A big change in the new Joint Commission on Accreditation of Healthcare Organizations survey process, which took effect in January, is the “tracer methodology.”

In this new process, surveyors will spend 50% or more of their time tracing how patient care is delivered through the surgery center. They will spend a lot less time meeting with leaders and going over paperwork.

In effect, the tracer method is like a road map of the patient-care experience that surveyors will use in judging standards compliance.

“For example, surveyors might ask to see all the records for your cases over the next 2 days,” says Michael Kulczycki, MBA, executive director of the Joint Commission’s ambulatory care accreditation program.

Talking with patients and caregivers

From these records, they might select three or four charts either from the current day or a previous day and use these to trace how care is delivered. They might take Mrs Jones’s chart, for instance, and talk with her and her family while she is waiting for surgery. They might talk to the staff and others involved in her care, including surgeons and anesthesiologists.

Some examples of questions surveyors might ask:

• Were you able to understand the information your caregivers provided about your surgery and postoperative care?
• Were you given clear instructions about your medications?
• Was your pain treated adequately?
• Did you feel your rights to privacy and confidentiality have been respected today?
• How was your correct surgical site identified? Did you participate in marking the site?

They might follow this same patient through the entire care process or look at care for several patients.

Surveyors might also ask to examine closed records and talk to the staff about those, such as asking how the staff was educated in taking care of an elderly patient.

“The surveyors will relate the care to the standards, focusing on how the staff performed their roles in dealing with these patients,” Kulczycki said.

As surveyors go through the tracer process, they will take notes and use those later in reviewing staff personnel files and physician credentials for clinicians who were involved in the care of patients they followed.

Medications given to the tracer patients might be a springboard for review of compliance with the Medication Management standards, which are now consolidated in their own chapter. A surveyor might, for example, follow the process for how a particular medication was selected, stored, prescribed, dispensed, given, and monitored for effects.

Similarly, infection control issues that arise during care of the selected patients would lead to a review of how an ambulatory surgery center complies with the Infection Control standards. Surveyors would also look at data management, such as how information about the tracer patients flowed to and from physicians’ offices.

HealthSouth has been reminding its surgery centers to be “survey ready” at all times, notes Donna Slosburg, BSN, LHRM, CASC, senior vice president for surgery operations.

“JCAHO surveys will more closely simulate many of our state surveys that are unannounced. We just need to live the standards daily and remain in compliance at all times.”
She encourages quality coordinators, nurse managers, and administrators to sign up on JCAHO’s web site for its free newsletters at www.jcaho.org. The site also has sections for frequently asked questions, the National Patient Safety Goals, and other issues.

**On home turf**

Though the staff may be nervous about the tracer method at first, Ron Johanson, MD, an ambulatory care surveyor, says he has found the tracer process allows the staff to be met on “their home turf” instead of around a conference table.

“It seems much more natural to clinicians to view things through the eyes of patients. We are with them more in their comfort zone,” he said in a recent JCAHO audio conference.

“No one is going to grill them about Standard X, Y, or Z,” Johanson explained. “What they do need to know is to be able to express what their job description is and how they care for the patient. They need to show they have some understanding of how to ensure a safe patient environment and how they can address potential areas for improvement.”

**Making a bridge**

Johanson said he finds the tracer method helps make a bridge between policies and procedures and how patient care actually is delivered.

“The tracer activity helps to put those together so you actually see patient care as it happens,” he noted.

“It allows us as surveyors to get down in the trenches with the staff. It is much more rewarding for the surveyors because you can see what is really happening instead of just looking at it on paper.”

He contends that the value of the tracer method is that it allows “nearly every aspect that is important to the organization to be seen through the eyes of two or three patients. That gives you, I think, a much more appropriate and accurate look at the organization.”

JCAHO accredits about 400 ambulatory surgery centers.

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**Compliance high with site marking**

Ambulatory surgery centers are chalking up a good record with the Joint Commission on the National Patient Safety Goal for preventing wrong surgery.

ASCs have the lowest rate of wrong-site surgery compared with hospitals and office-based surgical facilities.

In recent surveys:

- only 4% were out of compliance with the goal in announced surveys
- only 8% were out of compliance in unannounced surveys.
New survey process

JCAHO says its new survey process, Shared Visions—New Pathways, will improve accreditation reviews in a number of ways:

• Standards have been consolidated, clarified, and reduced by 40%.
• Elements of performance are listed with each standard to show how performance will be scored.
• Less time will be spent on policy and chart review, and more time will be spent on the patient care process.
• No more accreditation scores will be given to shift the focus away from scores and toward continuous performance.
• The survey agenda will be customized using data about each organization.
• The tracer method allows surveyors to assess compliance by seeing how patient care is actually delivered.
• A new Medication Management chapter pulls together medication standards to reinforce the importance of managing medication systems and improving processes for patient safety and quality.
• There should be less surveyor variability because surveyors are receiving more training and taking a certification exam.