



18th Edition

The Joint Commission Mock Tracer Made Simple

Jean S. Clark, RHIA, CSHA
Heather Forbes, BSN, RN, CEN, CSHA, HACP

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HCPro
a division of BLR

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Jean S. Clark, RHIA, CSHA, Author

Heather Forbes, BSN, RN, CEN, CSHA, HACP, Author

Jay Kumar, Associate Product Manager

Erin Callahan, Senior Director, Product

Elizabeth Petersen, Vice President

Matt Sharpe, Production Supervisor

Vincent Skyers, Design Services Director

Vicki McMahan, Sr. Graphic Designer/Layout

Phillip Couch, Cover Designer

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HCPro

100 Winners Circle, Suite 300

Brentwood, TN 37027

Telephone: 800-650-6787 or 781-639-1872

Fax: 800-785-9212 Email: customerservice@hcpro.com

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About the Authors

Jean S. Clark, RHIA, CSHA

Jean S. Clark, RHIA, CSHA, has been a leader in the field of accreditation and regulatory compliance and health information management for more than 30 years. She graduated with honors from the Medical University of South Carolina School of Health Related Sciences. She served as the president of the American Health Information Management Association (AHIMA), the International Health Information Management Association, the Southeastern Medical Record Association, and two terms for the South Carolina Health Information Management Association (SCHIMA). She also received AHIMA's Distinguished Member, Literary, and Volunteer awards and the Southeastern Medical Record Association and SCHIMA Distinguished Member award.

She is a well-known speaker on accreditation and regulatory compliance. Currently, she teaches the HCPro Accreditation Boot Camps, writes a column for Medical Records Briefing, and authors books on accreditation and regulatory compliance. She lives in Charleston, South Carolina.

Heather Forbes, BSN, RN, CEN, CSHA, HACP

Heather Forbes, BSN, RN, CEN, CSHA, HACP, is an independent healthcare accreditation consultant with a passion for mentoring new accreditation consultants and leveraging accreditation and regulatory standards for improving patient safety across all continuums of care.

In addition to accreditation and regulatory readiness, Heather has experience in leadership, developing and implementing sustainable clinical education programs, critical care nursing, and healthcare technology. She is a published author, speaker, and consultant for healthcare accreditation, including The Joint Commission and the Centers for Medicare & Medicaid Services.

Heather is an honors graduate of Northeastern University.

Preface


Since 2006, hospitals accredited by The Joint Commission have been subject to the unannounced survey. Approximately 15,000 healthcare organizations in the United States are striving to achieve and maintain accreditation, and among them, The Joint Commission seems to be the primary regulator. Some organizations have moved to other accrediting bodies, such as Det Norske Veritas (DNV), the American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP), the Association for Ambulatory Healthcare (AAAH), and the Center for Improvement for Healthcare Quality (CIHQ). Regardless of the accrediting agency, hospitals and healthcare organizations need to have a process in place to ensure compliance with the standards and with the Centers for Medicare & Medicaid Services (CMS) *Conditions of Participation* (CoP). The tracer methodology introduced by The Joint Commission has proven to be a useful tool to assess both the patient care process and other supportive processes within a hospital. It can help to identify gaps in compliance and knowledge deficits, as well as exemplary practices.

Continuous survey readiness—including a mock survey approach that fully integrates the tracer methodology—is a good way to take a snapshot of the organization's compliance and to help staff maintain a level of comfort when an unannounced survey does occur. This approach can also supplement your overall quality program by helping you identify items to improve in order to maintain the state of readiness.

This book outlines an organized, systematic approach to monitoring compliance on a continuous basis. It offers tools that you can use to conduct tracers throughout the year. If you integrate the activities described into the operations and infrastructure of the organization's quality process, it will become less of a compliance assessment activity and more of a quality assessment, monitoring, and improvement activity. The processes described in this book will also help you conduct your annual Focused Standards Assessment (FSA) and add findings from the FSA to your tracer tools.


We have designed an approach to support continuous readiness using recent editions of HCPro's *The Joint Commission Mock Tracer Made Simple*. Available for download are the Joint Commission chapter checklists with completely updated content. You can access them at www.hcpro.com/downloads/12530, along with the focused tracer tools highlighted in the book. On the downloadable files, you'll see icons next to most chapter checklist items that can help you quickly assess each standard's relative importance. Here is a key explaining what each symbol means.

