Joint Commission Resources
Quality & Safety Network
Resource Guide

Tracer Methodology: What’s New?

July 28, 2011
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Program Summary

This page provides an overview of the program content and learning objectives. Please refer to the Table of Contents and Program Outline for a detailed list of the topics covered. The information included in this Resource Guide is intended to support but not duplicate the video presentation content. There may be additional information available online for this topic.

Program Description

Since 2004, Joint Commission surveyors have conducted tracers that encompassed following a selected patient's experience through the organization by directly talking with staff that provided the care, observing the processes or procedures implemented as part of an organization's system, and reviewing the clinical record documentation of the care provided. Recently, surveyors began asking more detailed questions and spending more time looking at particular high-risk areas, called second generation tracers. These high-risk areas include processes or procedures that, if not planned or implemented correctly, have significant potential for affecting/impacting patient safety.

The Joint Commission has identified five initial areas in hospitals that surveyors may explore in greater detail:

- Cleaning, disinfection, and sterilization of medical equipment, devices, and supplies
- Patient flow
- Contracted clinical services
- Diagnostic radiation services
- Ongoing Professional Practice Evaluation/Focused Professional Practice Evaluation (OPPE/FPPE)

This 60-minute program provides real-life examples of this enhanced tracer methodology process, offers practical and realistic ways to update your mock tracer tools, and shares with you tips and strategies that can be implemented within your organization.

Program Objectives

After completing this activity, the participant should be able to:

1. Implement tips and tools to help enhance the patient tracer process.
2. Identify new techniques for performing patient tracers.
3. Describe how to use the data from tracers and make improvements in the delivery of care.

Target Audience

This activity is relevant to the entire hospital and medical staff, particularly organization leaders, managers and supervisors, and staff responsible for performance improvement, patient safety, and risk management initiatives.
Continuing Education (CE) Credit

After viewing the JCR Quality & Safety Network presentation and reading this Resource Guide, please complete the required online CE/CME credit activities (test and feedback form). The test measures knowledge gained and/or provides a means of self-assessment on a specific topic. The feedback form provides us with valuable information regarding your thoughts on the activity’s quality and effectiveness.

NOTE: Effective January 1, 2009, the Learning Management System web site URL changed as noted below.

Prior to the Program Presentation Day

1. Login to the JCRQSN Learning Management System web site at http://jcrqsn.mcnhealthcare.com
2. Enroll yourself into the program
   - Note: Your administrator may have already enrolled you in the program
     • Select All Courses from the courses menu.
     • Select the course category for the current year, 2011 Programs.
     • Select the course for this program, Tracer Methodology: What’s New?
     • When prompted, choose Yes to confirm that you would like to enroll yourself.
3. Display and print the desire documents (Resource Guide, etc.).

Online Process for CE/CME Credit

1. Read the course materials and view the entire presentation.
2. Login to the JCRQSN Learning Management System web site at http://jcrqsn.mcnhealthcare.com
   - Note: This assumes you have already been enrolled in the program as described above
4. If you didn’t view the broadcast video presentation, view it online.
5. Complete the online post test.
   • You have up to three attempts to successfully complete the test with a minimum passing score of 80%.
   • Physicians must take the post test to obtain credit.
6. Complete the program feedback form.
7. On the top right corner of the main course page, you will see your completion status in the Status block.
8. Select Print Certificate from within the Status block to print your completion certificate.

Process for VA Knowledge Network Participants

1. Read the program’s Resource Guide and view the entire video presentation (speak with your administrator for broadcasting times – do NOT log in to view the program).
2. Complete the Viewer Response form (speak with your administrator to obtain a paper copy that will be completed manually – do NOT log in to take the online test).
3. Complete the Program Evaluation.
4. Record the answers to the post test where indicated on the Viewer Response form.
5. Return the Viewer Response form by the program due date listed in the upper left corner of the page. Forms received after this due date will not be eligible for CE credit.
6. Please allow 6 weeks for processing your Viewer Response Form.
* If you have any questions please contact Rose Monfore at 714-283-4746.
Program Outline

Tracer Methodology: What’s New?
July 28, 2011

I. Introduction
   A. Program Content
   B. Objectives
   C. Faculty

II. What’s New? An Overview of Second Generation Tracers

III. What's Challenging? Cleaning, Disinfection, and Sterilization of Medical Equipment, Devices, and Supplies

IV. What's Challenging? Contracted Clinical Services

V. What's Challenging? Diagnostic Radiation Services


VII. Conclusion

VIII. Live Question and Answer Session
       A. Audio only telephone seminar with program faculty – for 30 minutes following the program.
       B. Call 1-888-206-0090; enter conference code: 7925428.
          Or e-mail your questions or comments to: Questions@jcrqsn.com

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During the live airing of this program on July 28, 2011, you may be able to talk directly with the faculty when prompted by the program’s host. After this date, your message will be forwarded to the appropriate personnel.

Immediately following the program, we invite you to join in a live discussion with the program presenters. Call 1-888-206-0090 and enter Conference Code: 7925428 to be included in the teleconference.

To submit your question ahead of time or for additional details, please send an e-mail to questions@jcrqsn.com. If you submit your questions after this date, your message will be forwarded to the appropriate personnel.

You can also receive answers to your questions by calling The Joint Commission’s Standards Interpretation Hotline at 630-792-5900, option 6.
Tracer Methodology Evolves to Include Detailed Exploration of Several High-Risk Areas

Second Generation Tracers Now in Use for Some Hospital, Critical Access Hospital On-site Surveys

Health care organizations are generally familiar with tracer methodology as an integral part of The Joint Commission’s onsite survey process. Since 2004, Joint Commission surveyors have conducted tracers that encompassed following a selected patient’s experience through the organization by directly talking with staff that provided the care, observing the processes or procedures implemented as part of an organization’s system, and reviewing the clinical record documentation of the care provided. By directly interviewing staff and making observations, surveyors gain an understanding of how and why care decisions are made and how staff from various disciplines work together and communicate across services to provide safe, high-quality care.

But if your hospital or critical access hospital has been surveyed lately and you noticed a surveyor asking more detailed questions or spending more time looking at a particular high-risk area, most likely he or she was conducting a second generation tracer, which is a deep and detailed exploration of a particular area, process, or subject. “Second generation tracers are a natural evolution of our current tracer process,” says Mark Schario, field director, Surveyor Management and Development, Division of Accreditation and Certification Operations, The Joint Commission. “A surveyor may be conducting any type of tracer and see something involving a high-risk area that requires a more in-depth look. That is the moment he or she will know to conduct a detailed exploration, which is a second generation tracer. At that point, the surveyor will look at all processes at a system level and not just processes involving that particular tracer patient.”

High-risk issues include processes or procedures that, if not planned or implemented correctly, have significant potential for affecting/impacting patient safety. The following are five high-risk topics in hospitals and critical access hospitals that surveyors might need to explore in more detail:

1. Cleaning, disinfection, and sterilization (CDS)
2. Patient flow across the care continuum
3. Contracted services
4. Diagnostic imaging
5. Ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE)

The Joint Commission decided a more thorough exploration might be needed at times for these five high-risk areas after conducting extensive research, which included reviewing the existing survey process, analyzing survey findings data, reviewing industry standards, talking with experts in the field, and conducting learning visits with accredited hospitals. "We have done the research, looked at the evidence, and know these are high-risk issues that impact patients. A deeper and more detailed exploration of a process or an area of risk is necessary to understand the processes in greater detail," says Phavinee Thongkhong-Park, R.N., Ph.D., associate director, Standards and Survey Methods, The Joint Commission.

For example, during the Credentialing and Privileging session of an on-site survey, a surveyor reviews the process, examines the credentials files, and observes the following:

- Inconsistent implementation of FPPE for newly requested privileges
- The established criteria for FPPE does not include unacceptable levels of performance
- The FPPE criteria is not specialty specific or procedure specific
- Inconsistent monitoring of performance of all licensed independent practitioners
These items may be indications for the surveyor to conduct a detailed exploration of the OPPE/FPPE processes. The application of the OPPE/FPPE—the requirements as part of the credentialing and privileging process—facilitates continuous monitoring of performance, identifying substandard performance, and requires intervention when safety and quality of care issues are identified. "When a surveyor conducts the second generation tracer, it should not be interpreted that the surveyor is looking to find problems, but rather that he or she is looking to thoroughly understand how the process works," says Thongkhong-Park.

When a surveyor is conducting a second generation tracer related to diagnostic imaging, he or she can take a deeper look to confirm that the hospital has the processes in place to assure that the right patient is receiving the right imaging exam, with the right dose, at the right time. "When I have conducted this second generation tracer, I also have confirmed there is evidence of testing the imaging equipment and the presence of protocols to protect the patients, staff, and others from excessive and harmful radiation," says Thongkhong-Park, who is also a nurse surveyor. "The outcomes of conducting a second generation tracer oftentimes are positive and confirm that safe practices are in place."

As another example, a surveyor conducting an on-site survey may decide to conduct a second generation tracer related to cleaning, disinfection, and sterilization if he or she observes the following:

- High use of contracted staff to perform cleaning, disinfection, and sterilization
- Inconsistent staff orientation and training regarding cleaning, disinfection, and sterilization processes
- Inconsistent quality check procedures
- Procedures that are not based on nationally recognized guidelines

If a hospital or critical access hospital has decentralized staff, it should make sure they are competent and trained to perform the tasks or responsibilities they are assigned, and a process is in place to provide continuous monitoring and proper oversight. If an organization has its own tracer teams to perform self-assessments, they could make sure to include an infection prevention and control specialist to help them look at cleaning, disinfection, and sterilization processes or include another staff expert from a sister hospital who can help them with any processes involving these five high-risk areas. "It will help if an organization can look closely at its own processes involving these high-risk areas," Schario says.

So how many second generation tracers can a hospital or critical access hospital expect to occur during an on-site survey? How many, or whether it occurs at all, will depend on whether the surveyor identifies processes or areas of risk that may raise concerns that warrant further in-depth exploration. "Our surveyors are trained to look at processes that make up these high-risk areas," says Schario. "By stopping and taking a deeper look, the surveyor can better understand the 'how' that is going on at the organization. Tracers have always focused on the 'how,' but we are making sure we explore enough of the 'how' for these specific areas when necessary. How much we explore will depend on the organization."
In Focus: A Closer Look at Joint Commission Second Generation Tracers

Perhaps you noticed something different in your recent accreditation survey. Perhaps the surveyor seemed to be asking more questions or delving into greater detail than you remember. It's likely that what you perceived was the practice that has become known as "second generation tracer."

"The second generation tracer is a deep and detailed exploration of a high-risk process or area that impacts patient care," says Phavinee Thongkhong-Park, RN., Ph.D., associate director, survey methods and education, in the Department of Standards and Survey Methods at The Joint Commission. "During the course of conducting a patient tracer, a surveyor may observe practices or processes that warrant an in-depth evaluation."

According to Mark Schario, field director, Surveyor Management and Development, Division of Accreditation and Certification Operations, The Joint Commission, the second generation tracer is a natural evolution of the tracer methodology. "The second generation tracer represents an extension of the traditional tracer; it is not an event in itself. This does not represent a policy change; it's an enhancement of the tracer process."

While the traditional tracer follows the patient's care experience and may address any topic involving any patient, the second generation tracer is more focused on certain key areas and processes. The surveyor will look at the process at a systems level, and a specific patient may or may not be involved. In a second generation tracer, the surveyor looks at all aspects of a particular process, seeking to answer the question, "Why are things done this way?" Schario says. The second generation tracer is likely integrated into a first generation or traditional tracer and occurs when the surveyor perceives an area that requires further exploration. For example:

While tracing the care of a hip replacement patient to the surgical services area, the surveyor evaluates the cleaning and disinfection practices of surgical instruments. In addition to the observation of the cleaning and disinfection practices by the central sterile technician, the surveyor learns the following from discussions with the central sterile technician:

- 50% of the central sterile staff are part-time.
- The technician has been performing these duties for four weeks and stated he received on the job training related to cleaning and disinfection of orthopedic surgical instruments.

