Lebanese Society for Quality and Safety in Health Care

الجمعية اللبنانية للجودة والسلامة الصحية

The Tracer Methodology in France

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HAS

HAUTE AUTORITÉ DE SANTÉ

Definition

→ Tool to analyse, retrospectively, a patient's path from his admission until his transfer.

→ The tracer methodology uses information from the organization to follow the experience of care, treatment or services through the organization's entire health care delivery process.

→ Complementary to other evaluation tools

History of the Tracer methodology

Developped in Canada in the 70's (KESSNER KALK SINGER, Assessing health quality - the case for tracers. New England Journal of Medicine - 1973)

Improved and used in the US since 2002 by the Joint Commission

Presented in 2012 by the HAS

- New evaluation method to be implemented in the v2014 « Certification »
- New tool to evaluate professional practices

Tested from February to June 2014 in 13 voluntary health facilities → 50 patients tracers

End of 2014 : publication of a guide by the HAS

Officialy implemented by surveyors (v2014 procedure) at the beginning of 2015

The specificity of the tool

- It takes into account the patient experience

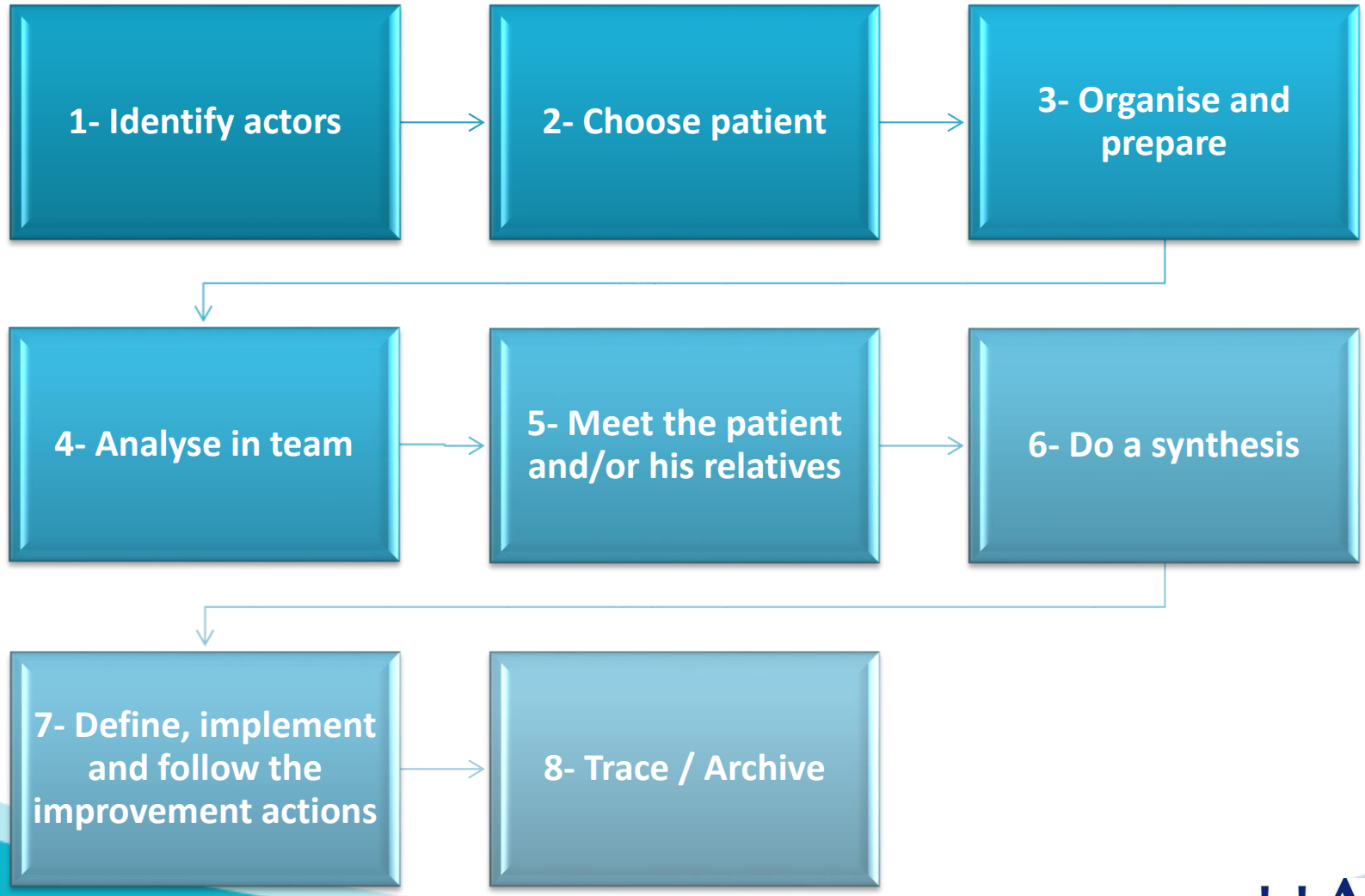
- It brings together the team around the patient care, promotes exchanges and communication between the actors of care and with the patient

→ Educational approach, without judgment or research of responsibility allowing the adhesion of the professionals and a permanent deployment of the method.

