THE JOINT COMMISSION

BIG B?OK OF TRACER QUESTIONS

The Joint Commission

Joint Commission Resources

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CONTENTS

Accreditation Programs/Settings

	Accreditation Programs/Settings							
	AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME

Performance Improvement *You can use these sample questions for your mock tracers, adapting them as appropriate. Relevant standards cited are not necessarily applicable to every question.* NOTE: *The term* patient *is used here to describe a recipient of care, treatment, and services. It can be replaced with the appropriate term for your accreditation program/setting.*	*You may wish to select questions you want to use before copying them into the provided mock tracer form or other form.*	
1.3: Performance Improvement Management **Relevant Standards:** HR.01.05.03, HRM.01.05.01, PI.01.01.01, PI.02.01.01, PI.03.01.01 **Accreditation Programs/Settings:** AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME NOTE: HRM standards are for BHC only.	**Use Question As Is**	**Adapt Question for Use**
Please tell me who is responsible for performance improvement activities in your organization.	☐	☐
If you have a performance improvement committee, how does it function? What kind of representation do you have from across the organization?	☐	☐
How often does your performance improvement committee meet? Who else attends the meetings? What is the typical structure of the meeting?	☐	☐
Do you network or collaborate with any other organization or performance improvement group in your region?	☐	☐
How do you stay apprised of current literature or best practices on performance improvement initiatives?	☐	☐
Do you have any staff meetings or training on performance improvement for general staff? How is this subject introduced during orientation or ongoing training activity?	☐	☐
What kind of training and ongoing education have you received to support your work on the team or in your job capacity (as performance improvement staff)?	☐	☐
What kind of training and support do you provide to staff involved in your improvement processes?	☐	☐
Who has been involved in the process of designing and implementing your improvement projects?	☐	☐
How do you involve staff members in improvement projects? How are they informed about them? How are physicians and other practitioners involved in the project?	☐	☐
How do you familiarize staff members with changes that are part of performance improvement interventions? How do you secure their engagement in the effort?	☐	☐
How are nurses involved in your performance improvement activities?	☐	☐
What is the role of medical staff in performance improvement activities, especially in relation to setting priorities? [CAH and HAP only]	☐	☐

Performance Improvement: Performance Improvement Management
Accreditation Programs/Settings: AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME

How does leadership stay apprised of performance improvement initiatives? Who is responsible for recommending performance improvement priorities to leaders?	☐	☐
How do you become aware of the need for a performance improvement initiative?	☐	☐
What happens after your organization identifies a near miss? Is a root cause analysis performed?	☐	☐
Have you ever used failure mode and effects analysis (FMEA) in your performance improvement work? If so, please explain how this was done and share the documentation of this process.	☐	☐
In what areas of operation, clinically or administratively, do you think you might need to improve performance? Why? What measures might you use to evaluate performance in those areas?	☐	☐
How do you decide the design of the interventions?	☐	☐
How often are performance monitors created?	☐	☐
What are the organization's processes for creating performance monitors?	☐	☐
Once data is analyzed, how do you make sure that those who need to know the results are informed?	☐	☐
What is your reporting process? What reports do you produce? Who receives them?	☐	☐
How often does your organization update and review performance improvement reports?	☐	☐
How are you tracking progress on your performance improvement projects and communicating results?	☐	☐

Care of the Patient *You can use these sample questions for your mock tracers, adapting them as appropriate. Relevant standards cited are not necessarily applicable to every question.* NOTE: *The term* patient *is used here to describe a recipient of care, treatment, and services. It can be replaced with the appropriate term for your accreditation program/setting.*	*You may wish to select questions you want to use before copying them into the provided mock tracer form or other form.*	
4.2: Assessment and Plan of Care **Relevant Standards:** CTS.02.01.07, CTS.02.02.01, CTS.02.02.03, CTS.02.03.01, CTS.02.03.07, CTS.05.04.05, PC.01.02.01, PC.01.02.03, PC.01.02.05, PC.01.02.11, PC.01.02.13, PC.01.03.01, , PC.01.03.05, PC.02.01.01, PC.02.01.03, PC.02.01.05, PC.02.01.19, PC.02.01.21, PC.02.02.01, PC.02.03.01 **Accreditation Programs/Settings:** AHC, BHC, CAH, HAP, NCC, OBS, OME NOTE: CTS standards are for BHC only.	**Use Question As Is**	**Adapt Question for Use**
What kinds of screenings/assessments do you perform? Who conducts them?	☐	☐
Please show me a copy of your organization's policies for screening and assessing patients for each service you provide.	☐	☐
How do you determine which screenings/assessments you will perform? How is this written into your policies and what processes do you have in place to review and, if necessary, update those policies?	☐	☐
What is your process for conducting screenings/assessments? How often are they performed?	☐	☐
How do you communicate results of screenings/assessments with the rest of the interdisciplinary treatment team?	☐	☐
Where do you document screenings/assessments? May I see the documentation?	☐	☐
Can the results of a screening trigger a referral or a full assessment? How would a member of the treatment team communicate the need for this comprehensive assessment to the appropriate team member?	☐	☐
Do you ever conduct any specialized or specific additional screenings/assessments for patients? If so, what are they? Where do you document these screenings/assessments?	☐	☐
What types of screenings/assessments do you complete for patients on admission?	☐	☐
What are your time frames for completion of initial screenings/assessments and how do you communicate results with staff?	☐	☐
What is your process for screening/assessing a new patient? How do you document the screening/assessment?	☐	☐
What kinds of assessments do you conduct when a patient arrives on the medical/surgical unit? Who conducts these assessments? [CAH and HAP only]	☐	☐

