Joint Commission Tracers

What Hospitals Need to Know

TELNET 2487 April 28, 2009 10-11:30 am EDT

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Individual Patient Tracers

- Purpose is to evaluate compliance with the standards as they relate to the care and treatment of a patient
- Selects tracers based on several things such as the **clinical services groups** (CSG) accreditation program specific categories of patient services (32 hospital ones such as cardiology, oncology, vascular surgery)

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Individual Patient Tracers Cont.

- Top PFAs (**priority focus areas**) generated from using the pre-survey data from multiple sources
- These two help to highlight areas of priority focus,
- Priority focus process (PFP) that integrates organization specific data to help surveyors focus on area relevant to your hospital,

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Introduction

- 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 Cont.

- Priority Focus Area is an automated tool that takes data from a number of sources such as e-application, previous survey findings, complaint data, ORYX, and core measures
- Hospital can get a copy of their Priority Focus Areas (PFAs) and Clinical Services Group (CSG) by downloading them off your organization's extranet site
- Updated priority focus reports are posted to TJC extranet site four times a year

Introduction Cont.

- In surveyor preliminary survey planning session discusses logistical needs
- Session lasts 30 to 60 minutes
- 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

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Introduction Cont.

- Surveyor will begin planning for tracer shortly after they arrive
- They will review the documents provided
- Readiness Guide lists the documents needed so make sure you have these ready to go

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Introduction Cont.

- 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
- Patient lists of scheduled for deliveries, surgeries and procedures, patient roster and measure of success data

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Individual Tracer

- Duration of individual tracer activity varies but typically is about **two hours**
- Surveyor will assure confidentiality and privacy
- 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

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Individual Tracer Cont.

- Individual tracer starts in unit where the patient and the medical record are located
- Starts by reviewing cause of care in the record that traces the care from preadmission through post-discharge
- May select patients with more complex situation which are identified during through the system tracers and whose care crosses programs as survey progresses

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Individual Tracers Cont.

- Surveyor to assess relationship between departments and services
- Practice multiple mock tracers before the survey so staff are prepared and comfortable
- Be sure to include compliance with NPSGs since this are hit hard during the survey

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Individual Tracer Cont.

Surveyor **observes** care in the following:

- Medication process (preparation, administration, storage and control)
- Infection control issues (hand hygiene, sterilization of equipment, disinfection, food sanitation, and housekeeping)
- Care planning process

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Individual Tracer Cont.

Surveyor **observes** care in the following (Cont.):

- EOC as it related to patient safety
- Lab (quality control, maintenance and testing performance)
- Will directly observe procedures in OR for time outs

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Individual Tracer Cont.

During survey, surveyor **interviews staff** about:

- NPSG and use of data
- Orientation, education, and competency of staff
- Patient education
- Patient flow through the hospital

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Individual Tracer Cont.

- During survey, surveyor **interviews staff** about:
- Communication like hand offs
- Deceased patient to evaluate coordination with the OPO relative to organ donation
- Role of infection in the cause of death

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Individual Tracers Cont.

During survey, surveyor **interviews staff** about Cont.):

- Orientation, training and competency testing
- Awareness of APR 17 where staff permitted to contact TJC
- Workload issues that may hinder safe care

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Individual Tracer Cont.

Surveyor **interviews patients** during survey about:

- Coordination and timeliness of care provided
- Education including discharge instructions
- Response time for call light
- Patient rights
- Perception of services

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Individual Tracers Cont.

- Patients with infections and potential role of infection in the cause of death, delay in treatment
- Lack of appropriate follow through with the organ donation guidelines
- Home medical equipment will request manufacturer, model, and serial numbers for all medical equipment provided by the hospital

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Individual Tracers Selection

- Patient in ICU or admitted through the ED
- Patient in L&D services such as scheduled C-section
- Patient is 23 hour observation
- Psychiatric and pediatric patient

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Individual Tracers Selection Cont.

- Patient receiving radiology or nuclear medicine services
- Patient receiving rehab or waived lab services
- Patient who is possible organ donor or transplant recipient
- Terminal patient or discharged patient

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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

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Selection Home Care Patient Cont.

Will select a patient (Cont.):

- Receiving blood
- Undergoing acute care and re-hospitalizations
- Receiving personal care and support services
- Receiving oxygen therapy
- Terminal patient

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Selection Behavior Health Care

Care provided to:

- Programs and services
- High risk population such as R&S or suicidal
- Vulnerable population such as very young or very old or MR/DD patients
- Patients with long length of stay

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Individual Patient Tracers Cont.

- What other PI measures are being used?
- How did they use data to make it safer?
- Interview LIP about processes in place and care to patient being traced
- Ask about communication and coordination with other LIPs

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Patient Flow Tracer LD.04.03.11

- Look at patient flow and back flow issues
- Identify temporary holding area such as are patients held in the emergency department or waits for surgery
- 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

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Patient Flow Tracer LD.04.03.11 Cont.

- 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

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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
- Hospital process that stop flow of patient in ED such as work up in ED or housekeeping protocols

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Triggers Indicative of Patient Flow Problems Cont.

- 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

Patient Rights Tracer

- Staff discussion and observation on **communication** between shifts and departments
- Education of patient needs with **culture and language diversity** (see TJC Low Health Literacy Site, under public policy reports on their website)
- Use of **R&S** (2008 CMS changes and July 1, 2009 TJC)
- Process when **patient refuses care**

Patient Rights Tracer Cont.

Surveyor should assess patient and family understanding of the following:

- Rights including advance directives
- Process and right to register a **complaint or grievance** (CMS has grievance standards)
- **Patient safety** and **privacy** of health information

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Contract Services Tracer

- Be sure to should know scope and nature of contract services
- 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

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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

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Discharge Planning Tracers

- There is one on **active review** of discharge planning and another on retrospective review
- Have a list of those patients to be discharged
- May observe a nurse do the discharge
- Survey will look for the following things so make sure discharge instructions include:

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Discharge Instructions Should Include

- Activity
- Diet
- Medications to take post discharge
- Plans for physician follow up
- Wound care if applicable

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Discharge Instructions Should Include Cont.)

