Isolation Ordersets-Creating a Safer Environment
Sinai Hospital of Baltimore

Program/Project Description.
1. The problem that needed to be solved was timely notification of isolation precautions for patients who presented to the Emergency Room or who were admitted to the hospital with a communicable disease (e.g., TB, Measles, RSV). The timely notification would allow for early implementation of the necessary isolation precautions to prevent disease transmission.
2. The Emergency Room and Infection Prevention and Control realized that there were a number of patients presenting to the ER or who were admitted to the hospital with a communicable disease that were not placed on isolation precautions in a timely manner or were being missed during their initial assessment in the ER triage area.

Isolation ordersets –Baseline Data
Sinai Hospital of Baltimore implemented the isolation ordersets in July 2010. Currently, there is no baseline data.

The goals of the isolation order set were to:
1. Place patient(s) with potentially/suspect communicable disease on the correct isolation precautions in a timely manner.
2. Prevent the spread of communicable diseases
3. Increase patient throughput (i.e., room placement)

Process.
The Infection Prevention and Control Department collaborated with the Emergency Department, Information Systems, and the Lab to develop and implement an early notification system to identify patients with potential communicable diseases. The system was designed to enhance the safety of staff, patients, and visitors. Early notification of the correct isolation allowed the prevention of communicable diseases as a source of disease transmission.

Solution.
1. The solution developed was a system that would allow health care providers (physicians, PA, NP) to order the correct isolation for any patient(s) who presented to the ER with a potentially/suspect communicable diseases. Infection Prevention and Control followed guidelines/recommendations from the Centers for Disease Control and Prevention (CDC) to determine the correct isolation precautions.
2. Health care providers have the option to place a patient on contact, droplet or airborne precautions and to order an isolation cart at initial assessment (see storyboard).
3. Isolation orders could be discontinued at any time by health care provider.
4. All patients that required isolation are flagged in the Cerner Power Chart.
5. Computer generated alert is created at the completion of the ER admission database.
6. In the banner bar of the patient’s Cerner Power Chart record, the correct isolation is noted.
7. In the quick order section of Cerner Power Chart, the alert remains in the system until patient is discharged or health care provider d/c order.
8. Cerner Quick Order: at completion of the ER admission database this task automatically fires to the Nurse P.A.L (Patient Custom List).
9. Awarix System: Once a Quick Order is entered, it then fires to the Awarix System. This system is especially helpful for the ancillary departments as the system provides real-time hospital census information that keeps track of all patient movement throughout the hospital.

With an early notification system, staff is able to be more compliant in placing patients on the correct isolation precautions. This will also most likely reduce the spread of transmission of infectious organisms.

Measurable Outcomes.
(will provide graphs and charts on story board)

Sustainability.
Ongoing education of health care providers and all staff on isolation precautions and hand hygiene.
Role of Collaboration and Leadership.
Infection Prevention and Control Department, Emergency Department, Information Systems, Lab and Physicians. The organization's leadership allowed the notification system to be put in place for the enhancement of staff and patient safety.

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