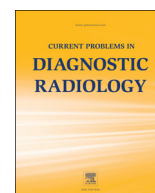




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The Joint Commission Ever-Readiness: Understanding Tracer Methodology

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The Joint Commission (TJC) evaluates the consistent provision of appropriate and safe access to health care, treatment, and services. Currently, TJC uses the tracer methodology to assess standards compliance and follows a number of patients through an organization's entire health care delivery process. The tracer methodology uses 3 different types of tracers as follows: individual or patient tracers, program-specific, and system tracers, to identify performance issues in one or more steps of the care process or at interfaces between them. This review article describes the different types of tracers used by TJC and provides examples of each tracer in radiology; it outlines how to achieve TJC ever-readiness with the use of mock tracers and provides practical suggestions on how to ensure staff engagement.

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Introduction

The Joint Commission (TJC)¹ evaluates the consistent provision of appropriate and safe access to care, treatment, and services. For this purpose TJC has outlined 270 standards and approximately 2000 elements of performance for health care institutions to follow. During an accreditation visit, TJC assesses the alignment of an institution's practices, policies, procedures, and documentation with its standards of performance.

For many years a TJC visit consisted of a detailed review of hospital policies to ensure that an institution had all required policies in place to guide their employees in the performance of their daily work. In 2004, TJC introduced a new methodology to assess standards compliance: the tracer methodology.² With the use of a variety of tracers TJC follows a number of patients through the organization's entire health care delivery process and evaluates their experience of care, treatment, or services. TJC thus strives to ascertain not only that hospital policies and procedures satisfy TJC standards, but moreover that frontline personnel delivers health care according to those standards. A TJC visit aims to identify performance issues in one or more steps of the care process, and to uncover issues at interfaces between different elements of the care process.

The tracer methodology uses 3 different types of tracers as follows: individual or patient tracers, program-specific, and system tracers.

Individual Tracers

Individual tracers focus on "patient care at the point of care" and assess the actual care experience of a patient while at the

organization. In the radiology department this starts at the time of the patients' first telephone contact with the department when scheduling an examination.³ It includes all encounters while physically in radiology and extends to results communication by a radiologist to either the referring physician or patient⁴ after a diagnostic examination as well as discharge after an interventional procedure.³ Individual tracers place an emphasis on performance evaluation of frontline personnel and their compliance with policies.

Individual tracers are a daily part of the TJC visit and last between 60 and 120 minutes. They can be performed by the surveyor in person interacting directly with staff, observing their health care delivery or as chart review.

Patients are selected as an individual tracer if their diagnosis, age, or services allow for an in depth evaluation of organizational practices. The TJC targets areas or patients known to be vulnerable: such as areas that take care of high-risk patients or perform high-risk procedures where maintaining staff competency may be challenging due to low volumes⁵; patients who move between services or programs and go through multiple hand-off situations where communication errors are common.⁶⁻⁹ Communication errors are also known to occur at the transition of care in those who are about to be discharged or are recently admitted. Although the former is prone to lapses in result communication, the latter can highlight issues in medication reconciliation. Finally, individual tracers may be chosen based on information gathered during a system tracer meeting (discussed later in this article) and thus relate to infection control, data, or medication management.

During an individual tracer the surveyor observes the care, treatment, or services being provided to patients and focuses particularly on 5 components: medication process, infection control issues, processes for planning and coordinating care, the environment as it relates to the safety of patients or staff, and laboratory testing. The medication process includes medication

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preparation, dispensing, administration, storage, and control of medications. In radiology, dispensing of medication occurs mainly in the context of moderate sedation provided during interventional procedures. The preparation of medication is highly regulated and in radiology may be evaluated during intra-arterial chemoembolization. Infection control issues focus on hand hygiene,¹⁰ sterilization of equipment, disinfection, food, sanitation, and housekeeping. Hand hygiene is a National Patient Safety Goal¹¹ and compliance with guidelines is expected and needs to be continuously audited. Processes for planning and coordinating patient care in radiology include workflow around coordinating interventional procedures and guidelines for communication of critical results to referring physicians for diagnostic imaging.^{12,13} An example of environment as it relates to safety of patients and staff is the governance of access to magnetic resonance imaging safety zones. Laboratory testing encompasses quality control, maintenance, and testing performance, important issues for radiology departments that include nuclear medicine.

