

ISOLATION CLEARING INITIATIVE (I.C.I.) BEGINNING PRIOR TO ADMISSION

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BACKGROUND INFORMATION:

A review done March through May of 2014 revealed that over 130 patients requiring isolation were admitted to the Day of Surgery Admissions Unit (DOSA). Patients on isolation require additional staff and supplies and endure an emotional impact as well.

OBJECTIVES OF PROJECT:

To identify patients who require isolation prior to their admission and to take steps to remove isolation status on those patients who meet our clearance criteria.

PROCESS OF IMPLEMENTATION:

The team was educated on RGH surveillance and isolation standards by Infection Prevention Nurse, Michelle Vignari RN. The decision was made to focus on the most common infections: Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C-diff). Chart reviews were done on upcoming admissions which included: infection history, surveillance history, dates of Pre-Admission Testing (PAT) and surgery. The chart reviews were done by DOSA staff Jo Lynn Cornish RN and Sally Sackett RN who are the leaders of the I.C. I. team. Patients meeting criteria had the following actions taken: a MRSA surveillance swab was ordered for PAT and/or day of surgery (DOS), C-diff patients were interviewed by phone for clinical resolution. If results met criteria, their isolation requirements were removed. The following data was collected: number of MRSA and C-diff patients reviewed and infection status after actions. Data was shared with Infection Prevention and DOSA staff monthly.

STATEMENT OF SUCCESSFUL PRACTICE:

September – December 2014 Results

MRSA patients eligible for clearing 59, total cleared 56.

C-diff patients eligible for clearing 37, total cleared 34.

Combined total number cleared in four months 90!

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

By identifying the MRSA risk factor prior to surgery, we can help prevent negative surgical outcomes by confirming the administration of appropriate antibiotics. The correct antibiotics are ordered by the nurse practitioners in our preadmission testing unit. Identifying new MRSA colonized patients from PAT surveillance is an opportunity for patient MRSA education prior surgery. By clearing a patient's isolation status during their surgical experience is cost and time saving at the time of admission but future encounters.