- 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
- Nurse needs to repeat back information to confirm patient's understanding
- Make sure written in language patient can understand

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Discharge Instructions

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

Discharge Instructions Cont.

Surveyor will interview patient to make sure they understand the following (Cont.):

- 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

Discharge Instructions

Surveyor will look at the following during discharge instruction preparation:

- Hand off communication
- Medication reconciliation
- Surveyor may interview nurse to check the origination of discharge information (nurse-physician communication)

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Discharge Planning Retrospective Review

- Will look at list of patients discharged in last 48 hours
- Will review for discharge order
- 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

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Discharge Planning Retrospective Review Cont.

Will interview patient to determine their understanding of:

- Purpose and how to take new medication,
- Possible side effects and contraindications of medications
- Changes in diet or supplements
- S&S of problems and who to call and follow up process with physician

Hand Hygiene Tracers

- Surveyor will observe staff and physicians as they provide care
- Will observe all opportunities for hand hygiene
- Will observe **before** contact with patients, before putting on gloves to insert central line or Foley
- 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

Transplant Safety TS Chapter in 2009

Standards Improvement Initiative (SII)
Chapter Outline

Chapter: (For AHC/OBS: Tissue) Transplant Safety (TS)
Program: Hospital

SII Chapter Outline: TS

I. Donating and Procuring Organs and Tissues (revised TS.01.01.01)

II. Transplanting Organs (revised TS.02.01.01)

III. Transplanting Tissues
  A. Standardized Procedures to Acquire, Receive, Store, and Issue Tissue (revise TS.03.01.01)
  B. Bi-directionally Tracing of Tissues (revised TS.03.02.01)
  C. Tissue Adverse Events Investigation (revised TS.03.03.01)

Tissue Storage and Issuance Tracer

- Will trace a patient who has had tissue implanted or transplanted
- 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 (PC 17.10 EP1 now TS.03.01.01)

Tissue Storage and Issuance Tracer Cont.

Interview lab staff to determine (Cont.):

- 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),

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Tissue Storage and Issuance Tracer Cont.

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

- Daily records to show tissue temperature when control is needed and document
- 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 back up plan

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Tissue Storage and Issuance Tracer Cont.

- **Record keeping** (PC 17.20 and now 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 Cont.

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

- 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

Radiology Tracer

- Discuss things such as patient and staff safety (shielding, lead aprons, badges, pregnant patients, radiation safety, chemical storage)
- Dissemination of reports
- Maintenance of printouts, films, and scans
- Identification and follow-up communication about critical results and findings

Rehab Tracer

Review and discuss the following:

- Document Medicare patient plan of treatment prior to beginning of treatment
- 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)
- Role of inter-disciplinary team

Surgery and Anesthesia Tracer

- Observe 2009 Universal Protocol in action

Discuss and review protocols for supportive life functions such as the following:

- Informed consent
- Cardiac and respiratory emergencies
- Resuscitative techniques
- availability emergency drugs,

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Surgery and Anesthesia Tracer Cont.

Discuss and review protocols for the following (Cont.):

- Process for DNR patient
- Pre-operative care
- Procedural monitoring and
- Post op care including discharge protocols and patient teaching

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Surgery and Anesthesia Tracer Cont.

Surveyor will verify;

- Provisional dx before operative procedure
- Current H&P in chart
- Presedation or preanesthesia assessment done
- Monitor before and after moderate sedation

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Surgery and Anesthesia Tracer Cont.

Surveyor will verify (Cont.):

- Timely and complete post op documentation
- Documentation supports protocols used
- OR and PACU assess is restricted
- Op report written immediately after procedure

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Sample Hospital Surgery Tracer

- Patient identification process
- Sentinel event/safety hotline
- Universal protocol; time out documented
- Infection control; Wound classification documented and Flash sterilization

Sample Hospital Surgery Tracer Cont.

- 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, biohazardous waste, posting of signs and gas line identification
- Medication storage, ordering, dispensing, and administration
- Procedure for treatment of adverse reactions
- Review preventive maintenance logs

Respiratory Care Tracer Cont.

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,

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 etc.
- MR entries need to dated and TIMED
- Completer informed consent needs to be on the chart

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Medical Record Tracer Cont.

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

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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

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Emergency Services Tracer Cont.

- Process or length of time it takes to transport ED patients to another department and get them back
- This is also important with CMS so patients do not sit around waiting to be brought back to the ED
- Time it takes to get interventions or tests done
- Time it takes to deliver equipment and supplies to the ED

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Food and Dietetic Services Tracer

- Identify the national standard used for recommended dietary allowance (CMS same)
- Observe hand hygiene and kitchen sanitation

Surveyor may discuss the following:

- Safety practices for handling food
- Assessment process to determine patient dietary needs

Food and Dietetic Services Tracer Cont.

