What Is Tracer Methodology?

Questions and Answers from the JCAHO on the Process Of Tracer Methodology during a Joint Commission Survey

What is the tracer methodology?
Tracer methodology is an evaluation method in which surveyors select a patient and use that individual’s record as a roadmap to assess and evaluate an organization’s compliance with selected standards and the organization’s systems of providing care and services.

How will surveyors use tracers to assess care and safety?
Using tracers, JCAHO surveyors will look at the care provided by each department within an organization, and how departments work together. Surveyors retrace the specific care processes that the individual experienced by observing and talking to staff in areas that the individual received care.

What will surveyors be looking for?
As the individual’s case is examined, the surveyor may identify performance issues in one or more steps of the process—or the interfaces between steps—that affect the care of the patient.
Surveyors will look for commonalities that might point to potential system-level issues in the organization. The tracer activity also provides several opportunities for surveyors to provide education to organization staff and leaders, as well as to share best practices from other similar health care organizations.

How will individuals be selected as tracers?
Tracer patients will primarily be selected from an active patient list. Typically, individuals selected for the tracer activity are those who have received multiple or complex services.

How many tracers will be completed at each organization?
The number of tracers completed depends on the length of the survey, however, the average three-day hospital survey with a team of three surveyors typically allows for completion of approximately 11 tracers.

Will surveyors speak to tracer patients?
As in the current survey process, the surveyor may speak to the patient during the tracer activity, if it is appropriate. As always, the surveyor asks for patient permission before speaking to him or her.

What happens if surveyors identify a problem trend at an organization?
If problem trends are identified, surveyors will issue the organization a Requirement for Improvement. From January 1, 2004, to July 1, 2005, the organization has 90 days from the end of the survey to submit Evidence of Standards Compliance and identify Measures of Success that it will use to assess sustained compliance over time.
After July 1, 2005, the organization will have 45 days from the end of the survey to submit Evidence of Standards Compliance and identify Measures of Success. Four months after approval of the Evidence of Standards Compliance, the organization will submit data on its Measure of Success to demonstrate a track record. Any exchange of information between the health care organization and the Joint Commission will meet HIPAA requirements.
BAKE SALE
Friends of Junie and Leean Coffield are having a Bake Sale at SJMH on Thurs., June 24 from 7 a.m. until 4 p.m. in the lobby.

The family is raising money so that Junie can be placed on a list to receive a lung transplant. He is suffering from cystic fibrosis and the family is raising $100,000 for the operation.

It would seem like an insurmountable task, but they have raised more than $20,000 so far.

Let’s all try to help in a very worthwhile effort. Turn on the oven and let’s get cooking!

Stonewall Jackson Memorial Hospital
Board of Directors

President: R. Gerald Wood
Vice President: Richard Cronin
Secretary: C.T. Lively, M.D.
Treasurer: Jean Bennett

Board Members
John L. Spiker, R. G. Lockard, J.A. Snead, M.D., Douglass Stalnaker, and John E. Law

June Meetings of Interest

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 7</td>
<td>Noon</td>
<td>ICU Committee</td>
</tr>
<tr>
<td>June 8</td>
<td>8:00 a.m.</td>
<td>Emergency Department Meeting</td>
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<tr>
<td>June 9</td>
<td>Noon</td>
<td>Board of Directors</td>
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<td>June 10</td>
<td>Noon</td>
<td>Health Partners Update</td>
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<tr>
<td>June 14</td>
<td>Noon</td>
<td>IQM Comm. Meeting</td>
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<td>6:00 p.m.</td>
<td>M/D Staff Quarterly</td>
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<td>June 15</td>
<td>8-8:15 a.m.</td>
<td>Radiology Meeting</td>
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<td>Noon.</td>
<td>Executive Lunch - Laundry, Housekeeping, Store-</td>
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<td>June 16</td>
<td>10:00 a.m.</td>
<td>Chaplains Meeting</td>
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<td>12:30 p.m.</td>
<td>Department Head Meeting</td>
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<td>June 17</td>
<td>8:00 a.m.</td>
<td>SHOT Finance Meeting</td>
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<td>8:30 a.m.</td>
<td>SHOT Committee Meeting</td>
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<td>12:00 p.m.</td>
<td>Safety Meeting</td>
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<td>June 22</td>
<td>Noon</td>
<td>Medications Redesign Team</td>
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<td>June 24</td>
<td>Noon</td>
<td>Office Emp. Meeting</td>
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<td>2:00 p.m.</td>
<td>Nurse Supervisors’ Meeting</td>
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<tr>
<td>June 25</td>
<td>8:00 a.m.</td>
<td>Dr. LaNasa and Dr. Thomas Office Meetings</td>
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<td>June 28</td>
<td>5:30 p.m.</td>
<td>IQM Committee</td>
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<td>June 29</td>
<td>8:00 a.m.</td>
<td>Dr. Snead Office Meeting</td>
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<td>Noon</td>
<td>Finance Committee</td>
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<td>2:00 p.m.</td>
<td>Exoneration Committee</td>
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<td>June 30</td>
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National Patient Safety Goals (continued from last page)