Additional observations and discussions with two other technicians reveal inconsistent practices associated with the manual cleaning and disinfection of the orthopedic instruments. The variation is associated with the enzymatic soak and scrub time. These initial observations may be an indication for the surveyors to conduct a more detailed evaluation of the process. (See the mock second generation tracer on this topic beginning on page 17.

Based on these initial observations, a surveyor may decide to conduct a second generation tracer related to cleaning, disinfection, and sterilization, which includes an evaluation of the process that covers transport of the instruments; cleaning and decontamination procedures, inspection, repair, and ongoing maintenance of instruments; assembly of instruments; packaging; sterilization; sterile storage; quality control of all aspects of the sterilization process and sterilizer performance; staffing; and staff competency.

Identify Risk Points

A surveyor is looking for indications of risk such as a lack of standardized processes, a lack of leadership oversight, a decentralized process, patterns of noncompliance, or processes that involve large numbers of contracted staff. These are a few indicators that could lead a surveyor to take a closer look at a particular area in an organization.
High-risk areas include processes or procedures that, if not planned or implemented correctly, have significant potential for affecting/impacting patient safety. The Joint Commission has identified five initial areas in hospitals and critical access hospitals that surveyors may explore in greater detail:

1. Cleaning, disinfection, and sterilization
2. Patient flow across care continuum
3. Contracted services
4. Diagnostic imaging
5. Ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE)

These second generation tracers have been developed and implemented based on several factors, including analyzed data from previous surveys and adverse events, research studies, expert identification and stakeholder engagement, input from the field, and current published guidelines. The second generation tracer may not happen on every survey. "We have done the research, looked at the evidence, talked to experts, and know that these high-risk areas may need a thorough evaluation," Park says.

Do a Self-Assessment

Organizations do not need to focus specifically on preparing for second generation tracers. However, taking a close look at your processes and procedures in high-risk areas is always a good idea. "Organizations should be examining their own high-risk areas to determine whether or not their processes are working," Schario says. "They need to be sensitive to which areas in their organization pose risks and need a closer look to ensure the organization is doing all it can to ensure quality and patient safety."

One way of doing this would be for organizations to perform their own mock second-generation tracers, in which they assess every aspect of high-risk processes. Schario recommends ensuring that internal committees and teams, such as performance improvement, patient safety, accreditation, and infection prevention and control teams, are trained to look at key processes. Make sure that such teams include specialists who have the appropriate expertise to analyze performance and assess risk.

Also helpful is comparing events that occur in other organizations. You can network with other organizations in your region to see if they are having difficulties or have experienced adverse events. After comparing notes, examine your own policies and procedures to see if your facility is at risk of a similar incident. Likewise, share your experiences with other organizations.

Cross-system checks are also a beneficial method of self-assessment. "If you are part of a system that includes more than one hospital, bring in an infection preventionist, for example, from one of the other hospitals in your system to examine your systems and vice versa," Schario says. This can be a useful way to get "another set of eyes" looking at your processes, and for sharing information and fostering cooperation throughout your system.
Standards Related to Steam Sterilization

Program: Hospital
Chapter: Infection Prevention and Control
Standard: IC.02.02.01: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Rationale for IC.02.02.01:

The Centers for Disease Control and Prevention (CDC) estimate that 46.5 million surgical procedures are performed in hospitals and ambulatory settings each year; this includes approximately 5 million gastrointestinal endoscopies.* Each of these procedures involves contact with a medical device or surgical instrument. A major risk of all such procedures is the introduction of pathogens that can lead to infection. Additionally, many more people are at risk of developing an infection from contact with medical equipment, devices, or supplies while seeking other health services. Failure to properly clean, disinfect, or sterilize, and use or store medical equipment, devices, and supplies, not only poses risks for the person seeking health services, but also carries the risk for person-to-person transmission of infections.

There are numerous steps involved in the cleaning, disinfecting, and sterilizing of medical equipment, devices, and supplies. It is critical that health care workers follow standardized practices to minimize infection risks related to medical equipment, devices, and supplies. In order to maintain a reliable system for controlling this process, organizations pay attention to the following:

• Orientation, training, and competency of health care workers who are processing medical equipment, devices, and supplies
• Levels of staffing and supervision of the health care workers who are processing medical equipment, devices, and supplies
• Standardization of process regardless of whether it is centralized or decentralized
• Reinforcing the process (for example, the use of placards which list the steps to be followed, according to manufacturer’s guidelines)
• Ongoing quality monitoring


Introduction to Standards IC.02.01.01 Through IC.02.03.01 – Implementation:

The activities of infection prevention and control should be practical and involve collaboration between departments and staff. Everyone who works in the hospital should have a role and hold each other accountable. Important infection prevention and control information should be available to both staff and patients. Standard and transmission-based precautions should be used, and any outbreak of infection within the hospital should be investigated.

KEY: A indicates scoring category A; C indicates scoring category C; ▲ indicates direct impact requirements apply; ▲▲ indicates Measure of Success if needed; ▲▲▲ indicates that documentation is required; ESP-1 indicates that EP is part of early survey process
## Elements of Performance

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<tr>
<td>1. The hospital implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. * Note: Low-level disinfection is used for items such as stethoscopes and blood glucose meters. Additional cleaning and disinfecting is required for medical equipment, devices, and supplies used by patients who are isolated as part of implementing transmission-based precautions. Footnote *: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the Web site of the Centers for Disease Control and Prevention (CDC) at <a href="http://www.cdc.gov/ncidod/dhqp/sterile.html">http://www.cdc.gov/ncidod/dhqp/sterile.html</a> (Sterilization and Disinfection in Healthcare Settings).</td>
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<td>2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4) Note: Intermediate-level disinfection is used for items such as specula. Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes. Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the Web site of the Centers for Disease Control and Prevention (CDC) at <a href="http://www.cdc.gov/ncidod/dhqp/sterile.html">http://www.cdc.gov/ncidod/dhqp/sterile.html</a> (Sterilization and Disinfection in Healthcare Settings).</td>
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Program: Hospital
Chapter: Leadership

Standard: LD.04.04.07: The hospital considers clinical practice guidelines when designing or improving processes.

Rationale for LD.04.04.07:
Clinical practice guidelines can improve the quality, utilization, and value of health care services. Clinical practice guidelines help practitioners and patients make decisions about preventing, diagnosing, treating, and managing selected conditions. These guidelines can also be used in designing clinical processes or in checking the design of existing processes. The hospital identifies criteria that guide the selection and implementation of clinical practice guidelines so that they are consistent with its mission and priorities. Sources of clinical practice guidelines include the Agency for Healthcare Research and Quality, the National Guideline Clearinghouse, and professional organizations.

Introduction to Operations, Standards LD.04.01.01 Through LD.04.04.07:
Although some leaders may not be involved in the day-to-day, hands-on operations of the hospital, their decisions and work affect, either directly or indirectly, every aspect of operations. They are the driving force behind the culture of the hospital. Leaders establish the ethical framework in which the hospital operates, create policies and procedures, and secure resources and services that support patient safety and quality care, treatment, and services. Policies, procedures, resources, and services are all influenced by the culture of the hospital and, in turn, influence the culture.

Elements of Performance

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<td>2. When clinical practice guidelines will be used in the design or modification of processes, the hospital identifies criteria to guide their selection and implementation.</td>
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Program: Hospital

Chapter: Human Resources

Standard: HR.01.04.01: The hospital provides orientation to staff.

Rationale for HR.01.04.01:

N/A

Introduction to HR.01.04.01:

N/A

Elements of Performance

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<td></td>
</tr>
</tbody>
</table>
Program: Hospital
Chapter: Human Resources
Standard: HR.01.05.03: Staff participate in ongoing education and training.
Rationale for HR.01.05.03:
N/A
Introduction to HR.01.05.03:
N/A
Elements of Performance

<table>
<thead>
<tr>
<th>Description</th>
<th>MOS</th>
<th>CR</th>
<th>PFA</th>
<th>DOC</th>
<th>SC</th>
<th>ESP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.</td>
<td></td>
<td></td>
<td>IM, OT</td>
<td>D</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>4. Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.</td>
<td></td>
<td></td>
<td>IM, OT</td>
<td>D</td>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>

Program: Hospital
Chapter: Environment of Care
Standard: EC.02.04.03: The hospital inspects, tests, and maintains medical equipment.
Rationale for EC.02.04.03:
N/A
Introduction to EC.02.04.03:
N/A
Elements of Performance

<table>
<thead>
<tr>
<th>Description</th>
<th>MOS</th>
<th>CR</th>
<th>PFA</th>
<th>DOC</th>
<th>SC</th>
<th>ESP</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</td>
<td></td>
<td></td>
<td>Comm, EU, IM</td>
<td>D</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>
Program: Hospital  
Chapter: Environment of Care  
Standard: EC.02.04.01: The hospital manages medical equipment risks.  
Rationale for EC.02.04.01:  
N/A  
Introduction to EC.02.04.01:  
N/A  
Elements of Performance

<table>
<thead>
<tr>
<th>Description</th>
<th>MOS</th>
<th>CR</th>
<th>PFA</th>
<th>DOC</th>
<th>SC</th>
<th>ESP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The hospital solicits input from individuals who operate and service</td>
<td></td>
<td></td>
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<tr>
<td>and service equipment when it selects and acquires medical equipment.</td>
<td>Comm,</td>
<td>EU</td>
<td>A</td>
<td></td>
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</tr>
<tr>
<td>2. The hospital maintains either a written inventory of all medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ESP-1</td>
</tr>
<tr>
<td>equipment or a written inventory of selected equipment categorized by</td>
<td>EU, IM</td>
<td></td>
<td></td>
<td>A</td>
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<tr>
<td>physical risk associated with use (including all life-support equipment)</td>
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<tr>
<td>and equipment incident history. The hospital evaluates new types of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ESP-1</td>
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<tr>
<td>equipment before initial use to determine whether they should be</td>
<td></td>
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</tr>
<tr>
<td>included in the inventory. (See also EC.02.04.03, EPs 1 and 3)</td>
<td></td>
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<tr>
<td>3. The hospital identifies the activities, in writing, for maintaining,</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>ESP-1</td>
</tr>
<tr>
<td>inspecting, and testing for all medical equipment on the inventory.</td>
<td>EU</td>
<td></td>
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<td>C</td>
<td></td>
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<tr>
<td>(See also EC.02.04.03, EPs 2 and 3)</td>
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<tr>
<td>Note: Hospitals may use different strategies for different items as</td>
<td></td>
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<tr>
<td>appropriate. For example, strategies such as predictive maintenance,</td>
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<td>reliability-centered maintenance, interval-based inspections,</td>
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<td>corrective maintenance, or metered maintenance may be selected to</td>
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<td>ensure reliable performance.</td>
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<tr>
<td>4. The hospital identifies, in writing, frequencies for inspecting,</td>
<td></td>
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<td></td>
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<td>ESP-1</td>
</tr>
<tr>
<td>testing, and maintaining medical equipment on the inventory based on</td>
<td>EU, IM</td>
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<td>criteria such as manufacturers' recommendations, risk levels, or current</td>
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<tr>
<td>hospital experience. (See also EC.02.04.03, EPs 2 and 3)</td>
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<tr>
<td>5. The hospital monitors and reports all incidents in which medical</td>
<td></td>
<td></td>
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<td>A</td>
</tr>
<tr>
<td>equipment is suspected in or attributed to the death, serious injury,</td>
<td>Comm,</td>
<td>EU, IM</td>
<td></td>
<td></td>
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<td>ESP-1</td>
</tr>
<tr>
<td>or serious illness of any individual, as required by the Safe Medical</td>
<td></td>
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</tr>
<tr>
<td>6. The hospital has written procedures to follow when medical equipment</td>
<td></td>
<td></td>
<td></td>
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<td>ESP-1</td>
</tr>
<tr>
<td>fails, including using emergency clinical interventions and backup</td>
<td>EU, IM</td>
<td></td>
<td></td>
<td>A</td>
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</tr>
<tr>
<td>equipment.</td>
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</tr>
</tbody>
</table>
Second Generation Sample Tracer: Sterilizer Maintenance

Summary
In the following scenario, a surveyor traces how an organization conducts maintenance for sterilizers. Within the tracer, the surveyor explores issues relating to these priority focus areas:

- Equipment Use
- Orientation and Training
- Patient Safety
- Infection Control

Scenario
During the EC session at a large tertiary care center, a surveyor asks to see the organization's sterilizer maintenance policy as well as the sterilizers' Instructions for Use (IFU)—the equipment manual developed by the manufacturer and the FDA.

