

## THE INFECTION CONTROL SYSTEM TRACER ACTIVITY

The physical component of the Infection Control System Tracer may occur before or after the group discussion component of this activity. The physical tracer will begin in a patient care and service area, chosen by the surveyor conducting the Infection Control System Tracer. The surveyor will review a medical record, either with the individual responsible for your organization's infection control program or with a staff member in the selected area. The surveyor will most probably want to review a record of a patient diagnosed with an infectious process, or a record where the risk of infection to the patient is high. Examples of cases the surveyor might want to review include:

- Fever of unknown origin
- Postoperative infection
- Unplanned admission to the facility postoperatively
- Patients diagnosed with infectious diseases requiring some form of isolation
- Immunocompromised patients
- Patient with active tuberculosis

Once the record is selected, the surveyor will then commence tracing the patient's progress throughout the various areas of your institution. The surveyor may move to other locations and settings in the organization as applicable to tracking infection control processes within the organization. The surveyor has flexibility in the manner in which he or she visits these locations.

Dependent upon surveyor style and the issues identified for examination, the surveyor may focus on several different aspects of infection control in one location or, he or she may focus on one aspect of infection control throughout several settings and locations within the facility. Regardless of the method in which the physical component of the Infection Control System Tracer is conducted, you can be assured that the surveyor will want to observe how infection control processes are being conducted within a given location (such as how and when personal protective equipment [PPE] is utilized, how hand hygiene is conducted or how standard precautions are maintained).

Another approach the surveyor may take to evaluating and assessing infection control practices in a given location is to hold discussions with staff focusing on infection control processes carried out in that location. In addition to general infection control practices conducted, the surveyor will be assessing for staff knowledge of requirements related to treatment specifics, i.e., the infection control requirements of a sterile field in the operating room, techniques for prevention of healthcare associated infections when changing patient dressings on a medical/surgical patient care unit.

# THE INFECTION CONTROL SYSTEM TRACER GROUP DISCUSSION

## **Location:**

The Infection Control System Tracer will begin or end with a group discussion. The discussion is to occur in a location chosen by your staff; however, a conference room type of location is best. You will want an area that is not prone to interruptions, where the surveyor can converse with staff in a quiet, comfortable environment. While this group discussion tends to include a small amount of participants, the location should be large enough to accommodate the amount of individuals identified by your organization to participate in the discussion, plus the surveyor.

## **Discussion Participants:**

Your organization has the option to select which individuals are to attend the Infection Control System Tracer group discussion. The surveyor may request specific staff members; however, generally the participants are selected by the organization. While individuals responsible for the organization's infection control program will be the main individuals the surveyor would expect to attend this discussion (Infection Control Nurse/Epidemiologist, Physician Chairperson of the Infection Control Committee/Chief of Infectious Diseases, etc.), if the surveyor hasn't had an opportunity to conduct the physical tracer component of the Infection Control System Tracer, and/or hasn't received much input from other surveyors relating to infection control issues, the following individuals may be considered for participation in the group discussion:

- The Director of the Pharmacy (consultant pharmacist or designated pharmacist knowledgeable in the interrelationship between infection control and medication management)
- Laboratory clinician (either the Director of the Laboratory or a Laboratory clinician knowledgeable in multiple aspects of the Clinical Laboratory, however particularly knowledgeable about microbiology)
- A sample of direct clinical care staff (nurse, respiratory therapist, OR tech, physician if possible, etc.)
- Staff member responsible for the organization's physical plant
- Leadership representation

## OTHER ISSUES RELATED TO THE INFECTION CONTROL SYSTEM TRACER

### Documentation/Data Required:

Medical records will be required for the Infection Control System Tracer. The surveyor will have identified several records during the Surveyor Planning Session, and will request these records for review during the Infection Control System Tracer. As stated earlier in this workbook, expect the surveyor to look for medical records that contain some type of patient information related to infectious diseases and/or processes, such as:

- Patients placed on antibiotics that are new to the organization's formulary (the surveyor will be looking for an antibiotic that requires laboratory data such as cultures and/or blood levels for dosing purposes)
- Patients with infectious diseases requiring isolation or precautions such as:
  - MRSA
  - SARS
  - VRE
  - Lice or scabies or other infectious skin infections
  - Active tuberculosis
  - Invasive haemophilus influenzae
  - Meningococcal disease
  - Varicella
  - Mycoplasma
  - Rubella, mumps
  - Clostridium difficile
- Immunocompromised patients placed on isolation
- Patients with postoperative infections