



Tracer Methodology

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Objectives

- Explain Tracer Methodology
- Create a mock tracer plan of action
- Identify POCT common noncompliance issues you should include in your mock tracers
- List available resources



Before Tracers

- Records review
- No link to patient care



Tracer Methodology

Surveyors evaluate the following:

- Compliance with standards and National Patient Safety Goals
- Consistent adherence to policy and consistent implementation of procedures
- Communication within and between departments/programs/services
- Staff competency for assignments and workload capacity
- Personnel requirements
- The physical environment as it relates to the safety of patients, visitors, and staff



Tracer Methodology

- Patients are the framework
- Follows the experience of care
- Begins with a test result
- Includes preanalytics and postanalytics
- Involves multiple staff, the patient, and even family
- All specialties and subspecialties for a 2 year period
 - 13 – 24 months
 - 6 – 12 months
 - Within the last 6 months



Starting Points

Common starting points for tracers

- Patients who cross settings
- Critical results
- Kit testing
- Tests that used EQC
- Tests using IQCP
- Low volume tests
- Direct observations
- Proficiency Testing results



Documents Reviewed

- Documents reviewed:
 - Instrument maintenance records, calibration verification, quality control, correlations
 - Policies and procedures
 - Testing logs
 - Employee competency and qualifications
 - Process improvement
 - Patient medical records
 - Waste disposal records



Interview laboratory Staff About...

- Processes and compliance with standards
- Intradepartment and interdepartment communication
- Address data use
- Processes and roles to minimize risk
- National Patient Safety Goals
- Orientation, training and competency
- Awareness of APR.09.02.01
- Workload issues
- Validation of information learned



Interview Others About...



Physicians/Nursing Staff

- Inquire if laboratory services/tests offered onsite are adequate
- Communication and coordination when new tests are added and when test reports change
- If performing testing, their training and competency

Patients and Family

- Coordination of services including timeliness
- Were sample collection instructions provided if needed?
- Perception of services
- Staff compliance with NPSGs

Completing the Tracer

Observe

- Potential environmental issues
- Storage (reagents and samples)
- Orders
- Sample collections
- Testing
- Infection control processes

Afterwards

- Review meeting minutes
- Review procedures
- Pull additional records if necessary



The Key to Continuous Compliance is...

performing you own Mock Tracers!



The Purpose of Mock Tracers

- Evaluate the effectiveness of policies and procedures
- Engage staff in looking for opportunities to improve processes
- To be certain compliance issues have been addressed



Skill set for Mock Tracers

Ask Good Questions

- Simple questions in succession
- Encourages staff to share information
- Use observations of the surrounding
- Use responses

Analysis and Organize

- Plan a mock tracer
- Report results
- Follow up



Interviewing Techniques

- Speak slowly and carefully
- Set your interview subject at ease: use mirroring
- Use I statements
- Ask open-ended questions
- Pause before responding
- Listen attentively
- Listen actively
- Manage your reactions to difficult situations
- Always thank your interview subjects



Four Phases for Mock Tracers

- Planning and preparing (Steps 1 – 4)
- Conducting and evaluating (Steps 5 – 7)
- Analyzing and reporting the results (Steps 8 and 9)
- Applying results (Step 10)



10 Steps for Conducting Mock Tracers

1. Establish a schedule
2. Determine the scope
3. Choose those playing the roles of surveyors
4. Train those playing the roles of the surveyors
5. Assign the mock tracer
6. Conduct the mock tracer
7. Debrief
8. Organize and analyze the results
9. Report the results
10. Develop and implement improvement plans



Mock Tracer Checklist and Timeline

| | | |
|---|---|----------------|
| ✓ | Planning and Preparing for the Mock Tracer | |
| | Step 1: Establish a schedule for the mock tracer | Month 1 |
| | Step 2: Determine the scope of the mock tracer | Month 1 |
| | Step 3: Choose those playing the roles of surveyors | Month 1 |
| | Step 4: Train those playing the roles of surveyors | Months 1 and 2 |
| ✓ | Conducting and Evaluating the Mock Tracer | |
| | Step 5: Assign the mock tracer | Month 2 |
| | Step 6: Conduct the mock tracer | Month 3 |
| | Step 7: Debrief about the mock tracer process | Month 3 |
| ✓ | Analyzing and Reporting the Results of the Mock Tracer | |
| | Step 8: Organize and analyze the results of the mock tracer | Month 4 |
| | Step 9: Report the results of the mock tracer | Month 4 |
| ✓ | Applying the Results of the Mock Tracer | |
| | Step 10: Develop and implement improvement plans | Months 5 - 7 |