After reviewing these documents, the surveyor notes that the organization's sterilizer maintenance policy does not match the manufacturer's recommendations nor does the organization have a standardized process for sterilizer maintenance.

This triggers the need for a second generation tracer. This scenario is an example of a second generation tracer, which takes an in-depth look at a high-risk topic (see "Introduction," page 9).

(Bracketed numbers correlate to Sample Tracer Questions on page 18.)

In the Sterile Processing Department. The surveyor first meets with the manager of the sterile processing department, asking what the manager knows about sterilizer maintenance activities. During this conversation, the surveyor is trying to determine if the manager understands how the sterilizers should be maintained, who is in charge of that maintenance activity, and how communication with that department occurs. [1–5]

“How does a sterilizer in this department receive appropriate maintenance?” asks the surveyor.

“The biomedical equipment department is in charge of maintaining our sterilizers,” says the manager. “When maintenance is scheduled, someone from the department comes here, performs the maintenance, performance-tests the machine, and releases it back to us for use. Before using the sterilizer, I perform another set of parametric, chemical, and biological tests to double check that the equipment is functioning properly.”

The surveyor then asks for details about repair efforts:

- How does the sterile processing department determine if a sterilizer is malfunctioning and needs repair? How does the department communicate with the biomedical equipment department about that repair?
- Is the equipment failure documented? Does a representative from the biomedical equipment department come on site at regular intervals or just when the sterilizers malfunction? [6–9]

Office of the Biomedical Equipment Manager. The next stop is the office of the biomedical equipment manager, who is in charge of the organization’s medical equipment management program. The

Mock Tracer Tip
As with other types of tracers, organizations can perform mock second generation tracers. This is done by deeply exploring a high-risk topic in detail. When conducting mock tracers, look for challenging tracer subjects that might present opportunities to go in depth, such as cleaning, disinfection, and sterilization; contracted services; and other topics. Explore all aspects of a topic and follow that topic to different departments, asking questions that will ultimately foster a thorough and comprehensive exploration.

At-a-Glance

Compliance Strategies
In hospitals, sterilizers may be found in sterile processing, laboratory, and surgery areas. Individuals in charge of an organization’s medical equipment management program should have open lines of communication with the staff members responsible for performance testing sterilizers in these areas to help anticipate any problems with sterilizers and ensure that any problems that do arise are quickly resolved.

Standards in the “Infection Prevention and Control” (IC) chapter address the topic of performance testing sterilizers. Individuals in charge of medical equipment maintenance should familiarize themselves with these standards to be fully knowledgeable about the equipment.
The surveyor follows up this exchange with questions about steam pipe insulation and design, verifying that they meet AAMI recommendations as well. Next, the surveyor presses for information on how steam quality is maintained and whether the organization has processes for monitoring and controlling steam generation; maintaining steam traps, boilers, and generators; and periodically assessing sterilization loads to support proper sterilizer performance. [24–25]

Moving Forward. Based on the tracer, the surveyor might follow up with a discussion with the facility manager about the lack of standardized maintenance policy and the need for the facility manager to be a part of the task force to update and implement the new policy and associated training efforts, since this issue is so important in preserving the safety of patients.

In addition to questions about maintenance, the surveyor asks about repair efforts, including how the biomedical equipment department receives repair requests from the different units housing sterilizers, including the sterile processing department; how the biomedical equipment department ensures timely repairs; and whether those repairs are documented. [18–20]

At the close of this conversation, the surveyor stresses the need to update the sterilizer maintenance policy and verify that practice matches the new policy. The surveyor and manager talk about how to develop a standardized process for sterilizer maintenance, with the surveyor suggesting that the organization form a task force to review and address the issue. He suggests that the task force consult not only the IFU recommendations, but also the Association for the Advancement of Medical Instrumentation (AAMI) recommendations. The surveyor emphasizes the need for training associated with the new standardized process to make sure all sterilizers are maintained and repaired appropriately.

Office of the Facility Manager. The surveyor next goes to the office of the facility manager, where the surveyor asks about how the organization ensures the adequate supply of quality steam for the sterilizers. The facility manager and the surveyor discuss the importance of quality steam in an effective steam sterilization process. During this conversation, the surveyor probes for information about the dryness of the steam and the level of non-condensable gas in the steam. The facility manager indicates that steam dryness follows AAMI recommendations and is between 97% and 100% with non-condensable gas maintained at a level that will not impair steam penetration into sterilization loads. [21–23]

Scenario 5-4.
Sample Tracer Questions

The bracketed numbers before each question correlate to questions, observations, and data review described in the sample tracer for Scenario 5-4. You can use the tracer worksheet form on page 20 to develop a mock tracer (see an example of a completed tracer worksheet at the end of this section). The information gained by conducting a mock tracer can help to highlight a good practice and/or determine issues that may require further follow-up.

Manager of the Sterile Processing Department

[1] How does a sterilizer in this department receive appropriate maintenance?

[2] Who is in charge of sterilizer maintenance efforts?

[3] How do you communicate with the department in charge of maintenance efforts?

[4] How often should the sterilizers be maintained?

[5] Does the sterile processing department have access to the sterilizer maintenance records?
How do you determine if a sterilizer is malfunctioning and needs repair?

How do you communicate with the biomedical equipment department about the repair?

Is the equipment failure documented? If so, how?

Does a representative from the biomedical equipment department come on site at regular intervals or just when the sterilizers malfunction?

**Manager of the Biomedical Equipment Department**

Is sterilizer maintenance part of the organization’s overall medical equipment management program?

What are the steps involved in sterilizer maintenance?

Who conducts the maintenance?

What training do these individuals receive?

How often does training occur?

How frequently is preventive maintenance performed?

How do you respond when a sterilizer fails a performance test on a unit?

What are the IFU recommendations for maintaining sterilizers? Why is it important to be familiar with these recommendations?

How do you receive repair requests from the different units, including sterile processing?

How do you ensure timely repairs?

Are repairs documented? If so, how?

**Facility Manager**

Why is steam quality important for sterilizers?

How does the organization ensure the adequate supply of quality steam?

What is the appropriate level of dryness? Gas concentration?

Discuss the steam pipe insulation. How does the organization's piping meet AAMI recommendations?

What processes are in place for maintaining steam quality; monitoring and controlling steam generation; maintaining steam traps, boilers, and generators; and periodically assessing sterilization loads to support proper sterilizer performance?
### Sample Tracer Worksheet: Scenario 5-4.

The worksheet below is an example of how organizations can use the sample tracer questions for Scenario 5-4 in a worksheet format during a mock tracer. Scenario 5-4 is an example of a second generation tracer, which takes an in-depth look at a high-risk topic (see “Introduction,” page 2). The bracketed numbers before each question correlate to questions described in the scenario. A **correct answer** is an appropriate answer that meets the requirements of the organization and other governing bodies. An **incorrect answer** should always include recommendations for follow-up.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Correct Answer</th>
<th>Incorrect Answer</th>
<th>Follow-Up Needed</th>
<th>Comments or Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>[2–3] Who is in charge of sterilizer maintenance efforts? How do you communicate with the department in charge of maintenance efforts?</td>
<td>✔</td>
<td></td>
<td></td>
<td>Form a multidisciplinary group to work on improving communication between departments that use sterilizers and the biomedical equipment department. Identifies the biomedical equipment department but indicates that communication with this department could be better.</td>
</tr>
<tr>
<td>[4–5] How often should the sterilizers be maintained? Does the sterile processing department have access to the sterilizer maintenance records?</td>
<td>✔</td>
<td></td>
<td></td>
<td>Consider providing education to departments using sterilizers about maintenance frequency and documentation. Not aware of the specifics regarding sterilizer maintenance, such as how often it should occur and how it is documented.</td>
</tr>
<tr>
<td>[6–7, 9] How do you determine if a sterilizer is malfunctioning and needs repair? How do you communicate with the biomedical equipment department about the repair? Does a representative from the biomedical equipment department come on site at regular intervals or just when the sterilizers malfunction?</td>
<td>✔</td>
<td></td>
<td></td>
<td>Follow up with biomedical equipment on their processes for repair and encourage them to enhance communication with departments using sterilizers. Could describe what to do in the case of sterilizer malfunction and whom to call.</td>
</tr>
</tbody>
</table>
## Interview Subject: Manager of the Sterile Processing Department (continued)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Correct Answer</th>
<th>Incorrect Answer</th>
<th>Follow-Up Needed</th>
<th>Comments or Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>[8] Is the equipment failure documented? If so, how?</td>
<td>✓</td>
<td></td>
<td></td>
<td>Shows me the log book where equipment failures are documented.</td>
</tr>
</tbody>
</table>

## Interview Subject: Manager of the Biomedical Equipment Department

<table>
<thead>
<tr>
<th>Questions</th>
<th>Correct Answer</th>
<th>Incorrect Answer</th>
<th>Follow-Up Needed</th>
<th>Comments or Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>[10–11] Is sterilizer maintenance part of the organization’s overall medical equipment management program? What are the steps involved in sterilizer maintenance?</td>
<td></td>
<td></td>
<td></td>
<td>Suggest forming a multidisciplinary team to work on standardizing the sterilizer maintenance effort. This team should review IFU and AAMI recommendations. Although sterilizers are listed on the medical equipment inventory, sterilizer maintenance does not appear to be standardized.</td>
</tr>
<tr>
<td>[12–14] Who conducts the maintenance? What training do these individuals receive? How often does training occur?</td>
<td></td>
<td></td>
<td></td>
<td>Provide further training for those individuals charged with sterilizer maintenance. There are specific individuals who maintain the sterilizers, and they received initial training. However, there has been little continuing education or review of skills.</td>
</tr>
<tr>
<td>[15] How frequently is preventive maintenance performed?</td>
<td></td>
<td></td>
<td></td>
<td>Again, recommend multidisciplinary group address this issue. Could not describe a standardized process with regular preventive maintenance intervals.</td>
</tr>
<tr>
<td>[16] What are the IFU recommendations for maintaining sterilizers? Why is it important to be familiar with these recommendations?</td>
<td></td>
<td></td>
<td></td>
<td>Underscore the importance of these recommendations in ensuring patient safety. Could not describe the IFU’s recommendations.</td>
</tr>
<tr>
<td>[17–20] How do you respond when a sterilizer fails a performance test on a unit? How do you receive repair requests from the different units, including sterile processing? How do you ensure timely repairs? Are repairs documented? If so, how?</td>
<td></td>
<td></td>
<td></td>
<td>Recommend enhancing communication with departments that use sterilizers. Seems to have the emergency repair process well in hand.</td>
</tr>
<tr>
<td>Questions</td>
<td>Correct Answer</td>
<td>Incorrect Answer</td>
<td>Follow-Up Needed</td>
<td>Comments or Notes</td>
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<td>---------------------------------------------------------------------------</td>
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<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>[21] Why is steam quality important for sterilizers?</td>
<td>✓</td>
<td></td>
<td></td>
<td>Very knowledgeable about the importance of steam in a safe sterilization process.</td>
</tr>
<tr>
<td>[22–23] How does the organization ensure the adequate supply of quality</td>
<td>✓</td>
<td></td>
<td></td>
<td>Could describe processes for ensuring adequate supply and good quality, as well as appropriate dryness and gas concentration.</td>
</tr>
<tr>
<td>steam? What is the appropriate level of dryness? Gas concentration?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[24] Discuss the steam pipe insulation. How does the organization's piping</td>
<td>✓</td>
<td></td>
<td></td>
<td>Could describe how pipes are insulated and whether they meet AAMI recommendations.</td>
</tr>
<tr>
<td>meet AAMI recommendations?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>[25] What processes are in place for maintaining steam quality; monitoring</td>
<td>✓</td>
<td></td>
<td></td>
<td>Although he could describe many of these processes, there were some—such as periodically assessing sterilization loads—that could use review.</td>
</tr>
<tr>
<td>and controlling steam generation; maintaining steam traps, boilers, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>generators; and periodically assessing sterilization loads to support</td>
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<td></td>
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<tr>
<td>proper sterilizer performance?</td>
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Tracer Methodology 101: Second Generation Tracer for Cleaning, Disinfection, and Sterilization of Equipment

For the past year, The Joint Commission has been fine-tuning an evolving element of the on-site accreditation survey process, named second generation tracers, which allows surveyors to place more emphasis on specific high-risk processes in applicable health care settings. "These tracers allow for a deep and detailed exploration of a particular area, process, or subject," explains Louise Kuhny, RN., M.P.H., M.B.A., C.LC., clinical educator for Accreditation and Certification Operations at The Joint Commission. A second generation tracer may be conducted when surveyors have noticed inconsistent practices or procedures (see the cover story on page 7). Right now, The Joint Commission is rolling them out in the hospital and critical access hospital settings.

