



MSQH Hospital Accreditation Standards 7th Edition

# MATRIX

# PATIENT CARE TRACER

Hospital Accreditation Training

MSQH



# LEARNING OBJECTIVES

## 01 Understand the MATRIX Framework



Grasp the 6-component MSQH Tracer Framework and how it transforms accreditation surveys

## 02 Trace Patient Journeys with Confidence



Apply tracer methodology across clinical domains and hospital-wide systems

## 03 Know the Scoring Process and Apply MATRIX Scoring



Understand the 5-step process and use the 0–3 scoring system confidently in internal audits

## 04 Establish Continuous Survey Readiness



Build an internal programme to maintain consistent accreditation-ready standards

# SESSION OVERVIEW

**A** Why MATRIX Changes Accreditation

**B** The MATRIX Framework

**C** How Surveyors Conduct Tracers

**D** Scoring & Service Standard Rating

**E** Continuous Survey Readiness

**F** Key Takeaways

# Why MATRIX Changes Accreditation

From Traditional Surveys to MATRIX · The Four Pillars of MATRIX



# FROM TRADITIONAL SURVEYS TO MATRIX

## Traditional Approach

- ❌ Document & policy review
- ❌ Departmental checklists
- ❌ Compliance at a point in time
- ❌ Limited real-time observation
- ❌ Focuses on what is documented



## MATRIX Approach

- ✅ Real-time patient journey tracing
- ✅ Cross-department system view
- ✅ 6-month compliance track record
- ✅ Direct observation + interview
- ✅ Evaluates what is actually done

# THE FOUR PILLARS OF MATRIX



## Patient-Centred

All assessments follow the actual patient experience and care journey



## Evidence-Based

Findings are triangulated: observation + interview + documentation



## System-Focused

Evaluates integration of clinical, support and governance components



## Risk-Driven

Prioritises high-risk processes and vulnerable patient populations

# The MATRIX Framework

The 6 MATRIX Components · 20 Domains · Risk Level Alignment



# THE 6 MATRIX COMPONENTS

**M**

## Map the Care Process

Identify departments & critical care transitions from admission to discharge

**R**

## Review Compliance with Standards

Compare actual clinical practices against MSQH accreditation standards

**A**

## Assess Risks & Controls

Pinpoint vulnerability points: high-risk meds, procedures, communication

**I**

## Inquire & Inspect Evidence

Triangulate: policies, SOPs, training records, audits, incident reports

**T**

## Track the Patient Journey

Follow a real patient chronologically – records, observation, interviews

**X**

## eXplain Findings & Recommendations

Classify findings by risk level; identify root causes; recommend improvements

# MATRIX: 20 DOMAINS — COLOUR CODED BY RISK LEVEL

**Immediate Threat**

**High Risk**

**Moderate Risk**

## PATIENT DOMAINS (D1–D10)

D1 Patient Identification
D2 Admission & Triage
D3 Initial Patient Assessment
D4 Diagnostic Services
D5 Medication Management
D6 Nursing Care
D7 Infection Prevention
D8 Surgical Safety
D9 Blood Transfusion
D10 Patient Rights

## SYSTEM DOMAINS (D11–D20)

D11 Patient Education
D12 Discharge Planning
D13 Clinical Documentation
D14 Quality Improvement
D15 Incident Reporting
D16 Staff Competency
D17 Leadership & Governance
D18 Patient Safety Culture
D19 Equipment & Facilities Safety
D20 Continuity of Care & Referrals

# DOMAIN RISK LEVEL ALIGNMENT



## IMMEDIATE THREAT

>90% Score 3

D5 Medication Management · D7 Infection Prevention · D8 Surgical Safety · D9 Blood Transfusion



## HIGH RISK

>80% Score 3

D1 Patient Identification · D3 Initial Patient Assessment · D4 Diagnostic Services · D6 Nursing Care · D14 Quality Improvement · D15 Incident Reporting · D16 Staff Competency · D18 Patient Safety Culture · D19 Equipment & Facilities Safety



## MODERATE RISK

>70% Score 3

D2 Admission & Triage · D10 Patient Rights · D11 Patient Education · D12 Discharge Planning · D13 Clinical Documentation · D17 Leadership & Governance · D20 Continuity of Care & Referrals

# How Surveyors Conduct MATRIX Tracers

Surveyor Trigger Question model · Risk detection



# SURVEYOR TRIGGER QUESTION MODEL

Surveyors ask questions in a strategic sequence – starting with practice, not policy.

