prepared and comfortable
- Surveyor will assure confidentiality and privacy and may use more than one patient
- Purpose of using the medical record is to follow care provided
- Surveyor evaluated compliance with standard as they apply to the care the patient received

**Individual Tracer**

- Individual tracer starts in unit where the patient and the medical record are located
- Starts by reviewing a medical record with the person caring for the patient
- If staff person is not available may ask for supervisor
- Want to see the ease with which the staff navigate through the medical record to locate the requested information
- Will explore how well record supports the care provided
**Individual Tracer**

- May trace the care from preadmission through post-discharge
- Majority of survey activity occurs during individual tracers
- May select patients with more complex situation and more contact with various parts of the organizations to assess continuity of care issues
- Surveyor to assess relationship between departments and services
- Be sure to include compliance with NPSGs since this are hit hard during the survey
- Surveyor is to evaluate all of the NPSGs during the course of the survey

**Individual Tracers LIPs Physicians**

- May need to plan meeting on another day or arrange for a phone call at the convenience of LIPs
- Will evaluate the communication and care with other LIPs
- May ask about consulting physicians, attending and what information is communicated to other hospitals when the patient is transferred
- Or discharge home to the care of a different physician
- Will look at roles and responsibilities related to the EOC including how to prevent and response to incidents
- Including how to report events that do occur

**Patient Interviews**

- Surveyor will ask patients:
  - How their oral and written communication needs were met including how language services were provided
  - Involvement in decision making about their care
  - Informed consent prior to surgery
  - If information on right to have support person was given
  - Education provided

**Patient Interviews**

- Surveyor will ask patients:
  - Response time for call cord
  - Perception of services
  - Understanding of discharge instructions
  - If staff inquired as to race and ethnicity
  - If staff complied with NPSGs

**Individual Tracer Surveyor Observes**

Surveyor observes care in the following:

- Medication process (preparation, administration, storage and security)
- Infection control issues (hand hygiene, sterilization of equipment, disinfection, food sanitation, and housekeeping)
- Care planning process which means looks at care being provided to patients by staff and physicians

**Individual Tracer Surveyor to Observe**

Surveyor observes care in the following:

- Potential EOC issues as it related to patient safety
- Care planning process with timing of the patient assessments
- Staff use of resources and tools to identify patient communication needs and if interpreter needed
- Use of teach back to address health literacy needs
- Observe patient access to the call button
Surveyor to Observe During Individual Tracer
- Observe surgical procedure from ante-room with patient permission
- Will go to surgery to observe a procedure and will make sure time out done and hand hygiene guidelines are followed
- Lab (quality control, maintenance and testing performance)
- Observe hand off communications including ability to ask questions and respond to question

Individual Tracer
During survey, surveyor interviews staff about:
- Processes and compliance with the standards and PFAs
- Communication among departments to coordinate care
  - With attention to hand offs
- Patient education process
- Orientation, training, and competency testing

Interview Staff During Individual Tracer
- Patient flow through the hospital (see later section)
- Workload issues that may effect patient care
  - If present will look at staffing plans, variance reports, manager interviews and additional staff interviews
- Awareness of content of APR.09.02.01
  - Any individual who provides care can report safety or the quality of care concerns to TJC without retaliatory action from the hospital

Individual Tracers Selection Hospitals
- Consider criteria in selecting a patient:
  - Patient with infections
  - Patients that cross programs like admitted to or discharged from an ambulatory care setting or outpatient care setting
  - Potential role of infections in the cause of death, delay in treatment, lack of appropriate follow through with the organ donation guidelines/lack of timely communication with the OPO
  - May look at deceased patient to determine if evaluated coordination with OPO

Patient Centered Communication
During each individual tracer surveyor will interview staff about the following:
- What the hospital is doing to minimize risk
- How the hospital is collecting race and ethnicity data
- How are the staff asking patients about their communication needs
- How staff identify if patients have oral or written communication needs and how these are address
- Access to language interpreters and translated documents and involvement of interpreter on the care team

Patient Centered Communication
During each individual tracer surveyor will interview staff about the following:
- Hospital support of patient’s right of access to advocate or support person during hospitalization
- Will interview interpreters and translators about their training, experience, and qualifications
  - This includes employed staff, bilingual staff, and volunteers
  - Remember the 2011 TJC five patient centered communication standards in 4 different chapters
Retrospective Autopsy Review
- TJC implemented standard since a CMS CoP requirement
- Surveyor will review the hospital’s policy on autopsies
- Will do a closed medical record review
  - This is being done to verify that the hospital policy was followed regarding autopsy appropriate deaths

Complaint Resolution Process
- Surveyor will discuss how hospital handles the complaint process with staff
- How are complaints reviewed and resolved?
- Is a written letter sent for significant complaints
- Will interview patient to make sure got information on who to contact to file a complaint and right to notify the state agency
- Will review the complaint P&P to confirm it includes patient’s right to report without negative consequences

Contract Services Tracer
- Will talk to a patient who received care from a contracted provider
- Be sure to know the scope and nature of contract services and how they were oriented to the hospital’s processes
- Surveyor will interview leaders on their oversight for contracted services
- LD.04.03.09 has the ten elements of performance which hospitals should make sure they are in compliance with
- Leaders need to monitor contract services and evaluate these contracts
- Review as part of PI process and surveyor will review contracts

Contract Services Tracer
- Know how you monitor contracted services and contracted individuals
- Be sure to know the PI you are doing on contracted services and individuals
- Surveyor may review contracts
- Consider having all contracts in one place and have log of all contracts

Emergency Services
- During each individual tracer surveyor will interview staff about the following:
  - Who is responsible for direction of services
  - Who supervises emergency services
  - How emergency services are integrated with other departments or services of the hospital
  - How the hospital provides for medical and nursing personnel qualified in emergency care to meet the needs anticipated by the facility
  - MS involvement in the ED and responsibility for the ED