An institutional approach

- The approach comes from the quality manager, the heads of unit, the medical committee
- Must be integrated into the institutional program to improve the quality and safety of care
- Must be validated by the medical committee and other bodies (Nurse Committee, Patients rights Committee, ...)

How to implement the tracer patient methodology?



1- Identify actors

- Meeting leader(s)
  - Health professional external to the team and trained
    - Risk Manager
    - Medical doctor / Head nurse
    - Auditors
  - 1 ou 2 leaders

  → Lead the meeting with tact and benevolence

  → Develop confidence building

  → Create conditions for constructive dialogue

- Professional who will meet the patient
  - External to the team and trained

  → Respect the professional secrecy and confidentiality

2- Choose the patient

- Choose the patient's profile (pathology)
- Identify the patient
- Inform the patient (information leaflet) and collect his consent (oral) at least 24 h before the meeting

- For minors and persons under guardianship, information is given to them according to their state of maturity and their capacity for discernment, as well as to their legal representatives.. Consent is collected from the patient and his or her legal representatives

Examples of profile

Ambulatory surgery: inguinal hernia
Traumatology: hip prosthesis
Psychiatry : chronic pathology
Cardiology: myocardial infarction
Obstetrics: vaginal delivery
Home hospitalisation: palliative care
…

3- Organise and prepare

- Summarise the patient's path (which units? Which teams?)
- Adapt the evaluation grids for the team meeting and the interview with the patient
- Find a date and set the duration (2 – $2^{1/2}$ hours)
- Identify participants
- Provide a sign-in sheet

The evaluation grids

Étapes Thématiques	Thématiques V2014	Questionnement	P/E (Patient Equipe)	Critère	Source d'information	Points positifs	Axes d'amélioration (oui, non) Commentaires
Admission et accueil du patient et de son entourage	**PARCOURS**	Quel a été le mode d'admission de ce patient ? - admission directe (dans le cas de filière/parcours spécifique par exemple) ; - admission programmée ; - admission par les urgences. En cas d'admission programmée, comment a été organisée la préadmission : fiche de préadmission remplie par l'établissement adresseur, planification des consultations et des examens ? Son délai d'attente est-il compatible avec sa prise en charge ? Les conditions de la prise en charge ont-elles été expliquées au patient ?	P/E	16a, 18a	Le dossier du patient		
Admission et accueil du patient et de son entourage Urgences	**PARCOURS - URGENCES**	Quelle a été la durée d'attente du patient aux urgences ? Était-elle compatible avec le degré d'urgence de sa prise en charge ?	P/E	25a			
Admission et accueil du patient et de son entourage Urgences	**PARCOURS - URGENCES**	Les circuits de prise en charge et l'accueil du patient sont-ils adaptés (patients appartenant aux populations vulnérables, telles que les personnes âgées, les enfants-adolescents, les personnes handicapées, etc.) ?	P/E	19a			

4- Analyse the patient's path

- Introduction by the facilitators and reminder of the objectives
- Synthesis of hospitalization by referring physician
- Comprehensive and timely analysis of patient care management from the admission
  - Interfaces
  - Collaboration between the professionals of the different units
- Thematic analysis
- Anonymous presentation in case of participation of a professional external to the team
- Search of data by caregivers in the patient's records

Evaluated themes

Management	Care
- **Infectious risk management** - **Continuity of care** - **Care management** - **Adverse events management** - **Security of goods and persons**	- Initial assessment - Patient's information, consent - Complementary investigations - Medication management - Pain management - Education - Patient identification - Emergency - OR - …
Assessment and admission	
- **Admission** - **Reception of patient and his relatives**	

5- Meet the patient and/or his relatives

- Patient
  - Essential dimension
  - Systematic meeting
  - Reminder of the objectifs and the way data will be used → professional secrecy and strict confidentiality
  - Questioning adapted to the general condition of the patient and on factual elements and not on the patient's disease
- Relatives
  - Collection of their perception and facts (reception, information, ...)

6- Do a synthesis

- Immediate summary on the basis of the findings
- Reminder of positive points → Strenghten the team and sustain good practices
- Reminder of gaps → hierarchy of points to be improved + consensus building
- Reporting of adverse events and root cause analysis if applicable
- If any care-associated harm is discovered (medication error, …), inform the patient

→ Written and shared synthesis (anonymous)

7- Define, implement and follow the improvement actions

- Plan of action defined by the team according to the hierarchy made at the time of the synthesis
- Integration into the overall plan to improve the quality and safety of the institution's care

8- Trace - Archive

- Archive with other quality documents of the unit (procedures, evaluation of professional practices, morbi-mortality reviews, …)

- No mention in patient record

In conclusion

Strengths	Weaknesses
• Involves the patient and integrates his / her experience and that of his / her relatives in the evaluation • Contribute to the overall diagnosis of the quality and safety of care • Allows to work in a multidisciplinary and multi-professional team based on real case in a normal situation and not in a crisis situation • Contributes to the development of a quality and safety culture within the teams • Very well perceived by the caregivers	• Time consuming • Difficult to organise

THANK YOU FOR YOUR ATTENTION!