

Tracer Methodology and the New Joint Commission Home Care and Hospice Survey Process: Part 2

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The October 2004 "Accreditation Strategies" column provided an overview of the new survey process and addressed specific survey activities up through to the individual tracer activity. This column will continue the discussion of the new survey process and discuss the systems tracers and survey activities through to the exit conference.

System Tracers

System tracer activities are new to the home care survey process. There are three types of system tracers: data use, medication management, and infection control. During each system tracer, the surveyor(s) will lead a discussion with home care and hospice organization's leaders as to how they oversee the systems that affect patient safety and the quality of patient care.

Depending on the survey's length, minimally the data use system tracer will be conducted. When the survey length is 4 or more days, all three system tracers will be conducted. If only the data use system tracer is scheduled, topics that address all three system tracers will be completed in the one data use system tracer.

The system tracer activity will begin after at least one patient tracer activity has been completed. Findings from the tracer activities and other survey activities will serve as the foundation for discussion during the system tracer. In the new survey process, information is to be shared as an interactive discussion and more con-

versational in style than a stand up "performance."

Data Use

In the initial surveyor planning session, the surveyor(s) will have briefly reviewed the home care and hospice organization's data collection and analysis activities, and subsequent actions planned. Therefore, in preparing for this session, it would be helpful (to the surveyor) for the home care and hospice organization to describe specific examples of performance improvement initiatives and what improvements were made were achieved and sustained.

It is not as important to discuss what types of data have been collected or performance improvement projects initiated as it is to describe how this information was used to make management decisions and how the data were used to impact the safety and quality of patient care. During this time ORYX data, satisfaction data, and high-risk processes the organization is working on to further reduce the risk of an adverse outcome would be discussed. If a separate infection control and medication management system

tracer will not be conducted, these topics will also be discussed in the time allotted for data use.

All surveyors, depending on their availability, will participate in the data use system tracer discussion. Individuals from the home care and hospice program who should participate in the system tracer, when it only addresses data use, are the persons responsible for performance improvement activities and data collection within the organization and a leadership representative.

In the new survey process do not plan to make a presentation as was formerly conducted. The new survey process is to be a verbal discussion rather than a one-way presentation with surveyor questions. Instead of taking the time to prepare storyboards or graphics for computer projection, organize your thoughts on how data are used within your organization, especially how data are integrated into planning activities and management decisions and have been used to impact the safety and quality of patient care.

Infection Control

Regardless of whether infection control was selected as one of the home care and hospice organization's priority focus areas (PFAs), infection control will always be addressed during

home visits and patient tracer activities. During a point in the new survey process (i.e., either during the data use system tracer or in a stand-alone infection control system tracer), time will be spent discussing the implementation of the infection control program.

During the initial surveyor planning session, the surveyor will have briefly reviewed the home care and hospice organization's infection control surveillance data. If during home visits, breaches in infection prevention or control measures were identified, or, if during staff interviews or record review, infections identified were not properly reported or staff knowledge deficits were noted related to infection prevention and control measures, these will be discussed during the infection control system tracer or addressed during the leadership session.

If the surveyor(s) identifies no problems addressing infection control, then the individuals participating in the infection control system tracer should be ready to discuss infection control in their organization as it pertains to the selected PFAs. Topics that *may* be discussed include how the leaders:

- implement and monitor the staff's compliance with the CDC hand hygiene guidelines;
- provide ongoing inservices and education related to infection control;
- communicate the aggregate results of surveillance activities conducted and what follow-up actions, if any, will be taken; or
- manage the patient's care when the patient is colonized or infected with a multidrug-

resistant organism (e.g., MRSA or VRE).

Medication Management

Regardless of whether medication management was selected as one of the home care and hospice organization's PFAs, medication management will always be addressed in the system tracer activities. During the initial surveyor planning session, the surveyor should have briefly reviewed performance improvement data that addressed medication management (PI.1.10 EP 4 and PI.2.20

record review, applicable policy review), examples of topics that staff and management should be prepared to discuss during the medication management tracer activity include:

- how leaders have defined high-risk medications and how patients receiving these medications are managed;
- how leaders evaluate its medication management system; and
- how the National Patient Safety Goals have been implemented that affect medication management, such as



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EP 5-6) and have baseline information. Almost all PFAs include standards from the medication management chapter; therefore, the home visits and tracer activities will focus to an extent on medication management, even if medication management was not selected as a PFA.