Symbols in This Book


 **Limited Scope icon:** If you need to limit the scope of your mock survey, first gauge compliance with all the assessment points marked with this icon. Surveyors will likely scrutinize these issues the most. After you

have completed this initial high-priority assessment, if you find that you can expand the scope, go back and assess compliance with the remaining standards. This way, your teams can begin correcting problems that are highly likely to affect the survey before addressing minor compliance issues.

 **Hot Topic icon:** This indicates the items that have presented the greatest challenge.

 **Policy icon:** This indicates standards that require a policy.

 **Documentation icon:** This indicates standards that require documentation.

 **New/Changed Standard icon:** This indicates revisions or additions by The Joint Commission for this year.

The book is designed to offer sound advice and practical examples on conducting tracers that result in a move to establish continuous compliance. For this process to be effective, mock tracers must be part of a living, fluid, working process. Each tracer is a “snapshot” in time that can reveal areas for improvement as well as areas of exemplary practice. To be continuously compliant or at least continuously aware of their compliance status, hospitals must regularly measure and monitor compliance.

The Joint Commission Mock Tracer Made Simple is a toolkit that will help you on your road to continuous compliance. Do you know at any given time what the compliance issues are in your organization? The goal is to know the organization inside and out so that when the actual survey occurs, there are no surprises. Integrating a self-assessment, a mock survey process, and tracer methodology activities into daily operations allows you to identify deficiencies and build action plans that will lead to sustained compliance.

How This Book Is Organized

Chapter 1 provides an overview of the Joint Commission standards and survey process as well as the critical link to the CMS CoP. Also covered are suggestions for managing the mock survey process and evaluating the results.

Chapter 2 includes a detailed explanation of how the scoring works and how to think about the impact of the scoring when conducting a mock survey with integrated tracers. The book also includes information about the new SAFER Matrix scoring methodology, which begins January 1, 2017, for hospitals and July 6, 2016, for psychiatric hospitals. The new scoring methodology will identify risk levels associated with deficiencies cited during survey and require all deficiencies to be corrected within a defined time frame. It will be even more important for hospitals to have a sound continuous survey readiness program in place to meet the new challenges associated with the survey, scoring, and correction of the deficiency methodology.

In addition, this chapter offers insight into integrating the tracer methodology into daily operations. Guidance is given on maintaining an organized approach, getting the right people involved, keeping the momentum going, communicating important information identified in the tracer process, and measuring and monitoring

any plans for improvement you may put into place. It will answer questions such as:

- When to begin?
- Who should conduct the tracers?
- What tracers should you conduct and where do you start?
- What to report and how to monitor compliance?

Chapter 3 provides a review of a comprehensive mock survey as well as a limited-scope mock survey process. Readers will be able to download succinct examples of compliance checklists for each functional chapter assessment point, drawn directly from experiences in real hospital settings. As you review the checklists, keep in mind that they include only examples of compliance and are not the only way to comply.

Chapter 4 describes the patient tracer. The focus of this chapter is on the provision of patient care within your hospital. An essential read for the tracer team, it will allow the tracer team to see the points of care to validate the presence or absence of interdisciplinary care, critical communication between and among caregivers, and continuity and collaboration across the organization. Included in this chapter are sample patient tracer tools.

Chapter 5 describes the system tracer. This tracer process can be applied to any area of the hospital, not just direct patient care. Once again, it will allow the tracer team to see the points of the system or process from beginning to end and validate the presence or absence of the appropriate steps.

Chapter 6 includes several tracer tools and actual case studies.

Understanding the Joint Commission Standards and Managing the Mock Survey Process

The evolution of The Joint Commission's accreditation process continues. In January 2013, the accreditor introduced the Intracycle Monitoring (ICM) Profile to help accredited organizations with their ongoing compliance efforts at “touch points” throughout the triennial cycle. ICM provides hospitals with access to a robust workspace through their secure extranet site (EApp) that, through information, tools, resources, and solutions, allows hospitals to assess accreditation information continuously.

Another significant development is that the Periodic Performance Review (PPR) tool has been replaced with the Focused Standards Assessment (FSA) tool. Through its own risk assessment, The Joint Commission has identified target elements of performance (EP) that pose higher risk and that need to be included in the FSA. These select EPs are identified with an “R” icon to indicate their critical impact on patient care and safety. At a minimum, an organization must score the “R” standards, but it can also supplement the FSA with EPs that it has independently determined to be high risk. Doing so can make the FSA a very tailored and organization-specific exercise that provides building blocks for tracer reviews.