Surveyor may discuss the following (Cont.):

- 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

2009 Chapter on Emergency Management

Standards Improvement Initiative (SII)
Chapter Outline

Chapter: Emergency Management (EM)
Program: Hospital

SII Chapter Outline: EM

I. Foundation for the Plan (revised EM.01.01.01)

II. The Plan for Emergency Response
   A. General Requirements (revised EM.02.01.01)
   B. Specific Requirements
      1. Communications (revised EM.02.02.01)
      2. Resources and Assets (revised EM.02.02.03)
      3. Security and Safety (revised EM.02.02.05)
      4. Staff (revised EM.02.02.07)
      5. Utilities (revised EM.02.02.09)
      6. Patients (revised EM.02.02.11)
      7. Disaster Volunteers
         a. Volunteer Licensed Independent Practitioners (revised EM.02.02.13)
         b. Volunteer Practitioners (revised EM.02.02.15)

III. Evaluation
   A. Evaluating the Planning Activities (revised EM.03.01.01)
   B. Evaluating the Plan through Exercises (revised EM.03.01.03)

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Environment of Care/EM Tracer

- Surveyor will have discussion around 4 EM categories (mitigation, planning, response and recovery)
- Ask staff to explain their role in fire management or disaster management
- Availability of supplies and equipment such as PPE

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Environment of Care with EM Tracer

- Questions to ensure compliance and understanding of the emergency management planning standards
- 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

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Environment of Care Exercises

- Fire and collapse of public building
- Natural disaster like tornado
- Heat wave and persistent drought
- Severe winter storm
- Truck or suicide bomber

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Environment of Care Exercises Cont.

- Toxic industrial accident
- Chemical spill in transit
- Terrorist attack using chemical agent
- Botulism outbreak
- Anthrax outbreak,

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Environment of Care Exercises Cont.

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

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Infection Control Tracer

- Observe clinicians, including physicians, for compliance with hand hygiene guidelines

Surveyor may interview and observe as appropriate, the following:

- Sterilization of equipment and disinfection
- Food sanitation and housekeeping cleaning processes
- Other means for limiting the spread of infection

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Infection Control Tracer Cont.

Surveyor may observe infection control technique such as the following:

- Infection control techniques such as sterile or aseptic techniques
- Cleaning between surgical cases
- Sterilization of operating room material, surgical devices, and equipment

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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 the hospital does when someone calls in sick
- Surveyor may follow up with nurse manager individually
- Instructed to explore issues of insufficient staffing, budgeting process, recruitment and retention

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Staffing Tracer Cont.

- Surveyor may interview CNO about staffing problems
- Surveyor may review meeting minutes, staffing plans, and variance reports
- Surveyor will look for negative outcomes as result of staffing and explore if system wide
- Surveyor may ask staff knowledge about the patients they are assigned

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Staffing Tracer Cont.

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

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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

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Suicide Prevention Behavioral Health

- Will select high risk patient for suicide
- Will review the medical record,
- Look at **initial assessment** process with planning and focus on suicide risk and prevention (PC 12.40 or PC.03.03.09)
- **Reassessment** and trace triggers for and frequency of assessments of risk for suicide

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Suicide Prevention Behavioral Health Cont.

- **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

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Suicide Prevention Behavioral Health

- HR should evaluate **orientation, training**, and competency of staff to evaluate risk for suicide and self inflicted harm
- **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 and inpatient suicides is number two SE (12.4%, occurs every 16.6 minutes and 11th most frequent cause of death)

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Elopement Behavioral Health

- Look at effectiveness of process to prevent elopement
- Surveyor selects patient who eloped
- Looks at events leading up to elopement
- Evaluated the physical environment and security systems

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Elopement Behavioral Health Cont.

- Interview patient about episode of elopement 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

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Violence Behavioral Health

- Surveyor will evaluate hospital process to control violence and ensure safety of all
- Will select patient or child with repeated episodes of violent behavior
- Evaluate the physical environment that could make violent behavior possible
- Evaluate measures taken to ensure security

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Violence Behavioral Health Cont.

- 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

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Violence Behavioral Health Cont.

Will interview staff about:

- Episodes of violent behavior
- Communication to other care givers
- Risk assessment process
- Restraint use
- Orientation and training of staff about violent behavior risks

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Lab Integration

- Surveyor to evaluation the consistent application of processes related to lab testing throughout the hospital
- Surveyor will look at exchange of information such as specimen collection and handling and specimen identification
- Surveyor will look at point of care testing
- This tracer is not about quality control, technical competence or proficiency testing but communication and integration

Lab Integration Cont.

- 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 select patient receiving services such as ICU patient receiving blood, or lab services like chemistry, hematology and microbiology and has had critical lab results

Lab Integration Cont.

- 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

Lab Integration Cont.

In tracing patient with **critical lab result** look at:

- Test ordering process
- Communication to lab about need for the test
- Obtaining the results
- Turn around time to get results into hands of physician

Lab Integration Cont.

- In tracing patient with **critical lab result** look at (Cont.):
- Role on non-lab staff in collecting specimen
- Role on non-lab staff in patient identification with two indicators (Remember 2009 NPSG in patient identification in getting blood)
- Role on non-lab staff in transport and storage of lab specimens

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Lab Integration Cont.

In tracing blood administration interview non-lab staff about:

- Protocol for ordering and issuing blood
- Transport and storage of blood collection specimens
- Communicate to lab you need the blood
- Storage and protocol when blood is not being used

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Lab Integration Cont.

In tracing blood administration interview non-lab staff about (Cont.):

- Evaluation and maintenance of blood administration equipment
- How you communicate and use data collection
- Evaluation of adverse reactions including discovery, notification, and process
- Adverse event reporting

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Lab Integration Cont.

Interview **lab staff** about:

- Protocol for ordering and issuance of blood
- Communication from unit about need for blood
- Patient and blood product identification
- Transport and storage of blood

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Lab Integration Cont.

Interview **lab staff** about (Cont.):

- Evaluation of adverse reactions with discovery, notification, and process
- Protocol for unused blood
- Evaluation and maintenance of blood administrative equipment
- Communication and use of data collection
- Storage of blood not being use

Therapeutic Foster Care Behavioral Health

- Surveyor to evaluate the effectiveness of the foster care agency's process surrounding number of foster home placement of children
- 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

System Tracers

- **Data Management** use and emphasis will be on the step the hospital is struggling with (planning, collection, aggregation and analysis, use of data)
- Surveyor conducting the data system tracer will review the PI data including aggregation, analysis, and action reports
- Focus on patient flow and organ procurement

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System Tracers Cont.

