

Mock Tracers as a Pedagogical Approach for Teaching Regulatory Compliance in Health Care

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Abstract: Health care is one of the most highly regulated industries and any type of health care review, inspection, or audit by one or more of the multitudes of regulatory bodies can prove nerve-racking for even the most well-prepared health care organization. The consequences of non-compliance can be substantial for health care facilities and the patients they serve. The weighty number of regulations imposed on health care facilities is largely misunderstood by the public and being properly compliant can be challenging, costly, and time consuming for health care organizations. Debatably are the effects of regulation on the overall cost of health care. However, non-compliance can be financially crippling, and more importantly, may reduce the quality of patient care. Therefore, compliance is a necessary part of any effective, efficient, and principled health care facility. This study explores regulatory compliance specifically through a review of accreditation. It also provides an overview of how mock tracers can be used as a pedagogical approach for the training and/or education of accreditation processes and site visits for both health care professionals currently working in the industry and students enrolled in health care specialties within academic settings.

Keywords—health care compliance; quality improvement; economic impact; accreditation; mock tracers

INTRODUCTION

Health care organizations face daunting regulatory oversight and ongoing pressure from external accrediting organizations to meet established standards for patient care delivery and business operations. The industry is highly regulated through the governance of multiple regulatory agencies and/or accrediting bodies. This results in the constant need for health care administrators to uphold a plethora of standards and regulations that have been established for health care facilities. While these standards have been developed in the best interest of delivering quality patient care, continually maintaining and complying with multiple regulatory mandates can be a time consuming and costly process. However, non-compliance can be even more problematic causing further stress and financial strain for the organization. Given the importance of health care accreditation, and the severe consequences associated with non-compliance, it is vital for health care managers and educators to find creative ways to adequately prepare health care professionals for accreditation visits. This includes those health care professionals who are currently working in the industry and those in academic programs who will enter the health care field in the future. Implementing ways to reduce events of non-compliance may serve as a preventative method for avoiding economic and financial hardships while ensuring quality health care services are provided to patients (Alkhenizan et al, 2011; Lam, Figueroa, Feyman, Reimold & Jha, 2018). Since tracer methodology is often used by accrediting bodies during a site review, mock tracers may be an appropriate pedagogical tool for health care facilities to utilize since they may both pre-emptively uncover areas where performance improvement is needed and for effectively and efficiently preparing members of the health care team for accreditation visits. Since the tracer

process as conducted during an accreditation visit may cause tension and be quite demanding, pre-visit practice through mock tracers may be a beneficial strategy for the education of not only current health care workers in the field but also for future health care professionals in academic programs related to health care. As a pedagogical approach, mock tracers may lead to more successful accreditation site visits and/or help alleviate some of the anxiety that often comes with a laborious accreditation review process (DeCola et al, 2013).

Background of Accreditation

Typically, a voluntary, non-governmental process, accreditation involves the external examination and evaluation of an organization's ability to meet and comply with pre-established standards by a group of trained external peer reviewers. Most health care organizations are accredited by one or more accrediting bodies, all of which can produce extreme stress and uncertainty when a site visit occurs (Alkhenizan et al, 2011; DeCola et al, 2013; Lam et al, 2018). It is important to note that the purpose of accreditation is not to evoke negative emotions or concerns. The overall goal is to hold a health care organization to a high level of performance and patient care since many studies show that accredited health care facilities typically have better clinical outcomes than unaccredited health care facilities. Furthermore, meeting multiple accreditation mandates may reduce organizational vulnerabilities for legal action which could result in significant organizational consequences (Alkhenizan et al, 2011; Lam et al, 2018).

There are nearly 40 health care accrediting organizations in the United States and they range from specialty-based to hospital-wide quality assurance. As of August 2020, out of

these 40 accrediting organizations in health care, only 10 are approved by the Centers for Medicare and Medicaid Services (CMS, 2020b). Since accreditation is a voluntary process, organizations are not required to be accredited by an approved accreditation organization (AO) to achieve Medicare certification or participate in Medicare programs. However, organizations that are accredited by AOs may be exempt from routine State surveys, which determines Medicare eligibility for non-accredited organizations. Currently, CMS approved AOs accredit a variety of health care entities including: hospitals, psychiatric facilities, critical access hospitals, ambulatory surgery centers, end-stage renal disease facilities, home health and hospice, outpatient facilities, and rural health clinics (CMS, 2020a).