Findings related to medication management and identified during home visits or staff interviews will be brought forth for further discussion in the medication management system tracer or addressed during the leadership session. Assuming that all components of the patient tracer activity went well (i.e., home visits, staff/family interviews,

1. properly identifying the patient prior to medication administration,
2. taking verbal orders,
3. protecting the patient from free-flow problems when the staff teach the patient/family to set up and administer IV medication, and
4. testing the audibility of infusion pumps in the home.

When multiple surveyors are assigned to the survey, only one will conduct the medication management system tracer. This will be decided among the surveyors in the initial planning session.



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Leadership Session

In the organization session orientation, as time permitted, the "traditional" leadership topics and issues should have been discussed (e.g., budgeting, strategic planning) so that by this point the surveyor(s) should have a fundamental understanding of the organization's structure and "milieu." The same individuals who are supposed to be present for the organizational orientation should also attend the leadership session.

In the new survey process, the topics discussed at the leadership session are related to the issues and findings identified during the patient and system tracer activities. It is meant to be an interactive discussion on why findings occurred to unveil potential issues related to leadership. It's a difficult balancing act for the surveyor to maintain an open interactive discussion without making leaders feel defensive.

Assuming that the survey has gone very well and by the time of the leadership session there are no findings or issues to discuss related to the patient or system tracer activities, the surveyor will discuss the leaders' role as related to the PFA

selected and the leaders' oversight and responsibilities.

Competence Assessment Process

The competence assessment process survey activity usually occurs on the last day of the survey. This is not the surveyor's scheduled time to review personnel records as it was during surveys in past years. Personnel records may be reviewed during this session, but they will not be the focal point of this survey activity. Personnel records may also be reviewed at other times during the survey (e.g., during individual tracer activity and the special issue resolution session). No longer are there a prescribed number of personnel records to be reviewed by each surveyor for each day of survey. The surveyors must decide the number and types of personnel records to review. The records most likely selected for review are those of the staff providing care to the patients selected for individual tracer activity.

If problems are identified in the initial personnel records reviewed, the surveyor may select additional personnel records to review. For example,

if a surveyor reviews a personnel record and determines that a nurse did not have ongoing competence assessment activities performed within the time set by the organization, the surveyor may ask to review several other nurses' competence assessment files, who were also due to have their ongoing competence assessment activities performed. This additional review is to determine if the problem identified in the original files reviewed was an isolated incident or if there was a pattern noted to justify a finding.

From the home care and hospice organization's perspective, individuals who should participate in this survey activity include those responsible for the human resource function, staff orientation, and ongoing education; and those responsible for assessing staff competence. Only one surveyor will participate in this survey activity, although other surveyors may select personnel records to review during individual tracer activity.

Because only one surveyor will participate in this discussion, other surveyors (if present) should disclose their findings from individual and/or system tracer activities to the surveyor session leader, so that follow-up on and discussion can occur during this session. Other topics that may be discussed regarding employees and, if applicable, contracted staff, include:

- organization-wide, department-specific, and job-specific orientation;
- ongoing education and training;
- initial and ongoing competence assessment activities; and

- how the organization monitors that it has sufficient numbers of qualified staff.

Environment of Care Session

The Environment of Care (EC) Session is intended to be both an interactive discussion and a “risk” tracer activity. The interactive discussion occurs between one surveyor and the individuals responsible for the safety and security of staff and patients, the equipment used by staff and patients, hazardous materials and wastes, emergency management planning, utilities, and fire safety. In a freestanding home care and hospice organization, these individuals will most likely be the home care director and management; whereas, in a complex organization, home care may have a more limited role in the EC session.

In the interactive discussion, the surveyor will minimally be addressing the emergency management standards (i.e., standard EC.4.10 and EC.4.20). Therefore, management should be prepared to discuss how it has met the intent of these standards and their elements of performance.