Emergency Services Tracer
- Discuss immediate availability of services, equipment, personnel, and resources for providing patient care
- Integration and communication of emergency services with other departments such as lab, ICU, and diagnostic services
- Provision of follow up care to patients not admitted or transferred
- Process for MS review of P&P (new)
<table>
<thead>
<tr>
<th>Emergency Services Tracer</th>
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<tr>
<td>• Process or length of time it takes to transport ED patients to another department and get them back</td>
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<tr>
<td>• This is also important with CMS so patients do not sit around waiting to be brought back to the ED</td>
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<tr>
<td>• Time it takes to get interventions or tests done</td>
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<td>• Time it takes to deliver equipment and supplies to the ED</td>
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<td>• Will review P&amp;P to appraise emergencies, provide initial treatment, and refer patients when needed in hospitals that do not provide emergency services</td>
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<th>Hand Hygiene Tracers</th>
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<td>• Surveyor will observe staff and physicians as they provide care</td>
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<tr>
<td>• Will observe all opportunities for hand hygiene as outlined in the CDC or WHO guidelines</td>
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<td>• Will observe before contact with patients, before putting on gloves to insert central line, IV, or Foley</td>
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<td>• Will observe after when contact with intact skin (taking BP or pulse, turning patient or giving medication) and after removing gloves and having contact with bodily fluids</td>
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<tr>
<td>• Before putting on sterile gloves when performing surgical procedures</td>
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<th>PI</th>
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<tr>
<td>• Data collection processes and responsibilities</td>
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<tr>
<td>• medication management</td>
</tr>
<tr>
<td>• blood and blood product use</td>
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<tr>
<td>• restraints and seclusion</td>
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<tr>
<td>• behavior management and treatment</td>
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<tr>
<td>• Inclusion and monitoring of contracted services and individuals</td>
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<td>• Use of data analysis in the identification and implementation of process improvements</td>
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<td>• Applicable undesirable patterns or trends in performance that are being aggregated and analyzed</td>
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<td>• How to identify and implement changes to reduce the risk of sentinel events</td>
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<tr>
<td>• Process to take appropriate action if planned improvements are not achieved or sustained of data from outside sources to determine if variability or unaccepted level of performance</td>
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<tr>
<td>• Core measure implementation and process changes</td>
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<td>• Changes in PI activities to accommodate urgent events such as patient health outcomes, high-volume, high-risk, or problem prone processes, adequacy of staffing, significant changes in the internal or external environment</td>
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<tr>
<td>• Proactive activities for identifying and reducing unanticipated adverse (UO) events and safety risks to patients are being performed</td>
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<th>Active Review of Discharge Planning Tracers</th>
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<td>• There is one on active review of discharge planning and another on retrospective review</td>
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<td>• Have a list of those patients to be discharged</td>
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<td>• Review medical record for discharge order</td>
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<td>• If home health or transfer to LTC will verify list was given to patient</td>
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<td>• Discuss the discharge evaluation and planning process</td>
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<td>• May observe a nurse do the discharge</td>
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<tr>
<td>• Surveyor will ask the hospital to obtain the patient’s permission to observe the discharge process</td>
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Discharge Instructions Should Include
- Survey will look for the following things so make sure discharge instructions include:
  - Activity, diet, and medications to take post discharge
  - Plans for physician follow up
  - Wound care if applicable
  - Signs and symptoms to be aware of (fever, medication side effects, etc.)
  - Name and phone number of doctor to call if there is a question or problem

Discharge Instructions Should Include
- Nurse needs to repeat back information to confirm patient’s understanding
- The surveyor is review the written discharge instructions given to the patient
- Surveyor will review the discharge planning P&P
- Make sure written in language patient can understand
  - The issue of low health literacy
  - 20% of patients read at a fifth grade level
  - Necessary to prevent unnecessary readmissions

Discharge Instructions Should Include
Surveyor will interview patient to make sure they understand the following:
- Purpose of taking any medication
- How to take the new medication including dose and frequency
- Possible side effects of the medication
- Contraindications with OTC and prescribed medications
- When to continue or discontinue medications taken prior to hospitalization

Discharge Instructions
Surveyor will interview patient to make sure they understand the following:
- Changes in diet or dietary restrictions or supplements
- S&S of problems and who to call
- Self care information (wound care, activity)
- Arrangement for follow up such as with physician or home health
- Hand off communication
- Medication reconciliation
- Surveyor may interview nurse to check the origination of discharge information (nurse-physician communication)

Discharge Planning Retrospective Review
- Will look at list of patients discharged in last 48 hours
- Will review for discharge order and any written instructions given to the patient
- Will call patient at home and interview
- Purpose is to get patients perception of discharge instructions and were they given all the information they needed
- Will review discharge planning P&P

Infection Control
- Surveyor will observe clinicians and physicians to make they comply with the CDC or WHO hand hygiene guidelines
- Will interview staff and observe about the following:
  - Employee health requirements
  - Sterilization of equipment and disinfection
  - Food sanitation
  - Housekeeping cleaning process and
  - Other means to limit the spread of infection
### Staffing Tracer
- Surveyor may interview staff nurse individually about the workload, elicit information about the work hours, frequency of missed lunch breaks and overtime
- May ask what do you do when someone calls in sick or rapid turn over of patients
- May ask about recent weekend or holiday staffing pattern
- Surveyor may follow up with nurse manager individually and look at a sample staffing schedule for one week
- Instructed to explore issues of insufficient staffing, budgeting process, recruitment and retention

### Selection Behavior Health Care
Care provided to:
- Programs and services
- High risk population such as R&S, restraint use, or suicidal
- Vulnerable population such as very young or very old or MR/DD patients
- Patients with long length of stay
- Additional reference slides at end on elopement, suicide, violence etc.

### Program Specific Tracers
- There are program specific tracers done under individual tracer times
- Example is for ambulatory healthcare programs there is one on continuity of care
- Will look at ones related to hospitals
- Example is elopement which is specific to behavioral health care which has 24 hours care settings
- This could include addiction treatment, residential treatment, group homes, development disabilities centers, mental health, or foster homes

### Lab
- Patient sample testing in laboratory sections (i.e., hematology, chemistry, microbiology, blood bank)
- Policy and procedures that guide testing performance of patient samples
- Maintenance of laboratory equipment
- Pre- and Post- analytical procedures

### Lab Integration CAH HAP
- Must be evaluated in every survey
- Surveyor will look at exchange of information such as specimen collection and handling and specimen identification
- Surveyor will look at point of care testing and cleaning of glucose meters
- This tracer is not about quality control, technical competence or proficiency testing but communication and integration
- Will trace a patient who received blood or blood product or patient with a critical lab value
Lab Integration
- Will interview the med tech and person who transported the blood separately
- Will look at flow of information from lab to the hospital unit
- Will begin with test order
- Will move through physician’s actions based on testing results
- Will ask about process for look back program
- Will review agreement with blood supply agency

Lab Integration
- Trace lab component of patient’s experience by walking from each area where activity took place and talking with those involved in the activity
- Interview lab staff who drew the blood or reported the results
- Interview person who ran the tests
- Interview person who hung the blood or received the critical test results

Blood Transfusion
- Will interview lab staff in the blood bank and the person hanging the blood about the following:
  - Protocol for ordering and issuance, including:
    - Communication from unit about need for blood
    - Patient identification
    - Blood product identification
    - Patient evaluation of adverse reactions, reporting, discovery, notification and process

Blood Transfusion
- Will interview lab staff in the blood bank and the person hanging the blood about the following:
  - Protocol for unused blood products
  - Evaluation and maintenance of administration equipment
  - Data collection, communication and use
  - Storage when blood is not being used

Patient Flow  CAH and HAP Programs
- Surveyors are to interview staff during each of the individual tracers on what patient flow processes are being measured
- What other PI measures are in use
- What has the hospital learned?
- How has this data been used to make improvements
- Surveyor will look for variability in workload during the day and between days of the week
- Ask about wait, boarding, and turnaround times