- Other issues are infection control, core measures, medication management, IC, FMEA (now proactive analysis), hand hygiene, staffing effectiveness and NPSGs data
- Medication management will look at activity of tracing a patient who is receiving a high risk medication and evaluating the process

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Medication Management Tracer

- May look at how medications are prepared (clean or sterile techniques, how to reduce contamination, use of laminar airflow hood, or implementation of USP-NF **797**)
- Will verify proper emergency medication storage and safe storage of all medications including narcotics
- Make sure crash carts are locked or did you do hazard vulnerability analysis

Medication Management Tracer Cont.

- Will verify presence of a list of medication approved to give in the facility (formulary)
- Make sure there is appropriate labeling of medications (MM standard)
- Know your process for clarifying unclear med orders
- Know your control and transportation process for unused, expired, or returned drugs that are controlled by the pharmacy

Medication Management Tracer Cont.

- Process for reporting errors or near misses
- Review orders for completeness
- No blanket reinstatement of previous orders (resume home meds, resume preop orders)
- Patient involvement in safe medication management

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Medication Management Tracer Cont.

- Identify a patient receiving a **high risk medication** and the process
- Surveyor may watch preparation of chemo, presentation of high risk such as intra-thecal, TPN, or IV
- Know tall man lettering such as Humu**LIN** and don't throw insulin all in one bin

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Medication Management Tracer Cont

Know process for reviewing prescriptions for the following:

- Dose, frequency, and route of administration
- Therapeutic duplication
- Interactions with food or other drugs
- Allergies or sensitivities
- Lab values

Medication Management Tracer

- What is process for patients who bring own meds from home
- Access to medications when pharmacy is closed such as night cabinet
- Data collection on medications accessed after hours (pharmacy reviews in morning)

Data Tracer

- **Planning**- how the hospital selects measures and planning process for the use of that data
- **Data collection**: the methodology for ensuring all the data is collected as planned
- **Data aggregation/analysis**; how you turn data into useful information and
- **Data Use;** how you use the information
- Examples: ORYX (core measures),MM, IC, staffing effectiveness, NPSG, and other data collection

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Data Reviewed During a Survey

- Autopsies performed
- Blood and blood product use
- Complaints, staff perception of risk and suggestions for improving patient safety
- Restraint and seclusion use
- Sentinel events

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Data Reviewed During a Survey Cont.

- Record delinquency
- Measures of success
- Staff opinions and needs
- Risk management
- Hand hygiene monitoring rate

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Selection of Measures and Collection of Data

TJC has specific elements of data collection:

- R&S
- Patient perception of care
- Benchmarking internal and external
- Organ donation

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Selection of Measures and Collection of Data Cont.

TJC has specific elements of data collection (Cont.):

- Staffing effectiveness
- Practitioner specific data
- Collect data on patient flow
- Authentication in MR

Infection Control System Tracer

- Infection Control and identify high risk patient with HAI such as MRDO or C-diff
- Learn about their IC program, evaluate their plan, outcome of the IC process and oversight of opportunities for improvement
- Tracer in various locations and will engage staff from the lab and the infection control committee
- 2 parts and lasts about 60 minutes

Infection Control Tracer Cont.

Topics of discussion include:

- How individuals with infection are identified
- Lab testing and confirmation process
- Staff orientation and training
- Analysis of IC data
- Reporting of IC data

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Infection Control Tracer Cont.

Topics of discussion include (Cont.):

- Prevention and control activities (staff training, housekeeping procedures, hand hygiene, food sanitation and storage, cleaning, sterilization etc.)
- Staff exposure
- Physical facility changes that can impact IC
- Actions taken as results of outcomes and surveillance to reduce infections

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Infection Control Tracer Cont.

- What process exists for lab confirmation
- Reporting of infection control data-frequency and audience
- Prevention and control activities such as staff training, housekeeping procedures, sterilization, etc.
- Remember the 2009 NPSGs

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Infection Control Tracer

- Look at patients with FUO, post operative infection, admitted post operatively, placed on antibiotics new to the list of available medications (corresponding C&S, blood levels, or other lab used for dosing)
- Placed on form of isolation; MRSA, VRE, TB, varicella, enteroviruses, etc.
- Immunosuppressed patients on form of isolation or precautions

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NPSG Tracers

- 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
- Did clinical write it down and repeat it back
- Were any of the 9 do not use abbreviations used?

NPSG Tracers

- Were critical values obtained and was process documented and physician notified
- Are case conferences documented discussing plan of care between disciplines
- If high alert medication, was there documentation of process required
- If practitioner wash their hands
- Were medication reconciled?
- Was initial fall assessment performed?

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?

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Infection Control Tracer

Tracer - Infection Control

Unit/Department:	
Date:	
Surveyor:	

	Scale Definitions 1 – Compliant 2 – Non Compliant 3 – Being addressed 4 – Fixed	1	2	3	4
1	Sharps containers are available and not overfilled.				
2	Bio Hazardous waste containers are labeled and only appropriate items are in the boxes.				
3	Clean vs. Dirty equipment is identified and located in the proper area.				
4	Dirty Utility Room has a Bio Hazardous sign on the door.				
5	Personnel Protective Equipment (PPE) is readily available in designated PPE cabinets.				
6	Staff is seen routinely carrying out proper Hand washing practices.				
7	Isolation Rooms are being monitored for negative pressure when in use?				
8	Is soiled linen in the designated yellow liner? Not on the floor in the patients' rooms? Liners are closed (tied) when full, and stored in the soiled utility room?				
9	Staff members are able to verbalize the different type of Infection Control Precautions used for patients, and the different transmission "signs" used in the patient care areas.				
10	Sterile supplies are maintained for sterility in areas where applicable.				
11	Are there any "visual" signs of mold in the area?				
12					

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Clinical Tracer of Priority Focus Areas

Clinical Tracers/ Priority Focus Areas

Priority Focus Area: Processes, systems or structures that significantly impact quality and safety of care. They guide the assessment of sta patient tracer activities.

