Improving the Quality of Patient Care Utilizing Tracer Methodology

The Quadruple Aim: Working Together, Achieving Success
Leslie Atkins, RN
25 Jan 2011
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Tracer Methodology

Tracer Objectives

– Facilitate delivery of quality, comprehensive and safe healthcare to BMEDDAC beneficiaries.

• Evaluate organizational compliance with national healthcare standards.

• Staff education and training at point of care; on site peer support.

• Assess and promote consumer awareness on healthcare quality and safety standards.
BMEDDAC Tracer Process

- Implementation and Design
  - Tracer Team
    - Core Tracer Team established and trained on patient and system tracers.
    - Joint Commission Sustainment Officer lead on Tracer Team.
    - Core Tracer Team supplemented with staff from clinics on a rotating basis.
    - Each Tracer Team member assigned a tracer tool to complete.
BMEDDAC Tracer Process

- Tracer Tools
  - Standardization established for all tracer tools
    - Tracer tools developed for each chapter of The Joint Commission’s Standards for Ambulatory Care manual.
    - Standards evaluated as compliant/noncompliant based upon criteria listed on tracer tool.
    - Tracer tool specified the number of observation points for each metric measured.
BMEDDAC Tracer Process

- Tracer Schedule
  - Quarterly activities
    - 1\textsuperscript{st} month of the quarter the BMEDDAC Tracer Team surveys clinic (all 7 clinics are surveyed each quarter).
    - 2\textsuperscript{nd} month of quarter clinic addresses findings from BMEDDAC Tracer Team.
    - 3\textsuperscript{rd} month of quarter clinic conducts internal tracer utilizing tracer tools; report is submitted to the BMEDDAC Joint Commission Sustainment Officer.
BMEDDAC Tracer Process

- Performance measurement
  - Metrics
    - Standards were measured utilizing direct observation, staff and patient interview and retroactive record audits.
    - Metrics documented with the denominator being number of observations or contacts and numerator rate of compliance.
    - A minimum number of observations for each metric established.
    - 100 point scale utilized to evaluate compliance.
Resources

- Resources required
  - Fiscal resources
    - Staff reimbursement for travel and/or TDY entitlements.
    - Time commitment required of team members.
Results

- Organizational impact
  - Beneficial Process
    - Decentralized knowledge and information from headquarters to every staff member within organization.
    - Increased visibility and interaction between headquarter personnel and the clinics.
    - Provided opportunities for clinics to intermingle.
    - All staff members engaged to participate in tracer activity and created transparency between clinic and patients.
Challenges

- Hurdles to overcome
  - Challenges within the process
    - Availability of tracer team members—particularly clinical staff
    - Time commitment to conduct tracers
    - Distance required for travel to conduct tracer
    - Continuous turnover in clinic staff with real and potential loss of institutional knowledge
Conclusions

- Adaptable process
  - Practical
    • Process provides organization quantifiable data on the quality and safety of healthcare delivery.
    • Promotes staff teamwork and staff buy in as an active and valuable asset in quality and safety.
    • Involves the patient as an active member of the healthcare team.
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