Patient Flow Tracer   LD.04.03.11
- Look at patient flow and back flow issues
- Evaluate process issues leading to back flow
- Identify temporary holding area such as are patients held in the emergency department or waits for surgery or critical care units
- Treatment delays, medical errors and unsafe practices can thrive in presence of patient congestion
- TJC hospitals are expected to identify and correct patient flow issues
Patient Flow Tracer  LD.04.03.11

- Look at how the hospital plans for staffing and trains staff about differences in emergent and hospital care
- What you have done to improve and plan for diversion
- Look at past data collection
- How do you identify problems and implement improvements
- LD needs to share accountability with MS

Triggers Indicative of Patient Flow Problems

- Delay in blood draws or x-rays
- Delay in communication such as reporting handoff from one area to another
- Delay in discharge due to discharge processes
- Delay in OR scheduling
- Hospital process that stop flow of patient in ED such as work up in ED or housekeeping protocols
- Misuse of ED for direct admits

Triggers Indicative of Patient Flow Problems

- Increase length of stay in the ED
- Insufficient support and ancillary staffing
- Misuse of ED for low acuity patients and direct admits
- Patients experiencing delays with transfers
- Indicators such as MI get ASA and beta blockers on arrival and fibrinolytic with 30 minutes and PCI within 90 minutes
- Pneumonia patients blood cultures and antibiotics timely?

Patient Rights Tracer

- Staff discussion and observation on communication between shifts and departments
- Education of patient needs with culture and language diversity, and physical and cognitive challenges
- Use of R&S (CMS has 50 pages of standards and TJC is more closely aligned in 2011)
- Process when patient refuses care
- Process to inform family, surrogate, or another physician of admission when requested by patient

Patient Rights Tracer

Surveyor should assess patient and family understanding of the following:

- Rights including advance directives
- Make sure given rights prior to receiving care
- Process and right to register a complaint or grievance (CMS has grievance standards)
- Patient safety and privacy of health information
Transplant Safety TS Chapter in 2011

Tissue Storage and Issuance Tracer

- Will trace a patient who has had tissue implanted or transplanted
  - Active or discharge patient
- Will review the medical record

Interview lab staff to determine the following:

- Oversight responsibility assignment to one of more staff for acquisition, receipt, storage, and issuance of tissue (TS.03.01.01 EP1)

Tissue Storage and Issuance Tracer

Interview lab staff to determine:

- Process for ensuring source is licensed and federally registered with FDA (EP3 & 11),
- Coordinate tissue ordering, receipt, storage as per manufacturer instructions and policy (EP4&5)
- Process for logging all tissue and documenting receipt and make package integrity is met and transport temperate was controlled (EP 6&7)

Tissue Storage and Issuance Tracer

Physical environment (EP 8, 9, and 10) should include the following:

- Daily records to show tissue temperature when control is needed and documented
- Storage with continuous temperature of refrigerator and freezer is maintained and documented
- Refrigerators and freezers and storage equipment used to store tissues at controlled temperature has functional alarms and emergency back up plan
- Acceptance of tissue from the source with process to ensure package integrity and temperature

Tissue Storage and Issuance Tracer

- Record keeping (TS.03.02.01 EP 5 & 6) includes tissue records on storage temperatures, outdated procedures, manuals and publications are kept for 10 years
- Records are kept on tissues suppliers
- Records are kept on source facility information, pre transplant (such as materials and instructions to prepare tissues) and post transplant documentation (tissue type and its unique identifier) and return information (return tissue usage information cards requested by tissue supplier)

Tissue Storage and Issuance Tracer

Will look at adverse event investigation for the following (TS.03.03.01 EP5):

- Written P&P to investigate adverse events related to tissue use or donor infections
- Tracking and investigation of tissue transplant infections
- Reporting of infections or adverse event to the tissue supplier
- Tissue recipient notification of infection risk or donors subsequently found to have HIV or hepatitis
Organ, Tissue and Eye Procurement OPO
- OPO conversion rate for patients who died who wanted to be organ donors and were eligible
- For hospitals in Tier 1 (conversion rate <50%)
- Tier 2 (conversion rate between 51-74%) with more than 150 beds
  - Staff knowledge about identification criteria and process
  - Process for communication and coordination with the OPO (24/7)
  - Associated traceable issues, e.g. Advance Directives, language barriers, spiritual issues, data collection, etc.
- Hospital position about asystolic recovery of organs

Organ, Tissue and Eye Procurement OPO
- Hospitals in Tier 1 regardless of size
- IC and or ED patient tracer
- The hospital's communication and coordination with the OPO and discussions about:
  - The organization's definition of imminent death
  - Roles and responsibilities of different staff relative to the pursuit of organ donation opportunities
  - The organization’s position about asystolic recovery of organs

Radiology Tracer and Nuclear Med
- Discuss things such as patient and staff safety (shielding, lead aprons, badges, pregnant patients, radiation safety, chemical storage)
  - Process for assuring shielding equipment is properly maintained
  - Frequency of radiation exposure monitoring
  - Qualifications, role, and responsibility of director and workers must be checked periodically, by the use of exposure meters or badge tests, for amount of radiation exposure

Radiology Tracer
- Dissemination of reports
- Maintenance of printouts, films, and scans
- Identification and follow-up communication about critical results and findings
- Process for annual equipment maintenance and qualifications of staff that perform maintenance
- Request documentation of annual equipment maintenance
  - Observe EOC to assure safety precautions are being followed
  - Observe radiation exposure monitoring equipment
  - Observe access and use of appropriate shielding equipment by staff and patients.

Rehab Tracer
- Is there an order in the chart?
- Who provides rehab care and what qualifications are required
- Document Medicare patient plan of treatment prior to beginning of treatment
- If speech pathology and audiology are part of rehab services will ask the staff how they are enlisted by the care team as a resource to communicate with patients
- Role of inter-disciplinary team

Rehab Tracer
Review and discuss the following:
- Process for developing a plan of treatment
  - Who orders the service
  - Type and duration of service
  - Identification of measurable goals
  - Changes in patient's response to therapeutic intervention
Surgery and Anesthesia Tracer

- Remember the CMS changes to the anesthesia changes February 14, 2011
- Observe 2011 Universal Protocol in action
  - Patient permission is required for surveyor

Discuss and review P&Ps for the following:

- Informed consent and make sure obtained before surgery for non-emergency surgery
- Pre-operative care, including responsibilities for staff
- Procedural monitoring

Surgery and Anesthesia Tracer

- Discuss P&P for post operative care including responsibilities of staff, discharge protocols, and patient teaching
- Who may administer anesthesia and in what settings; do they apply in all hospital locations where anesthesia services are provided
- Discuss protocol for supportive life function such as:
  - Cardiac and respiratory emergencies
  - Resuscitative techniques
  - Availability emergency drugs, supplies and equipment
  - Process for handling a DNR status