While The Joint Commission (TJC) has been the industry's leader in health care accreditation for decades, there are several other accrediting bodies gaining momentum in recent years including:

- DNV GL - accreditation of hospitals, psychiatric hospitals, and critical access hospitals
- Center for Improvement in Healthcare Quality (CIHQ) - responsible for accrediting hospitals.

Although, TJC, the DNV GL, and CIHQ are among the 10 CMS approved AOs and accreditation from each present both economic and patient care benefits for a health care organization (CMS, 2020a; CMS, 2020b), TJC will be the primary focus for the remainder of this discussion.

ECONOMIC IMPACT - COST/BENEFITS OF COMPLIANCE

In health care, the bottom line is debatably equally as important as quality patient care since and the two are likely directly related. When patient care declines, reimbursement and reputation for the organization can both be negatively impacted, thus influencing the stream of income for the organization. Therefore, maintaining a high level of patient care is critical. This is where meeting accreditation standards and ensuring compliance as a form of continuous quality improvement becomes particularly relevant (BHM Marketing, 2015).

Cost of Compliance

It would be unreasonable to assume that there are only positive benefits associated with accreditation in health care. Undoubtedly, accreditation can be costly for any health care organization. However, when organizations meet or surpass accreditation standards, the benefits typically outweigh the costs. Contrarily, not meeting standards can lead to catastrophic losses if not addressed properly (BHM Marketing, 2015; Serrano, 2019).

Focusing on TJC, these site visits typically occur every three years, but health care organizations are responsible for

paying fees yearly based on weighted volume of the organization (The Joint Commission, n.d). Typically, organizations will pay 60 percent of accreditation fees in the first year, and 20 percent per year in years two and three. In year three, the organization will also incur site visit fees that vary based on the organization's size, duration, and complexity of the site survey. While every facility is different and specific pricing information is not publicly available, estimates indicate that TJC accreditation accounts for 10 to 15 percent of an organization's annual fees allocated to financial auditing. This can deplete a significant portion of budgeted monies allocated to accreditation (BHM Marketing, 2015).

Benefits of Compliance

In order for regulatory compliance to be cost effective in health care, the benefits should outweigh the economic impact of maintaining the requirements for accreditation (Ponemon institute, 2011; Serrano, 2019). While the overarching impact and benefits experienced by organizations as a result of maintaining positive accreditation status can vary from organization to organization, there are five key benefits most frequently associated with accreditation compliance including:

- Patient Safety and Quality Care - on average, over 90% of health care organizations that maintain accreditation status report improvements to their quality and performance ratings after one year (Kronstadt, Meit, Siegfried, Nicolaus, Bender & Corso, 2016). Furthermore, evidence has shown that accreditation can improve clinical outcomes for patients, especially with trauma, ambulatory care, infection control, and pain management. This is a result of specific standards in these areas requiring organizations to not only implement processes for best practice standards but also document how they are working to improve any sub-standard rates using evidence-based practices (Alkhenizan et al, 2011).
- Operational Efficiency - management of health care organizations can be challenging, but most accreditation organizations, including TJC, provide ample resources to help organizations better manage their operations. These resources can help organizations make strategic shifts which can eliminate waste, reduce errors, and improve processes (PowerDMS, 2020).
- Insurance Benefits - risk management is often utilized to provide early detection and warning of issues, errors, or corrupt processes. This early detection may help to prevent medical errors and reduce the vulnerability for legal actions against the organization. Thus, resulting in increased access to liability coverage and potentially lower liability insurance costs (The Joint Commission, 2018).