   a) Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.
   b) Implement a process to mark the surgical site and involve the patient in the marking process.

5) Improve the safety of using infusion pumps.
   a) Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.

6) Improve the effectiveness of clinical alarm systems.
   a) Implement regular preventive maintenance and testing of alarm systems.
   b) Ensure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

7) Reduce the risk of health care-acquired infections.
   a) Comply with current CDC hand hygiene guidelines.
   b) Manage as sentinel events all identified cases of unanticipated death or major permanent loss of
COVERED DISH LUNCHEON

Thurs., June 10 is our annual Covered Dish Cookout...

We would like employees to bring the following:

DESSERTS
SALADS
VEGETABLES
DRINKS

You can choose what you wish to bring.
Day Shift 11 a.m. to 2 p.m.,
Evening Shift 4:30 to 6:00 p.m.,
and Night Shift 11:30 p.m. to 12:30 a.m.

Don’t worry if you forget to bring something, we still want everyone to eat. We’ll have hot dogs, hamburgers, baked beans.

DON’T FORGET

SJMH Annual PICNIC
at Lewis County Park on
Fri., July 16
Swimming, Putt Putt, Volleyball, Evening Swim and Games!

From 3 to 7 p.m., the Moon Bounce will be set up.

The SJMH Soc/Rec Committee is planning a WVU Football Trip. We will rent a tour bus for those who do now wish to get caught in the gridlock of a WVU Football Saturday. The only question is when...the Boston College game is held in November. It will be too cold. So are interested tell PR (269-8167) when you would enjoy going to the game.

Kennywood Trip!

Soc/Rec. has planned a trip to the Pittsburgh amusement park for a day outing. We will be going on Sat., Aug. 7. The cost is $20.50 per person. To ride the tour bus, the cost will be an extra $17.50 each. So the total will be $38 for ticket and bus.

It is necessary that you call PR by Wed., July 28 with your reservation. We must have the payment at the same time.
National Patient Safety Goals Set by

NOTE: The General is re-printing the JCAHO safety goals, again, to stress the importance of these goals for our staff. Patient safety is a serious issue for all of us.

As of Jan. 1, 2004, all JCAHO accredited health care organizations are surveyed for implementation of the following Requirements—or acceptable alternatives—as appropriate to services the organization provides. Alternatives must be at least as effective as the published Requirements in achieving the goals. Failure by an organization to implement any of the applicable Requirements (or an acceptable alternative) for a National Patient Safety Goal will result in a special Requirement for Improvement for that goal. Organizations are made aware of the requirements to meet the NPSG-related Requirements in the Accreditation Participation Requirements in the accreditation manual.

1) Improve the accuracy of patient identification.
   a) Use at least two patient identifiers (neither to be the patient’s room number) whenever taking blood samples or administering medications or blood products.

b) Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a “time out,” to confirm the correct patient, procedure and site, using active—not passive—communication techniques.

2) Improve the effectiveness of communication among caregivers.
   a) Implement a process for taking verbal or telephone orders or critical test results that require a verification “read-back” of the complete order or test result by the person receiving the order or test result.

   b) Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use.

   c) Improve the safety of using high-alert medications.
      a) Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride 0.9%) from patient care units.
      b) Standardize and limit the number of drug concentrations available in the organization.

Continued on next page

CPR Class Dates Filling Up

All clinical staff are reminded that a valid CPR card is mandatory for employment. If you are unsure if you have a valid card, check with Staff Development at 8119.

The dates for CPR classes are: Fri., June 18@ 6:30 p.m. for night shift employees; Tues., July 13; Tues., Aug. 10; and Tues., Sept. 14.

Staff must call to

Nurses’ Week Drawing Winners

The following nursing staff won mugs with goodies during Nurses’ Week: Sally Frazee, Melanie Conrad, Martha Tierney and Gay Skinner of Med/Surg; Marci Stump and Mark Casto of OR; Gabby Hoover of OB; Bob Mills of ED; Vicki Bowen of Out-patient Dept; Terri Andrews of Telemetry.

