

Scenario 2-7. Sample Tracer Questions

The bracketed numbers before each question correlate to questions, observations, and data review described in the sample tracer for Scenario 2-7. You can use the tracer worksheet form in Appendix B 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.

Physician and Nursing Coordinator:

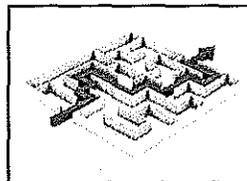
- [1] What is your medication management process?
- [2] Who has responsibility for medication management?
- [3] What are the high-risk areas you have identified in your medication management process? How have you identified them?
- [4] What kind of background and training have you received to help you perform duties related to medication management oversight?
- [5] Do you receive any ongoing training and access to resources?
- [6] How often does the organization arrange time to discuss medication management issues?

Nursing Coordinator:

- [7] What are the high-alert medications and look-alike/sound-alike medications you keep in the center?
- [8] Where are they stored? Where are they labeled? How do you ensure that the storage area is secure and that the correct temperature is maintained in the medication refrigerator? What are your processes to protect medications in the case of loss of electricity? What do you do if the medication refrigerator temperature was not maintained?
- [9] What training and information do you share with staff about these types of medications?
- [10] What do you do in the event of a medication error? Do you have a culture of safety that promotes reporting of medication errors?
- [11] Please show me where you store medications. What is your process for their safe storage? What labeling, if any, do you use?
- [12] How do you make sure that medications are not placed in the wrong locations? How do you monitor for proper placement?

Nurse:

- [13] Where do you administer vaccinations?
- [14] Where do you store the vaccines?
- [15] What is the practice's policy on safely storing vaccines? What else is allowed in the refrigerators?
- [16] Where do you store your supplies? What do you do if you do not have enough space to store all of your supplies?



PROGRAM-SPECIFIC Tracer Scenario

SCENARIO 2-8. Ambulatory Care Organization

Summary

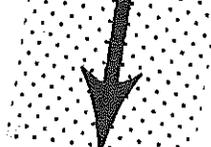
In the following scenario, a surveyor traces how an organization maintains continuity of care. Within the tracer, the surveyor explores issues relating to these priority focus areas:

- Assessment & Care/Services
- Communication
- Organizational Structure
- Patient Safety

Scenario

This tracer took place in a large ambulatory care organization. The surveyor selected a 68-year-old male patient who had been coming to this facility for the past five years. The patient had been generally healthy but over the past three months had come in multiple times with complaints of general malaise, weight loss, and difficulty sleeping. He had also complained of shortness of breath and was last seen in the facility approximately one week prior.

On the morning of the survey, the patient arrived at the organization experiencing discomfort while breathing. After checking in at the registration desk and then waiting in the waiting room for his turn to be seen, he was then called into the examination room by the nurse. The nurse set him up in the room. The physician who had been seeing him over the past few visits then examined the patient and found him to be in moderate respiratory distress. The physician had planned to take a chest x-ray that day and to potentially request referral to a



pulmonologist if the patient's condition did not improve; but based on the patient's presenting condition at the time of this visit, he decided instead to immediately transfer him to a nearby hospital emergency department via emergency vehicle. When the surveyor started this tracer activity, the patient had already been picked up from the ambulatory care organization by the ambulance and was en route to the hospital.

(Bracketed numbers correlate to Sample Tracer Questions on pages 57–58.)

➔ **Discussing the Case with the Physician.** The surveyor met with the physician and asked him to give him a summary of the care of the patient and to review the patient's medical record with him. [1] The physician explained that he had been doing blood work on the patient during the prior visit and that he had planned on doing a chest x-ray at this visit and requesting a pulmonology consultation if the symptoms did not improve. He said that he suspected chronic obstructive pulmonary disease, but he first wanted to rule out lung cancer. The patient had been smoking one to two packs of cigarettes each day for many years. [2] The surveyor reviewed the progress notes and assessment information in the patient record. The physician said that he did not send a transfer note with the patient to the hospital. [3] Instead, he gave a verbal report to the ambulance personnel. He said that he also had privileges in the hospital where the patient was being transported and would provide additional information to the hospital upon request. The surveyor asked if the patient's current medication list was forwarded to the emergency department. The physician said he did not think that was necessary because he was going to the hospital and could provide the information in person when he arrived. [4–6]

➔ **Interviewing the Nurse.** The surveyor spoke to the nurse and asked her whether any education had been provided to the patient. [7–8] She said that in the past he had been given a brochure on smoking cessation but that no one on staff had actually met with him to review the information in the brochure. She was sure the physician had advised him to quit smoking. There was no documented evidence in the patient's record of such a discussion or that the brochure had been given to the patient.

➔ **Speaking to the Registration Clerk.** The surveyor met with the registration clerk and asked her if the patient had told her when he arrived of his discomfort in breathing or if she noticed whether he was having difficulty breathing. [9–10]

The surveyor asked her if it was a policy to register patients and to get them seen more quickly if they appeared to be in any kind of distress. She said that she did not notice that he was in distress and that he sat in the waiting room with his sons until it was his turn to be seen. The surveyor asked the registration clerk if she had any training or education in recognizing a patient in respiratory distress. [11] She said that she had gone through the standard orientation for her position when she began her job. The surveyor asked the registration clerk how long the patient waited to be seen. [12] She said she did not recall. Looking at the log, it appeared that he waited about 30 minutes before being called into the examination room by the nurse.

Prior to meeting with the physician, the surveyor observed him talking to the patient's sons, who were still in the waiting room, about the patient's condition and transfer to the hospital. Many other patients and families were present in the area.

➔ **Talking with the Family Members.** Because the patient's sons were still at the ambulatory care organization, the surveyor asked if he could talk with them in private. They agreed and met with him in a small private office area. [13–14] They told him that they were very happy with the care their father had received at this facility and that they trusted the doctor who was caring for him. They said that they had reviewed the educational brochure about not smoking with their father but that he did not seem to pay any attention to the information.

➔ **Moving Forward.** Based on the tracer, the surveyor may discuss areas of improvement in the Daily Briefing. The discussion might address the topics of patient triage, education, and wait times.

Scenario 2-8. Sample Tracer Questions

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(continued)

Scenario 2-8. Sample Tracer Questions (continued)

Physician:

- [1] Please describe the care of this patient. How responsive was the patient to the care? What kind of tests and additional referrals did you order?
- [2] What do you document on the patient record?
- [3] How did you refer the patient to the hospital? What information have you communicated to the hospital? How was this information communicated?
- [4] What is your process regarding transferring a patient to a higher level of care? What is to be communicated to the next provider of care? What is your process and policy on calling 911—EMS (emergency medical services) system and/or a private ambulance?
- [5] What is your organization's emergency response? Do you have training in resuscitation? What emergency equipment and training are available? Are the emergency equipment, medications, and supplies secure and not expired?
- [6] Do you honor advance directives?

Nurse:

- [7] What kind of education have you provided to the patient?
- [8] Where would this education be documented in the record?

Registration Clerk:

- [9] What happens when a patient arrives at the organization?
- [10] What do you do if you notice the patient is showing signs of illness or distress?
- [11] What training or education have you had in recognizing signs of illness or distress?
- [12] How long did this patient wait to be seen? What is your policy for delays in wait time? What do you do if you do not think the patient can wait?

Family Members:

- [13] What is your experience of care at the organization?
- [14] Has your relative responded to any educational material provided?