

Conducting Mock Surveys for Risk Assessment: Infection Control and Prevention

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Tracers...



- Part of survey process used by Joint Commission surveyors
- Evaluate individual or system care processes
- Involve medical record, personnel file, policy review
- Follow care processes that “touch” selected patients
- Include direct observation of care/processes
- Include interviews of patients, care team members, and practitioners
- Allow assessment of processes/ systems for providing care, treatment, and services
- Allow assessment of standards compliance, can identify opportunities

Types of Tracers

1. Patient:

- ✓ Follows the actual experience of a patient receiving care, treatment, or services
- ✓ Patient selection considers clinical services provided, types of areas, units, and departments

2. System based:

- ✓ Analyzes a high-risk process or system across the entire organization
- ✓ Evaluates system functions, e.g. med mgmt, infection control, data mgmt, and environment of care

3. Program specific:

- ✓ Analyzes unique characteristics of organization, to identify safety concerns

Mock Tracer defined...

A ***mock tracer*** is a practice tracer meant to simulate an actual tracer. During a mock tracer, one or more people may play the role of “surveyor”.

Some organizations may develop teams of “surveyors” and repeatedly conduct mock tracers as part of an ongoing mock tracer program.

Mock Tracers...

- Mock tracers simulate the tracer done during actual surveys
- For mock tracers, one or more people may play the role of a surveyor
- Some organizations develop teams of “surveyors” and conduct repeat tracers as part of an ongoing mock tracer program
- Help with understanding overall survey process
- Useful tool to assess compliance with standards

Mock Tracers...

- **Helpful for identifying opportunities for improvement**
- **Allow analysis of specific functions, (e.g. infection control)**
- **Evaluate the effectiveness of policies and procedures**
- **Engage staff and practitioners in identifying opportunities to improve processes, supports buy-in**
- **Support readiness for actual onsite surveys**

How to get started:

Decisions, Decisions, Decisions...

- ✓ **Who, What, When, and Where?**
- ✓ **Duration?**
- ✓ **Survey Team?**
- ✓ **Tracer Focus Area(s)?**
- ✓ **Tracer Activity Questions**



Conducting Mock Tracers...

4 Phases/10 Steps

Phase 1: Planning and preparing

Phase 2: Conducting the mock tracer

Phase 3: Evaluating and analyzing data collected

Phase 4: Applying the results

Mock Tracer: Sample Timeline



Phase 1: Planning and Preparing – Key Activities

- Step 1: Establish a Schedule Month 1
- Step 2: Determine the Scope Month 1
- Step 3: Choose “Surveyors” Month 1
- Step 4: Train your “Surveyors” Month 1 & 2

Mock Tracer: Sample Timeline



Phase 2: Conducting and Evaluating – Key Activities

- | | |
|-------------------------------------|---------|
| ➤ Step 5: Assign the Mock Tracer | Month 2 |
| ➤ Step 6: Conduct the Mock Tracer | Month 3 |
| ➤ Step 7: Debrief about the Process | Month 3 |

Mock Tracer: Sample Timeline



Phase 3: Analyzing & Reporting the Results – Key Activities

- Step 8: Organize and Analyze the Results Month 4
- Step 9: Report the Results Month 4

Phase 4: Applying the Results – Key Activities

- Step 10: Develop and Implement Improvement Plans
Months 5-7

Phase 1: Planning and Preparing

- ✓ Establish a schedule, determine when and where the mock tracer(s) will be conducted
- ✓ Determine the scope, what site(s), topical area(s) to focus on:
 - past areas of non-compliance
 - ✓ - high risk processes
- ✓ Choose participants to serve as “surveyors”
 - ✓ - Be sure to include LIPs, HR, IT, front desk, clinicians, and others
- ✓ Develop tracer questions, educate participants, practice interviewing, and share the plan
- ✓ Review applicable standards
- ✓ Decide when, where, and how the results will be shared

Phase 2: Conducting the Mock Tracer

- ✓ “Surveyors” report to designated site and begin tracer activity
- ✓ Select a patient or process
- ✓ Directly observe patient/staff interaction, related processes, environment of care
- ✓ Review documentation, policies, files
- ✓ Select sample of staff and providers (based on tracer focus) and interview them



Phase 2: Conducting the Mock Tracer (cont.)

