Tracer Methodology

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What is a Tracer?

- JCI's key assessment method

- "Traces" a real patient's journey through the hospital, using their record as a guide

- Along the path, JCI observes and assesses compliance with the standards

- Allows us to understand hospital's performance from patient's perspective

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Why Conduct Tracers?

– Complex organizations (like those found in health care) are made up of a series of systems and subsystems.

– Tracers are an effective way to study complex systems.

– If we can identify the imperfections or flaws within a system, we can understand how to correct errors that may cause patient harm.

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Types of Tracers

Two types of Tracers

1. **Patient Tracer:** Follow the <u>treatment path</u> of an individual patient within the hospital

2. **System Tracer:** Follow a <u>process</u> in the hospital from beginning to end.

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Outcomes of Tracers

- <u>Integrated</u> and <u>cross-sectional</u> review of those areas <u>most critical</u> to quality and safety of the patient

- Patient-focused <u>analysis</u> of standard compliance

- <u>Organizational specific information</u> that can be used to <u>design and target improvements</u>

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Patient Tracer

An individual patient tracer:

– Follows the experiences of a *patient* throughout the health care *system*.

– Illustrates the relationship between a patient's care and the JCI standards

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Patient Tracer

Waiting Room

Exam Room

Pre-Op

Lab

Radiology

Surgery

Recovery

Medication

Ward

- JCI uses patient tracers to follow the course of a patient's treatment in your facility, assessing compliance as we go.
  - One patient's experience takes us to many locations, evaluating many processes
    - Keeps the focus on the patient
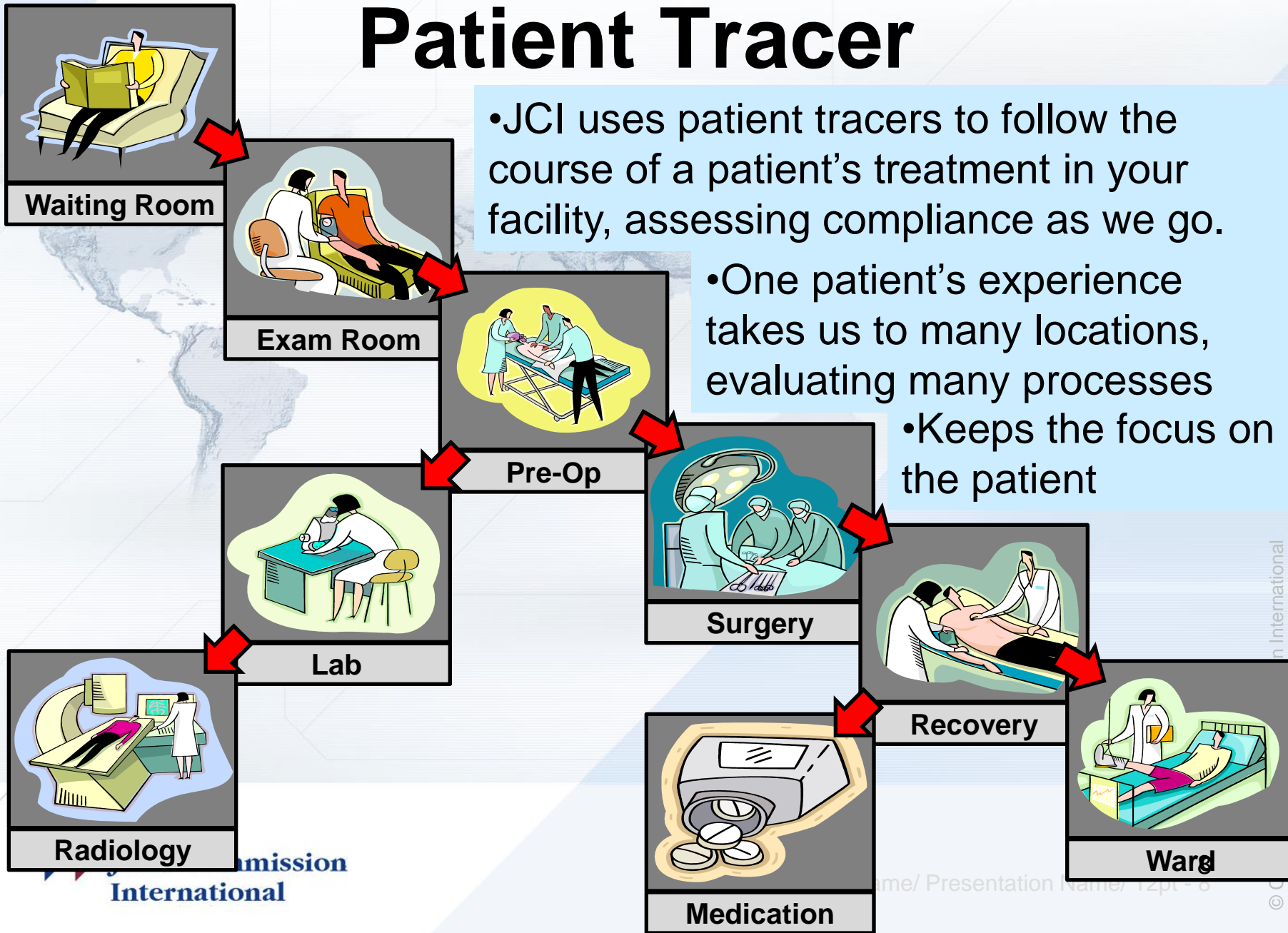
System Tracers

