

ACCREDITATION FOCUS

The sterilization-focused system tracer and how to prepare for it

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Welcome to the second installment of the Accreditation Focus series. Over the course of 2019, we will present columns discussing recurring infection prevention and control (IPC) challenges during accreditation surveys. Each installment will provide ideas, tips, and guidance on common IPC challenges and how to address them.

The Joint Commission (TJC) uses tracer methodology to identify infection risks within priority focus areas (PFAs). There are 14 PFAs that link to all TJC standards for U.S. healthcare organizations. During an onsite survey process, the PFAs, along with clinical/service groups from the Priority Focus Process, make up the basis for the tracer methodology.¹

Tracer methodology focuses on evidence of compliance and allows the surveyor to identify risk by assessing communication between disciplines, evaluating performance of processes, and determine compliance with national standards.²

One particular challenge for healthcare organizations undergoing an accreditation survey is the sterilization tracer. In 2009, TJC announced it would use the tracer methodology to focus on the sterilization/disinfection process, and it has been doing so ever since.³ TJC later stated that surveyors would observe instruments from the time they left one operating room until they were transferred to the next one.

Frequent findings in hospital sterilization programs during a tracer include the following:^{4,5}

- Personnel lacking the knowledge or training required to properly sterilize



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- or apply high-level disinfection (HLD) to equipment
- No access to or lack of knowledge of evidence-based guidelines
- Lack of leadership support
- Sterilization or HLD of equipment being a low priority
- Lack of a culture of safety
- Shortcuts taken relating to sterilization or HLD
- No dedicated staff person to oversee proper sterilization or HLD
- Facility design and space issues
- Lack of monitoring or poor documentation making it difficult to track instrument and equipment use to individual patients

- Reprocessing and storage of equipment in several locations within the facility

With these challenges and frequent findings in mind, this article aims to help infection preventionists (IPs) prepare for a TJC sterilization tracer by describing a mock tracer. Related materials and references are provided to prepare IPs for an actual sterilization tracer.

THE TRACER METHOD

A tracer is designed to achieve several objectives during an accreditation survey. Namely, it provides an accurate assessment of the systems and processes for the delivery of care, treatment, and services by identifying gaps or risk points that could affect the quality

Table 1: Primary TJC standards associated with a sterilization tracer⁶

Standard	Elements of Performance
IC.02.02.01: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies	EP 2: The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.
	EP 4: The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.
IC.01.02.01: Hospital leaders allocate needed resources for the infection prevention and control program	EP 1: The hospital provides access to information needed to support the infection prevention and control program. (See also IM.02.02.03, EP 2.)
	EP 3: The hospital provides equipment and supplies to support the infection prevention and control program.
EC.02.04.03: The hospital inspects, tests, and maintains medical equipment.	EP 4: The hospital conducts performance testing of and maintains all sterilizers. These activities are documented.
HR.01.04.01: The hospital provides orientation to staff.	EP 1: The hospital determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EP 2.) Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.
HR.01.06.01: Staff are competent to perform their responsibilities.	EP 5: Staff competence is initially assessed and documented as part of orientation.
	EP 6: Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.
LD.04.01.11: The hospital makes space and equipment available as needed for the provision of care, treatment, and services.	EP 5: The leaders provide for equipment, supplies, and other resources.

or safety of care. As such, it links directly to TJC Elements of Performance (see Table 1).

During a sterilization tracer, the surveyor will aim to identify gaps and risks regarding the knowledge and competency of the IP, supervisors/managers, and frontline staff via three methods: interview, observation, and documentation review.⁴

Interview

The sterilization tracer will typically begin with an interview of the IP and continue to observe and interview the frontline staff who conduct sterilization processes and their supervisors or managers.

Common opening questions asked of IPs, frontline staff, and frontline supervisors are as follows:

- How do you handle cleaning, sterilizing, or sanitizing equipment, devices, or supplies used within the practice? What guidelines do you follow?
- How do you identify where the infection control risks are during the sterilization process?
- What risk-reduction activities do you have in place? How are these documented and communicated with staff?

The surveyor will also ask about certifications and involvement with professional associations as part of the effort to assess competency. They will likely interview the frontline staff during the observation phase of the tracer to best determine their competency.⁴

Observation

Once the IP interview concludes, the surveyor and accompanying members of the facility will proceed to a location where the sterilization process begins. This is likely at a point-of-use location so the process can be traced from its beginning through the entire process before concluding at another point-of-use location.