The second generation tracer for the cleaning, disinfection, and sterilization (CDS) of medical equipment, Kuhny explains, is in place due to some significant issues that have emerged in this area relating primarily to the proper use of flash/steam, rapid cycle sterilization, and the adequate high-level disinfection of endoscopes. "The goal of the CDS second generation tracer," she adds, "is to enhance our ability to identify and focus on issues related to cleaning, disinfection, and sterilization of medical equipment, devices, and supplies."

The specific Joint Commission requirements relating to equipment CDS, in which surveyors will focus a significant portion of their review during a CDS second generation tracer, are the following:

- Infection Prevention and Control Standard IC.02.02.01, Elements of Performance (EPs) 1 and 2:
- Leadership Standard LD.04.01.07, EP2
- Human Resources Standard HR01.02.01, EP 1
- Human Resources Standard HR01.04.01, EPs 1-4
- Human Resources Standard HRO 1.05.03, EPs 1 and 4

These standards are shown in the box on page 24.

Kuhny recommends that organizations take time to review their processes in relation to CDS to ensure that they prevent any noncompliance issues. "Hospitals should have a centralized process for sterilization, for example," she recommends. "If a surveyor notices that sterilization is happening inconsistently a result of decentralized sterilization, that would be an indication that perhaps a second generation tracer is indicated. Another would be a high number of contracted staff."

Table 1 on page 25 represents areas where a surveyor might perform a detailed examination on particularly key risk points in the CDS process. Organizations can use it as a compliance assessment tool during mock tracer activity.

"There are many small steps in the cleaning, disinfection, and sterilization of equipment, but every step is critical," stresses Kuhny. For this reason, Kuhny notes the process for CDS should be as systematic and consistent as possible, and the mock second generation tracer can be used as a means by which organizations themselves can identify risk points in the process. "The point of the second generation tracer is to provide a mechanism—a standardized, screening mechanism—toward patient safety," Kuhny explains.

The Scenario

This tracer took place in a 350-bed hospital in an urban community located in the Pacific Northwest. During an individual tracer in which the surveyor visited the endoscopy unit in the hospital, the surveyor noted that a high number of colonoscopies were being performed during the day due to a physician who performed colonoscopies in the hospital only once a week. While conducting the tracer with staff, the surveyor noted technicians commenting that they felt rushed when cleaning the endoscopes due to the high volume of patients. The surveyor then observed inconsistencies in practice, with staff not always using the same steps when disinfecting the endoscopes.
The following day the surveyor began a CDS second generation tracer in the endoscopy clinic to examine the hospital's cleaning, disinfection, and sterilization processes. He focused his attention primarily on key processes in relation to the disinfection of endoscopes. He first asked staff to describe what process they followed, with particular interest in which guidelines and indications for use that they used. He also considered the hospital's practices in relation to Joint Commission standards relating to policy implementation and infection control risk. The clinic staff explained that they moved dirty equipment into a separate work space that had been designated a contaminated work area to await transportation, but that sometimes, due to transportation being slow, staff would simply transport the dirty equipment directly to the central sterile processing area themselves. This had caused some confusion, the clinical manager explained, as it created a backlog in handling equipment but she felt due to delays in transportation, they did not always have a choice. The surveyor asked the manager if staff had been trained in the safe handling of equipment. She responded that there was information provided during the initial orientation to the clinic, but that there was no annual competency or training provided.

The surveyor then opted to follow an endoscope that needed to be transported for disinfection. The surveyor observed the technician responsible for transportation appropriately handle and move the equipment to the central sterile processing area. The surveyor asked the staff member to describe his training on areas such as worker safety and infection control. He responded that he was relatively new to the hospital, being there in a contracted capacity, but that he had undergone some basic training on starting at the hospital. When the surveyor asked about delays in transportation of equipment to the processing area, the technician commented that there were too few staff on hand to handle demand, only he and two others who were also contracted staff.

The surveyor then asked the technician what process he followed to disinfect the endoscope. The technician was able to correctly delineate the process for high-level disinfection of endoscopes based on the hospital's documented process, which referred to the 2008 HICPAC guidelines, * and he observed the technician handle the equipment appropriately.

The surveyor concluded the tracer by meeting with human resources leadership and clinic leadership to discuss processes for training, staffing, and competency in relation to equipment CDS. He also reviewed the personnel record for the contracted technician.

**Sample Questions**
The following are some questions that could be asked during a CDS second generation tracer. Use them as a starting point to plan your own mock tracers.

---

Questions for staff:
- What processes do you follow for the cleaning, disinfection, and sterilization of equipment?
- Please explain your procedure for handling dirty equipment. Where is equipment moved after use?
- Where is the cleaning, disinfection, and sterilization of equipment performed? How is the equipment transported there?
- Please show me where you perform CDS.
- What training have you received in relation to CDS? What orientation did you receive on entering the organization? Do you receive any ongoing CDS training?
- How do you determine what level of disinfection or sterilization is required for a specific piece of equipment?

Questions for contracted staff:
- How long have you been contracted to work at this hospital?
- What kind of orientation and training did you receive?
- What kind of ongoing competency and training have you received or will you receive?
- How do you transport dirty equipment to the central sterile processing area?
- Please describe the process by which you disinfect a specific piece of equipment.
- What is the process to sterilize these surgical instruments?

Tips Checklist

Consider the following strategies when considering conducting your own second generation tracers in the hospital setting:

- **Target the tracer to focus on one process only.** Kuhny recommends focusing mock tracer work on a particular CDS process, such as the endoscope process. "The endoscope process is so complex, including many steps and taking a long time," she explains. "While automatic processes do exist, it also has manual elements. By focusing on the steps in one process and ensuring you are following published guidelines and manufacturer's indications for use, you can determine what, if any, gaps may exist in that process.

- **Follow the instruments.** An organization can benefit from following the instruments themselves, recommends Kuhny. By tracing a particular instrument such as a surgical instrument from the point of use to transportation, separation, cleaning, disinfection, rinsing, drying, and storing.
Standards Related to Contract Services

Program: Hospital

Chapter: Leadership

Standard: LD.04.03.09: Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Rationale for LD.04.03.09:

N/A

Introduction to Oversight of Care, Treatment, and Services Provided Through Contractual Agreement, Standard LD.04.03.09:

The same level of care should be delivered to patients regardless of whether services are provided directly by the hospital or through contractual agreement. Leaders provide oversight to make sure that care, treatment, and services provided directly are safe and effective. Likewise, leaders must also oversee contracted services to make sure that they are provided safely and effectively. Standard LD.04.03.09 outlines the requirements for leadership oversight of care, treatment, and services provided through contractual agreement.

The only contractual agreements subject to the requirements in Standard LD.04.03.09 are those for the provision of care, treatment, and services provided to the hospital's patients. This standard does not apply to contracted services that are not directly related to patient care. In addition, contracts for consultation or referrals are not subject to the requirements in Standard LD.04.03.09. However, regardless of whether or not a contract is subject to this standard, the actual performance of any contracted service is evaluated at the other standards in this manual appropriate to the nature of the contracted service.

Monitoring Contracted Services

The expectations that leaders set for the performance of contracted services should reflect basic principles of risk reduction, safety, staff competence, and performance improvement. The requirements outlined in Standards HR.01.06.01, EC.01.01.01, EC.02.01.01, and PI.01.01.01 can provide ideas for setting expectations related to these topics. Additional ideas for expectations can also come from the elements of performance (EPs) found in specific standards applicable to the contracted service. Although leaders have the same responsibility for oversight of contracted services outside the hospital's expertise as they do for contracted services within the hospital's expertise, it is more difficult to determine how to monitor such services. In these cases, information from relevant professional hospitals can provide guidance for setting expectations.

The EPs do not prescribe the methods for evaluating contracted services; leaders are expected to select the best methods for their hospital to oversee the quality and safety of services provided through contractual agreement. Examples of sources of information that may be used for evaluating contracted services include the following:

- Review of information about the contractor's Joint Commission accreditation or certification status
- Direct observation of the provision of care
- Audit of documentation, including medical records
- Review of incident reports
- Review of periodic reports submitted by the individual or hospital providing services under contractual agreement
- Collection of data that address the efficacy of the contracted service
- Review of performance reports based on indicators required in the contractual agreement
- Input from staff and patients
• Review of patient satisfaction studies
• Review of results of risk management activities

In the event that contracted services do not meet expectations, leaders take steps to improve care, treatment, and services. In some cases, it may be best to work with the contractor to make improvements, whereas in other cases it may be best to renegotiate or terminate the contractual relationship. When leaders anticipate the renegotiation or termination of a contractual agreement, planning needs to occur so that the continuity of care, treatment, and services is not disrupted.

Credentialing and Privileging

In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter.

However, for hospitals that do not use Joint Commission accreditation for deemed status purposes, there are three special circumstances when this is not required:

- Direct care through a telemedical link: Standard MS.13.01.01 describes several options for credentialing and privileging licensed independent practitioners who are responsible for the care, treatment, and services of the patient through a telemedical link.
- Interpretive services through a telemedical link: EP 9 in this standard describes the circumstances under which a hospital can accept the credentialing and privileging decisions of a Joint Commission-accredited ambulatory care hospital for licensed independent practitioners providing interpretive services through a telemedical link.
- Off-site services provided by a Joint Commission-accredited contractor.

For hospitals that use Joint Commission accreditation for deemed status purposes, all licensed independent practitioners who are responsible for the patient's care, treatment, and services must be credentialed and privileged through the full medical staff process of the hospital using their services. In particular, licensed independent practitioners providing care, treatment, and services via a telemedicine link (either as direct care or interpretive services) are privileged to do so by the hospital using their services.

Elements of Performance

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<tr>
<td>1. Clinical leaders and medical staff have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement.</td>
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<td>Comm, IM, OS</td>
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<td>2. The hospital describes, in writing, the nature and scope of services provided through contractual agreements.</td>
<td>IM, OS</td>
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<td>3. Designated leaders approve contractual agreements.</td>
<td>Comm, IM, OS</td>
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</table>
4. Leaders monitor contracted services by establishing expectations for the performance of the contracted services.

   Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter.
   Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:
   • Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
   • Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges.
   Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body. All licensed independent practitioners who are responsible for the patient's care, treatment, and services via a telemedicine link are credentialed and privileged to do so at the originating site (refer to LD.04.03.09, EP 9). (See also MS.13.01.01, EP 1)

5. Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.

   Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.

6. Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.

7. When contractual agreements are renegotiated or terminated, the hospital maintains the continuity of patient care.

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Standards Related to FPPE/OPPE

Program: Hospital

Chapter: Medical Staff

Standard: MS.08.01.01: The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance.