The Joint Commission has added a new chapter, Patient Safety Systems, to its *Comprehensive Accreditation Manual for Hospitals*, and it has also added a new National Patient Safety Goal (NPSG) that focuses on management of clinical alarms. This book includes information and checklists that relate to these new additions as well as to anticipated changes to diagnostic imaging services.

For many organizations, the tracer methodology has become one of the primary tools for assessing compliance. During survey, organizations can expect to see the tracer methodology applied to patient care as well as to any and all processes that relate to or support it. Make sure that you prepare staff for a fluid, interactive survey process—one in which any member of the healthcare team may be asked to participate. Survey coordinators should have full knowledge of their organization's compliance status. An organized and ongoing compliance assessment process with tracers integrated throughout the triennial cycle is an excellent way to stay prepared. The goal for survey should be “no surprises.”

Core Survey Process

Following are the core aspects of the survey process. Note that The Joint Commission has eliminated the use of Clinical Service Groups (CSG) and Priority Focus Areas (PFA) to determine the focus for on-site surveys. Instead, surveyors will focus on information from the organization's ICM, FSA, and Requirements for Improvement (RFI) from the previous survey. Three standard areas have been selected as system tracers and applied to every organization: data use, infection control, and medication management. The second-generation tracers discussed later in this chapter continue to be part of the on-site survey.

Tracer methodology

In industry, a tracer involves following a product from start to finish to identify process and system issues. In healthcare, the tracer is the patient or a particular system. Using the outputs from the ICM as a reference, surveyors will request daily census lists, operating room schedules, procedure schedules, and other data sources to select patients to trace. Patients selected as tracers must meet the following criteria:

- They have received complex services and usually are close to discharge
- They crossed different programs (e.g., emergency department to intensive care unit to med/surg, or acute to long-term care)
- They are related to system tracers

The survey team will review the record selected, taking note of key actions, and then visit the other units/departments where care was delivered or services were rendered and interview staff members about the processes involved. If the hospital being surveyed still uses paper medical records, the surveyor will not remove the medical record from the unit where the patient is located but instead will work from his or her notes taken during the tracer. For hospitals that have moved to an electronic health record (EHR) system, the record can usually be referred to at any place in the hospital. However, it is always used at the point of care, as the surveyor interviews the nurse or other caregiver who is assigned to the patient being traced. Whether using paper records or EHR, staff being interviewed by surveyors must be able to locate information quickly in the medical record. Tracers can help to hone this process and build staff confidence.

During an average three-day survey, it is expected that the survey team will be able to complete nine to 12 tracers. On average, a tracer will take 90 minutes, but in actual surveys, they can take up to three hours, and they should take 60%–70% of the survey time. The tracer process is expected to include the following:

- Observation of care delivery
- Interviews
- Medical record reviews
- Environment of care observations

- Infection prevention
- Privacy and confidentiality of medical records as well as patients
- Observation of medication-related processes—ordering, safety, and security
- Observation of care planning
- Patient or family interview
- Staff competency
- Review of additional medical records as indicated (e.g., requests for closed records for restraints if no patients are on restraints during the on-site survey)

In addition, a surveyor may interview staff members about performance improvement and patient safety activities, their daily duties and clinical practice, and their orientation and training. Review of policies and procedures may also occur as indicated by discussions or questions raised by a surveyor.

As the surveyors interview staff members about care processes and other systems, they will try to speak to the actual staff members involved with the patient, but if those staff are not available, they will speak to others in the same role. The patient or the family also will be interviewed whenever possible. Surveyors now spend a significant amount of time observing actual care by watching medication passes, observing dressing changes, visiting operating room suites to verify timeout and medication labeling requirements, and even observing deliveries. Chapter 3 describes the patient tracer process in more detail and provides examples of actual case studies.

The system tracers remain the same as they were before and include data use, infection control, and medication management. The surveyors seem to have quite a bit of latitude in conducting system tracers; some hold a meeting with an interdisciplinary group (which is pretty standard for data use and infection prevention), while some go to the unit and trace a patient who has an infection or is receiving high-risk medication, interviewing multiple members of the care team about their areas of focus in a patient of this type. Regardless of the format, the system tracers are scheduled activities. Chapter 4 provides a more detailed description of system tracers with examples of their application.