<b>START</b>	<b>Type 4</b> <b>Knowledge of High-Risk Protocols</b>	<i>Example: "Show me how you perform insulin double-check before administration."</i>  Observe real practice first – before asking about policy
<b>THEN</b>	<b>Type 2</b> <b>Escalation Processes</b>	<i>Example: "What would you do if a patient's vital signs suddenly deteriorated?"</i>  Assesses critical thinking and response pathways
<b>THEN</b>	<b>Type 1</b> <b>Policy Awareness</b>	<i>Example: "Which SOP covers medication reconciliation on admission?"</i>  Confirms staff know policies – after verifying practice
<b>LAST</b>	<b>Type 3</b> <b>Incident Reporting Culture</b>	<i>Example: "How would you report a near-miss medication error?"</i>  Evaluates safety culture – transparency and non-punitive reporting

# RISK DETECTION DURING TRACERS

Surveyors proactively detect risks using three mechanisms:



## Trigger Questions

- ⚠ Delays in treatment or test results
- ⚠ Incomplete or missing documentation
- ⚠ Communication gaps between handovers
- ⚠ High-alert medication without double-check



## Pattern Recognition

- ⚠ Same deficiency across multiple patients
- ⚠ Recurring documentation gaps in one ward
- ⚠ Consistent knowledge gaps among staff
- ⚠ Repeated incidents of the same type



## Cross-Department Inconsistencies

- ⚠ Different ID protocols in different wards
- ⚠ Inconsistent handover quality
- ⚠ Varying hand hygiene compliance rates
- ⚠ Uncoordinated discharge planning processes

# How Surveyors Score the Service Standard Rating

The 5-Step Process · MATRIX Scoring System



# THE 5-STEP SCORING PROCESS

1

## **MATRIX Scoring System**

Each tracer element is scored 0–3 based on observed practice, interview and documentation

2

## **Calculate % Score 3**

The proportion of elements that achieve full compliance (Score 3) is calculated per domain

3

## **Apply MSQH Base Rating**

The overall % Score 3 maps to a 4-point rating scale: Rating 1 through Rating 4

4

## **Risk-Based Compliance Adjustment**

The base rating is adjusted downward when any risk domain falls below its required threshold.

5

## **Determine Final Rating**

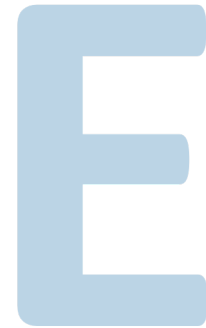
The adjusted rating reflects the true reliability and safety of the clinical service standard

# STEP 1 — MATRIX SCORING SYSTEM (0–3 Scale)

<b>0</b>	<b>Not Done / No Evidence</b> Critical failure – process entirely absent	<b>Clinical Example:</b> <i>No insulin double-check done; staff unaware of protocol</i>
<b>1</b>	<b>Partially Done / Inconsistent</b> Unreliable – practice varies by staff or department	<b>Clinical Example:</b> <i>Some nurses double-check insulin; others do not</i>
<b>2</b>	<b>Done but Incomplete</b> Functional but gaps in documentation or consistency	<b>Clinical Example:</b> <i>Double-check performed but not consistently signed off</i>
<b>3</b>	<b>Fully Compliant</b> Consistent practice with complete documentation	<b>Clinical Example:</b> <i>Double-check done, signed, witnessed – all cases observed</i>

# Continuous Survey Readiness Programme

5 Areas of Continuous Readiness



# 5 AREAS OF CONTINUOUS READINESS

Build these five foundations — and your organisation will always be survey-ready.

1



## 6-Month Compliance Tracking

Sustain documented compliance across all 20 domains — not just at survey time

2



## Staff Competency & Education

Every staff member can demonstrate their role in each domain — especially high-risk ones

3



## Internal Mock Tracer Surveys

Conduct internal patient tracers at your own pace — debrief findings with your team

4



## Risk Register & Incident Review

Keep an active risk register; review incidents systematically; escalate Immediate Threat gaps promptly

5



## Leadership Governance Reviews

Leadership monitors MATRIX performance, drives QI initiatives and fosters a safety culture

# KEY TAKEAWAYS

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F



## MATRIX Traces Real Care

Surveyors follow actual patients across departments – not just policies on paper



## Risk Determines Your Threshold

Immediate Threat domains need >90% Score 3. A single gap can lower your final rating significantly



## Questions Start with Practice

Type 4 questions come first. Surveyors verify what you DO before asking what you KNOW



## Scoring Has 5 Steps

score → %Score3 → Base Rating → Risk Adjustment → Final Rating. Each step matters



## Readiness is Year-Round

six months of evidence required. Build internal tracers, mock surveys and risk registers now