As noted earlier, interviews will continue with frontline staff who are part of the process (not just the sterilization technicians) during the observation phase of the tracer.

Some of the questions that the surveyor might ask during the observation are as follows:

- Which standards do you use?
- What are the manufacturer's instructions for use (IFU) for various pieces of equipment and instruments?

- Where do you keep the IFU?

The surveyor will observe each of the broad sterilization functions identified in the Association for the Advancement of Medical Instrumentation's standard AAMI ST79:2017 and note questionable or incorrect practices. The following sterilization functions are listed in AAMI ST79:2017:²

- Handling, collection, and transport of contaminated items
- Cleaning and other decontamination processes
- Packaging, preparation, and sterilization (includes storage)
- Installation, care, and maintenance of sterilizers
- Quality control

Documentation Review

Finally, the surveyor will ask to review all of the documentation associated with the sterilization process. Some of this documentation, such as manufacturers' IFU, will likely be requested during the observation component of the tracer. As part of the personnel considerations, surveyors may also request the certification credentials and written job descriptions of staff to verify that personnel

are qualified for their positions. Other documents related to personnel considerations that may be requested are documented skills checklists and training-based annual evaluation forms.

Surveyors will also seek preventive maintenance and cleaning logs for the sterilizers, monitoring results logs, and other documentation related to the sterilization process. Further, they will ask to see policies and procedures for equipment use, response to failed loads, and many other documents associated with the sterilization process. Most of these documents should be kept in a binder that is fully up-to-date, accessible, and ready to present well before the surveyor shows up.

PERFORMING A MOCK TRACER

One of the most challenging steps toward a successful mock tracer is establishing the team's commitment to the preparation process. The tracer method takes time, but the return on investment is worthwhile in terms of the accreditation survey success and increased patient safety.

Teams can become proficient in sterilization tracers through practice. Employees who are expected to participate in the tracer survey should practice being interviewed or performing tasks, such as the sterilization procedures. This improves their ability to recall correct answers or perform tasks correctly.⁷ In the mock tracer, all three groups of employees—IPs, frontline employees, and supervisors and managers in those areas that are a part of the overall sterilization process flow—can practice being interviewed and observed by the mock surveyors until they feel confident answering questions and performing related sterilization tasks correctly.

TYPES OF TRACERS

There are three types of tracers:

- Program
- Patient
- System

A sterilization-focused tracer is a type of system tracer. For more information, see the Joint Commission's *Mock Tracer Workbook*.¹

Performing a mock tracer requires the following steps:

1 Planning and preparing

- If one is not already in place, form an accreditation preparedness team and have this team coordinate the mock tracer.
- Establish a timeline so participants can adjust their schedules to accommodate the mock tracer and to ensure adequate time to perform all the interviews, observations, and documentation review.
- Choose mock surveyors and train them on tracer methodology and the specific questions that are likely to be asked during the actual tracer regarding the sterilization processes. TJC's *Mock Tracer Workbook* provides some questions that can be used, but be sure to create questions that are specific to the sterilization process and those areas that are associated with the sterilization process.

2 Conducting the mock tracer

- Have a designated site for interviewing IPs, frontline employees, and frontline supervisors and managers.
- Have appropriate subject-matter experts (SMEs) in the room during the interviews so they can provide the correct answers and coach employees if they are uncertain of correct answers. The mock surveyors are often the SMEs.
- The mock surveyors will interview each employee for approximately 30 minutes to one hour, allowing enough time to ask the interview questions and discuss those questions the employee has difficulty answering.
- For the frontline sterilization technicians, their interviews will coincide with observation of the sterilization process, which will occur in the sterilization area.
- The mock surveyors should take notes throughout the interviews, observations, and documentation reviews to capture areas of strength and those that can be improved.

3 Reporting and analyzing the results

- Debrief the entire accreditation preparation team on the strengths and opportunities for improvement.

- Discuss strategies for addressing the areas that need improvement, including such activities as one-on-one coaching, additional practice on procedures, and formal training programs and classes.

CONCLUSION

Planning and conducting a mock tracer survey takes time and energy, but a high return on investment can be expected. Commitment and investment in mock tracer surveys must be a priority among healthcare organizations and IPs because they are a proven method for success in survey performance, which directly translates to improved patient safety. ¶

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Additional Resources

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