Second-generation tracers have now been added to the tracer mix. These focus on specific topics that may warrant closer observation (i.e., digging deeper) as a result of patient tracers. Second-generation tracers include the following:

- Cleaning, disinfection, and sterilization
- Contract services
- Ongoing and focused professional practice evaluation (OPPE and FPPE)
- Diagnostic imaging
- Therapeutic radiation

- Patient flow across the continuum
- Clinical/health information

There are several triggers that can lead to a second-generation tracer: patterns of practice, inconsistent application of processes across the hospital system, trends in unsafe patient care, or safety issues. Hospitals should be particularly aware of these areas and ensure that they are in compliance to avoid increased surveyor scrutiny.

Using the tracer methodology, surveyors will look for compliance with standards and patient safety goals, compliance with internal policies, consistent responses, collaboration across disciplines, communication of all important information, and competence of staff members. During their interactions with staff, surveyors will collect names and review their competence and credentials later in the survey.

Program-specific tracers

Designed to focus on important processes, these tracers concentrate on specific topics such as laboratory integration, suicide prevention, and emergency management. Surveyors will integrate these topics when performing patient tracers.

Scheduled interdisciplinary conferences

Your survey schedule is provided to you on your secure extranet site. Be aware that the survey team can change the schedule while on-site; the hospital can also request changes to the agenda. The survey coordinator and the Joint Commission team leader usually discuss such changes on the first morning of the survey.

In general, there are relatively few scheduled interdisciplinary conferences. Surveyors now begin the unannounced survey with a planning session to give the organization time to gather its leaders for the opening conference/introduction that will follow. Following that planning session is the opening conference, which involves the leadership, competency assessment, medical staff credentialing, environment of care, emergency management, and system tracers. The survey team also holds a second, formal conference with leadership late in the survey to explore issues identified during the survey and to discuss compliance with leadership standards.

The competency and credentialing conferences are scheduled well into the survey so that they can include documentation on individuals encountered during the surveyors' rounds. Some surveyors conduct these conferences in two parts: The first part focuses on review of documentation, while the second focuses on broader issues and education.

Tips for readiness

The following are some general tips for readiness regarding various aspects of a survey:

- Documents for review: The list of documents that must be available includes items that can be gathered in advance as well as items that will need to be pulled the morning of the survey. The documents list is located in The Joint Commission's survey activity guide; review this list in advance. Many organizations keep a binder ready to go in the event of an unannounced survey. Conduct a practice run to ensure that

documents that need to be located on the morning of the survey (e.g., lists of patients, procedures, surgeries, ambulatory/diagnostic testing appointments, etc.) can be retrieved quickly and efficiently. There is also a list of items that may be requested when the surveyor identifies an issue. Ensure that these items are current and accessible.

- **Closed medical record review session:** There is no scheduled closed medical record review; the focus will be on current, open records. If questions about compliance with documentation in the record arise, or if there are no patients of a certain type in the hospital at the time of the survey, the surveyors may ask for a sample of closed records to review. For example, if there are no patients in restraints at survey time, the surveyors will ask for a sample of closed records involving patients in restraints. Also, the medical record delinquency form must be completed and ready for the survey team. Don't lose sight of your delinquency rate; it can affect your accreditation status if it exceeds twice the average monthly discharges.
- **Leadership conferences:** Following the surveyor planning session, the surveyors have their first meeting with the leaders during the opening conference. This conference sets the stage by helping surveyors understand what the organization is all about and what they should expect to find during the remainder of the survey. The Joint Commission says that a formal presentation is not required for this session; however, most hospitals prepare a short PowerPoint presentation and obtain approval from the Joint Commission team leader to present it at the opening conference. Some organizations have also found it helpful to put together an overview as a handout for the survey team. This handout can be used as a reference throughout the survey, and it gets your leadership team to think about possible survey focus issues. Usually scheduled on the last day, the formal leadership conference focuses on issues identified during survey and is led by the team leader, with input from the survey team. It provides a chance for leadership to respond to compliance issues and to demonstrate knowledge of The Joint Commission's leadership requirements. In recent surveys, this conference has focused on leaders' concept of their progress toward creating a highly reliable organization. Surveyors have emphasized several articles on this topic written by Joint Commission President Mark Chassin, MD, FACP, MPP, MPH. Ensure that a leader is familiar with these articles and is prepared to speak to them at the leadership conference. Also be prepared to discuss the new Patient Safety Systems (PS) chapter. A checklist for this chapter, as well as for the clinical alarm management National Patient Safety Goal, has been added to the Checklists section of this book.
- **Competency assessment processes:** The surveyors will identify times toward the end of the survey to review documentation of employees' competency and the credentials of staff members with privileges. Expect names of staff members who interacted with surveyors during tracers to make up the bulk of this review. Also expect surveyors to request specific competency information during patient tracer activity.
- **Visits to patient care settings and departments:** This activity is incorporated into tracers. Note that any given area might be visited once, multiple times, or not at all. Therefore, the entire organization should be survey-ready.