Surgery and Anesthesia Tracer Verify That

- H&P and consent on chart before surgery
- Presedation or pre-anesthesia evaluation is done within 48 hours prior to the delivery of the first dose of medication given to induce anesthesia for the surgery or a procedure requiring anesthesia services;
- Verify the pre-anesthesia assessment includes, at a minimum
  - Review of the medical history, including anesthesia, drug and allergy history;
  - Interview and examination of the patient

Surgery and Anesthesia Tracer

- Preanesthesia assessment to include (continued);
  - Notation of anesthesia risk according to established standards of practice (e.g., ASA classification of risk)
  - Identification of potential anesthesia problems, particularly those that may suggest potential complications or contraindications to the planned procedure (e.g., difficult airway, ongoing infection, limited intravascular access)
  - Additional pre-anesthesia evaluation, if applicable and as required in accordance with standard practice prior to administering anesthesia (e.g., stress tests, additional specialist consultation)

Intraoperative Anesthesia Record to Include

- Name and hospital id number of the patient
- Name of practitioner who administered anesthesia, and as applicable, the name and profession of the supervising anesthesiology or operating practitioner
- Name dosage, route and time of administration of drugs and anesthesia agents
- Technique used and patient position, including the insertion/use of any intravascular or airway devices

- Additional pre-anesthesia evaluation, if applicable and as required in accordance with standard practice prior to administering anesthesia (e.g., stress tests, additional specialist consultation)
Intraoperative Anesthesia Record to Include
- Name and amounts of IV fluids, including blood or blood products, if applicable
- Timed-based documentation of vital signs as well as oxygenation and ventilation parameters
- Any complications, adverse reactions, or problems occurring during anesthesia, including time and description of symptoms, vital signs, treatments rendered, and patient's response to treatment

Surgery and Anesthesia Tracer
- Supervision by the surgeon/practitioner performing the procedure or the anesthesiologist occurs when anesthesia is administered by someone other than a physician
- Operative reports are dictated or written immediately after the procedure and signed off by the surgeon
- Surveyor will verify that the postanesthesia evaluation was done by one of the five groups qualified to administer anesthesia
  - Must be done within 48 hours after hit recovery room

Post Anesthesia Evaluation Must Include
- Respiratory function including respiratory rate, airway patency, and oxygen sat
- Cardiovascular function, including pulse rate and BP
- Mental status
- Temperature
- Pain
- Nausea and vomiting
- Postoperative hydration

Surgery and Anesthesia Tracer
- All of the above protocols must be documented
- OR and PACU assess is restricted
- OR register information is in the medical record
- Resuscitation equipment is available, properly maintained, and staff responsible in the use of the equipment are competent
- Practitioner performing procedure is appropriately privileged
- Appropriate supervision of LPNs and surgical technologists occurs by RNs

Sample Hospital Surgery Tracer
- Patient identification process
- Sentinel event/safety hotline
- Universal protocol; time out documented
- Infection control; Wound classification documented and Flash sterilization (immediate use steam)
- Assessment; bone and tissue implants
- Medication Management
- Labeling of medications
- Verbal order and read back

Respiratory Care Tracer
Discuss the following:
- Safety practices, including infection control measures for equipment, sterile supplies, bio hazardous waste, posting of signs and gas line identification
- Medication storage, ordering, dispensing, and administration
  - Who orders the service
- Procedure for treatment of adverse reactions
- Review preventive maintenance logs
Respiratory Care Tracer
Review and observe the following:
- Handling, storage, and dispensing of therapeutic gases
- Cardiopulmonary resuscitation
- Testing protocols such as pulmonary function testing, mechanical ventilation, bronchopulmonary drainage, aerosol, humidification, and therapeutic gas administration
- Documentation of orders in the medical record

Medical Record Tracer
Surveyor will verify the following:
- Information is filed in the MR in a timely manner
  - This includes advance directives, lab reports, consults, assessments etc.
- MR entries need to dated and TIMED and authenticated
- Complete informed consent needs to be on the chart and dated and timmed and done prior to nonemergency surgery
- Validate the H&P and update was done in appropriate timeframe

Medical Record Tracer
Surveyor will review MR for the following:
- Sufficient information to identify the patient, support the diagnosis, justify the hospitalization, describe the patient’s progress, and response to care
- Authentication of H&P, operative report, consults and discharge summaries
- That none of the unapproved abbreviations are used

Medical Record Tracer
- Data on patient communication needs, including preferred language for discussing health care
- Data on how patient communication needs are being or were addressed, including if a language interpreter was used or translated documents were provided
- Data on patient race and ethnicity
- Inclusion of appropriate information for discharge
- Will interview MR staff to validate process and timeliness to grant access to records

Waived Lab Testing Tracer
- Patients who self test are exempt from CLIA
- During the individual tracer need to identify a patient who is undergoing waived testing (Accucheck, hemocult, gastrocult etc.)
- Trace the hospital process by:
  - Interview nurse or clinician about testing process including orientation and training about the equipment use and testing process

Waived Lab Testing Tracer
- Identification of tests completed by non-laboratorians in the specified location such as ED or ICU
- Implementation of the waived testing quality control plan including responsibilities
- Validation that the organization completed quality control testing for the patient's waived tests you are tracing
- Follow-up process when results are obtained
Waived Lab Testing Tracer

- Will identify and interview the waive testing director
- Surveyor to review the quality control plan and other planning document such as P&P
- Evaluate the personnel files to make sure staff trained and competent for each type of test used
- Review additional data and trace where the data flows and its use in PI
- Instrument maintenance

Food and Dietetic Services

- Surveyor during survey to identify the national standards used for recommended dietary allowances
- Surveyor will observe hygiene practices and kitchen sanitation
- Surveyor is to discuss the following:
  - Safety practices for handling food
  - Assessment process to determine patient dietary needs
  - Process for prescribing and evaluating therapeutic diet orders

Food and Dietetic Services

- Surveyor is to discuss the following:
  - Process for accommodating special and altered diet schedules
  - Follow-up process when the patient refuses food served
  - Qualifications of dietitian and dietary services director
  - And verify availability of a current therapeutic diet manual for reference

Dietetic and Food Services Tracer

- Objective is to assess and determine compliance with standards and EPs related to nutrition care
- Objective to increase awareness of risk in nutrition care practices and food service operations
- Tracer begins where patient is located
- Surveyor to look for specific diet order from doctor
- Will look for nutrition screening and dietician assessment
- Look for evidence that dietician written recommendations are being followed

Surveyor Will Observe

- Meal being served to patients; patient receives assistance with eating, when needed; staff monitoring patient food consumption
- Staff practices relative to food safety such as monitoring food temperatures, transportation practices, potential food borne infections, etc.
- Kitchen and food preparation areas focusing on sanitation, maintenance, and safety
- Food preparation (recipes, special diet preparation, food nutrient retention considered in preparing) and serving (portion size served, system staff follows to serve correct diet)
- Therapeutic diet meal preparation process (e.g., fat free, low salt, restricted/increased calorie count) or mechanical preparation (e.g., pureed, thickened)

