



Sixteenth Edition

The Joint Commission Mock Tracer Made Simple

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

The **Joint**
Commission
Mock Tracer
Made Simple

SIXTEENTH EDITION

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HCPro
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Preface


Since 2006, hospitals accredited by The Joint Commission (TJC) have experienced the unannounced survey. To date, approximately 15,000 healthcare organizations in the United States are striving to achieve and maintain accreditation. TJC seems to be the primary regulator; however, many organizations have moved from TJC to other accrediting bodies such as Det Norske Veritas and the American Osteopathic Association's Healthcare Facilities Accreditation Program. Regardless of the accrediting agency, hospitals and healthcare organizations need to have a process in place to ensure compliance with the standards and the Centers for Medicare & Medicaid Services (CMS) *Conditions of Participation (CoP)*. The tracer methodology introduced by TJC 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 determine gaps in compliance and knowledge deficits, as well as identify exemplary practices.

Continuous survey readiness—including a mock survey approach fully integrating the tracer methodology—is a good way to take a snapshot of the organization's compliance and remind staff members of the survey process so that they maintain a comfort level during an unannounced survey. This approach can also supplement your overall quality program through the improvement of any items identified to maintain and improve the state of readiness.


This book attempts to describe an organized and systematic way to monitor compliance on a continuous basis. Included in this book are tools you can use to conduct tracers throughout the year. The activities described can and should be integrated into the operations and infrastructure of the organization's quality process. By doing so, this process becomes less of a compliance assessment activity and more of a quality assessment, monitoring, and improvement activity.

We have designed an approach to support continuous readiness using *The Joint Commission Mock Tracer Made Simple*. This book evolved from recent editions of HCPro's *The Joint Commission Mock Survey Made Simple*. Available for download are the Joint Commission chapter checklists with completely updated content. You can access them at <http://www.hcpro.com/downloads/12215>, 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 of 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 with high potential for affecting the survey before they address 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 TJC 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? Knowing the organization inside and out is the goal so that when the actual survey occurs, there are no surprises. Integrating a self-assessment, mock survey process, and tracer methodology activities into daily operations allows you to identify deficiencies and build action plans that hopefully 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. 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. The focus should be on high-risk, problem-prone, and high- or low-volume system processes. 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 tracer tools and actual case studies:

- General Patient Care Tracer Tool
- Infection Control Tracer Tool
- Medication Management Tracer Tool
- Tissue Tracer Tool
- Patient Safety Tracer Tool
- Physical Environment Tracer Tool
- Equipment Use Tracer Tool

Understanding the Joint Commission Standards and Managing the Mock Survey Process

The evolution of The Joint Commission's (TJC) accreditation process continues. In January 2013, the Intracycle Monitoring (ICM) Profile was introduced to provide hospitals with access to a robust workspace through their extranet site that, through information, tools, resources, and solutions, provides the ability to continuously assess accreditation information throughout the accreditation cycle. The ICM was designed to help accredited organizations with their ongoing compliance efforts at “touch points” throughout the triennial cycle. The Periodic Performance Review (PPR) tool has been replaced with the Focused Standards Assessment (FSA) tool. Through its own risk assessment, TJC has identified target elements of performance (EP) that pose a higher risk and 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 supplement the FSA with EPs that it has independently determined to be high risk. The FSA, then, can become a very tailored and organization-specific exercise that provides building blocks for tracer reviews.

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 any and all processes that relate to or support it. Make sure you prepare your staff members 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 the compliance status of their organization. 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 to the survey process.

Priority Focus Process (PFP) change to ICM

TJC is continually analyzing information about your organization to develop the Priority Focus Areas (PFA) and Clinical Service Groups (CSG) for your survey. These are updated quarterly on your Joint Commission Connect™ secure extranet site, so watch for emails alerting you to any changes. Elements in the analysis include your online application, previous survey results, Core Measures/ORYX data, other comparative data, publicly

available data such as MEDPAR or OASIS, complaints and/or citations by the Centers for Medicare & Medicaid Services (CMS) or your state health department, and FSA results when known to TJC. The accreditor applies unpublished “application processing rules” and “priority focus rules” to generate your organization-specific PFAs and CSGs.

The results of the ICM are compiled on a list of four or five PFAs and four or five CSGs that are believed to be significant to your organization’s patient safety and quality processes. These Priority Focus Output lists will be provided to your organization electronically on a quarterly basis via TJC’s Connect website and will be used by the survey team to shape your survey.