Note: The "HIGH PRIORITY" focus areas are in **BOLD** in the document & listed below.

PRIORITY FOCUS AREA (PFA)	QUESTIONS
Assessment and Care/Services	Initial Nursing Admission Assessment: • Was it completed? ☐ Yes ☐ No (If Yes, was it done within 12 hrs? ☐ Yes ☐ No) • Review results for nutritional, functional (PT/OT/ST) screenings & ask staff to explain results & if there was an identified need for a consult. • Ask staff how they would initiate a consult that requires a physician order. • Was the pt at risk for: pressure ulcers (Braden risk), falls (Schmid) or DVT? **History & Physical:** • **Was it completed within 24 hrs of admission**? ☐ Yes ☐ No • **If H&P completed PRIOR to admission (must be less than 30 days), does it have an "update note" with date/signature within 24 hours**? ☐ Yes ☐ No Comparison of H&P with initial Nursing Assessment: • Are the allergies and home medications the same on both forms? ☐ Yes ☐ No • If No, what type of discrepancies exist? Pain Assessment: • Did the pt have pain on admission? ☐ Yes ☐ No • Ask the nurse to explain how pain is evaluated (pain scale) • If pain med (or other intervention) was given, was a "reassessment" completed? • If more than one option for pain meds was given, ask nurse how they decided which drug or dose to use. • Did each prn medication have a "reason" listed for their use? Fall Risk/Re-assessments: • Was the pt at risk for falls on admission? ☐ Yes ☐ No At this time? ☐ Yes ☐ No • What interventions would be appropriate for this pt? • How often is the fall risk assessment completed? (Should be q shift)

Assessment and Care/Services (continued)	Restraints: • Has this pt been or are they currently in restraints? ☐ Yes ☐ No • Ask staff what type of restraint is in use (medical surgical or behavioral) • Is there a "current" order on the chart for this restraint? ☐ Yes ☐ No ** If YES, is the physician order complete? ☐ Yes ☐ No • Is the nursing documentation complete for pt in restraint? ☐ Yes ☐ No Patient/Family Education: • Did this pt have any learning needs identified on admission? ☐ Yes ☐ No • If YES, what type of interventions were needed (eg. Interpreter) • Ask staff where is pt education documented & look for charting of pt education based on needs (e.g. medications, pain, equipment needed for discharge) Nursing Care Plan: • Do the diagnoses/problem list address the assessment findings in the initial nursing admission assessment? ☐ Yes ☐ No
	• Ask staff how interdisciplinary planning occurs & how often it needs to be updated? • How is the care plan individualized for the patient? Surgery or Procedures: • **Did the Universal Protocol occur (review the Invasive Procedure form) AND ask staff to explain the Universal Protocol:** ☐ Pre-op/preprocedure verification ☐ Marking of the site (when laterality is involved) ☐ "Time out" performed IMMEDIATELY prior to surgery/procedure, including the following elements: - **CORRECT** patient (verify using two pt identifiers: name and date of birth) with a direct observation of the pt's ID band

	show you have to pull up a nursing policy via the OH intranet.	
Communication	• How are the pt's care needs communicated and coordinated between nurses, physicians and other members of the interdisciplinary team? • Describe the process for communicating info between caregivers for: 1) Receiving report from ED to nursing unit? (SBAR) 2) Shift to shift report? 3) Calling a physician? 4) Other: Dialysis to Nsg unit; OR ➔ PACU; PACU ➔ Nsg unit • Describe the process for how each discipline is able to review each other's treatment plans for the pt. • Ask staff to explain the process used for receiving a "verbal/telephone order" from a physician & for receiving a "critical test result" from the Lab/Radiology. (Answer: Write down the info and then READ it back for verification). • If a Critical Test Result is found in the chart, check the progress note to see if an ORANGE sticker was used to document the conversation & notification of physician. Notification from nurse to physician needs to occur as soon as possible, but no later than 60 minutes after receiving the results.	
Equipment Use	• How do you know if your clinical equipment has been serviced and is safe for use? • **Ask staff to check a piece of equipment (e.g. IV pump) & show how they would determine if the PM sticker is current & okay to use.** • What would you do if a critical piece of patient care equipment failed while being used care for a patient? • Ask staff how pt care equipment is cleaned & returned after use. ** Staff should be able to explain our Hill-Rom Asset Advantage program for cleaning & delivering pt care equipment to the units (e.g. IV, PCA pumps, SCDs).	

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Infection Control	• **Observe staff for opportunities for staff to perform appropriate "hand hygiene" & appropriate use of gloves** (e.g. coming in/out of pt rooms). • Check 4-5 alcohol handrinse dispensers to see if they are working properly (e.g. are they clogged or is the dispenser empty). • Ask staff when it is okay to use alcohol handrinse products AND how often they can use it BEFORE they need to use "soap & water" to wash their hands. • Observe for any "food" or "drinks" in pt care areas that are prohibited (e.g. down the hallway on chart pull-downs; on med/computerized carts; in nurses' stations). <u>Isolation:</u> • Ask staff how they are notified that a pt needs to be put in Isolation • What is the process for ordering Isolation for a pt 1) Nursing order written once nurse is notified by Infection Control or Microbiology. 2) HUC enters Isolation order & type. 3) Isolation cart is obtained from Supply & Distribution & sign placed on door. • If pt is supposed to be in Isolation, check to see if protocol is being followed.	