Topics Dietary Tracer

- Assessment, care planning and instruction by qualified staff
- Identification of nutrition risk
- Nutrition screening criteria (CMS has also)
- Timeframes for nutrition assessment and re-evaluation of nutritional risk
- Measuring food consumption (methods for doing, responsible staff, use of the data)
Topics Dietary Tracer

- Specific population needs, such as patients that are NPO, receiving hyperalimentation, on vents, in isolation, suffering from burns
- Process for obtaining meals for patients after food service hours
- Procedures followed for patients refusing meals
- Consultations and referrals
- See PC.02.02.03, HR.01.04.01, HR.01.05.03

Topics Dietary Tracer

- Nutritional adequacy of patient diets
- Discharge education plans and referrals
- Dietetic service staff training (departmental and interdepartmental)
- Communication between dietitians and food service if not considered the same department
- Dietitians included and participating in care planning process

Topics Dietary Tracer

- Surveyor will speak with dietary director about day to day operations including
- Qualifications of dietary director
- Responsibilities of dietary and food services leadership and management
- Involvement with others for P&Ps (MS, Nursing)
- Scheduling of food
- Safe food handling and health of dietary staff

Topics Dietary Tracer

- Contracts for services, food, and nutrition services
- Emergency disaster planning for patients and staff
- Hospital diets and menus (selective or nonselective, nourishment choices, foods common to community)
- Sanitation and infection control (pest control, chemicals)
- PI activities, PI process, standards of practice being followed and food preparation and storage procedures

Food and Dietetic Services Tracer

- Maintenance of space and equipment
- Process for prescribing and evaluating therapeutic diet orders
- Processes for accommodating special and altered diet schedules
- Follow up process when the patient refuses food services

Chapter on Emergency Management

- Sanitation and infection control (pest control, chemicals)
- PI activities, PI process, standards of practice being followed and food preparation and storage procedures

- Emergency disaster planning for patients and staff
- Hospital diets and menus (selective or nonselective, nourishment choices, foods common to community)
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- Emergency disaster planning for patients and staff
- Hospital diets and menus (selective or nonselective, nourishment choices, foods common to community)
- Sanitation and infection control (pest control, chemicals)
- PI activities, PI process, standards of practice being followed and food preparation and storage procedures
### Emergency Management
- During the survey the surveyor will ask various staff members to explain their role in fire management and in disaster management.
- Surveyor will discuss the following:
  - Staff knowledge and training on roles and responsibilities in the event of an emergency.
  - Supplies, medical equipment, communication equipment, personal protective equipment (PPE), decontamination stations available in emergencies.
  - Interview unit/department leadership to evaluate knowledge of chain of command and communication processes in the event of an emergency. Evaluate understanding and planning for emergency incidents that last greater than 96 hours.

### Environment of Care
- During the survey process will observe the condition of the hospital used by patients.
- Clean, safe, functional, and comfortable.
- Survey will discuss the following:
  - The process for conducting environmental tours to identify environmental deficiencies, hazards, and unsafe practices.
  - Management of hazardous materials and waste.
  - Staff knowledge and training on how to report problems or incidents.

### Environment of Care/EM Tracer HAP CAH
- Duration varies per agenda for 2 parts; EOC and EM tracer.
- Surveyor will look at annual evaluation of the EOC management plan and EOC team meeting minutes for previous 12 months on re-survey.
- Surveyor will review EOC risk categories as set forth in the matrix below (general safety and security, haz materials and waste, fire safety, utilities, and medical/lab equipment).
- Will look at safety data analysis and actions taken by the hospital.

### Part 1 EOC
- Part 1 is 70% of time and be prepared to discuss how the various 6 risk categories (fire safety, general safety and security, etc.) and construction activities.
  - Are addressed in the six management processes:
    - Plan
    - Teach
    - Implement
    - Respond
    - Monitor, and improve.
**Part 2 EOC**

- Part 2 is about 30% of session time
- Surveyor will select an EOC risk category based on the EOC sessions discussion, individual tracer activity observations, or high risk area based on the hospital and services provided
- Begins with where risk is encountered such as security incident or piece of medical equipment is used or hazardous material enters your hospital
  - Who is responsible to manage technology and what to do if it fails, and who to report the incident to
  - Staff must describe their role and responsibility to minimize the risk

**EOC Tracer Example Patient Fall**

- Patient care unit with higher than expected fall rate
  - What is process to assess patient for fall risk and when is a patient a fall risk?
  - Who is responsible to maintain and monitor the technology
  - What orientation and education to staff including transport staff
  - Communication among staff on fall risk
  - May interview transport staff to determine how they know fall risk, process to prevent falls, orientation given
  - How is the fall rate reported and tracked

**EOC Tracer Patient Diagnostic Testing Falls**

- Second tracer location may be diagnostic testing center such as radiology or ultrasound
  - How are you informed patient is a fall risk?
  - Who is process to prevent a fall when undergoing a test?
  - What orientation and training do staff receive
  - How was this fall risk information communicated?
  - Was there a process put in place to prevent patient falls?

**EOC Tracer Radiation Tandem & Ovoids Tx**

- The HDR tandem and ovoid (T&O) implant procedure is used to treat patients with uterine or cervical cancer in nuclear medicine
  - What is the process for preparing radioactive source material
  - What technology is utilized to minimize exposure risk to staff
  - What is the process for responding to radioactive material exposure
  - Who is responsible for maintaining the lead aprons and other shielding devices

**Patient Care Area Tandem & Ovoid**

- May interview the physician or the physicist or radiation therapist
  - What is the process for handling radioactive source material from the time/place of delivery, patient administration, through source retraction and removal from inpatient unit
  - What is the process for responding to a source retraction failure or other treatment emergency
  - What is the process for reporting an emergency related to tandem and ovoid treatment
**Patient Care Area Tandem & Ovoid**

- Will ask what orientation and education did you receive on the safe handling of radioactive source
- May interview nursing for process for radioactive material safety including providing direct care
- Same questions as above with process for responding to an emergency, how to report an emergency related to tandem & ovoid treatment
- Will interview patients and ask what education did you receive, what did staff wear when you started and stopped your treatment

**EOC Tracer Tandem & Ovoid**

- Will also interview housekeeping
- What is the process for removing radioactive waste from the patient care unit to final disposal
- What is the process for responding to a radioactive waste spill or staff exposure
- What is the process for reporting a spill or exposure
- What orientation and/or education did you receive regarding the safe handling of radioactive waste

**EOC Issues**

- Patient falls, MRI hazard, suicide
- Operating Room Fires and laser fires
- Fire hazards during construction
- Patient smoking if permitted
- Hazmat radiation and hazardous vapors
  - Glutaraldehyde, ethylene oxide, cauterizing vapors
- Infant abduction

**EOC Issues**

- Violence in the ED and other places
- Control contraband in the ED and behavioral health
- Medical equipment failures and water used in hemodialysis
- Isolation rooms
- Disruption of utility such as water, gas or generator
- Construction bariatric patients and infection control during construction projects

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Emergency Management EM  HAP CAH

- Time varies per agenda
- Life safety code surveyor does this session
- The surveyor will evaluate the Hazard Vulnerability Analysis (HVA), the Emergency Operation Plan,
- Annual evaluation of the Emergency Operation Plan from the previous year, and Emergency Management (EM) drills and after action reports
- Will initiate discussion around four emergency management categories: mitigation, planning, response, and recovery.