Nursing employees receiving bath-ac-cessorized baskets were: Tiffany Moore and Kim Ables of ICU; Ruth Ann Hefner and Nat Auvil of OB; Edith Wendell of OR; Barb Ruble of Telemetry; Ruth Ann Johnson, Ellen Ketron, Sandy Coffman of Med/Surg; and Vinessia Skinner of Staff Development.

Thanks...

Dear Mr./Ms. Administrator

A short note to say “Thanks” to the ER staff and Dr. Gregory. I was seen 4/9/04 for a dislocated finger. From the moment I entered the door to the time of discharge, I had prompt, courteous treatment from registration, nursing, radiology, and medical staff.

Thanks!!!
Scott Kellogg
Ohio
The dates for CPR classes are: Fri., June 18; 6:30 p.m. for night shift employees; Tues., July 13; Tues., Aug. 10; and Tues., Sept. 14. Staff must call to schedule.

Staff members who received bath-accessorized baskets were: Tiffany Moore and Kim Ables of ICU; Ruth Ann Hefner and Nat Auvil of OB; Edith Wendell of OR; Barb Ruble of Telemetry; Ruth Ann Johnson, Ellen Ketron, Sandy Coffman of Med/Surg; and Vinessia Skinner of Staff Development.

Continued on next page.
From Staff Development

Please note the dates for the following activities from Staff Development.

Pediatric Advanced Life Support (PALS) - May 1, 2

End of Life Care - June 10th and again September 16th; cme’s not available for doctors

Basic Trauma Life Support (BTLS) - June 25, 26, 27. Please note that this date is different than originally given

Pediatric Advanced Life Support (PALS) - October 16, 17

Advanced Cardiac Life Support (ACLS) - November 13, 14

You must be signed up in advance for each course. If you sign up and do not attend, you will be responsible for the cost of the course. If you are a physician, you will be billed for any course participation. All courses require a current CPR card, except End of Life Care. Contact the Staff Development Department if you have questions at 8119.

From the Soc/Rec Committee and Public Relations Department

Please mark your calendar to join us for the following activities during the next few months

April 1 - Hospital Olympics
April 22 - Health Fair @ Jane Lew School
May 9-15 Hospital Week
Theme for this year’s celebration is “Miracles Begin With Caring Hearts”
June 11-12 - Lewis County Relay for Life
July 16 - SJMH Picnic and Pool Party at Lewis County Park

Dietary Information

To better serve the staff and visitors at SJMH, the Dietary Department is offering expanded cafeteria hours. They are 6:30 a.m. to 10:00 a.m. for breakfast; 11:30 a.m. to 3:30 for lunch/snack; 4:30 p.m. till 6:00 p.m. for dinner.

Dietary would also remind staff that there will be another taste testing on April 13 during lunch. If you missed the testings in March, you missed a whole lot of good food and fun. US Food Service will be bringing a variety of treats to test, again!

We are sorry to announce that our Dietary Supervisor, Joan Rohm, is retiring at the end of April. She will be missed by all of our staff. Thank you so much, Joan. We will be having a reception for Joan at a date to be announced.

Relay for Life Plans Under Way

The American Cancer Society’s Relay for Life will be held June 11-12 at the Lewis County Athletic Field. During the next several months there will be four planning meetings for committee chairmen and team captains. In all cases, the committees meet at 6 p.m. and the team captains meet at 7 p.m. at the Lewis County Emergency Squad Multipurpose Building on West Second St. in Weston. Dates for the meetings are April 6, April 23, May 7 and May 21. Bank night will be held on Fri., June 4, from 4 p.m. to 6 p.m. at the United Bank in Weston.

TOPS is Dropped

The group of SJMH employees meeting for the past year as a TOPS Please, Please, Please, Please! The magazine racks are stocked for the benefit of our patients and visitors. We don’t mind refilling the racks but if staff is reading the periodicals PLEASE, PLEASE, take them back to the rack after you are done. That would be the mannerly weight-loss group has decided to drop the national organization and “do their own thing.”

The group will continue the weekly weigh-in - one of the most important aspects of the group. They will also meet on Tuesdays for 15 minutes, from 9:00 to 9:15, in the classroom, as a support group in their continuing struggle to lose weight. If interested, just show up at the above time.

Due to concerns about privacy and safety, SJMH will not have “Bring Your Child To Work Day” in April.