- Staff Recruitment and Retention - accredited organizations tend to attract highly-qualified personnel through the marketability and opportunities accreditation provides, such as skills-advancement and access to published materials in their field. Human resources and recruiters can also use accreditation performance and potential opportunities for knowledge advancement as a recruitment strategy when recruiting new hires (The Joint Commission, 2018).
- Community Perspective - with patients becoming more informed about their care, as well as having the choice of where they wish to receive care, health care organizations will likely find that upholding a strong community image is crucial. Patient trust is essential in providing health care services and providing transparency regarding performance and safety measures, as required by accrediting organizations, can help to increase confidence in the organization (The Joint Commission, 2017; Lam et al, 2018; PowerDMS, 2020).

Furthermore, maintaining and/or exceeding compliance regulations can positively influence other dimensions of the health care industry, such as helping organizations meet accountable care organization conditions of participation, increasing competitive advantage and marketability, increase eligibility for special programs and funding through public and private organizations, and receive recognition or awards for organizational performance (Alkhenizan et al, 2011; Lam et al, 2018; The Joint Commission, 2018).

Consequences of Non-Compliance

While the total cost of noncompliance can be vastly different for every health care organization, depending on severity and extent of non-compliance, a study of 46 organizations showed that costs of non-compliance are typically 2.65 times higher than maintaining compliance (Ponemon Institute, 2011). Furthermore, a recent report from 2019 found that costs associated with noncompliance can reach an average of 2.71 times more than maintaining compliance, a 0.06 increase from 2011 (Serrano, 2019). Based on the increase from 2011 to 2019, it can be expected that this variance may continue to rise if health care costs continue to increase (Ponemon Institute, 2011; Serrano, 2019).

Health care organizations undergoing an accreditation visit by TJC may be awarded a preliminary accreditation decision at, or shortly after, the site visit. Final decisions are reached between two weeks and two months after a site visit.

Accreditation decisions may include:

- Accreditation

- Accreditation with follow-up survey
- Limited accreditation
- Preliminary denial of accreditation
- Denial of accreditation.

Organizations that receive decisions of accreditation with follow-up, limited accreditation, preliminary denial, or denial may be subject to significant financial consequences. While accreditation with follow-up and limited accreditation are not uncommon outcomes of a survey, they do result in the need for immediate organizational changes in a relatively short period of time (such as within six months) in order to retain accreditation for the next three-year period. The main costs and consequences associated with these decisions include immediate expenses to remedy the situation(s) identified as failing to meet an accreditation standard, stress on health care employees to make changes and prepare for follow-up accreditation site visits, non-financially driven costs such as damaged reputation or removal of licensures, and costs associated with any follow-up accreditation site visits, if applicable (Ponemon Institute, 2011; The Joint Commission, 2018).

Preliminary denial of accreditation may result in catastrophic financial issues for the organization given they may demonstrate the presence of significant organizational failure in meeting crucial accreditation expectations such as: evidence of immediate threats to patient or public health and safety, falsified documents, absence of crucial licensures or other government-mandated documentation, or failure to meet requirements outlined in a previously mandated accreditation decision. In the case of preliminary denial, organizations may be able to file a petition to reverse the denial decision, whereas denial of accreditation likely indicates all review and appeal opportunities to meet accreditation status have been exhausted (The Joint Commission, 2020).

Non-compliance to this extent may result in loss of CMS approval and reimbursement, loss of private insurance approval, and loss of community acceptance. This may therefore lead to lower patient census, decreases in organizational reputation, declining patient care, employee dissatisfaction and high turnover rates, increased health care costs, and high liability insurance rates. Perhaps the largest implication of failing to meet TJC standards is the potential loss of private insurance and CMS reimbursement. Health care organizations are not mandated to be accredited by TJC to participate and receive reimbursement from CMS. However, when TJC grants denial of accreditation, especially as a result of situations jeopardizing the health and safety of patient, staff, and/or the public, the denial is reported to federal, state, local, and other governmental agencies including CMS. CMS may then decide to further investigate to determine if the organization is still eligible for

participation in Medicare and Medicaid programs (The Joint Commission, 2017; CMS, 2020a; CMS, 2020b).