Establish a Schedule

- Use the 4 phases
- Make it part of your regular PI program
- Share the plan with everyone
- Understand the Joint Commission survey agenda
- Relate it to the date of your last survey



Determine the Scope

- Reflect your organization
- Target the top 10 compliance issues
- Review what is new
- Start with the subject
- Cover the highs and lows
- Target time-sensitive tasks
- Examine vulnerable populations



Choose Those Playing the Roles of the Surveyors

- Include administrators
- Select quality-focused communicators
- Draw from committees
- Don't forget physicians
- Draft from HR, IM, and other departments or services



Train Those Playing the Roles of the Surveyors

- Get an overview
- Learn the standards
- Welcome experience
- Examine closed medical records
- Study mock tracer scenarios
- Practice interviewing



Assign the Mock Tracer

- Match the expert to the subject
- Mismatch the expert to the subject
- Pair up or monitor



Conduct the Mock Tracer

- ▶ Collect data
- ▶ Be methodical and detailed oriented
- ▶ Share the purpose
- ▶ Maintain focus
- ▶ Be flexible and productive
- ▶ Address tracer problems



Be Methodical and Detailed Oriented

- Map a route
- Identify who will be interviewed
- Note the approximate time to be spent in each area
- Take notes
- Be observant of EC issues



Debrief About the Mock Tracer Process

- Hold an open forum
- Let each member present
- Fill out a feedback form



Organize and Analyze the Results of the Mock Tracer

- File the forms
- Preview the data
- Rate and prioritize the problems



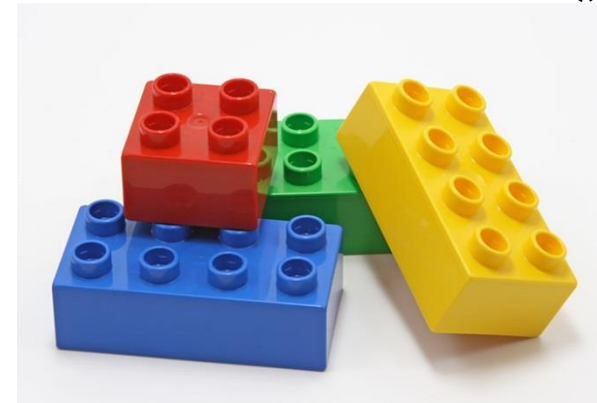
Report the Results of the Mock Tracer

- Publish a formal report
- Present as a panel
- Call a conference
- Post for feedback
- Report in a timely way
- Accentuate the positive



Develop and Implement Improvement Plans

- Hand off to managers
- Work with PI
- Check your compliance measures
- Share the plan
- Monitor the plan
- Prepare for the next round



| | | | | |
|---|----------------|------------------|------------------|-----------------|
| Tracer Team Member(s): | | | | |
| Tracer Topic: | | | | |
| Data Record(s): | | | | |
| Unit(s) or Department(s): | | | | |
| Interview Subject: Emergency Department Manager | | | | |
| Questions | Correct | Incorrect | Follow-up | Comments |
| [1] Please provide the patient's medical record for review. | | | | |
| [2] How are physicians informed that a stat result has been transmitted to the emergency department? | | | | |
| [3] Are those results visible to patients and other non-staff? | | | | |
| Interview Subject: Laboratory Supervisor | | | | |
| Questions | Correct | Incorrect | Follow-up | Comments |
| [4] What is your typical turnaround time for emergency department laboratory results? | | | | |
| [5] Have you considered the time from specimen collection to receipt in the laboratory, and the time from results to communication of the result to the physician? | | | | |
| [6] May I see the procedures, proficiency test results, quality control, calibration, calibration verification, and maintenance and temperature records for the automated chemistry and hematology analyzers? | | | | |
| [7] Please provide the quality control records for the pregnancy test that was performed on the patient. | | | | |
| Interview Subject: Human Resources Manager | | | | |
| Questions | Correct | Incorrect | Follow-up | Comments |
| [8] Please provide the competency and education records for the staff performing these laboratory tests. | | | | |