- ✓ Review sample of files for qualifications, competency, education and ongoing training
- ✓ May begin at the front desk, move to exam or procedure room, and then follow instruments or equipment used - *“Pulling the thread”*
- ✓ May include patient interview
- ✓ Take notes throughout, identifying areas of strength and opportunities

Phase 3: Analyzing & Reporting Mock Tracer Results

Organize and analyze the results

- Meet as a team to compile and review mock tracer notes from all “surveyors”
- Identify areas where good practices are in place (*aka: strengths*)
- Rank and prioritize opportunities for improvement (*aka: problems*)

Report the results

- Structure as a report-out session
- Written reports distributed to participants
- “Surveyors” present “findings” as a panel
- Don’t forget to highlight positive findings!



Phase 4: **Applying the Results**

- Hand-off to leadership/managers
- Work with your Performance Improvement (PI) Team
- Share the plans with your entire health center
- Monitor the plans
- Prepare for your next mock survey!





Mock Tracer: **Infection Control**

AMBULATORY HEALTH CARE ACCREDITATION

TOP STANDARDS COMPLIANCE DATA FROM JANUARY 1 THROUGH JUNE 30, 2018

63%	LS.03.01.10	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke and heat.
62%	IC.02.02.01	The organization reduces the risk of infections associated with medical equipment, devices, and supplies.
47%	HR.02.01.03	The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
47%	MM.03.01.01	The organization safely stores medications.
43%	IC.02.01.01	The organization implements infection prevention and control activities.
43%	EC.02.05.01	The organization manages risks associated with its utility systems.
40%	EC.02.03.05	The organization maintains fire safety equipment and fire safety building features.
40%	EC.02.02.01	The organization manages risks related to hazardous materials and waste.
39%	EC.02.05.07	The organization inspects, tests, and maintains emergency power systems.
36%	EC.02.04.03	The organization inspects, tests, and maintains medical equipment.

Standard IC.02.02.01: The organization reduces the risk of infections associated with medical equipment, devices, and supplies.

IC.02.02.01 EP 1:

- The organization 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.

IC.02.02.01 EP 2

- The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.

IC.02.02.01 EP 3

- The organization implements infection prevention and control activities when doing the following: Disposing of medical equipment, devices, and supplies.

IC.02.02.01 EP 4

- The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Standard IC.02.01.01: The organization implements infection prevention and control activities.

EP 1: The organization implements its planned infection prevention and control activities and practices, including surveillance, to reduce the risk of infection.

EP 2: The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.

EP 6: The organization minimizes the risk of infection when storing and disposing of infectious waste.

Recent **infection control-related breaches in medical and dental sterilization processes:**

- ✓ Lack of documented staff competency and training in sterilization
- ✓ Lack of use or adherence to IC Evidence Based Guidelines (EBGs), expired chemical indicators
- ✓ Lack of adherence to manufacturers' Instructions for Use (IFU) for medical and dental instruments and supplies
- ✓ Instruments released prior to 24 hour read time of biological indicator result as per manufacturer's IFUs
- ✓ Inconsistent use of chemical indicators in paper-plastic peel pouches

Recent infection control-related breaches in medical and dental sterilization processes:

- ✓ Lack of documentation of physical/mechanical monitoring that sterilization parameters were met (time, temperature, pressure)
- ✓ Hinged instruments in closed position while in peel packs
- ✓ Lack of accurate means of measurement for pre-cleaning detergent and enzymatic
- ✓ Missing/incomplete documentation of monthly sterilizer preventative maintenance and cleaning per manufacturer instructions (blanks found on logs)
- ✓ Lack of a process to ensure brushes used in the decontamination area were routinely cleaned

Recent **infection control-related breaches** in **medical and dental sterilization processes:**

