



Pittsburgh Regional Healthcare Initiative

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Conemaugh adopts new JCAHO technique as routine

Tracer Patients: a new lens for seeing problems

Recently, PRHI welcomed Memorial Medical Center of Conemaugh Health System as our newest coalition member. Last January, Conemaugh was one of JCAHO's test sites for its new way of looking at hospitals—from the patient's point of view. Called the "tracer patient," this technique involves identifying and interviewing a typical patient, then walking backward, literally, through that patient's hospital experience, wherever it leads.

Interviews with caregivers along the route of care shed light on how treatments were handled, what problems the caregivers encountered, and what potential problems they see. The "tracer" method gives caregivers and patients a voice and reveals problems much more closely in time to their actual occurrence—"real-time."

"Instead of being a dreadful and fearful experience, our JCAHO experience using the tracer patient was among the most rewarding professional experiences I've had," said Paul Weygandt, MD, Conemaugh's Vice President of Medical Affairs. "So many important problems were revealed to us that we decided to continue to use tracer patients on our own."

Weygandt and CEO Richard Salluzzo, MD, believe that, since problems have solutions, it's important to find as many of them as possible. In other words, the only good problem is a visible one. Conemaugh receives consistently high marks from patient on satisfaction surveys, but Weygandt and Salluzzo weren't lulled by them. Instead, they welcomed the chance to look behind the scenes.

Better than "best practice"

One problem revealed even before the tracer patient exercise was the time patients spent waiting for their first chemotherapy dose. The average time for the 30 patients they measured was 6 hours. "Best practice" was 3 hours, but the staff believed they could do better. With active help from hospital leadership in problem-solving, within 6 months, the team was delivering first doses in 2.5

hours. Since then, patients' wait times (along with their stress levels) have dropped further. Currently the chemotherapy team is meeting their target of 30 minutes to first dose.

While this issue predated tracers, the approach provided a solid infrastructure for problem solving through teamwork.

Following the tracer trail

One day in June, the team assembled. They included Dr. Weygandt and Jean Rearick, RN, Director of Process Improvement and an infection control practitioner; Tammi Connah, RN; and Claudia Rager, RN, Vice President for Patient Services. They selected Mrs. Jane Smith (not her real name) as the tracer. Mrs. Smith, a woman in her 70s, had come to the hospital the day before for a cardiac catheterization following symptoms that included chest discomfort. Fortunately, the test showed no vessel blockages and Mrs. Smith was due to be released that morning.

Selecting the right tracer is important for getting a good overview. Patients with multiple diagnoses and extremely complicated care are difficult to analyze. Mrs. Smith's seemed almost too simple a case to follow, but the team headed to her room.

Dr. Weygandt invited Mrs. Smith to talk about her hospital experience, what had gone right, what had gone wrong, what could have been better.



Mrs. Smith's comments were glowing—how caring the staff, how thorough the treatment, how relieved she was to be well and going home. Perfect patient, perfect diagnosis, perfect outcome. If the tracer patient is supposed to reveal problems, it might have seemed the team had struck out.

Behind the perfect patient experience

The team interviewed the nurse who had cared for Mrs. Smith. Had she encountered any problems? Had the medications from the pharmacy arrived on time? The alcohol rub dispenser in Mrs. Smith's room was inconveniently located—had this been a problem for the caregivers? The nurse understood the detailed questions for what they were: not a “grilling,” but an invitation to let top leaders know what problems she had been having lately.

The team proceeded to the Cardiac Catheterization Lab to repeat the exercise. They interviewed those who had been responsible for Mrs. Smith's care, inviting them to divulge the problems they'd had to overcome to do it. They also asked several “What if” questions, to see how prepared they would be to address an emergency, such as a patient who “goes bad” during a procedure. Some problems were as familiar as old friends to the staff.

"You'll never fix it"

“It takes hours to get meds. You'll never fix it,” was one refrain, followed by, “It's great that you're here to listen.”

Like detectives following a trail, the team followed various aspects of Mrs. Smith's care, which took

them to the pharmacy, the lab, and even the security department. (*Where are those wheelchairs when you need them?*) The exercise is useful, Dr. Weygandt said, to “cut across the silos of a hospital and learn information in real time.”

In the end, although Mrs. Smith had had a “perfect” experience and was completely satisfied, the team uncovered 27 problems related to her care that needed to be addressed.

“Our goal is to resolve the issues at the time they

are discovered or at least within 24 hours,” says Dr. Weygandt. “Some complex problems may require the analysis and intervention of a full team, but we're solving lots of problems ‘on the spot.’”

"Free lessons" from across disciplines

Examining the experience of each patient goes well beyond the usual “patient satisfaction survey.” With patient tracer methodology, problems that have been worked around can be acknowledged, understood and eventually solved. “Free lessons,” those systemic problems that have not yet caused harm, can be exposed and fixed before an error occurs. Each patient's safety

relies on coordination among the various “silos” or “turfs” within a hospital, and following a single tracer patient provides an excellent snapshot of how well that happens.

Currently, the team follows a tracer patient every week, and follows up with problem solving. In the future, Dr. Salluzzo would like every patient to be a tracer. He envisions capturing every problem in real-time, and entering the problem and ultimately, the solutions, in a database accessible to all staff members. ∅



Even the “perfect” patient experience can help unearth problems. At Conemaugh Hospital, a tracer patient with a perfect outcome led to the discovery of 27 problems for leaders and staff to solve.

Photo: Gettyworks