– A system tracer follows a complex process throughout the health care system.

– Traces the path of a complex **process**

Examples:

    – Medication Management System Tracer

    – Infection Control Management System Tracer

    – Facility Management and Safety System Tracer

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Medication Management System Tracer

Includes:

➢ **Group discussion**

- Explore the process; identify concerns
- Discuss medication occurrences or errors
- Review International Patient Safety Goals

➢ **Focused Medication Tracer**

- Explore the path of a <u>selected high-risk medication</u> based on the group discussion or previous information identified through patient tracers

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Performing Your Own Tracers to Assess Compliance

– JCI uses tracers to assess compliance with standards.

– Organizations applying for accreditation are encouraged to use tracers as a way to identify hidden areas for improvement.

– On the next few slides, we will present the basics of the tracer method.

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Pre-Work

- At first, do not plan to do tracers within your own department.

- Know and interpret the standards correctly.

- Understand the intent of the standard.

- Consider *pre-determining* types of questions (i.e. a focused topic area) until you are proficient at free-flowing.

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Determine Your Purpose

- What is the purpose of your tracer?
    - Assess overall JCI standards compliance
    - Assess organizational policy compliance
    - Learn more about a specific process

- Your purpose will determine where you go and what you do.

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Set the Overall Tone

- Put the staff at ease
- Explain purpose of tracer
- Dress professionally
- Use a serious but approachable style
- Educate *and* evaluate
- Pretend you do not know the staff members you are interviewing
- Thank staff for participating

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Effective Tracing Tips

- Don't review the medical record by yourself—review with a <u>staff member</u>, so that you can ask for the "patient's story."

- <u>Don't</u> conduct "peer" review.

- Don't indicate staff did something <u>"wrong."</u>

- Don't assess best practices; focus on what the standards require.

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Effective Tracing Tips

- Follow the path of the patient or process.
- Assess standards based on the patient's experience of care.
- Observe patient care, procedures, and processes.
- Use the patient record to identify "system" issues based on the patient's journey.

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Effective Tracing Tips

- Seize the moment, but don't interrupt patient care.
- Stay time-aware and topic-focused.
- Remain flexible.
- Maintain patient confidentiality.
- Set the proper tone.

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Interviewing Strategy

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Questions to Keep in Mind While Tracing Any Process

Think about asking questions that will help you know the following:

1. Is this step *standardized*? If not, why?
2. Does the step occur *consistently*?
3. Does it need *improvement*?
4. Is it an *unnecessary* or *impractical* step?
5. Is something *absent* that should be present?
6. What are the *risk points*?
7. How are the risk points *mitigated*?

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Questioning Strategies

- Use active listening.
- Drill down until issues are fully developed.
- Don't pursue one standard; focus on several standards related to a process.
- Avoid hypothetical situations—pose questions around the patient being traced.
- Base questions and findings on the standards.
- Question staff, not management
- Question patients when feasible.