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	• If pt is supposed to be in isolation, check to see if protocol is being followed.
Medication Management	Security of medications: • Are all medications in the pt's room secured (e.g. drawers locked)? ☐ Yes ☐ No • Are "high-risk" meds secured in refrig. (e.g. Paralytics, Valium)? ☐ Yes ☐ No Labeling of medications/medication containers: • Are all medications, medications containers or other solutions labeled with the "drug, strength, amount & exp. Date, if not used within 24 hrs)? ☐ Yes ☐ No Examples: * Syringes (e.g. PACU, Anesthesia backstands, procedural areas * Oral contrast left in cup/container for pt to drink (e.g. ED, nursing units) • Are open insulin vials dated with appropriate expir. date (eg. 28 days) ☐ Yes ☐ No Ordering process: • Look to see that all medication orders have been signed off. • Ask staff: When a new medication has been ordered, how do you confirm new meds in AdminRx to make sure the order is accurate? Answer: Need to compare original physician order against the AdminRx screen & then CONFIRM med in AdminRx if accurate. • Do all PRN medication orders have a "reason" for administering them? ☐ Yes ☐ No Administration: • For patients receiving the 1st dose of a medication, did the Pharmacy review it before it was administered? ☐ Yes ☐ No • Did the nurse administer the prn medications appropriately, based on the "reason" it was ordered? ☐ Yes ☐ No • Look for examples of range orders or multiple pain meds for this pt and ask nurse how these decisions were made. • Ask nurse how she is monitoring the pt when a "new medication" is given to the pt (e.g. vital signs, lab work, telemetry, other)
Patient Safety	• Describe one activity you do in your daily work that promotes patient safety. • Give an example of how you use the two pt identifiers (name/date of birth) when providing

HIPAA Tracer

Tracer - HIPAA/Privacy

Unit/Department:	
Date:	
Surveyor:	

Scale Definitions 1 – Compliant 2 – Non Compliant 3 – Being addressed 4 – Fixed		1	2	3	4
1	PHI not visible to bystanders?				
2	PHI are not found in trash recepticals?				
3	Unattended computers logged out from patient screens?				
4	Patient names on rooms listed as last name 3 initials, first name 2 initials?				
5	Medical record patient names not visible to bystanders?				
6	Are "thank you" or recognition cards or letters visible to public with names obscured?				
7	Are patient names on white boards properly disguised or not visible to non-staff?				
8	Is there a conveniently placed PHI container?				
9	Is PHI container not overflowing?				
10	If fax machine on unit, are cover sheets readily available?				
11	If fax machine on unit, is PHI not left unattended?				
12	Are charts left outside the patient door, but facing in?				
13	If printers are on unit, are they free of unattended PHI?				
14	Staff can verbalize privacy policy regarding protection of patient information?				

Medical Record Tracer

Tracer - Medical Record

Unit/Department:	
Date:	
Surveyor:	

	Scale Definitions 1 – Compliant 2 – Non Compliant 3 – Being addressed 4 – Fixed	1	2
1	Medication Orders include drug name, dose, route, frequency, name of prescriber?		
2	PRN or "comfort" medication orders include clinical indication for use?		
3	History and physical present?		
4	History and physical on chart within 24 hours of admission?		
5	History and physical complete?		
6	If procedure performed, H&P before procedure?		
7	If procedure performed & anesthesia provided, immediate pre-induction assessment?		
8	All verbal orders signed, dated and timed within 48 hours?		
9	Medical record written entries are legible?		
10	Medical record entries and forms do not contain do-not-use abbreviations?		

Lab Tracer

Tracer - Laboratory Practices

Unit/Department:	
Date:	
Surveyor:	

	Scale Definitions 1 – Compliant 2 – Non Compliant 3 – Being addressed 4 – Fixed	1	2	3	4
1	Vacutainer stocks not expired?				
2	Other laboratory supplies not expired, properly wrapped?				
3	Staff aware of critical values table in policy?				
4	Critical test results called to nurse in timely manner?				
5	Critical values results timely called to practitioner?				
6	Laboratory instruments used in decentralized testing calibrated per policy?				
7	Individuals performing decentralized testing express related competency?				
8	Personnel drawing blood or other specimens follow proper PPE, hand washing procedures?				
9	Are all hazardous material/bio-waste containers covered?				
10	Individuals on unit know MSDS procedures?				
11	Hazardous chemicals are properly stored?				
12	Staff aware and observe following proper Pt ID procedure when obtaining specimen and labeling?				

Medication Management Tracer

Medication Management/Pharmacy Tracer

Date: __________ **Unit:** MM/Pharmacy **Staff &/or MD involved in tracer:** __________________________

Question	Staff Able to Answer Correctly?		Comments
	Yes	No	
Explain the process for securing medications from the time they arrive in the hospital to the time they are given to the patient			
How are controlled medications reconciled: In the pharmacy? In the hospital?			
How do you prevent drug diversion: In the pharmacy? In the hospital?			
How do you handle look-like/ sound-alike medications? Concentrated electrolytes? High alert/ high risk medications? *(segregation)*			
What is your process when a patient brings in their own meds from home?			

Medication Management Tracer Cont.

What is your process when a patient brings in their own meds from home?			
How do you know the medication you are preparing or giving is appropriate for the patient? *(diagnosis, clinical indications)*			
Tell me about your order entry and transcription process			
Does a pharmacist review all medication orders prior to administration? How is this accomplished during evenings and nights? In the ED?			
Who has access to the Pharmacy when it is closed?			
What do you do when a drug is recalled?			
What procedures do you have in place to reduce patient medication errors and improve patient safety: In the pharmacy? In the hospital?			

Medication Management Tracer Cont.

