

# Sepsis Tracer

# Sepsis Tracer

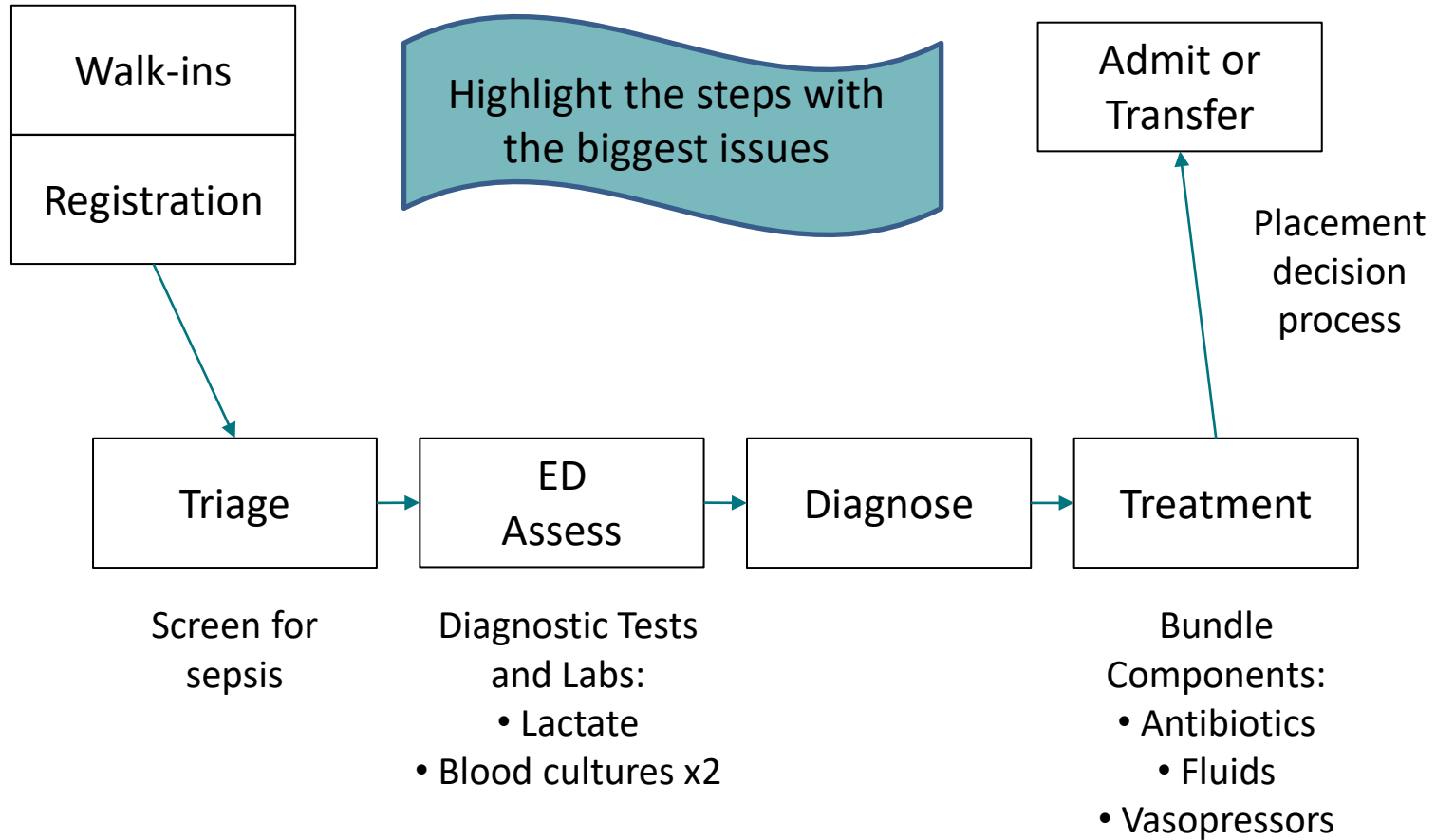
## Purpose:

- Understand current processes related to care of the patient with sepsis in the facility
- Identify gaps, issues and barriers in the process and response

## Objectives:

- Validate sepsis process flow by visualizing the work
- Identify areas of the process flow needing modification or additional training
- Reinforce what is working well
- Provide opportunity to share thinking and compare/contrast how the organization is responding to current conditions
- Receive constructive feedback from people outside the department

# Sepsis Process Flow: ED to ICU



# Preparing for Tracer

---

## Timing

- Meet with unit leadership to determine best time for tracer. When would staff likely be available?
  - Establish time expectations – approximately 60 minutes
  - Discuss what to expect
- Who else needs to be engaged? Educator, sepsis coordinator, quality

## Scenario

Use a predetermined scenario specific to area

Have copies of sepsis process flow (See [How to Write a Scenario](#))

# Preparing for Tracer

- Personnel
  - Facilitator – acts as confederate, a.k.a. *available help*
  - Standardized patient – person who has been carefully coached to simulate an actual patient
    - Recommend a staff member with clinical experience
    - Review scenario with standardized patient
  - Note taker
  - Registration, nurses and physicians to participate as themselves
    - Front line colleagues who can speak to problems they are seeing and the challenges they are facing

# Prebrief

---



Leadership informs staff that a tracer is being conducted today – encouraging them to “just be themselves”



Explain the objectives and purpose of tracer

Looking for staff to be open and honest with what actually happens.

What is working well?

What are the barriers?



Make arrangements for debrief following tracer

# Tracer

Use scenario specific to care area, for example:

- Walk-in patient to ED
  - Admit to med-surg unit – Admit to ICU – Transfer to peri-op
- EMS patient to ED
  - Admit to med-surg unit – Admit to ICU – Transfer to peri-op
- Direct admit from another facility to med-surg or ICU
- Presentation in peri-op
- Presentation on med-surg unit
  - Transfer to ICU – Stays on unit

Start at the beginning of the process when a sepsis patient presents to the care area or is identified



Walk through the actual path of a patient receiving sepsis care

Observe for sepsis signage or checklists – are they being used as intended? If not, why?

Look for equipment – do they have what they need?

Evaluate workflow for inefficiencies or elements that delay care

Listen to communication to see if there is clarity or confusion – what is driving the success or breakdown of communication between providers?



# Debrief



Engage identified colleagues to share their thoughts on the process

What works well

Issues and barriers

What can be changed or done better



Have everyone summarize what they observed

How does this relate to the problem of treating septic patients