Rationale for MS.08.01.01:

The focused evaluation process is defined by the organized medical staff. The time period of the evaluation can be extended, and/or a different type of evaluation process assigned. Information for focused professional practice evaluation may include chart review, monitoring clinical practice patterns, simulation, proctoring, external peer review, and discussion with other individuals involved in the care of each patient (e.g., consulting physicians, assistants at surgery, nursing or administrative personnel).

Relevant information resulting from the focused evaluation process is integrated into performance improvement activities, consistent with the organization's policies and procedures that are intended to preserve confidentiality and privilege of information.

Introduction to Standard MS.08.01.01:

Focused Professional Practice Evaluation

Focused professional practice evaluation is a process whereby the organization evaluates the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization. This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care. Focused professional practice evaluation is a time-limited period during which the organization evaluates and determines the practitioner's professional performance.

The organized medical staff does the following:

- Evaluates practitioners without current performance documentation at the organization
- Evaluates practitioners in response to concerns regarding the provision of safe, high quality patient care
- Develops criteria for extending the evaluation period
- Communicates to the appropriate parties the evaluation results and recommendations based on results
- Implements changes to improve performance

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<tr>
<td>1. A period of focused professional practice evaluation is implemented for all initially requested privileges.</td>
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<td>2. The organized medical staff develops criteria to be used for evaluating the performance of practitioners when issues affecting the provision of safe, high quality patient care are identified.</td>
<td>Cred/PRI, IM, OS, SE</td>
<td>D</td>
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<td>7. Criteria are developed that determine the type of monitoring to be conducted.</td>
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<td>8. The measures employed to resolve performance issues are clearly defined.</td>
<td>Cred/PRI, IM, OS</td>
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</table>
Program: Hospital
Chapter: Medical Staff

Standard: MS.08.01.03: Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.

Rationale for MS.08.01.03:

N/A

Introduction to Standard MS.08.01.03:

Ongoing Professional Practice Evaluation
(Maintaining Privileges)

The ongoing professional practice evaluation allows the organization to identify professional practice trends that impact on quality of care and patient safety. Such identification may require intervention by the organized medical staff. The criteria used in the ongoing professional practice evaluation may include the following:

- Review of operative and other clinical procedure(s) performed and their outcomes
- Pattern of blood and pharmaceutical usage
- Requests for tests and procedures
- Length of stay patterns
- Morbidity and mortality data
- Practitioner's use of consultants
- Other relevant criteria as determined by the organized medical staff

The information used in the ongoing professional practice evaluation may be acquired through the following:

- Periodic chart review
- Direct observation
- Monitoring of diagnostic and treatment techniques
- Discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, and nursing and administrative personnel

Relevant information obtained from the ongoing professional practice evaluation is integrated into performance improvement activities. These activities adhere to the organization's policies or procedures intended to preserve any confidentiality or legal privilege of information established by applicable law.

If there is uncertainty regarding the practitioner's professional performance, the organized medical staff should follow the course of action defined in the medical staff bylaws for further evaluation of the practitioner.

Note 1: Privileged practitioners have access to the medical staff fair hearing and appeal process should the intervention result in corrective action. (See Standard MS.10.01.01)

Note 2: Operative and other clinical procedures Include operative and other invasive and noninvasive procedures that place the patient at risk. The focus is on procedures, and is not meant to include medications that place the patient at risk.
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<tr>
<td>1. The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.</td>
<td></td>
<td>Cred/PRI, IM, OS</td>
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<td>2. The process for the ongoing professional practice evaluation includes the following: The type of data to be collected is determined by individual departments and approved by the organized medical staff.</td>
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<td>3. The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).</td>
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<td>Cred/PRI, IM, OS</td>
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Standards Related to Patient Flow

Program: Hospital
Chapter: Leadership

Standard: LD.04.03.11: The hospital manages the flow of patients throughout the hospital.

Rationale for LD.04.03.11:
Managing the flow of patients throughout their care is essential to prevent overcrowding, which can undermine the timeliness of care and, ultimately, patient safety. Effective management of system-wide processes that support patient flow (such as admitting, assessment and treatment, patient transfer, and discharge) can minimize delays in the delivery of care. Monitoring and improving these processes are useful strategies to reduce patient flow problems.

Introduction to Operations, Standards LD.04.01.01 Through LD.04.04.07:
Although some leaders may not be involved in the day-to-day, hands-on operations of the hospital, their decisions and work affect, either directly or indirectly, every aspect of operations. They are the driving force behind the culture of the hospital. Leaders establish the ethical framework in which the hospital operates, create policies and procedures, and secure resources and services that support patient safety and quality care, treatment, and services. Policies, procedures, resources, and services are all influenced by the culture of the hospital and, in turn, influence the culture.

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<tr>
<td>1. The hospital has processes that support the flow of patients throughout the hospital.</td>
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<td>2. The hospital plans for the care of admitted patients who are in temporary bed locations, such as the post anesthesia care unit or the emergency department.</td>
<td>Comm, OS</td>
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<td>3. The hospital plans for care to patients placed in overflow locations.</td>
<td>Comm, OS</td>
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<td>4. Criteria guide decisions to initiate ambulance diversion.</td>
<td>IM, OS</td>
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<td>5. The hospital measures the following components of the patient flow process:</td>
<td>OS, QI</td>
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<td>• The available supply of patient beds</td>
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<td>• The efficiency of areas where patients receive care, treatment, and services</td>
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<td>• The safety of areas where patients receive care, treatment and services</td>
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<td>• Access to support services</td>
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<td>6. Measurement results are provided to those individuals who manage patient flow processes. (See also NR.02.02.01, EP 4)</td>
<td>Comm, IM, OS, QI</td>
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<td>7. Measurement results regarding patient flow processes are reported to leaders.</td>
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<td>8. Measurement results guide improvement of patient flow processes.</td>
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**Program:** Hospital

**Chapter:** Nursing

**Standard:** NR.02.02.01: The nurse executive establishes guidelines for the delivery of nursing care, treatment, and services.

**Rationale for NR.02.02.01:**

N/A

**Introduction to NR.02.02.01:**

N/A

**Elements of Performance**

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<td>staff write: Standards of nursing practice for the hospital.</td>
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<td>2. The nurse executive, registered nurses, and other designated nursing</td>
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<td>staff write: Nursing standards of patient care, treatment, and services.</td>
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<td>3. The nurse executive, registered nurses, and other designated nursing</td>
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<td>4. The nurse executive, registered nurses, and other designated nursing</td>
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<td>staff write: Nurse staffing plan(s). (See also LD.04.03.11, EP 6)</td>
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<td>5. The nurse executive, registered nurses, and other designated nursing</td>
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<td>staff write: Standards to measure, assess, and improve patient outcomes.</td>
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Program: Hospital

Chapter: Provision of Care, Treatment, and Services

Standard: PC.01.02.03: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Rationale for PC.01.02.03:

N/A

Introduction to PC.01.02.03:

N/A

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<tr>
<td>1. The hospital defines, in writing, the time frame(s) within which it conducts the patient's initial assessment, in accordance with law and regulation. (See also RC.01.03.01, EP 1)</td>
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<td>ACS, IM, OS</td>
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<td>2. The hospital performs initial patient assessments within its defined time frame. (See also RC.01.03.01, EP 3)</td>
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<td>ACS</td>
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<td>3. Each patient is reassessed as necessary based on his or her plan for care or changes in his or her condition. Note: Reassessments may also be based on the patient's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; and/or his or her setting requirements.</td>
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<td>ACS</td>
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<td>4. The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 6; RC.02.01.03, EP 3)</td>
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<td>ACS</td>
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<tr>
<td>5. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)</td>
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<td>ACS, IM</td>
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<td>6. A registered nurse completes a nursing assessment within 24 hours after the patient's inpatient admission. (See also RC.02.01.01, EP 2)</td>
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<td>ACS</td>
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<tr>
<td>7. The hospital completes a nutritional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission. (See also PC.01.02.01, EPs 2 and 3; RC.02.01.01, EP 2)</td>
<td>M</td>
<td></td>
<td>ACS</td>
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<tr>
<td>8. The hospital completes a functional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission. (See also PC.01.02.01, EP 2; RC.02.01.01, EP 2)</td>
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</table>
Program: Hospital

Chapter: Provision of Care, Treatment, and Services

Standard: PC.02.02.01: The hospital coordinates the patient's care, treatment, and services based on the patient's needs.

Rationale for PC.02.02.01:

N/A

Introduction to Standard PC.02.02.01:

Coordination of care is recognized as a major challenge in the safe delivery of care. The rise of chronic illness means that a patient's care, treatment, and services likely includes an array of providers in a variety of health care settings, including the patient's home.

The Institute of Medicine's report "Crossing the Quality Chasm—A New Health System for the 21st Century" notes that "because of the special vulnerability that accompanies illness or injury, coordination of care takes on special importance. Many patients depend on those who provide care to coordinate services—whether tests, consultations, or procedures—to ensure that accurate and timely information reaches those who need it at the appropriate time." Health care providers and organizations need to work together to coordinate their efforts in order to provide safe, quality care.

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<tr>
<td>1. The hospital has a process to receive or share patient information when</td>
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<td>the patient is referred to other internal or external providers of care,</td>
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<td>treatment, and services. (See also PC.04.02.01, EP 1)</td>
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<td>2. The hospital's process for hand-off communication provides for the</td>
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<td>Comm, IM, OS,</td>
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<td>opportunity for discussion between the giver and receiver of patient</td>
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<td>information. Note: Such information may include the patient's condition,</td>
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<td>care, treatment, medications, services, and any recent or anticipated</td>
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<td>changes to any of these.</td>
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<td>3. The hospital coordinates the patient's care, treatment, and services.</td>
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<td>Note: Coordination involves resolving scheduling conflicts and duplication</td>
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<td>of care, treatment, and services.</td>
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<td>10. When the hospital uses external resources to meet the patient's needs,</td>
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<td>it coordinates the patient's care, treatment, and services.</td>
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<td>17. The hospital coordinates care, treatment, and services within a</td>
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<td>time frame that meets the patient's needs.</td>
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Program: Hospital

Chapter: Rights and Responsibilities of the Individual

Standard: RI.01.01.01: The hospital respects, protects, and promotes patient rights.

Rationale for RI.01.01.01:

N/A

Introduction to Standard RI.01.01.01:

This standard focuses on how the hospital respects the rights of the patient during his or her encounter with the hospital. However, a mere list of rights cannot guarantee the patient's rights. A hospital puts its respect for the patient's rights into action by showing its support of these rights through the ways that staff and caregivers interact with the patient and involve him or her in care, treatment, and services.

Elements of Performance

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<tr>
<th>Description</th>
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<tr>
<td>1. The hospital has written policies on patient rights.</td>
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<tr>
<td>2. The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3)</td>
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<td>Comm, IM, OS, RIE</td>
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<td>4. The hospital treats the patient in a dignified and respectful manner that supports his or her dignity.</td>
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<tr>
<td>5. The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)</td>
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<td></td>
<td>Comm, RIE</td>
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<tr>
<td>6. The hospital respects the patient's cultural and personal values, beliefs, and preferences.</td>
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<td>RIE</td>
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<tr>
<td>7. The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1-5)</td>
<td>M</td>
<td></td>
<td>RIE</td>
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<tr>
<td>Note: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, please refer to Standard IM.02.01.01</td>
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<td>8. The hospital respects the patient's right to pain management. (See also HR.01.04.01, EP 4; PC.01.02.07, EP 1; MS.03.01.03, EP 2)</td>
<td></td>
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<td>ACS, RIE</td>
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<tr>
<td>9. The hospital accommodates the patient's right to religious and other spiritual services.</td>
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<td>RIE</td>
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<tr>
<td>10. The hospital allows the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.</td>
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<td>IM, OS, RIE</td>
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</table>
28. The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay.  
   Note 1: The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative.  
   (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01, EPs 6-8.)  
   Note 2: This element of performance will not affect the accreditation decision at this time.

29. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.  
   Note: This element of performance will not affect the accreditation decision at this time.
Program: Hospital

Chapter: Medical Staff

Standard: MS.03.01.03: The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

Rationale for MS.03.01.03:

Quality of care, treatment, and services is dependent on coordination and communication of the plan of care which is given to all relevant health care providers to optimize resources and provide for patient safety. Practitioners have privileges that correspond to the care, treatment, and services needed by individual patients. Such privileges are specific to each patient's needs and therefore are "appropriate" for that particular patient. Communication and coordination are key to the safe management of patient care, treatment, and services. Communication among all practitioners and staff involved in a patient's care, treatment, and services is vital to ensuring coordinated, high-quality care.

Introduction to MS.03.01.03:

N/A

Elements of Performance

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<tbody>
<tr>
<td>1. Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of &quot;physician&quot; is the same as that used by the Centers for Medicare &amp; Medicaid Services (CMS) (refer to the Glossary [not included]).</td>
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<td>ACS,</td>
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<tr>
<td>2. The hospital educates all licensed independent practitioners on assessing and managing pain. (See also RI.01.01.01, EP 8)</td>
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<td>ACS,</td>
<td>Cred/PRI</td>
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<tr>
<td>3. A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.</td>
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<td>ACS,</td>
<td>Cred/PRI</td>
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<tr>
<td>4. The organized medical staff, through its designated mechanism, determines the circumstances under which consultation or management by a doctor of medicine or osteopathy, or other licensed independent practitioner, is required.</td>
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<td>Cred/PRI,</td>
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<tr>
<td>5. Consultation is obtained for the circumstances defined by the organized medical staff.</td>
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<td>Comm,</td>
<td>Cred/PRI,</td>
<td>IM, OS</td>
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<tr>
<td>6. There is coordination of the care, treatment, and services among the practitioners involved in a patient's care, treatment, and services.</td>
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<td>ACS,</td>
<td>Comm,</td>
<td>Cred/PRI</td>
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</tr>
</tbody>
</table>
Program: Hospital
Chapter: Human Resources

Standard: HR.01.02.01: The hospital defines staff qualifications.

Rationale for HR.01.02.01:
N/A

Introduction to HR.01.02.01:
N/A

Elements of Performance

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<tbody>
<tr>
<td>1. The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)</td>
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<tr>
<td>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</td>
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<tr>
<td>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital.</td>
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<td>Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964. (Inclusion of these qualifications will not affect the accreditation decision at this time.)</td>
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Program: Hospital

Chapter: Human Resources

Standard: HR.01.06.01: Staff are competent to perform their responsibilities.

Rationale for HR.01.06.01:

N/A

Introduction to Standards HR.01.06.01 and HR.01.07.01:

A close relationship exists between competence assessment and performance evaluation. Sometimes this relationship can be confusing. Competence assessment lets the hospital know whether its staff have the ability to use specific skills and to employ the knowledge necessary to perform their jobs.

When the hospital defines specific competencies, it should consider the needs of its patient population, the types of procedures conducted, conditions or diseases treated, and the kinds of equipment it uses.

Where competency assessment focuses on specific knowledge, skill, and ability, performance evaluations are broader in scope. Performance evaluations are not only focused on a staff member's competence, they also include other expectations that have been established for each staff member. For example, a performance evaluation might include expectations relative to whether a staff member participates in education and training offered by the hospital, or how well he or she carries out job responsibilities and manages time.

What competency assessments and performance evaluations share is the requirement that they are performed at least once every three years. This does not mean, however, that they have to be performed together at the same time. Some hospitals, often those that are smaller in size, may choose to combine competency assessments with performance evaluations. Others may choose to handle these activities separately. If a hospital chooses to combine the activities, it needs to make sure that the performance evaluation contains specific competencies. However these two activities are conducted, feedback on performance is most useful to staff if it is given whenever an opportunity arises.

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<tr>
<td>1. The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.</td>
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<tr>
<td>2. The hospital uses assessment methods to determine the individual's competence in the skills being assessed. Note: Methods may include test taking, return demonstration, or the use of simulation.</td>
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<tr>
<td>3. An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.</td>
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<td>4. Staff competence is initially assessed and documented as part of orientation.</td>
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Program: Hospital

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   Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.

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<td>IM, OT,</td>
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<td></td>
<td>Staffing</td>
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5. Staff competence is initially assessed and documented as part of orientation.

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<td>5</td>
<td>Staffing</td>
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6. Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.

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<td>Staffing</td>
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15. The hospital takes action when a staff member's competence does not meet expectations.

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Tracer Methodology 101: The Patient Flow Tracer in a Hospital

Patient flow problems can often emerge more frequently in vulnerable areas of a hospital, such as critical care units or the emergency department (ED). But they can also be process related, caused by issues such as delays in care, communication mishaps, staffing shortages, or poor planning. Patient backflow—that is, congestion in one area that causes delays in another—can adversely impact patient safety by delaying treatment and potentially causing medical errors or unsafe practices. Although many hospitals have successfully implemented processes to reduce the occurrence or impact of poorly managed patient flow, it remains a significant problem for many hospitals and can be the subject of tracer activity during an onsite survey.

Surveyors use program-specific tracers to analyze issues that are prevalent in specific settings. The goal of a patient flow tracer, conducted in the hospital setting, is to identify any issues or patterns that can cause a backflow of patients throughout the hospital. During a patient flow tracer, the surveyor will look for evidence of patient backflow and evaluate any process issues that could be contributing to the problem. Hospitals are expected to demonstrate how they have identified patient flow issues and show what they have done to reduce their occurrence and impact.

Although patient flow can have causative factors such as communication delays or staffing shortages, and its impact may be more readily visible in certain departments such as the ED or postanesthesia care unit (PACU), it should not be seen as originating from these locations solely. It is an organizationwide issue. In fact, from a surveyor's perspective, patient flow is often at the forefront of their minds during all tracer activity. "Incorporating patient flow into our overall tracer activity is quite natural as we're tracing the experience of the patient and looking at their flow of care," explains Susan Hill, R.N., M.A., Joint Commission surveyor. "And we not only look at it through individual tracers, but it might also emerge through system tracers when we ask organizations about their data, particularly in relation to patient flow," she adds.

"The surveyor is looking for triggers to see if there are problems in patient flow," explains Carol Ptasinski, R.N., M.S.N., M.B.A., field director, The Joint Commission. "Things like a delay in turnarounds or blood draws, overflowing waiting areas, staffing problems, or a rise in patients could trigger patient flow problems," she add.

For Jane Schetter, R.N., M.S.N., senior consultant in Continuous Service Readiness at Joint Commission Resources, patient flow should be managed from a hospitalwide perspective as it can occur throughout the hospital, and dealing with patient flow should be ongoing. "You don't always know the cause of patient backflow or where it might occur," she explains. "So you can't relax about it."

From Schetter's perspective, "When a hospital has analyzed its own patient flow-related data, has looked at the issues from an organizationwide perspective, and has predicted—from a historical experience—the ups and downs in flow, then they are better prepared for potential surges in patient flow without it impacting patient safety," she explains.

Schetter notes that one way organizations can improve their patient flow process is by focusing on reducing variation. "Variation in hospital systems and processes can trigger patient flow problems," Schetter explains. Examples of variations include inconsistent approaches to discharge planning or delays in housekeeping affecting patient flow as they can hold up beds, thus backing up the movement of patients throughout the hospital. "You reduce variation by regularly 'tracing' critical processes, even looking at how to manage the times when variation might occur, like if you're unexpectedly short staffed," she recommends.

Overall, the most important factor in improving patient flow is the hospital's systems approach to the issue, explains Ptasinski. "Hospitals should focus on systems in relation to patient flow: Consider the interrelationship between the systems like the ED and the OR [operating room] or the ED and the ICU [intensive care unit]—are they working well together? Are the communication processes effective?" Ptasinski also stresses the importance of thinking of the overall journey that a patient takes through a hospital. "When a patient is in the hospital,
should be thinking ahead," she explains. "Are we pulling the patient through the system and thus better able to manage the patient's experience and care, or are we pushing him or her through?" Thinking ahead, by initiating the discharge planning as early as possible, can help a hospital plan for those important transitions in care such as being discharged from the ICU to a medical/surgical unit.

**The Scenario**

This patient flow tracer was conducted in a 230-bed hospital. During the tracer, the surveyor explored issues relating to the following priority focus areas:

- Communications
- Staffing
- Patient Safety

During individual tracers earlier in the on-site survey, the surveyor had noticed a few issues of concern related to patient flow, namely the ED waiting room was overflowing and a number of patients had been held for long durations in the ED, waiting for a hospital bed. The surveyor further observed, while visiting the PACU, a patient waiting to be moved to the ICU while staff prepared an ICU bed.

The surveyor conducted the tracer with staff and leadership from quality improvement, the ED, and the PACU, in addition to staff from the hospital's patient safety committee. The discussion also included the hospital's "bed czar," a new role filled by one of the hospital's discharge nurse specialists.

The surveyor began the discussion by asking staff to describe their process to manage patient flow in the hospital. The quality improvement director explained that the hospital had been collecting data on patient flow, including information on ED admits, wait times in the ED, and wait times for beds (particularly those from the PACU or ED to the ICU or a med/surg unit). The director explained that an analysis on wait time data indicated a 12% increase in wait time in the ED over the previous year's data. This had resulted, she noted, in an increase in the number of delays for patients being transferred from the ED to beds.

The surveyor asked the hospital staff what kind of improvement efforts they had put in place to mitigate these delays in patient flow. The director explained that the hospital had formed a team consisting of leadership from the hospital and representatives from the ED, PACU, and medical staff to implement a process to reduce backflow.

He noted that the improvement effort had been introduced several months earlier. The team found that one reason for an upsurge in patients in the ED was due to the closure, nine months earlier, of an urgent care center in the neighboring community. They had also noted that patient upsurge tended to occur in the early evening.

**Tips Checklist**

Consider the following strategies when considering conducting your own second generation tracers in the hospital setting

Don't just look at the commonly associated "hot spots" for patient flow problems. "While patient backflow will often manifest in the ED or PACU, that's not necessarily where the problem may lie," explains Hill. She recommends focusing tracer activity on looking throughout the hospital to determine what might have caused the problem. "Look at things like what time patients were due to be transferred to a unit or ICU bed and how long it actually took; whether there are delays with diagnostic studies, lab draws, communication, or radiology exams; and figure out what's creating these delays," she adds.

Ensure that the tracer activity includes speaking with all staff involved or affected. Patient flow does not just affect the patient and hospital, it can also affect staff involved. Hill recommends that all tracer activity should include speaking with any staff involved, including medical staff or support staff. "Problems can originate at all levels," Hill explains. By engaging staff in discussing those issues that might contribute to patient backflow, it can help you identify where patient backflow occurs and potentially reduce its incidence.
Mock Tracer Tracing Worksheet:
The Patient Flow Tracer in a Hospital

Use this worksheet to record notes and areas of concern that you identify while conducting your organization's mock tracers. This information can be used to highlight a good practice or to determine issues that may require further follow-up. "Yes" or "No" indicates whether the staff member interviewed during the tracer answered the question correctly.

Tracer Team Member: __________________________ Tracer Patient or Medical Record: __________________________

Staff Interviewed: __________________________

Unit or Department Where Tracer Was Conducted: __________________________

<table>
<thead>
<tr>
<th>Tracer Questions</th>
<th>Yes</th>
<th>No</th>
<th>Follow-up Needed</th>
<th>Comments or Notes</th>
</tr>
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<tbody>
<tr>
<td>Please describe your process to oversee and manage patient flow in your hospital.</td>
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<tr>
<td>Who has oversight and management responsibility? How do they interface with the departments in the hospital?</td>
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<tr>
<td>What kind of data do you collect in relation to patient flow?</td>
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<tr>
<td>How is this data analyzed and communicated?</td>
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<td>What kind of improvement processes do you have in place to mitigate patient backflow?</td>
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<td>• How has this been implemented in the hospital?</td>
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<td>• How have you educated and engaged staff in the improvement project?</td>
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<td>• How are you tracking progress and communicating results?</td>
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<td>What kind of communication processes do you have in place to help the hospital deal with an upsurge in patients?</td>
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<td>What kind of training and support have you received to help improve the patient flow process?</td>
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The ED director also stated that hospital leadership has been considering opening an urgent care center to address the gap in services. He added that the hospital had revisited the staff schedule to ensure better overlap of staffing in the early evening hours, which had helped mitigate the problem somewhat. The bed czar explained that she had been implementing new processes to better track bed availability and to communicate anticipated issues to key departments in the hospital earlier in the process—particularly working with ICU staff to help move patients who were ready to step down to med/surg units in a timely manner.