- ✓ Failure to use personal protective equipment (PPE) (e.g. protective gowns or eye shields) during decontamination activities
- ✓ Instruments being cleaned, decontaminated and left to dry in the one sink in the procedure room
- ✓ No clean sink available for hand hygiene
- ✓ No physical or defined separation of “dirty” and clean areas
- ✓ Lack of *leadership oversight and accountability* regarding implementation of evidence-based, manufacturer supported practices

Mock Tracer: Infection Control

Phase 1: Planning and Preparing

- ✓ Develop timeline – start to finish can take months
- ✓ Decide on participants, who will serve as “surveyors”?
 - Be sure to include LIPs, HR, IT, front desk, clinicians, and others
- ✓ Educate team, what *should* be in place?
- ✓ Review IC plan, policies and procedures



Mock Tracer: Infection Control

Phase 1: Planning and Preparing

- ✓ What evidence-based IC guidelines are followed? (e.g. CDC/AAMI/AORN/ANSI).
 - What do they require?
- ✓ Decide on tracer location(s) - where are Cleaning/ High-Level Disinfection/ Sterilization performed?
- ✓ Develop tracer questions, share the plan, and educate participants
- ✓ Learn the applicable standards

Mock Tracer: Infection Control

Phase 2: Conducting the mock tracer

- ✓ Duration? Typically 30-90 mins
- ✓ Select a procedure, interview pertinent staff, (e.g. those who perform instrument/equipment cleaning-HLD)
- ✓ Interview staff about instrument handling, cleaning, and storage:
 - Which evidence-based IC guidelines do they follow?
 - Do the practices observed align with those guidelines?
 - Are manufacturers' guidelines available? Are they followed?
- ✓ Observe set-up, during the procedure, post procedure phases

Mock Tracer: Infection Control

Phase 2: Conducting the mock tracer

- ✓ Directly observe instrument/equipment handling
- ✓ Observe transport of used instruments/equipment
- ✓ Observe pre-cleaning, HLD, sterilization.
- ✓ Is PPE used in accord with policy?
- ✓ Tour the area - are “clean and dirty” items/areas separated?
- ✓ Where are “dirty instruments/equipment stored?
- ✓ Review QC logs, are they complete?
- ✓ Inspect a sample of stored sterilized instruments, are hinged items open?

Mock Tracer: Infection Control

Phase 3: Analyzing/Reporting the Results

- ✓ Schedule meeting for participants to review and organize notes
- ✓ Rank and prioritize problems and issues identified during the mock tracer:
 - Do any represent threats to life or safety?
 - Are there areas of standards non-compliance?
 - Are there policy violations?
- ✓ Analyze the results - what activities or resources are needed to address areas of concern?
- ✓ Be timely! Publish a formal report/present as a panel/conference
- ✓ Share positive feedback!

Mock Tracer: Infection Control

Phase 4: Applying the Results

- ❑ Hand-off to managers –for quick fixes
- ❑ Meet with PI to decide on next steps and develop plans of action for complex issues
- ❑ Share mock tracer results and corrective action plans with entire organization
- ❑ Establish timelines and regularly monitor progress towards implementing action plans
- ❑ Plan for the next round of mock tracers!



Resource: HAI Portal

Ambulatory Health Care HAI Portal



The information provided in this section of the HAI Portal was selected especially for those practicing in ambulatory settings. However, the information is not specifically focused on ambulatory health care and it may be applicable to other health care settings as well.

Joint Commission Content

- [Joint Commission, CDC Collaborating on Ambulatory Infection Prevention Project](#)
- [CLABSI Toolkit and Monograph](#)
- [The Infection Prevention and HAI Portal - Infographic](#)
- [Sentinel Event Alert Issue 52: Preventing infection from the misuse of vials](#)



Joint Commission Resources

- [Using the Risk Assessment to Set Goals and Develop the Infection Prevention and Control Plan](#)
- [Using Information Technology to Improve Adult Immunization: Delivery in an Integrated Urban Health System](#)



Joint Commission Center for Transforming Healthcare

- [Hand Hygiene Project](#)
- [International Hand Hygiene Project](#)

Questions?



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