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Interviewing Patients

- Ask questions based on your review of the patient's medical record (diet, education).

- Talk to patients/families about <u>relevant issues/experiences</u>; use caution not to alarm the patient.

- Observe environment of care in the patient's room.

- Don't "quiz" patient but <u>engage in conversation</u>.

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How are Questions Asked?

- Use "I" statements
  - *"I see that the patient was given Aspirin."*
  - **Not:** *"You gave the patient Aspirin."*
- Avoid a confrontational tone; the goal is to gather information, not "catch" someone.
- Use opening question followed by "drill-downs."
  - The same question, asked slightly different, may deepen understanding of compliance.

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Leading Questions

Leading Questions: The question suggests the correct answer.

- *"Do you always wash your hands before interacting with a patient?"*
- *"I assume you would put this type of patient in a negative-pressure room.*
- *You keep this door locked, right?*

Whenever possible, surveyors avoid this type of question.

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Leading vs. Neutral Questions

– Leading questions suggest the correct answer
– Neutral questions do not

Leading

"Do you always wash your hands before interacting with a patient?"

Neutral

"What kind of hand-washing protocols have you adopted? How effective have hand-washing protocols been?"

Leading

"I assume you would put this type of patient in a negative-pressure room. How would you treat this patient?"

Neutral

"There are many different ways to treat this type of patient. How would you handle this case?"

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Closed Questions

Closed Questions: Only allow a choice of two options, typically "yes" or "no."

- *Do you educate patients on their treatment?*

The respondent supplies a very limited amount of information to the questioner.

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Closed Vs. Open Questions

– Closed questions have few responses (yes/no)
– Open questions require elaborative response

Closed

"Have you been trained to operate this equipment?"

Open

How do you know the correct way to operate this equipment?

Closed

Did you follow your organization's policy when admitting this patient?

Open

How did you admit this patient? What is your organization's admission policy?

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After the Question

- Make sure the question was understood.
- Restate answers for clarification.
- Pause after an answer to encourage more information.
- Give positive feedback for well-thought out answers.
- Ask for more information if you need it in order to understand the answer.

Drill-Down Questions

- **Surveyors use a "drilling down" questioning strategy.**
- **Allows us to focus on areas of concern.**

What was your role in caring for this patient?

I am the nurse responsible for this patient, so I was the one who administered the medications.

Would you describe the process you used?

I started by checking the two patient identifiers. For this unit, we usually check the patient's full name and birthdate, and I think I did that here.

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Drill-Down Questions

– **Now, we select which issue we want to explore more deeply.**

I started by checking the two patient identifiers. For this unit, we usually check the patient's full name and birthdate, and I think I did that here.

How do you determine which identifiers you're going to use?

Well, sometimes it's easier for us to ask for name and birthdate, some people prefer to get the national ID number, it's just personal preference.

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Drill-Down Questions

– **At this point, we are pretty sure we have a problem with IPSG.1**

  – **(requires that two patient identifiers are used consistently throughout the organization)**

– **Now, we want to learn more.**

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Drill-Down Questions

Well, sometimes it's easier for us to ask for name and birthdate, some people prefer to get the national ID number, it's just personal preference.

– **Now, we think we might have a process problem.**

– **Is it a policy or staff education problem?**

A. May I see your policy on patient identification?

Or, we could ask….

B. How did you develop your patient identification policy?

Does the policy not meet the standards?

Or, we could ask….

C. How were you trained to identify patients?

Do we have a good policy, but no one follows it?

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Validate

When you notice a policy violation or an inconsistency in clinical practice, you should:

- Drill down

   Ask probing questions to more fully understand the problem.

- Validate

   Look for examples of the problem in other settings or with other practitioners. Is this an isolated incident, or a trend?

After the Tracer: Share your Findings

- **Share with leadership**
  - Share all findings to lay groundwork for new improvements; communicate incremental responses to changes.

- **Share with staff**
  - Share successes *and* challenges.
  - The clearest and most accurate picture creates respect for the tracer process.
  - Issues should be shared in a nonpunitive, positive, and educational manner.

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Thank You

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