The surveyor asked the bed czar what kind of training and support she was providing to staff in her new role. She described how she had been working in conjunction with key hospital leaders to ensure that her new responsibility was clearly communicated to staff, and she indicated that she had been leading inservice training for hospital staff to help orient them to the new role and communication strategy. She noted that the team was placing particular focus on ensuring that the discharge process begins in a timely and consistent manner to help move the patient through care more efficiently.

**Sample Questions**

The following are some questions that could be asked during a program-specific patient flow tracer. Use them as a starting point to plan your own tracers.

- Please describe your process to oversee and manage patient flow in your hospital.
- Who has oversight and management responsibility? How do they interface with the departments in the hospital?
- What kind of data do you collect in relation to patient flow?
- How is this data analyzed and communicated?
- What kind of improvement processes do you have in place to mitigate patient backflow?
  - How has this been implemented in the hospital?
  - How have you educated and engaged staff in the improvement project?
  - How are you tracking progress and communicating results?
- What kind of communication processes do you have in place to help the hospital deal with an upsurge in patients?
- What kind of training and support have you received to help improve the patient flow process?
Standards Related to Diagnostic Radiation Services

Program: Hospital
Chapter: Environment of Care
Standard: EC.02.04.03: The hospital inspects, tests, and maintains medical equipment.

Rationale for EC.02.04.03:
N/A

Introduction to EC.02.04.03:
N/A

Elements of Performance

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<tr>
<th>Description</th>
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<tr>
<td>14. For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The dates of these activities are documented.</td>
<td>EU, IM, Staffing</td>
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Program: Hospital

Chapter: Medical Staff

Standard: MS.03.01.01: The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.

Rationale for MS.03.01.01:

The organized medical staff is responsible for establishing and maintaining patient care standards and oversight of the quality of care, treatment, and services rendered by practitioners privileged through the medical staff process. The organized medical staff designates member licensed independent practitioners to provide oversight of care, treatment, and services rendered by practitioners privileged through the medical staff process. The organized medical staff recommends practitioners for privileges to perform medical histories and physical examinations; the governing body approves such privileges. Licensed independent practitioners (that is, physicians, oral and maxillofacial surgeons, dentists, podiatrists, and some APRNs), physician assistants, and some APRNs may perform medical histories and physical examinations if permitted by law, the medical staff bylaws, and the organization to do so.

Introduction to Standard MS.03.01.01:

Management of Patient Care, Treatment, and Services

Caring for patients is the nucleus of activity around which all health care organization functions revolve. The organized medical staff is intricately involved in carrying out, and in providing leadership in, all patient care functions conducted by practitioners privileged through the medical staff process.

Elements of Performance

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<td>16. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures.</td>
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<td>17. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff approves the nuclear services director's specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.</td>
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<td>Cred/PRI, OS</td>
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Program: Hospital
Chapter: Leadership
Standard: LD.04.01.05: The hospital effectively manages its programs, services, sites, or departments.

Rationale for LD.04.01.05:
Leaders at the program, service, site, or department level create a culture that enables the hospital to fulfill its mission and meet its goals. They support staff and instill in them a sense of ownership of their work processes. Leaders may delegate work to qualified staff, but the leaders are responsible for the care, treatment, and services provided in their areas.

Introduction to Operations, Standards LD.04.01.01 Through LD.04.04.07:
Although some leaders may not be involved in the day-to-day, hands-on operations of the hospital, their decisions and work affect, either directly or indirectly, every aspect of operations. They are the driving force behind the culture of the hospital. Leaders establish the ethical framework in which the hospital operates, create policies and procedures, and secure resources and services that support patient safety and quality care, treatment, and services. Policies, procedures, resources, and services are all influenced by the culture of the hospital and, in turn, influence the culture.

Elements of Performance

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<td>7. For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services:</td>
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<td>• Nuclear medicine</td>
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<td>• Respiratory care</td>
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Radiation Safety in Imaging: Best Practices in Health Care

Computerized tomography (CT), fluoroscopy, and other nuclear medicine scans have revolutionized medical care, allowing physicians to "see" inside a patient's body without using a scalpel. Brain scans, bone scans, cardiac scans, and other imaging procedures have saved millions of lives in the years since this area of medicine has developed.

However, these groundbreaking diagnostic scans also expose patients to ionizing radiation, which can increase a persons lifetime risk of cancer. For example, one study found that approximately 29,000 future cancers would be attributable to CT scans performed in the United States in 2007.1

The type of imaging procedure and the body part being scanned also affect overall radiation exposure. Scans of the abdomen, chest, and cardiac organs resulted in greater levels of exposure than other types of scans.1,2 Therefore, although one scan carries a low risk of increasing the likelihood of cancer, this is a significant concern for patients with conditions that require numerous nuclear medicine procedures on the same area of the body over a period of time.

An estimated 67 million CT scans were performed in the United States during 2006, and another 18 million nuclear medicine procedures were performed during that year.3 A 2009 report from the National Council on Radiation Protection and Measurements (NCRP) found that as of 2006, Americans were being exposed to more than seven times as much ionizing radiation from medical procedures as they were in the early 1980s.3

The report also said that, in 2006, medical exposure constituted nearly half of the total radiation exposure of the U.S. population from all sources. This increase was primarily a result of the growth in the use of medical imaging procedures, with CT and nuclear medicine contributing 36% of the total radiation exposure and 75% of the medical radiation exposure for the U.S. population. As the use of these tools continues to increase, radiation exposure becomes a greater concern.

"This is one of the most important topics in radiology right now," says Priscilla F. Butler, senior director, Breast Imaging Accreditation, and ember of the American College of Radiology (ACR) Appropriateness Criteria® Subcommittee on Relative Radiation Exposure and Dose in Reston, Virginia. "The entire profession is concerned about radiation exposure and looking for ways we can minimize it while still achieving accurate diagnoses."

With this in mind, many organizations are developing protocols to ensure that radiation-related tests are ordered only when absolutely necessary, and when the benefits of the scan outweigh the risks of radiation exposure. Also, radiologists can follow guidelines to make sure that patients receive the least amount of radiation needed to obtain a diagnosis.

"The key strategies for enhancing radiation safety are education, justification, and optimization; says Reza Fazel, M.D., M.Sc., a cardiologist at Emory University School of Medicine, Atlanta. Following are some ways that hospitals and independent diagnostic treatment facilities can implement those strategies.

Education Strategies

Physicians and patients need to be educated on the risks of radiation exposure in imaging scans, along with the possibility of diagnosis through other procedures such as ultrasound and magnetic resonance imaging (MRI), which do not expose a patient to radiation. To that end, the ACR along with the Radiological Society of North America, the American Association of Physicists in Medicine, and the American Society of Radiologic Technologists, has launched the Image Wisely™ program for radiation safety in adult medical imaging at http://www.imasewisely.org.
The site includes detailed information for imaging physicians, medical physicians, radiologic technicians, and patients on the cancer risks and how to reduce exposure when possible. Care providers are also encouraged to take a pledge to optimize the use of radiation in imaging patients; more than 4,500 have taken the pledge to date.

The Image Wisely program is an extension of the Image GentlySM initiative (http://www.imagegently.org), also designed to educate about medical radiation, but with pediatric patients in mind. "Children are more radiosensitive," Butler says. "It's not just a matter of their physical size. They're not like small adults. They have developing bodies, with many cells dividing rapidly."

Founded by the Society for Pediatric Radiology, American Association of Physicists in Medicine, ACR, and American Society of Radiologic Technologists, and now allied with numerous other medical societies, Image Gently's purpose is to raise awareness among patients and practitioners who are not pediatric specialists.

"We want parents to understand the risks as well as the benefits, and practitioners to be aware of the modifications they can make to software and equipment to make scans more appropriate for pediatric patients," Butler explains.

In addition, some hospitals are developing education programs within their own facilities. For example, Emory University School of Medicine is working to integrate the radiation safety office, which monitors employees' radiation exposure, with the organization's efforts to reduce exposure for patients.

"The radiation safety officers already do a great job educating staff about radiation safety," says Kimberly Applegate, M.D., Emory's vice chair for Quality and Safety, Department of Radiology. "It doesn't make sense to keep them separate from this effort." Applegate is also a pediatric radiologist who has been closely involved with the Image Gently initiative.

Emory also provides patients with brochures about its imaging equipment, making them available online and in waiting rooms. They include information about cancer risk, as well as Web sites that patients can visit for more information. In addition, the CT consent forms in the emergency department (ED) include information about radiation exposure and cancer risk.

"In the ED, we can have patients who have had multiple scans in the past, but the treating physician may not be aware of that," Applegate notes. "The forms help educate them so they can discuss treatment with the physician, if necessary."

**Justification Principles**

In some cases, other diagnostic tests that do not use radiation can be used in place of CTs or other nuclear imaging. Therefore, any test exposing a patient to radiation must be justified—that is, the test must truly be the best or only way that the physician will be able to obtain an accurate diagnosis.

For the past several decades, the ACR has maintained Appropriateness Criteria to help practitioners prescribe the most appropriate imaging exam for more than 200 medical conditions. The criteria can be found at http://www.acr.org/SecondaryMainMenuCategories/quality_safety/app_criteria.aspx. Users can also download a version of this to a mobile device with the Anytime, Anywhere™ application as an alternative solution for computerized prescriber order entry (CPOE) systems that do not contain the ACR Appropriateness Criteria guidance.

"There is universal agreement that if a patient needs an ionizing radiation imaging scan in order to get the data their physician needs to diagnose and treat their condition, he or she should do it," Butler says. "Scans shouldn't be denied simply because of radiation risk, because in some cases, the risk of harm from not having the scan can be greater."
Organizations such as Emory have protocols in place to help physicians make these determinations. A committee also considers special cases, such as pregnant women who may need imaging scans (because radiation could harm a developing fetus).

In the future, CPOE may be able to offer feedback on imaging scans as well. "There's talk about embedding decision support tools in electronic medical records and CPOE systems," Fazel says. "The system could offer guidance in choosing an imaging procedure, as well as information on the likely level of radiation exposure. It's still a way down the road, but multiple institutions are exploring this possibility."

**Optimization Strategies**

After it has been established that a CT scan or nuclear medicine procedure is clinically justified, the scan should be performed using the best available techniques and protocols to minimize radiation exposure while maintaining diagnostic accuracy. "There has been tremendous progress on this front, both in terms of the imaging machines providing more accurate images with lower and lower doses, as well as the development of imaging protocols that reduce radiation dose without compromising accuracy," Fazel says. "Supporting continued research and development in this area is very important."

Protocols should be based on current research, best practices, and recommendations from medical societies. In addition, oversight is needed to ensure that protocols are being followed. At Emory, following the protocols is a team effort:

"The radiologists have the protocols to be followed when they are preparing a scan," Applegate says. "To make sure that they are providing the appropriate dose of radiation, they sometimes require more information about the patient and the condition, so they consult with the physicians to determine what's best for the patient."

Soon, hospitals and other imaging providers will also be able to measure their CT dosages against regional and national numbers using the ACR’s Dose Index Registry (DIR). Data on dose indices for CT scans are collected and transmitted to the DIR, without patients' identifying information, and stored in a database. Hospitals can then receive periodic reports with their results by body part and by exam type compared to results from other organizations in the DIR. The data collected will eventually be used to set national benchmarks for CT scan dosages. The DIR has been in pilot testing since 2009 and is expected to be launched nationwide by the end of the year.