ASSURANCE TOOLS & MOCK TRACERS

One way to reduce and/or prevent non-compliance events, is to proactively search and eradicate any issues before they cascade into larger problems. In order to do this, organizations can utilize a variety of software tools, tracking and tracing methods, and trainings sessions intended to target specific processes or broad topics. These tools can come directly from accrediting organizations, outside vendors, or built from in-house expertise. The most common and effective tools focus on continuous improvement and tracking to ensure compliance with stated standards. Looking specifically at TJC, services and tools can be purchased directly from the accrediting organization to help monitor compliance with TJC and CMS standards. Some of these tools include: the E-dition Compliance Monitor Plus (ECM Plus) with an interactive SmartChart for workflow mapping, CMSAccess which provides an integrative toolkit for tracking accreditation readiness, and Tracers with AMP to conduct mock tracer scenarios prior to accreditation visits. Furthermore, there are seminars, training workshops, and manuals and publications to further assist organizations on their journey in maintaining regulatory compliance (The Joint Commission, 2021).

Mock Tracer Methodology

Perhaps one of the most relevant activities to take place during an accreditation site visit is the tracer. TJC has been using tracer methodology since 2004 (DeCola et al, 2013). Tracers comprise approximately 60% of surveys and are meant to trace an individual patient throughout their entire process of care in a health care facility. The surveying body performs tracers in an effort to determine any performance issues within an organization. They specifically look to see if the regulatory standards are being met, if the organization is adhering to their own policies and procedures, how good the communication is among staff in patient care coordination, if the staff have the skill sets to competently perform quality patient care, and to observe safety within the patient care environment (The Joint Commission, 2017).

The goal of the tracer process is to reduce the amount of time spent on evaluating organizational policies and procedures allowing for more concentrated effort on how the processes are implemented and used within the health care organization toward the care of patients (Joint Commission Resources, Inc., 2007; DeCola et al, 2013). Prior to the implementation of tracers, many health care agencies were able to quickly develop unrealistic and unsustainable changes merely to get through an accreditation site visit. The tracer methodology all but eliminated this temporary approach given the focus of tracers is on the promotion of meeting

accreditation standards continually with long-term compliance (Katzfey, 2004; DeCola et al, 2013).

The accrediting agency has the right to perform tracers in any department or area of the health care organization that is directly related to the operations of the organization. They may perform individual tracers whereby they select a patient and observe the care the patient receives from registration to discharge. Sometimes they perform system tracers where they identify high risk processes that are of high volume or low volume. They can also perform program-specific tracers specifically to assess high risk high volume. The site visitors (also known as surveyors) may also perform an Environment of Care survey to evaluate any potential issues in the physical environment, emergency management, and life safety (The Joint Commission, 2017).

Mock Tracer as a Pedagogical Approach

Generally, there seems to be a lack of coverage of the accreditation process provided in the coursework of health care related academic programs. Some fields recognize this and have addressed it in their classrooms. For example, the ability to identify problems, assess the extent of the issue, and recommend and/or implement solutions reportedly is an area of weakness in nursing education. Utilizing mock tracers could present a means by which to address to this issue in academia (Ailey, Lamb, Friese, Christopher, 2015).

In order to utilize mock tracers as a pedagogical approach for teaching about accreditation, it is of utmost importance that the mock exercise should be conducted in a supportive environment and with an impartial style which is absent any and all punitive intent. Facilitating an environment of trust is essential for the purpose of learning and for identifying areas where compliance may be an issue. Participants for the mock tracker should be identified based on their understanding of the department or process being mock-reviewed. This assures each participant understands the typical day to day process so they can appropriately identify relevant gaps and share solutions when gaps are observed.

Once the mock tracer team is identified a facilitator should be identified and they should then be provided with a pre-written and relevant scenario. The scenario should identify what could happen when a site visitor is present and should reenact a specific patient experience while in a health care facility. The scenario should begin with a narrative of the situation and have sample questions that the site visitor might ask which should be in alignment with an accrediting body's standards. In appropriate circumstances, a mini-mock tracer may be utilized allowing a more microscopic glance at the patient experience for the identification of specific problem areas that might need performance improvement. Mini-mock tracers require less time but can yield significant findings given their focused nature (DeCola et al, 2013).