The second part of this session will last approximately 40 to 45 minutes and occurs after the group discussion. The surveyor(s) will observe and evaluate the organization’s performance in managing EC risks and implementing their processes. The type of process to be “traced” will be based largely on observations made during tracer activity and the scope of services provided. For example, the surveyor may trace:

- a “used” infusion pump from the vehicle where the pump

was stored during transport, to the location where the equipment is brought into the office for cleaning and testing, to where the pump is stored as ready for patient use. The pump’s serial number may also be traced back through its history for evidence that the manufacturer’s required routine and preventive maintenance was performed within the required timeframes;

- a recent incident reported by staff for knowing what actions to take if an incident occurs, how and to whom it should be reported, who is responsible for documenting the incident, and their role in reporting safety problems in both the patient’s place of residence and the organization’s office environment.

Life Safety Code Building Tour

The Life Safety Code building tour is applicable to hospices providing facility-based hospice care (i.e., a patient in the facility at the time of survey receiving hospice care for pain or symptom management or respite services). A hospice surveyor will conduct a Life Safety Code building tour when:

- the hospice owns the facility; *or*
- the facility is *not* Joint Commission-accredited;
- patients have received care in the facility for the applicable track record time period; and
- there is an active hospice patient receiving care in the facility at the time of survey.

If the criteria are met for the Life Safety Code® building tour to be conducted, at the initial

surveyor planning session, the hospice should present the completed the Statement of Conditions Plan for Improvement to have it reviewed and signed by the surveyor at the initial surveyor planning session. After the improvement plan has been reviewed and signed, the surveyor can conduct the building tour. The building tour time is spent solely on Life Safety Code issues, and while the surveyor is on the tour he or she will not interview staff or survey other issues pertaining to EC standards.

Special Issue Resolution Session

A special issues resolution session will be scheduled for surveys lasting more than 1 day at the end of each survey day, except for the last survey day. During this session the surveyor will follow up on potential findings from the day’s survey activities. The surveyor may ask to review certain policies and procedures, personnel records, additional clinical records or other documents, interview additional staff, or meet with the organization’s leaders to clarify practices that were observed on home visits or described by family members or staff during interviews.

Daily Briefings

In surveys exceeding 2 days, daily briefings are still conducted each morning with the exception of the last day. During the daily briefing, the surveyor(s):

- report on findings from the previous day’s activities,
- note areas that went very well or staff who performed exemplarily, and

- inform leaders of issues that could lead to noncompliant standard determinations.

The organization's leader can provide the surveyor(s) with any data or information that may have been missed or to be used in consideration of the findings identified during the previous survey day.

The surveyor will review the agenda for the survey day ahead and make changes based on previous findings from individual and system tracer activities.

Depending on what occurred during the previous day's survey, the patient tracers selected and home visits to be performed may be altered. For example, if problems with breaches in infection control measures were noted during wound care, the surveyor may elect to make additional home visits to observe wound care. The entire survey process is much more fluid and can be

changed at any time based on the tracer activity findings. This may also involve focusing on processes that were not initially identified in the PFAs.

Interim Exit Conference

At times when multiple surveyors are assigned to a survey, one surveyor may survey longer than another. When this occurs, the surveyor who is leaving will conduct an interim exit conference by reporting findings to leaders. At the survey's conclusion, all of the surveyors' findings will be combined so that the organization receives one accreditation report.

Exit Briefing and Exit Conference

The survey process for the exit briefing and conference has not changed. At the survey's end, the surveyor will prepare his or her report (if there are multiple

surveyors, the reports will be combined electronically) and print a copy for the chief executive officer (CEO). The surveyor will then present the accreditation decision, review the findings (if any) in the report, and discuss any concerns. The CEO will then decide how the information will be communicated, if at all.

The final report will no longer contain a summary grid score, but will continue to include requirements necessary for improvement (formerly known as a Type I recommendation) and supplemental findings that are linked with the PFAs. It is possible that the organization can receive a requirement for improvement in a PFA that was not selected for review. ■

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