Emergency Management

- May ask about staff assignments to decontamination functions, on site inventory of N95 respirators and surgical masks
- Will review the EM activities
- Inventory the assets and resources that on site that would be needed in an emergency
- If an emergency happened tomorrow would the hospital be prepared
  - Had meetings, trained their staff, board had on their agenda
  - Budgeted for the necessary things

Emergency Management Tracer

- Earthquake in Haiti is example of a disaster or flooding and hurricane in Louisiana
- How do you work with your community and other healthcare facilities
- Inventory of assets on hand in case of an emergency
- Response efforts and capabilities when hospital cannot be supported by local community for at least 96 hours
- See TJC Activity Guide for more detailed information

Emergency Management Tracer

- Need to plan performance in 6 critical functions:
  - Communication (including backup communications capabilities)
  - Resources and assets
  - Safety and Security
  - Staff responsibilities (including orientation/competency/training of staff
  - Utilities management
  - Patient and clinical support activities

Emergency Management Tracer

- What is the hospital’s process for disaster privileging of LIP?
- How do you verify practitioners (doctors, nurses) who are required to have a license or certificate?
- Do you learn any lessons from your emergency management exercises?
- Any recent improvements to the emergency operations plan?

EM Questions

- Questions to ensure compliance and understanding of the emergency management planning standards
- Ask staff to explain their role in fire management or disaster management
- Availability of supplies and equipment such as PPE
- Any recent improvements or lessons learned from your EM exercises
- Are you regularly testing your emergency management plan so staff know what to do
- Will use different disaster scenarios to see how well this is done and what training you have provided
EM Exercises

- Botulism outbreak
- Anthrax outbreak
- Tularemia or smallpox outbreak
- Emergence of tuberculosis or resurgence of influenza
- Accident at nuclear power plant
- Detonation of a radiological device

Outpatient Tracer

- Make sure inpatient and outpatient are integrated
- This would include medical records, lab, x-ray, EOC, medication management, surgery, anesthesia, and infection control
- Explore the mechanisms for communication between inpatient and outpatient services
System Tracers 2011 Survey Activity Guide

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<tr>
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There are three system tracers for hospitals:
- Data management or DM
  - All programs except lab
- Infection control or IC
  - AHC, BHC, HAP, LTC, and OME
- Medication management or MM
  - AHC, BHC, HAP, LTC, and OME

Surveyor to learn about your PI process including the use and management of data
- Data Management (DM) use and emphasis will be on the step the hospital is struggling with;
  - Planning - how you identify and prioritize measures
  - Collection - to ensure data is collected as planned
  - Aggregation and analysis to turn it into useful information
  - Use of data to understand how you use the information
- *These are discussed in part one of the data tracer

DM tracer is 30-90 minutes
- DM is only system tracer that takes place during survey as MM and IC is covered in this discussion
- IC and MM tracer is 60 minutes each and occurs in surveys greater than 3 days in duration
- Part 2 focus on MS involvement in PI, verify board specifies frequency and detail of data collection, patient flow, organ procurement and blood transfusion reactions

Additional topics that may be discussed:
- Core Measures
- Infection Control
- Medication Management
- National Patient Safety Goal data
- Organization directed data collection
- Proactive risk assessment
- Regulated data collection, e.g. OASIS, MDS, etc.
- Staffing issues

Examples: ORYX (core measures), MM, IC, staffing effectiveness, NPSG, and other data collection (see document list at beginning)
- Autopsies performed
- Blood and blood product use
- Complaints, staff perception of risk and suggestions for improving patient safety
- Restraint and seclusion use
- Sentinel events
- Patient perception of care
## Data Reviewed During a Survey
- Record delinquency
- Measures of success data
- Staff opinions and needs
- Risk management
- Hand hygiene monitoring rate
- Patient perception of care
- Benchmarking internal and external
- Organ donation and conversion rates

## Selection of Measures and Collection of Data
TJC has specific elements of data collection:
- Staffing effectiveness
- Organ donation
- Practitioner specific data
- Patient flow
- Authentication in MR
- Reprioritization of data collection

## System Tracers
- Other issues are infection control, core measures, medication management, infection control, FMEA (now proactive analysis), hand hygiene, staffing effectiveness and NPSGs data, patient satisfaction data
- Medication management will look at activity of tracing a patient who is receiving a high risk medication and evaluating the process
- California see page 22 for unique system tracers; MS function/regulatory, MS leadership, Dietetic and Food Service, and Pharmaceutical and Clinical Unit inspections

## Medication Management (MM) Tracer
- Approximately 60 minutes (HAP,BHC,CAH etc.)
- Surveyor to learn about hospital’s medication management process
- Will look at data on high risk medications, medication errors and ADR
- TJC has separate chapter on MM and several areas in NPSGs including medication reconciliation
- Will look at medication through the process to monitoring
- Will evaluate the medication reconciliation process during “hand-off” from one level to another if medication prescribed

## Medication Management Tracer
- When was the last time the unit was informed of a drug recall?
  - How were you notified
  - Surveyor will look for recent recall notices
  - Will check the FDA website for safety alerts and recall notices at [www.fda.gov/medwatch](http://www.fda.gov/medwatch)
  - You can sign up at FDA to get notices and ASHP has information on their website

## Medication Management Tracer
- Surveyor to seek an understanding of the medication processes such as patient specific information required, how to select procure drugs, how to store drugs, ordering, transcribing, administration, monitoring and evaluations
  - These are the standards for the MM chapter
  - Also pharmacy review of medications, use of NPSG requirements and assimilation of literature
Medication Management Tracer
- Will go to the pharmacy and explore storage, dispensing etc including LASA, drug security, and working with other departments
- Will look at the process to review specific medications
- Will look at oversight of this drug such as the formulary, P&T committee, reviews etc.
- How does the pharmacy handle recalls?
- Review after hours including review of the night cabinet

Medication Management Tracer
- Will review the role of lab in the evaluation of medications
- What is the trigger for lab testing relative to medication being used
- Explore the role of dietary on the evaluation of medications
- Identify tools such as antibiogram or patient lab testing
- Warehouse/Materials Management for review of equipment or devices, if applicable to the medication being traced

Medication Management Work Tool

<table>
<thead>
<tr>
<th>Medication Ordered</th>
<th>Date Ordered</th>
<th>Time Ordered</th>
<th>Amount Ordered</th>
<th>Frequency</th>
<th>Route</th>
<th>Pharmacy Ordered</th>
<th>Amount Administered</th>
<th>Time Administered</th>
</tr>
</thead>
</table>