- **Environment of care review:** A formal session will be scheduled to review documents and to discuss issues related to environment of care. Currently, every hospital will have a *Life Safety Code*® specialist visit for at least two days during the survey.
- **Emergency management:** For hospital surveys, a formal session will be scheduled to review emergency management. Surveyors will evaluate the hazard vulnerability analysis, the emergency operations plan (EOP), the prior year's EOP, and any emergency management drills and resulting actions taken.
- **Daily briefing:** This valuable meeting will occur from day two until the last day of the survey. Listen carefully to the issues that surveyors raise during the briefing to identify possible recommendations, and challenge any findings believed to be incorrect while the surveyors are still on-site. Use the issue resolution times to address any open items that need further clarification. Disputes with the survey team should be channeled to the team leader.
- **Off-shift survey visit:** The Joint Commission no longer includes an off-shift visit during reaccreditation surveys, but it reserves the right to conduct such visits in “for cause” surveys.
- **Exit conference:** Organizations will receive their preliminary survey report at the exit conference. Remember, following the survey, you still have an opportunity to clarify (i.e., remove) disputed findings from this report. You should exercise this option when necessary and without reservation.
- **Complex surveys:** Organizations that have customarily had a “tailored survey” with ambulatory, long-term care, homecare, or addictive disease surveyors added to the core team should expect to see a greater degree of integration, with only one leadership conference and members of the core team performing assessment of specialty areas whenever possible.
- **Review of Measures of Success (MOS) from FSA:** If you did not select Option 3 for your PPR, you may be asked to share the results of any required MOS.
- **Compliance with the United States Pharmacopeia (USP)—National Formulary Chapter on Compounding, Sterile Precautions:** Although The Joint Commission supports the goals of USP 797 requirements, the accreditor will not survey your compliance with these requirements.
- **Compliance with CMS' *Conditions of Participation (CoP)*:** Intense focus on standards derived from CMS' *CoP* has become normal throughout a survey. For hospitals that use Joint Commission accreditation for deemed status, compliance is crucial. The electronic edition of the accreditation manual provides a crosswalk between the standards and *CoP*.

Scoring Highlights

For Joint Commission–accredited hospitals, 2015 brings continued improvements to the accreditation manual. It provides a user-friendly format for each chapter and includes additional information in a section within each standard titled “EP Attributes.” This format is discussed in detail in Chapter 2.

Scoring starts with an assessment of how well you comply with each EP. Knowledge of the standard's impact on accreditation status is critical. Chapter 3 explains how scoring works and how to think about its impact when conducting tracers.

What Does This Mean?

Considering the depth of the survey process and the extended window of time during which unannounced surveys can occur, the message should be clear: Organizations that want to remain accredited must be survey ready 24/7. Last-minute “ramp-ups” to survey are not realistic and do not work. Your hospital should be ready for patients every day; if it is, it will be ready for Joint Commission surveyors. The standards are the foundation, and accreditation is a byproduct of good, solid patient care. Ongoing mock surveys using the tracer methodology provide continuous insight into the provision of patient care, ensure that staff members are comfortable with the survey process, and help hospitals prepare for an unannounced survey.

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The Joint Commission Mock Tracer Made Simple, 18th Edition, the newest version of HCPro's premier survey prep guide, helps you ensure everyone is ready when surveyors walk through your front door. The book breaks down the latest Joint Commission standards in a mock survey checklist format and guides you through practice tracers throughout your organization. Use these tools to train chapter leaders and committee members to easily delegate the right forms to the right people on their committees.

This completely updated edition reflects changes to the Joint Commission standards and National Patient Safety Goals, including the adoption of the 2012 *Life Safety Code*®. It also comes with a companion PDF that makes it easier for survey coordinators to distribute tools and checklists to the appropriate staff.

This training resource will help you:

- Identify and address compliance weak spots before surveyors find them
- Determine whether your facility and staff are ready for survey
- Train staff on their survey roles and responsibilities
- Use survey simulations and checklists to keep yourself organized and ensure maximum readiness
- Save time with a handy collection of customizable lists and forms, distributable in print or electronically

HCPro
a division of BLR
100 Winners Circle, Suite 300
Brentwood, TN 37027
www.hcmarketplace.com

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