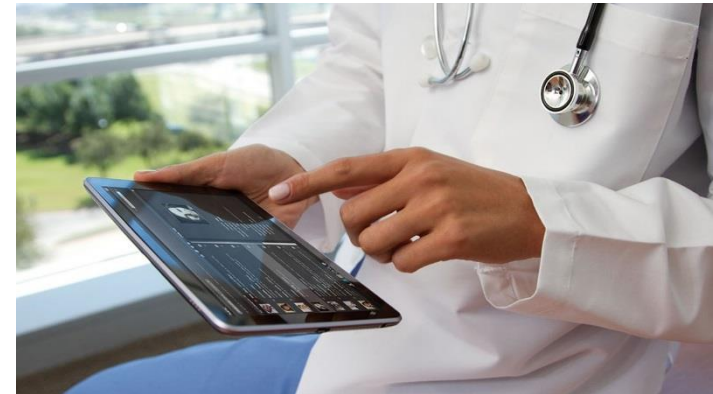
Tips for Conducting Tracers in a Laboratory Setting



- Use closed records
- Focus on issues of particular concern
- Include tracers that cover the two year timeframe
- For laboratories that are part of a hospital, consider the issues related to laboratory integration
- Evaluate the inclusion of laboratory personnel in key committees such as infection prevention and control
- Select a patient who received multiple laboratory tests

Patient Medical Record

- ▶ Order for the test
- ▶ **Reference Ranges**
- ▶ **Name and address of the performing laboratory**
- ▶ Consents
- ▶ Results for all ordered tests
- ▶ Preliminary Reports
- ▶ Intra-operative Reports
- ▶ Documentation for critical results



Employee File

- **Documentation of Education (diploma or transcript)**
- Documentation of experience
- State license if required
- **CLIA required roles qualifications**
- Orientation
- **If a new employee, 6 month competency assessment for nonwaived testing**
- **Nonwaived annual competency**
- Waived annual competency
- Flu vaccine



Chemistry, Hematology, & Coagulation



- ▶ Quality Control
- ▶ **Calibration and Calibration Verification**
- ▶ **Correlations**
- ▶ Validation of new instruments/methods
- ▶ **Documentation of temperatures**
- ▶ **Patient medical record**
- ▶ **Maintenance records**
- ▶ Policy and Procedures
- ▶ Lot numbers
- ▶ **Surveillance of patient results, quality control results, and instrument preventative maintenance**
- ▶ NPSGs
- ▶ Coagulation: ISI and Normal Patient Mean

Serology, Virology, Molecular, and UA

- ▶ Quality Control (internal and external)
- ▶ **Maintenance**
- ▶ **Temperatures**
- ▶ Lot numbers
- ▶ **Patient medical record**
- ▶ Validation of new methods and instruments
- ▶ **Surveillance of patient results, quality control results, and instrument preventative maintenance**
- ▶ NPSGs



Waived Testing Outside the laboratory

- ▶ **Patient medical record**
- ▶ Quality Control (internal and external)
- ▶ **Reference Ranges**
- ▶ Lot numbers
- ▶ NPSGs
- ▶ Centrifuges/Pipettes
- ▶ Policy and Procedures
- ▶ Maintenance records
- ▶ **Temperatures**



IQCP

- ▶ Instruments that used EQC
 - i-STAT, Alere Meter, TLI_{IQ} System
- ▶ Moderate complexity kit tests
- ▶ Blood Gases
- ▶ ACTs
- ▶ Where manufacturer QC protocol is less stringent than CLIA or Joint Commission requirements