Medication Management Tracer Topics
- Process for reporting errors, system breakdowns, near misses, or overrides
- Review any loss of controlled substance and if was reported to the CEO and pharmacist
- Data collection, analysis, systems evaluation, and PI initiatives
- Medications brought into the hospital by the patient served
- Education of staff and patient
- Information management systems related to MM
- Patient involvement in MM
- Process for responding to ADE, errors and incompatibilities

Infection Control (IC) Tracer HAP BHC
- Approximately 60 minutes
  - Surveyor will look at performance reports on IC
  - Need quiet area for brief interaction with infection preventionist and staff who oversee IC process
  - Surveyor will learn about planning, implementation, and evaluation of your IC program
  - Remember: TJC has 8 page chapter on IC and CMS hospital CoP has 12 pages of standards
  - CMS gets $50 million dollar grant to enforce IC standard in 2010 and 2011

Infection Control Tracer Parts
- First part is prior to the session while conducting the individual tracer
  - Identify a high risk patient with a HAI such as C-diff, a drug resistant organism, or other communicable disease
- Part two is 15-30 minutes in the meeting room
  - Current and past surveillance activity
  - Learn about IC program and how outbreaks are managed
- Part 3 is moving through the organization 45 minutes
Infection Control

- Part 3 will talk to staff about infection control committee, training and education, surveillance, staff exposure, reporting IC data, food sanitation, housekeeping, see long list
- Was a pro-active risk assessment done?
  - May be known as Failure Mode and Effects Analysis or FMEA
- National Patient Safety Goals including monitoring of CDC or WHO hand hygiene compliance
- Monitoring staff compliance with employee health screening requirements

Infection Control Topics

- Reporting of IC data
- Prevention and control activities (housekeeping procedures, organization wide hand hygiene, food sanitation, and the storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment)
- Staff orientation
- Staff training
- Physical facility changes that can impact infection control
- Actions taken as a result of surveillance and outcomes of those actions

Infection Control Tracer

- Hand Hygiene, PPE availability / use
- Medication administration
- Equipment cleaning — between patient use, floating equipment
- Housekeeping processes
- Sterilization, reuse of disposable instruments, use of flash sterilization (immediate use)
- Reusing single use devices, Cleaning and disinfecting
- Flu vaccination staff and LIPs

Flash Sterilization (Immediate Use)

- Hand Hygiene, PPE availability / use
- Medication administration
- Equipment cleaning — between patient use, floating equipment
- Housekeeping processes
- Sterilization, reuse of disposable instruments, use of flash sterilization (immediate use)
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Flash Sterilization (Immediate Use) Now Called Immediate-Use Steam

- Multi-society statement endorses process for immediate-use steam sterilization (formerly flash sterilization)
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Immediate-Use Steam Sterilization

www.aami.org/publication/standards/ST79_Immediate_Use_Statement.pdf

Immediate-Use Steam Sterilization

"Flash sterilization" has traditionally been used to denote steam sterilization where steam penetrates the最难补到耐高温的材料的深度，从而达到灭菌效果。This is in contrast to traditional "terminal sterilization" cycles, where equipment is loaded within containers and steam penetrates the最难补到耐高温的材料的深度, thus eliminating difficulties that may arise when steam penetrates the最难补到耐高温的材料的深度 for sterilization. The term "flash" stems from the accelerated cycle of exposure of the最难补到耐高温的材料 to steam.

Today, however, "flash sterilization" is an anticipated term that does not fully describe the modern steam sterilization cycle now used to process instruments intended to be sterilized for later use. Current guidelines may require longer exposure times within the use of single wrapped or opened packages. There are also limits to the materials that can be sterilized with this method. The process of "flash sterilization" should remain in use for current use of steam sterilization, even though the term is outdated.

Medical Staff (MS) Credentialing/Privileging

For CAH and HAP so all hospitals

• Lasts about 60 minutes

• Surveyor will request specific credential files of practitioners identified from tracers, OR logs, ICU and special procedure unit logs

• Will request high risk and non-physician specialties, hospitalists, moon lighters, practice outside the usual scope of practice and low volume specialists, emergency services director and individuals who are authorized to give anesthesia including deep sedation

Medical Staff Tracer

• Surveyor to ask about process to collect data relevant to appointment decisions,

• What is process to grant and delineate privileges?

• Will evaluate the credentialing and privileging process

• Suggest president of MS, medical director, and MS coordinator, or MS credentials committee representatives be present

• May look at services provided such as emergency services and anesthesia services

Medical Staff Tracer Topic

• How does the hospital collect data used in making decisions on appointment, granting and delineating privileges

• Is there inconsistent implementation of the credentialing and privileging process for the MS and other LIPs who are privileged through the medical staff process?

• Processes for granting privileges and the delineation of privileges

• Whether practitioners practice within the limited scope of delineated privileges

• The link between peer review and focused monitoring to the credentialing and privileging process

• Potential concerns in the credentialing, privileging, and appointment process

Medical Staff Tracer Topic

• Verify MS establishes criteria for the director of anesthesia

• Determine if the state is an opt out for CRNA supervision and look at P&P on supervision

• Will ask about qualifications of others who furnish anesthesia services to determine if consistent with hospital policies

• Verify that MS determines the qualifications of radiology staff and nuclear med director

• Verify care telemedicine are C&P by originating site
NPSG Tracers 2011

- Many hospitals create a form to review the NPSG as a tracer
- Did the clinician use two patient identifiers before invasive procedures, blood, medication administration
- Were critical values obtained and was process documented and physician notified
- Are case conferences documented discussing plan of care between disciplines

2011 NPSG Chapter Outline

1. Patient identification  
2. Communication among caregivers  
3. Medication safety/anticoagulant therapy  
   - Medication Reconciliation  
7. Health care-associated infections  
15. Suicide Risk

NPSG Tracers

- Were critical values obtained and was process documented and physician notified
- If practitioner wash their hands?
- Were medication reconciled?
- Is there a checklist for central line insertion?
- Is there anticoagulation training for patients and staff?
- Process for safety of suicidal patients?

The End

- Are you up to the challenge?
- Additional slides on what others have done on tracer activities and can you tell which ones contain the right elements?

