IMPROVEMENT OF ISOLATION PRACTICES IN THE POST ANESTHESIA CARE UNIT
Team Leaders: Mini Sabu, MSN, RN, CPAN, CAPA; Alita Campbell, BSN, RN, OCN
The University of Texas MD Anderson Cancer Center, Houston, Texas
Team Members: Jenise Rice, MSN, RN, CPAN; Linda Graviss, MT, CIC;
Cindy Segal, PhD, RN

Background Information
The perioperative area of a comprehensive cancer center is a busy unit often treating more than 60 patients a day. A patient with a ‘positive isolation status’ coming to the PACU needs special care. Many of the patients have been on isolation status for a prolonged time period without appropriate follow-up. In addition to psychosocial issues associated with isolation, patient charges related to being on isolation are higher.

Objectives
The objective of this project was to implement a multi-dimensional nursing intervention program to advance the infection control practices in PACU, facilitate and expedite the process of clearing surgery patients from isolation status, thus reduce unnecessary patient care charges, and improve the psychosocial image of patients related to their isolation status.

Process of Implementation
With the approval from Infection Control practitioners, isolation carts were set up for PACU. An email distribution list is activated to identify surgical patients requiring isolation. A unit guideline on isolation precautions was developed to assist nurses in this process. In-services and team huddles on isolation precautions were arranged for nurses.

Statement of the successful practice
This change initiative made an impact on the isolation practices in this unit. PACU nurses display 100% compliance with the care of isolation cases to facilitate clearing the isolation status of eligible patients. All related patient care costs were reduced.

Perianesthesia Implications
This project improved the efficacy of infection control practices and promoted clearing patients from isolation status in PACU.