Question	Staff Able to Answer Correctly?		Comments
	Yes	No	
How do you report errors and near-misses: In the pharmacy? In the hospital?			
Do you count missed respiratory treatments as missed drugs? *(answer should be yes)*			
What is your most frequent medication error: In the pharmacy? In the hospital?			
How do you interact with dietary for drug/food interactions? TPN?			
How do you handle investigational medications? Do you have any being used right now in the hospital? *(If yes, surveyors may look at chart)*			

Tracer Worksheet

TRACER WORKSHEET

Patient ID:	Date:	Surveyor:			
	Compliant	Variation		Compliant	Variation
Advance Directive			**Care Planning**		
Asked at time of admission			Based on assessed findings (Individualized)		
Offered help if none executed			Fall Risk & Interventions		
If executed, copy requested			Skin Risk & Interventions		
Existence communicated			Interdisciplinary Process evident		
Emergency Care			**Educational Needs Assessment**		
Triage timely/Complete			Barriers		
Medical screening timely/Complete			Preferences		
Pain assessment			**Unapproved Abbreviations**		
Abuse/Neglect assessed			**Verbal Orders** (Use of)		
Admission delays/Process (explain)			**Telephone Order "Read Back"**		
History and Physical Examination (within 7 days)			Documentation evident "RB"		
Updated within 24 hours of admission			**Range Orders**		
Updated within 24 hours prior to surgery			Clear (according to policy)		
Initial Nursing Assessment			**Initial Pain Assessment**		
All elements complete			Comprehensive		
Completed on time			**Pain Reassessment**		
Referral Mechanism to Other Disciplines			Routine		

Tracer Worksheet Cont.

Initial Nursing Assessment			Initial Pain Assessment		
All elements complete			Comprehensive		
Completed on time			**Pain Reassessment**		
Referral Mechanism to Other Disciplines			Routine		
Screening within 24 hours			After Pain Meds		
Dietary			**"Hands Offs" (Verbalize SBAR)**		
Physical Rehabilitation			Transfer		
Case Management			Shift change		
Other			Staff change		
Medication Labeling – Done appropriately			**Patient Identifiers** (Validate through observation)		
Medication Reconciliation			**Consents** Dated and timed		
Complete list of home (prior) meds. on admission			**Hand-washing** (Validate through observation)		
Admission Meds. Reconciled			Staff:		
All discrepancies addressed within 24 hours			Physician:		
Transfer/Discharge Meds. Reconciled			Location:		

Comments:

Patient Care Unit Tracer Form

Patient Care Unit Tracer Form

Date: ____________________ Patient Name / MR Number: ____________________________

Surveyors: ____

Adm. Date: ___________________

Diagnosis: ____________________________________

Surgical / Invasive Procedures: ____

Clinical Service Group: ❑Cardiology ❑General Surgery _ ❑Pulmonary

❑Gastroenterology ❑General Medicine ❑Obstetrics

Restraint Use ❑ Yes ❑ No ____

Blood Use ❑ Yes ❑ No ____

Clinical Departments Involved In Patient's Care: **Tracer to Department:**

- ❑ Nursing .... ❑ Yes ❑ No
  - ❑ WCU .... ❑ Yes ❑ No
  - ❑ Med Surg .... ❑ Yes ❑ No
  - ❑ Same Day Services .... ❑ Yes ❑ No
  - ❑ TCU .... ❑ Yes ❑ No
  - ❑ ICU .... ❑ Yes ❑ No
- ❑ PT/OT .... ❑ Yes ❑ No
- ❑ Lab .... ❑ Yes ❑ No

Patient Care Unit Tracer Form Cont.

List the names of at least 3 Physicians / AHPs Involved in Patient's Care:

List the names of at least 3 Hospital Staff Interviewed and/or Involved in Patient's Care:

Chart Review: **Comments/ Suggested Action**:

1

Documentation:

- H&P (at least 7 days prior to adm with update or within 24 hrs. after admission ☐ Yes ☐ No
- Consents properly and completely signed ☐ Yes ☐ No
- Progress notes ☐ Yes ☐ No
- Consults – written ☐ Yes ☐ No
- Orders dated / timed / signed ☐ Yes ☐ No
- Advance directive is documented per procedure ☐ Yes ☐ No

Nursing Documentation:

- Restraint monitoring documented ☐ Yes ☐ No
- Multidisciplinary care planning ☐ Yes ☐ No
- Screens completed per policy ☐ Yes ☐ No

Patient Care Unit Tracer Form Cont.

Priority Focus Areas Addressed:

- ☐ Assessment and care
- ☐ Communication
- ☐ Equipment use
- ☐ Information management
- ☐ Infection Control
- ☐ Credentialed practitioners
- ☐ Rights / Ethics
- ☐ Medication management
- ☐ Organizational structure
- ☐ Physical environment
- ☐ Orientation / training
- ☐ Staffing
- ☐ Patient safety
- ☐ Quality improvement

Patient Care Unit Tracer Form Cont.

Nursing Documentation:

- Restraint monitoring documented .... ❑ Yes ❑ No
- Multidisciplinary care planning.................................... ❑ Yes ❑ No
- Screens completed per policy .... ❑ Yes ❑ No
    - o Nutritional .... ❑ Yes ❑ No
    - o Functional .... ❑ Yes ❑ No
- Pain management documented.................................... ❑ Yes ❑ No
- Patient / Family education documented .... ❑ Yes ❑ No
- Assessments completed per policy................................ ❑ Yes ❑ No
    - o Pain assessments .... ❑ Yes ❑ No
    - o Fall risk assessments .... ❑ Yes ❑ No
    - o Abuse potential assessments .... ❑ Yes ❑ No

Medication Management:

- No unapproved abbreviations...................................... ❑ Yes ❑ No
- Diagnosis or indication for all meds.............................. ❑ Yes ❑ No
- Legibility .... ❑ Yes ❑ No
- Assessments completed based on screens....................... ❑ Yes ❑ No
- Medications reconciled per policy .... ❑ Yes ❑ No

Surgery / Invasive Procedures / Anesthesia:

- Anesthesia Plan .... ❑ Yes ❑ No
- Final check prior to induction .... ❑ Yes ❑ No
- Post Op note immediately after surgery .... ❑ Yes ❑ No
- Pre-op check list complete .... ❑ Yes ❑ No
- Pre-sedation / pre-anesthesia assessment documented...... ❑ Yes ❑ No

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Dietary Tracer

Tracer –Nutritional Services

Unit/Department:			
Date:			
Surveyor:			
Scale Definitions 1 – Compliant 2 – Non Compliant 3 – Being addressed 4 – Fixed		1	2
1	Dietary trays are bagged and placed in Dirty Utility Room.		
2	Food refrigerator has a current temperature log.		
3	All dates completed and out of range temperatures include proper notifications?		
4	Food freezer has a current temperature log.		
5	All dates completed and out of range temperatures include proper notifications?		
6	No open containers in the refrigerator?		
7	Patient food items are covered?		
8	Patient food items are labeled with patient name, room and date?		
9	All food items with expiration dates are within dates?		
10	Patients' food only is found in patient nutrition refrigerator?		
11	Microwave oven is clean?		
12	Top of counters is clean, no crumbs, open containers?		
13	No food and drinks belonging to staff seen in the patient care area or nurses stations.		
14	The Ice machine is clean, and there is no lime build up?		
15			

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Environmental Services Tracer

|Tracer -Environmental Services

Unit/Department:					
Date:					
Surveyor:					
Scale Definitions 1 – Compliant 2 – Non Compliant 3 – Being addressed 4 – Fixed		1	2	3	4
Rooms					
1	Are beds clean?				
2	Do floors need scrubbed/waxed/buffed? (routine cleaning)				
3	Are walls/wall fixtures/pictures/TV/ceiling vents dusty?				
4	Are patient bathrooms clean and dust free?				
5	Do EMPTY patient rooms have tent cards and toilet seat strips?				
6	Do bathrooms have adequate supplies?				
7	Are cubicle curtains clean?				
8	Are trash receptacles clean and not overflowing (trash not above upper rim)??				
Hallways					
9	Do floors have water or debris on them? (routine cleaning)				
10	Do floors need scrubbing/waxing/buffing/carpet extraction? (project cleaning)				
11	Are walls, ceiling vents, wall hangings dust free?				
12	Are trash receptacles clean and not overflowing?				
Nurses Station					
13	Do floors have water or debris on them? (routine cleaning)				
14	Do floors need scrubbing/waxing/buffing/carpet extraction? (project cleaning)				

Patient Centered Tracer

| Medical Center
Patient/Process Centered Tracer Rounds

Date:________________ Unit/Dept:________________

Completed By:________________

Medical Record Sticker: Clinical Service:________________
Identify Nurse:________________
Identify Attending:________________
Identify Ancillary Staff Member:________________

STANDARD/NPSG/INFO	Y	N	N/A	COMMENTS	F/U
ASSESSMENT					
Evidence of linguistic needs in MR					
If patient's primary language other than English is evidence of use of Cyraphone present					
Patient asked about adv. directive					
If yes, is copy on MR					
If not in record, are efforts to obtain documented					
Physician H&P present w/in 24 hours of admission					
If H&P performed before admission (no more than 30 days) is it updated day of admission					
Nursing assessment completed w/in 24 hours					
Nutrition screen completed w/in 24 hours					
If nutrition screen +, nutrition					

Patient Centered Tracer Cont.

If nutrition screen +, nutrition assessment completed w/in 48 hours					
Functional screen completed w/in 24 hours					
If functional screen + assessment completed by PT w/in 48 hours					
Discharge planning screen completed w/in 24 hours					
If DP screen +, care management assessment completed w/in 48 hours					
If patient screened at risk for falls, appropriate intervention noted					
Initial Pain Assessment completed					
If patient exceeds threshold is there evidence of intervention and reassessment					

If patient admitted from another unit (i.e. ER) or facility, is there evidence of communication of important information (Interview caregiver)					
Is there evidence of "critical value" in MR. If so was value read back and acted upon.					
Did patient receive a transfusion					
If yes, is consent present					
If yes, are vs documented prior to, 15 minutes into and at conclusion					
Can staff articulate signs of and action required for transfusion reaction					

Patient Centered Tracer Cont.

required for transfusion reaction				
MEDICATION MANAGEMENT				
Observe staff passing medication – what is process for identifying patient (is ID band compared to MAR using 2 ID's)				
While observing med pass look for appropriate hand hygiene and PPE, if indicated				
If operative/procedure area are all meds on and off sterile field labeled w drug name and concentration				
Are unacceptable abbreviations present in medical record				
Is there evidence that verbal and telephone orders are written first and then "read back" to the prescriber (Observe and look for "rb" in MR)				
Choose one medication that patient is receiving ________________. Is there evidence in MR to support indication				
Can staff articulate (interview required) first dose process (i.e. advising patient of potential reactions, etc.)				
Are medications reconciled when patient transferred to different level of care/discharged				
Are medication orders legible				
Are staff aware of Lexi-comp				
Have staff identify at least 1 look alike/sound alike and what they did about it:				

Patient Centered Tracer Cont.

Surgery/Procedure				
Indicate Procedure :____________________				
ID Provider:__________________________				
How are staff aware that physician has privileges to perform certain procedure. If in ER/OR/ICU/DR/Rad/Endo verify procedure card.				
Is consent for procedure complete				
Is staff familiar with process for site marking and time out (If area other than OR ask staff where markers are kept)				
Is there evidence of time out in the MR				
How is DNR addressed during perioperative period				
Is handwritten operative note present before patient moves to different location				
Was operative report dictated immediately following procedure				
Was abx prophylaxis indicated and administered				
If so was choice of abx and timing in accordance with policy				
Was patient assessed immediately prior to anesthesia or sedation				
SAFETY/ENVIRONMENT OF				