Elopement Behavioral Health

- Look at effectiveness of process to prevent elopement
- How many episodes of elopement
- Surveyor select record of patient who eloped
- Evaluate the physical environment and security systems
- Interview patient about episode of elopement, causes and treatment, and use of restraints
- Ask patients about any elopement prevention activities that they are aware of
- Ask patients about guidance from staff to prevent escalations in the future
Suicide Prevention  BHC HAP
- BHC and hospital with inpatient psych unit
- To evaluate effectiveness of facility’s suicide prevention strategy
- Will select high risk patient for suicide
- Will review the medical record of patient served,
- Look at crisis process
- Look at initial assessment process with planning and focus on suicide risk and prevention (PC.03.03.09)
- Reassessment and trace triggers for and frequency of assessments of risk for suicide

Suicide Prevention
- What does hospital mean by suicide precautions?
- Care planning process from assessment to individual care plan relative to suicide risk
- Continuum of care with evaluation communication and coordination with other staff, family and significant others relative to suicide risk
- Education provided to patient and family about suicide risk and information for crisis situation
- HR should evaluate orientation, training, and competency of staff to evaluate risk for suicide and self inflicted harm

Suicide Prevention Behavioral Health
- Staffing and will trace staffing levels to implement safety checks, evaluate training and competency
- Information management with access to information in a timely manner by those who need to know
- NPSG.15.01.01 in 2011 Identifying patients at risk for suicide and inpatient suicides is number two SE and occurs every 16.6 minutes and 11th most frequent cause of death

Violence Behavioral Health Care BHC
- Surveyor will evaluate hospital process to control violence and ensure safety of all
- Will select patient with repeated episodes of violent behavior
- With or without injury to self, staff, or others
- Evaluate the physical environment that could make violent behavior possible
- Evaluate measures taken to ensure security

Violence Behavioral Health
- Evaluate security systems such as cameras and alarm mechanisms
- Will interview patient and family about their perception of violent behavior and use of R&S
- Will ask patient if guidance was provided from staff to prevent further violence
- Will ask patient about violent behavior prevention activities

Violence Behavioral Health
- Will interview staff about:
  - Episodes of violent behavior
  - Communication to other care givers
  - Identifying the risk and prevention of violent behavior in patients served
  - Risk assessment process
  - Restraint use
  - Orientation and training of staff about violent behavior risks
Psychiatric Hospital CoP

- Psych hospitals with a distinct part certified program
- Variable time but about 8 ours
- To make sure hospital is in compliance with the CMS CoPs
- Evaluate the degree and intensity of treatment and ensure properly documented in the medical record
- Will collect and document required information related to discharge planning and death record review
- See the activity guide for more detailed information

Hospital Readmission Certified Home Health

- Will look at what action has been taken to reduce hospital readmission rate
- Evaluate the accuracy of medication lists and education
- Identify processes and system issues contributing to a high re-hospitalization rate
- Surveyor to interview case manager about entry into care, assessment, care planning process, coordination of care among provides an education of patient

Hospital Readmission Certified Home Health

- Surveyor will conduct a home visit and interview patient or the caregiver about:
  - Conditions leading to re-hospitalization
  - Review medication
  - The patients understanding about their medical condition and treatment.
  - Educational materials received from your organization

Home Medical Equipment BHC ASC

- Home medical equipment will request manufacturer, model, and serial numbers for all medical equipment provided by the hospital
- Traces medical equipment mail orders
- Will also look at walk in business for patients obtaining home medical equipment
- Has separate section for ambulatory health care, office based surgery, pain management, primary health care, waived testing, equipment maintenance, etc.
- Good topics to conduct mock tracers in following (page 40)
Hospice Services

- Will select a patient receiving care in the facility in the past 12 months
- Patient receiving continuous care or respite care
- Patient getting infusion therapy
- Pediatric patient
- Patient receiving alternative complementary care
- Patient undergoing pain management

Foster Care Behavioral Health

- Surveyor to evaluate the effectiveness of the foster care agency's process surrounding number of foster home placement of children
- To assess safety issues in the home
- Problems with placing child in multiple foster homes (alienations, isolation)
- Interview social worker and parents about the placement process
- Look at criteria for placement and assess process
- See page 71 for more information

Infection Control Tracer

- Bachelor of science or equivalent in education relevant to this tracer in the last 12 months
- Licensure in the state in which they work
- Current active CPR certification

Clinical Tracer of Priority Focus Areas

- Evaluate the effectiveness of the agency's process surrounding number of child placements
- To assess safety issues in the home
- Problems with placing child in multiple foster homes (alienations, isolation)
- Interview social worker and parents about the placement process
- Look at criteria for placement and assess process
- See page 71 for more information
### Patient Centered Tracer Cont.

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<td><strong>Leadership</strong></td>
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### Selection Home Care Patient

**Will select a patient:**
- Who is on high risk medication or piece of equipment
- Receiving ventilation
- Receiving maternal child care
- Receiving IV therapy

### TJC Sells Tracer Workbook for EOC

**NEW! Easy-to-follow tool offers a wealth of sample tracers**

The Environment of Care Tracer Workbook will help health care organizations use mock tracers to identify unrecognized compliance and safety issues and implement

### Selection Home Care Patient Cont.

**Will select a patient (Continued):**
- Receiving blood
- Undergoing acute care and re-hospitalizations
- Receiving personal care and support services
- Receiving alternative complementary care
- Receiving oxygen therapy
- Terminal patient
Staffing Tracer

Surveyor may ask staff about:
- Orientation and training provided to staff
- Recruitment and hiring practices
- Changes in P&P, mission, vision and expectations
- Perception of issues related to staff turn over

Falls Hospice Home Health

- To see how the organization evaluates the risk for falls
- What do you do to reduce risk of falling?
- What is your plan to reduce the risk of injury if a fall should occur?
- Surveyor will interview direct care give about;
- Risk assessment process for falls
- Identification of in-home environment
- Care planning process

Falls Hospice Home Health

- Coordination of care and communication to internal and external customers
- Fall reduction education to the patient and caregiver
- The surveyor will conduct a home visit and interview the patient and/or care giver
- Any unsafe environmental issues that could lead to a fall
- Medication potential for falls
- Knowledge about their fall risk status and preventive techniques to remain safe in the home

Prevent Falls in Older Patients Resource

- One third of Americans over 65 fall each year and 10-20% have moderate to severe injuries
- Guideline updated 2010 from American Geriatric Society (AGS) and looked at new evidence available (see also CDC resources)
- Ask if has fallen in past year, frequency, and if experiences difficulty walking or with balance
- If risk of falling then need assessment of home and interventions to eliminate fall risk factors
- Updates guidelines from American Academy of Orthopedic Surgeons published in 2001

www.americangeriatrics.org/education/summ_of_rec.shtml

AGS/BGS Clinical Practice Guideline: Prevention of Falls in Older Persons

Screening and Assessment

- All older individuals should be asked whether they have fallen in the past year
- Orientation questions: fall history (How many falls have they had in the past year)
- If individual has fallen, ask if they experienced difficulty rising or maintaining balance
- Orientation to coordination of care and communication to internal and external customers
- Identification of in-home environment
- Care planning process
- Risk assessment process for falls
- Medication potential for falls
- Knowledge about their fall risk status and preventive techniques to remain safe in the home

Assessment

- Memory of fall
- In-Home environment
- Orientation to coordination of care and communication to internal and external customers
- Identification of in-home environment
- Care planning process

- Risk assessment process for falls
- Medication potential for falls
- Knowledge about their fall risk status and preventive techniques to remain safe in the home

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