There should be a worksheet for each participant to complete for each scenario. Participants should complete the mock tracer from the patient perspective as they would expectantly flow from department to department while moving through a health care services encounter. When used in a classroom setting, scenarios can be created that require students to determine the appropriate answer or solution to the stated issue to spur creative thinking. Worksheets, similar to those used in the clinical setting, can help further explain the process and provide a “real-life” experience of accreditation visits prior to entering the workforce. Furthermore, visual case studies that utilize staged settings, such as supply rooms or linen storage, can test students’ ability to recognize potential citations an organization may incur based on daily operations, and also provide potential solutions on how to fix or improve the situation (Ailey et al, 2015; DeCola et al, 2013).

Once the mock tracers have been completed, the performance improvement team should organize and analyze the results through weekly meetings, if necessary and appropriate (DeCola et al, 2013). Any gaps between what was observed and an accrediting standard should be noted. If multiple issues are revealed they should be ranked in order of importance. The performance improvement team will then report the results of the mock tracer via a conference, town hall meeting with staff, or a printed report. Again, the mock tracer is not meant to seem punitive to staff but should accentuate both the positive and negative outcomes of the exercise. Once this has been done, the performance improvement team will develop and suggest improvement plans to implement possible corrective actions.

As an educational tool, mock tracer exercises can be implemented in a health care setting to help employees prepare for a site visit. They can also be used in an academic setting as an application of coursework which emphasizes the importance of accreditation readiness. As previously mentioned, in order to accurately assess accreditation, visit readiness of any health care organization, mock tracers can be completed either by utilizing TJC software or a process that has been designed by the individual health care facility. Academic settings may be able to successfully collaborate with a health care organization to build course assignments or projects mimicking the tracer process. This may allow mock tracer participants to assess the effectiveness of policies and procedures and get staff and/or health care students involved in quality improvement processes (The Joint Commission, 2018; The Joint Commission, 2021; Ailey et al, 2015).

Mock tracers should be a large part of an organization's performance improvement program and future health care professionals should be knowledgeable of the tracer process so that all levels of employees are adequately prepared for an accreditation review. All departments within a health care organization should be involved in performing mock tracers as a means to make it clear that all health care professionals

(from all of the varying managerial positions, clinical fields, and academic programs) are vital in a successful accreditation visit (DeCola et al 2013; Ailey et al, 2015). While regulations and external reviews can result in increased stressed and work for health care organizations, the ultimate purpose is to ensure a safe, effective, and efficient environment for staff and patients. Ensuring compliance with on a consistent basis may help reduce stress and the likelihood a failing grade from the accrediting organization (Alkheniza et al, 2011; Lam et al, 2018).

Mock tracer methodology can be deployed in both health care organizations and post-secondary institutions to better educate and prepare health care students and/or health care professionals regarding the importance of following regulations and preparing for accreditation site visits. This method may lead to decreased costs and financial impact for the organization, increased confidence among staff, and better care delivery to patients (Ailey et al, 2015). The importance of compliance and adhering to standards should not be the pursued only when an organization nears a site visit. Instead, it should be an ongoing initiative to achieve higher standards and patient care delivery, which can be achieved by utilizing mock tracing and similar methodologies on a routine basis (Ponemon Institute, 2011; Serrano, 2019).

CONCLUSION

This research study found that mock tracers can be used to educate both clinical and managerial students about the importance of accreditation and the processes often involved in an accreditation site visit. Mock tracers can be used for training current health care professionals working in a health care organization preparing for an accreditation site visit. They can also be used as an educational tool in academic setting responsible for preparing future health care professionals. When used properly, mock tracers can increase critical thinking skills because they help build an understanding of health care policies and procedures and why things are done the way they are. As a pedagogical tool, they can help build learner confidence which may alleviate stress and make accreditation visits a more positive experience. Positive results from mock tracers are often intangible meaning not all outcomes can always be measured or even observed, such as increased confidence of staff toward a successful accreditation visit. However, many positive effects of these tools can be felt organizationally long after site visitors are gone (DeCola, 2013).

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