In February the National Institutes of Health held "The Summit on Management of Radiation Dose in Computerized Tomography: Toward the Sub-mSv Exam." (A millisievert, abbreviated mSv, is a measurement that scientists use to estimate the overall health risk of exposure to a dose of ionizing radiation.4) Attendees discussed the current state of radiation exposure, what organizations are doing to reduce those dosages, and what the future hold.

"There were a lot of organizations with great ideas and a lot of equipment and software manufacturers talking about the technical enhancements we can expect to help reduce CT imaging radiation dosages in the future," says Butler. "With so many wonderful organizations working on this issue, we should be able to make some real improvements in the coming years."

References

Tracer methodology is key to Joint Commission on-site accreditation surveys. So what’s the best way for health care professionals to learn about tracers? Practice.

**NEW Tracer Workbooks!**

**More Mock Tracers**  
ISBN: 978-1-59940-613-8  
Item Number: MMT11  
Price: $75.00 USD  
Available: July 2011

**Environment of Care® Tracer Workbook**  
ISBN: 978-1-59940-611-4  
Item Number: ECTW11  
Price: $75.00 USD  
Available: June 2011

**Medication Management Tracer Workbook**  
ISBN: 978-1-59940-609-1  
Item Number: MMTW11  
Price: $75.00 USD  
Available: July 2011

The new tracer workbooks will help health care organizations use mock (practice) tracers to identify unrecognized compliance and safety issues and implement changes as part of an ongoing improvement process—*before* a survey takes place.

**Special Features:**

- Wealth of sample tracers in all program settings
- Sample tracer questions keyed to the tracer scenarios
- A 10-step tutorial on how to conduct mock tracers
- Worksheet template to help users develop their own mock tracers
- Examples of completed mock tracer worksheets

**Available SUMMER 2011**

To order call 877-223-6866 or go online at www.jcrinc.com.
Appendix B: Faculty Biographies

Mark E. Schario
Field Director, Hospital and Critical Access Hospital Accreditation
Surveyor Management and Development
Accreditation Field Operations
The Joint Commission

Mark Schario is a field director for surveyor management and development at The Joint Commission. In this role, he plans and directs accreditation surveys of hospitals and is responsible for strategic direction of survey teams comprised of physicians, hospital administrators, and nurses. He has additional responsibilities with the coordination of field operations across all accreditation programs including long-term care, behavioral health care, home health care, ambulatory health care, and laboratories.

Mr. Schario has 30 years experience in the health care industry, including senior management experience in hospitals, physician practice management, and emergency medical services systems. His clinical background includes emergency nursing, critical care and flight nursing, and service as a paramedic/firefighter.

Prior to joining The Joint Commission, Mr. Schario was the Vice President, Clinical Operations and Chief Nurse Executive (CNE) at Provena St. Mary’s Hospital in Kankakee, Illinois. He is also a retired Lieutenant Colonel in the United States Army, serving in both active and reserve components for 27 years.

Mr. Schario is a Johnson & Johnson Wharton Fellow in Management from the University of Pennsylvania Wharton School of Business. He holds a Master of Science degree in Emergency Health Services (Administration, Policy and Planning) from the University of Maryland and Maryland Institute for Emergency Medical Services Systems (MIEMSS)/Shock Trauma, and a Bachelor of Science degree in Nursing (BSN) from the University of Akron. He is a Fellow in the American College of Healthcare Executives.

Mark E. Schario is an employee of The Joint Commission.
Jane R. Schetter, R.N., M.S.N., CNS, CPCS
Senior Consultant
Joint Commission Resources, Inc./CSR®

Jane Schetter brings demonstrated expertise as a nursing executive, risk manager, human resource director, performance improvement specialist, and medical staff coordinator to her role as a senior consultant for Joint Commission Resources and the Continuous Service Readiness™ Program. She served as Vice President for Patient Care and Standards at Fostoria Community Hospital, Fostoria, Ohio for five years, where she also served as Associate Director of Quality, Director of Rehabilitation Services, and Director of Human Resources, establishing appropriate policies and reviewing and revising the job descriptions, responsibility statements, and the competence evaluation process for the organization.

Mrs. Schetter served as a Joint Commission surveyor for 15 years (1988-2003) and is trained in the Accreditation Manuals for Ambulatory Care, Home Care, Long-Term Care, Behavioral Health, and Hospitals, including Critical Access Hospitals. Combining her experience with home care and hospitals, in 1996 and 1997, Mrs. Schetter assisted in the development and piloting of The Joint Commission integrated survey process for small and rural hospitals. In 2002, she assisted in the piloting of the Shared Visions-New Pathways survey process and education of surveyors. In 2002-2003, she assisted with the education of the JCR/CSR Consultants regarding Shared Vision/New Pathways and Tracer Methodology.

Mrs. Schetter developed the Ohio Hospital Association's Continuous Service Readiness Program and continues to serve as one of their JCR consultants. Mrs. Schetter also has primary responsibilities for organizations in the northern states participating in a CSR program either through the hospital association or through direct contracting. Mrs. Schetter also serves as faculty for the Department of Education Programs with specific emphasis on the National Patient Safety Goals, Tracer and Applied Tracer Methodologies, and all the activities of the Accreditation Process and Cycle.

Mrs. Schetter is affiliated with the American Hospital Association (Section for Aging and Long-Term Care), National Association for Home Care, Hospice Association of America, Sigma Theta Tau, the American Nurse Association and the Ohio Nurse Association. She received a Bachelor of Arts degree in Music and Psychology at Mary Manse College in Toledo, Ohio; a Bachelor of Science degree in Nursing at Bowling Green State University in Bowling Green, Ohio; and a Master of Science degree in Nursing at the Medical College of Ohio at Toledo with a specialty in Community Health and Healthcare Management.

Jane R. Schetter is an employee of Joint Commission Resources, Inc.
Louise Kuhny, R.N., MPH, MBA, CIC
Clinical Educator, Accreditation and Certification Operations
The Joint Commission

Louise Kuhny currently holds the position of Clinical Educator, Accreditation and Certification Operations. Her primary responsibility is the provision of clinical and standards education to the hundreds of surveyors and reviewers that assess Joint Commission accredited and certified health care organizations. She has six years experience with The Joint Commission, including responsibilities such as standards interpretation, educational design, collaboration with external partners, and staff supervision. Her speaking and presentation skills are widely requested by internal and external customers. She also is a Joint Commission surveyor for the Hospital Accreditation Program.

Ms. Kuhny has nearly 25 years of nursing experience. Prior to joining The Joint Commission, she worked in hospital epidemiology, employee health, and critical care at several Chicago area hospitals. Ms. Kuhny is certified in infection control by the Certification Board of Infection Control and Epidemiology and is a member of the American College of Healthcare Executives.

Ms. Kuhny holds master's degrees in public health and business administration from Benedictine University, Lisle, Illinois. She received her bachelor of science degree in nursing from the University of Illinois at Chicago.

Louise Kuhny is an employee of The Joint Commission.
Appendix C: Post-Test

To be eligible for CE credit, you MUST view the video presentation and read the Resource Guide first. Then complete the post-test at http://jcrqsn.mcnhealthcare.com by the due date listed online.

1. Standard _____ requires the hospital inspect, test, and maintain medical equipment.
   a. LD.02.04.03
   b. MS.02.04.03
   c. EC.02.04.03
   d. IC.02.04.03

2. Element of Performance _____ of standard EC.02.04.03 requires that the hospital conduct performance testing of and maintains all sterilizers and document these activities.
   a. 2
   b. 3
   c. 4
   d. 5

3. Standard _____ requires the hospital reduce the risk of infections associated with medical equipment, devices, and supplies.
   a. LD.02.02.01
   b. MS.02.02.01
   c. EC.02.02.01
   d. IC.02.02.01

4. Standard _____ requires that care, treatment, and services provided through contractual agreement are provided safely and effectively.
   a. LD.04.03.09
   b. MS.04.03.09
   c. EC.04.03.09
   d. PC.05.03.09

5. Element of Performance _____ of standard LD.04.03.09 requires the hospital describes, in writing, the nature and scope of services provided through contractual agreements.
   a. 1
   b. 2
   c. 3
   d. 4

6. Standard _____ requires the organized medical staff define the circumstances requiring monitoring and evaluation of a practitioner's professional performance.
   a. EC.08.01.01
   b. MS.08.01.01
   c. LD.08.01.01
   d. PC.08.01.01
7. Standard _____ requires that ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.
   a. LD.08.01.03
   b. PC.08.01.03
   c. MS.08.01.03
   d. EC.08.01.03

8. Standard _____ requires the hospital manage the flow of patients throughout the hospital.
   a. LD.04.03.11
   b. PC.04.03.11
   c. EC.04.03.11
   d. IC.04.03.11

9. Elements of Performance _____ and _____ of standard LD.04.03.11 require that measurement results regarding patient flow processes are reported to leaders and those measurement results guide improvement of patient flow processes.
   a. 1; 2
   b. 3; 4
   c. 5; 6
   d. 7; 8

10. Standard _____ requires the organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.
    a. LD.03.01.01
    b. MS.03.01.01
    c. EC.03.01.01
    d. PC.03.01.01
Appendix D: Resources

Electronic Resources

The Joint Commission: http://www.jointcommission.org
Joint Commission Resources: http://www.jcrinc.com/

NOTE: The Internet is an ever-evolving environment and links are subject to change without notice.
Appendix E: Continuing Education Credit Information

Accreditation Council for Continuing Medical Education

Joint Commission Resources is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Joint Commission Resources designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center's Commission on Accreditation

Joint Commission Resources is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Joint Commission Resources designates this continuing nursing education activity for 1 contact hour. Accreditation by the American Nurses Credentialing Center's Commission on Accreditation refers to recognition of educational activities and does not imply approval or endorsement of any product.

American College of Healthcare Executives

Joint Commission Resources is authorized to award 1 hour of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should list their attendance when applying for advancement or recertification in ACHE.

Full attendance at every session is a prerequisite for receiving full continuing education credits. If a participant needs to leave early, their continuing education credits will need to be reduced.

National Association for Healthcare Quality

This activity has been approved by the National Association for Healthcare Quality (NAHQ) for 1.0 Certified Professional Healthcare Quality (CPHQ) CE credit.

Successful completion of this CE activity includes the following:
• View the presentation and read the accompanying Resource Guide.
• Complete the online Evaluation Form and Post Test.
• A CE certificate/statement of credit can be printed online following successful completion of the Post Test and the Evaluation Form.

NOTE: This information applies to The Joint Commission Resources Quality & Safety Network program titled, Tracer Methodology: What’s New?, originally presented on Thursday, July 28, 2011 from 2:00 - 3:00 p.m. ET.

There is no individual participant fee for this educational activity.
Appendix F: Discipline Codes: Instructions

Some of our programs are accredited for more than one discipline. To ensure that we issue each participant a certificate by the appropriate accrediting body, we ask that you supply us with the following information:

1. The two-digit discipline code
2. Followed by the position code

Example: For a medical doctor, use: 10 MD

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<th>Discipline (CME)</th>
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<td>MD</td>
<td>Medical Doctor</td>
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<td>MDFP</td>
<td>MD-Family Practice</td>
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Appendix G: JCR Quality & Safety Network Contact Information

General information, customer service issues, or program reception problems?
If you have questions or need technical assistance, please contact the JCRQSN Customer Service Team via e-mail at support@jcrqsn.com or call toll-free 1-888-219-4678

To provide feedback or comment on JCRQSN educational programming
Please contact:
George Riccio
Associate Director of Video and Satellite Service
Joint Commission Resources 630-792-5428

Continuing education questions?
Please contact:
JCRQSN Continuing Education Support Team 1-888-219-4678
support@jcrqsn.com

Questions about standards?
Standards Interpretation Group 630-792-5900

Questions about JCR education or other resources?
JCR Customer Service Center 877-223-6866

VA Knowledge Network Questions?
Contact Rose Monfore 714-283-4746