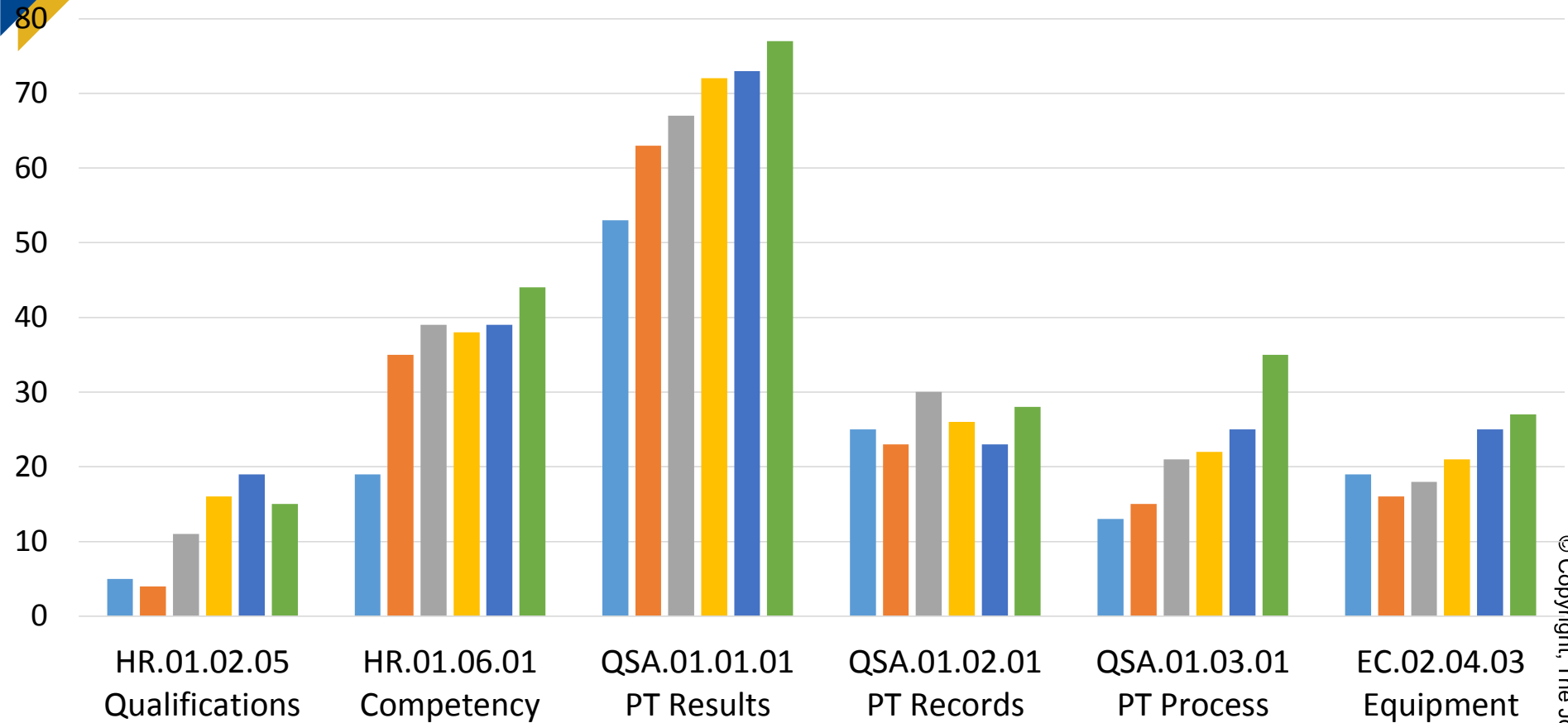


IQCP

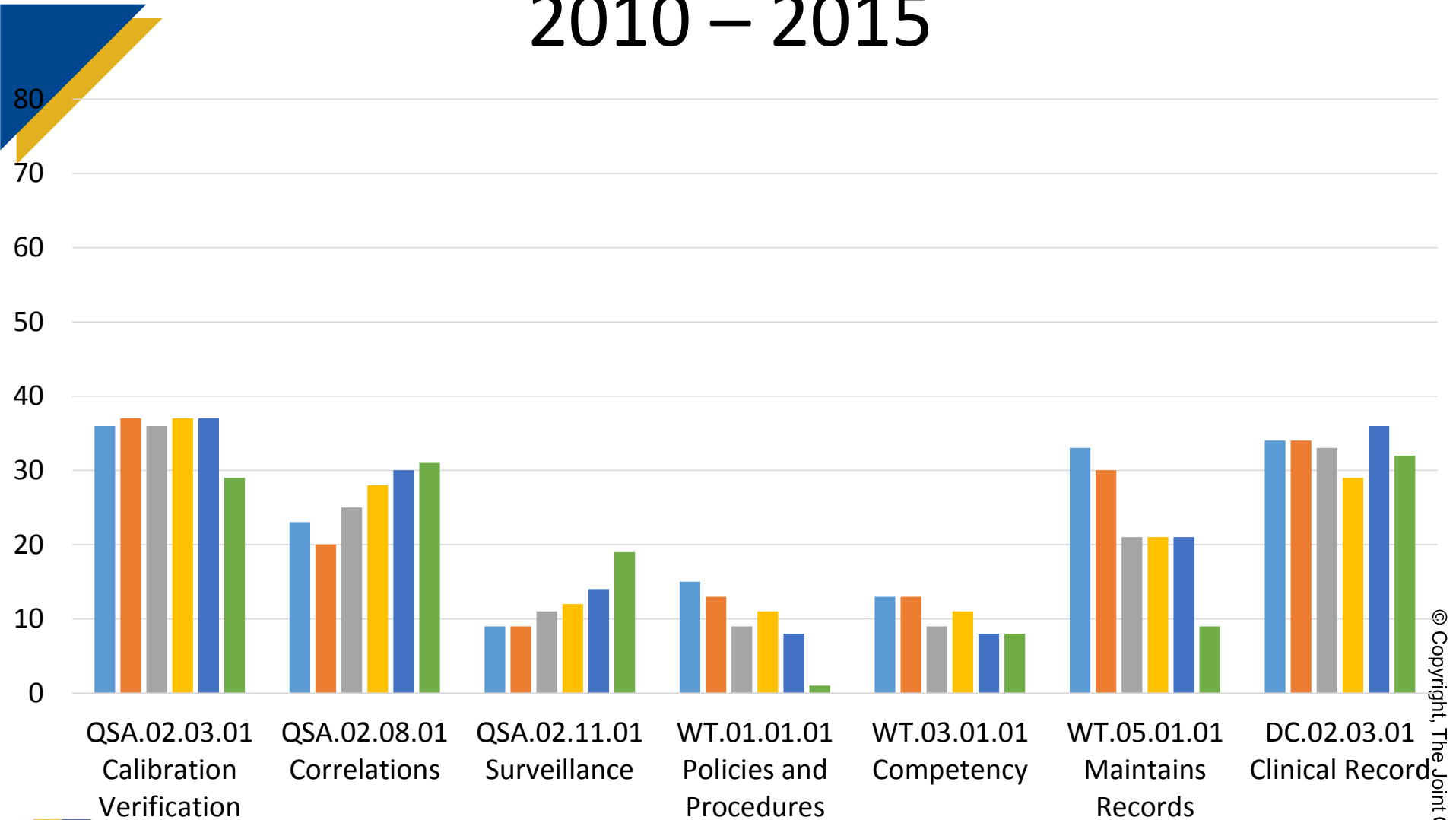
- **Three phases: Risk Assessment, Quality Control Plan, Quality Assurance**
- Risk Assessment:
 - Own environment, Own personnel
 - 5 components
 - Three phases of testing
 - Includes manufacturer's instructions
- Quality Control Plan
 - Per location if different QC required at locations
 - Lab Director signs and dates before implementation and when changed
- Quality Assurance
 - Documentation of corrective and preventative actions