Additional topics a surveyor may ask frontline staff about are: institutional processes relating to TJC standards and National Patient Safety Goals,¹¹ patient education, the use of data and the orientation, education, and competency of staff. In preparation for a TJC visit, it is helpful to develop written material on National Patient Safety Goals and how they are reflected in daily practice in radiology (Table 1). Patient education includes preprocedure and postprocedure instructions for interventional radiology, as well as pretest instructions, and information provided after intravenous contrast reactions. Staff will need to be able to speak to processes around how and when the information is distributed and by whom. Staff's familiarity with the use of data has recently received more attention by surveyors. Staff can demonstrate familiarity with and involvement in QA processes by being able to speak to what data is collected (example hand hygiene audits) and how processes are changed to achieve improvements. Staff may be asked to describe their job orientation, how they were trained to perform a certain task, and how their competency was established. Written documentation of individual staff members' competency needs to be available to be presented to a TJC surveyor if requested.

The number of individual tracers that a surveyor will perform during their visit at an institution or in a specific department varies by size of the organization, observed practice compliance, and information gathered during discussions of system tracers as described later. Individual tracers can be added to further explore an observed vulnerability in other departments of the institution as needed.

Example of an Individual Tracer in Radiology

Table 2 provides an example of an individual tracer and summarizes how the TJC surveyor establishes that frontline clinical care is concordant with hospital policies.

Program-Specific Tracers

Program-specific tracers focus on assessing continuity of care, laboratory integration, patient flow, violence, and suicide prevention. The most relevant program-specific tracer for radiology is continuity of care. The integration of the patient's diagnostic evaluation into overall care will be evaluated including follow-through from ordering of an examination to discussion of test results with the patient and referring provider. Patient flow may investigate admissions from the emergency department, who go directly to interventional radiology and from there to the intensive care unit. Violence and suicide prevention do not apply to radiology department and are limited to institutions with mental health programs. Program-specific tracers are not discussed during a dedicated time interval, but are discussed during individual tracers.

Example of a Program-Specific Tracers in Radiology

Continuity of care in radiology focuses on hand-off communications with referring physicians and the patient. In the outpatient setting, this may center on recommendation for follow-up imaging studies and systems that are in place to ensure that imaging recommendations are followed to avoid a delay in diagnosis.¹⁴ At our institution, we require immediate physician to physician communication on critical results such as ischemic bowel or pneumothorax. The communication is documented in the radiology report including the name of the person spoken to, the method of communication (in person, by telephone), the date and time of the communication, and the time interval between the discovery of the abnormality and the communication. The surveyor may ask to see audit data on how often the process is followed and documentation of all elements is complete. For nonurgent abnormal results that require follow-up, we have developed a result communication dashboard where all patients are entered by the reporting radiologist. An administrative assistant will then personally contact the referring physician by email or phone to relay the follow-up recommendation and document the communication (including date, time, and person spoken to) in

Table 1
National Patient Safety Goals 2017 in Radiology

National Patient Safety Goal (NPSG)	Initiatives in radiology
(1) Improve the accuracy of patient identification	Universal Protocol Accurate specimen labeling
(2) Improve the effectiveness of communication among care givers	Critical result communication policy
(3) Improve the safety of using medications	Medication labeling on and off the sterile field Guidelines for recommending anticoagulation held for interventional procedure
(4) Reduce the harm associated with clinical alarm systems	Analysis of alarm signals in department Development of policies around appropriate settings, when alarms can be changed or silenced and by whom (example fluoroscopy alarm)
(5) Reduce the risk of health care associated infections	Hand hygiene guidelines Cleaning and disinfecting equipment

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