PFAs

PFAs are systems, processes, or structures that have the potential to affect the quality and safety of patient care. The PFAs are:

- Assessment and Care/Service
- Communication
- Credentialed and Privileged Practitioners
- Equipment Use
- Infection Control
- Information Management
- Medication Management
- Organization Structure
- Orientation and Training
- Rights and Ethics
- Physical Environment
- Quality Improvement Expertise and Activity
- Patient Safety
- Staffing

You can find the details of which standards roll up to each PFA on TJC’s Connect website. Because communication has been identified as the most frequent cause of sentinel events reported to TJC, most organizations have seen it on their list of PFAs. In addition to the PFAs selected specifically for the surveyed organization, three standard areas have been selected as system tracers and applied to every organization. These are Medication Management, Infection Control, and Data Use.

CSGs

These are selections from the types of medical and surgical services offered by your organization, including specific diagnoses/procedures within those groups based on your actual volumes. An example is Thoracic Surgery, including major chest procedures, respiratory OR procedures, major chest trauma, and lung transplants.

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 system. Using the outputs from the ICM as a reference, surveyors will request daily census lists, OR schedules, procedure schedules, and other data sources to select patients to trace. Criteria for selection of patient care tracers are that they:

- Are included in CSGs
- Received complex services, and usually are close to discharge
- Crossed different programs (ED to ICU to med/surg or acute to long-term care)
- 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. This can help everyone stay on track and refer to the source of truth during the tracer: the patient record. It is important to make sure staff being interviewed by surveyors can locate information quickly in the medical record, whether paper or EHR. 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. Tracers should take 60%–70% of the survey time. The tracer process is expected to include:

- Observation of care delivery
- Observation of medication-related processes
- Observation of care planning
- Patient or family interview
- Review of additional medical records as indicated

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 the 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 and include Data Use, Infection Prevention, 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 are specific topics that may warrant closer observation (digging deeper) as a result of patient tracers. Second-generation tracers include:

- 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 things that can trigger 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 they are in compliance to avoid increased surveyor scrutiny.

Key issues that surveyors will look for via the tracer methodology are 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 programmatic topics such as laboratory integration, suicide prevention, and emergency management. Surveyors will integrate these topics while performing PFAs.

Scheduled interdisciplinary conferences

There are relatively few scheduled interdisciplinary conferences. The only scheduled conferences are the opening conference plus the leadership, competency assessment, medical staff credentialing, environment of care, emergency management, and system tracers. Your survey schedule is provided to you on your secure extranet site. Be aware that the survey team can change the schedule to some degree while on-site; the hospital can also request changes to the agenda. Changes are usually discussed between the survey coordinator and the TJC team leader on the first morning of the survey.

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. This meeting will be used to elicit information about the organization from the leaders. The survey team will hold a second, formal conference with leadership late in the survey to explore issues identified during the survey and discuss compliance with leadership standards.

The competency and credentialing conferences will be scheduled well into the survey to allow for inclusion of documentation on individuals encountered during the surveyors' rounds. Some surveyors conduct these conferences in two parts: The first part is focused on review of documentation, while the second focuses on broader issues and education.

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

- **Documents for review:** The list of documents that need to be available includes items that can be gathered in advance plus items that will need to be pulled the morning of the survey. The documents list is located in the TJC survey activity guide; review this list in advance. Many organizations keep a binder ready to go in the event of an unannounced survey. Go through a practice run to ensure that documents that need to be pulled 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:** The surveyors have their first meeting with the leaders during the opening conference, following the surveyor planning session. The opening conference sets the stage for the surveyors by helping them to understand what the organization is all about and what they should expect to find during the remainder of the survey. TJC says a formal presentation is not required for this session; however, most hospitals prepare a short PowerPoint presentation and obtain approval from the TJC 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 demonstrate knowledge of TJC'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 TJC president Mark Chassin, MD, FACP, MPP, MPH. Ensure a leader is familiar with these articles and prepared to speak about them at the leadership conference.
- **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 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 issues 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:** TJC 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 TJC 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 TJC accreditation for deemed status, compliance is crucial. The electronic edition of the accreditation manual provides a crosswalk between the standards and *CoPs*.

Scoring Highlights

For Joint Commission–accredited hospitals, 2014 brings a new look to the accreditation manual. It provides a user-friendly format for each chapter and additional information in a section within each standard titled EP Attributes. This 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 All This Mean?

Considering the depth of the survey process and the extended window of time during which unannounced reaccreditation 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 TJC. 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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Turn to *The Joint Commission Mock Tracer Made Simple, 16th Edition*, for your survey prep needs as you train your organization on what to expect when the surveyors show up at your door. The completely updated 16th edition clearly and concisely breaks down standards in an easy-to-understand mock survey checklist format and shows you how to perform practice tracers throughout your organization.

Save yourself time and effort in preparing your organization with this toolkit that has done the prep work for you!

The Joint Commission Mock Tracer Made Simple will enable you to:

- Identify and address compliance weak spots in time for a survey visit
- Train staff on their roles in a survey and gauge your facility's level of preparedness
- Organize your department with survey simulations and effective checklists
- Embrace the firsthand expertise of the authors, who have years of experience performing tracers and training staff



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