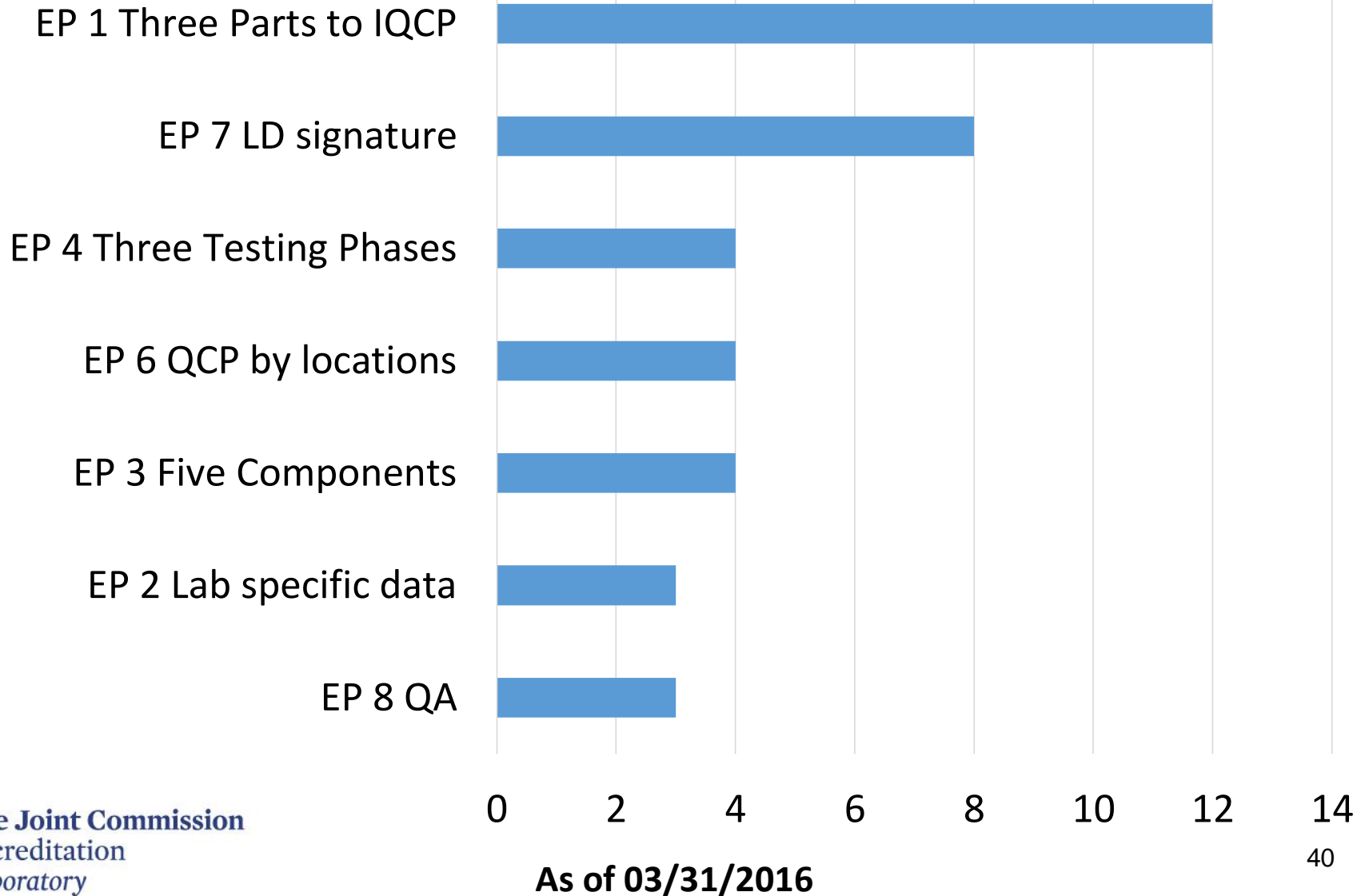
Top Non-Compliance Standards 2010 - 2015



Top Non-Compliance Standards 2010 – 2015



Percentage of IQCP Noncompliance



Examples of Questions

- ▶ How do you ensure the privacy of test results?
- ▶ What processes do you follow to prepare and test the blood product before providing it?
- ▶ How do you ensure patient identification
- ▶ What documentation do you have in relation to instrument maintenance?
- ▶ What kind of documentation do you maintain for quality control, calibration, calibration verification, and correlations?
- ▶ What routine documentation do you have in place in the laboratory? How do you monitor for completeness?
- ▶ What kind of monitoring do you do with regard to waived testing and how is that documented?
- ▶ How do you document testing?



Examples of Questions

- ▶ What processes and procedures do you have in relation to POCT?
- ▶ What oversight responsibility does the laboratory have in relation to POCT?
- ▶ What process exists for STAT tests?
- ▶ How are results communicated?
- ▶ How do you receive an order for POCT?
- ▶ How do you ensure correct patient identification?
- ▶ What kind of training and competency do you provide for staff members who conduct POCT?
- ▶ What methods do you use to assess competency for waived/nonwaived/PPMP testing?
- ▶ What communication processes do you have in place for receiving and reporting critical results?



Example of Questions

- ▶ What is your process for maintain quality control?
- ▶ Who is responsible for checking inventory supplies?
- ▶ How do you interact with others in the laboratory?
- ▶ What participation do you have on organization wide committees?
- ▶ How are you monitoring for the effective integration of the laboratory into the Hospital?
- ▶ How do you verify patient identification?
- ▶ How do you label patient samples?
- ▶ What is your hand washing policy?
- ▶ Show me the temp logs for your refrigerators.



Resources for Tracers

- **Surveyor Activity Guide (SAG)**
- **Lab Tracer Methodology Toolkit**
- **Joint Commission Resources (items for purchase)**
 - **www.jcrinc.com**
 - **Tracers with Accreditation Manager Plus (AMP)**
 - **Publications**
 - *Tracer Methodology*
 - *More Tracers*



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Questions



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