Care of the Patient: Assessment and Plan of Care
Accreditation Programs/Settings: AHC, BHC, CAH, HAP, NCC, OBS, OME

Please describe the initial screenings/assessments that you conducted for this patient. What kind of ongoing assessment do you conduct for patients?	☐	☐
How are behavioral health patients assessed when admitted through the emergency department (ED)? When patients transition to another area of the hospital from the ED, how is this handled and documented? [CAH and HAP only]	☐	☐
Does your organization perform any specialized types of screenings/assessments for specific populations, such as pediatric or geriatric patients?	☐	☐
What screenings/assessments do you conduct for children/youth? What special assessments do you conduct and when are those warranted?	☐	☐
Who is responsible for determining a parent's ability to safely assess/monitor a child/youth by using equipment provided for when the nurse or practitioner is not present?	☐	☐
How do you assess patients who may have dementia? What reassessments do you conduct?	☐	☐
How do you coordinate and document the assessment of a new hospice patient? What processes do you have in place to ensure timely assessment and documentation? [OME only]	☐	☐
How do you assess the needs of the patient and family?	☐	☐
Please describe your interdisciplinary care team planning process.	☐	☐
Who is on your interdisciplinary team? How is it structured to support the care, treatment, and services your organization provides?	☐	☐
What role does the referring physician have on the interdisciplinary team? How do you communicate with the referring physician?	☐	☐
What kind of involvement have you had in the plan of care for this patient? How is this involvement documented?	☐	☐
How often does each interdisciplinary team meet? How and where are its activities documented?	☐	☐
How do you update and modify the plan of care, treatment, and services? Who monitors it? How is this documented?	☐	☐
What kind of plan of care is involved with new patients?	☐	☐
Can you tell me about the plan of care for this patient? What kinds of patient activities are you required to do in order to implement this plan of care? How often do you review and update a care plan for a patient receiving this type of care?	☐	☐
What is the process you follow when your patient's status changes? As an example, can you tell me what happened the last time your patient's status changed? How did you communicate this to others on the care plan team?	☐	☐
How are care, treatment, or service plans developed? What information is included in the plan reviews? [BHC only]	☐	☐

Care of the Patient: Assessment and Plan of Care
Accreditation Programs/Settings: AHC, BHC, CAH, HAP, NCC, OBS, OME

What model does your organization use for developing care, treatment, or service plans and tracking progress? What information is recorded in the progress notes? How has the documentation system been revised to reflect the care, treatment, or service plan model? [BHC only]	☐	☐
How do care, treatment, or service team members communicate with one another regarding the care, treatment, or service plan as well as updates to the plan? [BHC only]	☐	☐
Does the care, treatment, or service plan reflect the individual's needs, strengths, references, and goals? Who contributes to the plan? [BHC only]	☐	☐
How does the care, treatment, or service plan team monitor the individual's progress toward goals? What measure of a successful clinical outcome has been identified for individuals? [BHC only]	☐	☐
What strengths and outcomes does the care, treatment, or service plan team expect to see for each individual? What happens if an individual is not meeting expected outcomes? [BHC only]	☐	☐
What do you define as care, treatment, or service plan outcomes at your organization? How do you evaluate whether you are achieving outcomes for individuals served, as well as for all individuals served in the aggregate? [BHC only]	☐	☐
What kind of interdisciplinary work do you undertake when planning care, treatment, or service for a youth? Who is involved? How is this documented? [BHC only]	☐	☐
How do you involve the youth and parents in the care, treatment, or service plan process? How are teachers involved? What do you communicate and when? [BHC only]	☐	☐
How has the youth adapted to the care, treatment, or service plan? Have you had to make any adjustments? If so, may I see documentation of that? [BHC only]	☐	☐
What is the response to violent behavior by the youth? How does this impact the care, treatment, or service plan, if at all? [BHC only]	☐	☐
What is the process for the physical therapy department to receive orders for a patient? How is physical therapy staff informed about a patient's plan of care? How do you coordinate the plan of care with the floor? How do you also communicate with practitioners regarding recommendations and treatment plans? [N/A for BHC]	☐	☐
Physical Therapist: Are you included in the interdisciplinary patient care team meetings? What kind of role do you play in the patient's discharge planning? [N/A for BHC]	☐	☐