



March 31, 2017

Breaks in Isolation Set the Stage for Infection

What happened?

Situation:

A patient with suspected TB was transported without a mask from one unit to another. The nurse to nurse communication included the isolation precaution needs; however, Transport was not informed. A different patient with [ESBL](#) (Extended Spectrum Beta-Lactamase Producing Bacteria) was not transferred using isolation precautions. The primary nurse was unaware that an isolation precautions printout had been added to the paper chart. Receiving unit noticed the isolation needs and notified the primary nurse.

Background:

ECRI Institute's review of HAI (hospital acquired infection) data from 2015 and 2016 found 177 events reporting breaks in isolation precautions. 23% of the events resulted from the receiving unit not being notified of the patient being in isolation, 20% resulted from staff observed not complying with the specific isolation requirement, 15% involved a delay in instituting isolation after the need was identified, in 9% of the cases there was no isolation during transport. [Other breaks in isolation](#) included delays in notification regarding need for isolation, incorrect isolation, and visitor refusal to adhere to isolation.

Breaks in isolation can spread harmful microorganisms throughout an organization, increasing length of stay for patients and requiring additional treatment that can add risk for already compromised patients. Additionally, hospitals receive no reimbursement for any treatment related to many of the hospital-acquired infections.

What went wrong?

Assessment:

In the first case, pertinent information was not included in the Ticket to Ride or verbal communication to Transport. In the second case, the ESBL testing was performed during the previous admission and results were completed after that discharge. The positive ESBL results were not known to care team at admission and there was a lack of communication after the result was added to the paper chart.

What are we doing?

Recommendation:

1. Train staff regarding the appropriate personal protective equipment (PPE) to be used for each type of isolation. Ensure that isolation carts are appropriately stocked and UHS maintains adequate inventory.
2. Track breaks in isolation to identify improvement opportunities through IRIS event reporting and observation.
3. Observe staff routinely. Observation is still recommended as the best mechanism to identify breaks in isolation and practice patterns. Include isolation requirements in all handoff documentation (SBAR) used in nursing reports from shift to shift, from one location to another, and from nursing to transport (Ticket to Ride).
4. Educate patients and visitors on the patient's type of isolation and why adhering to precautions is important. Provide written information brochures to the patient and family.
5. In Epic, a red notification banner displays in the patient summary and the patient list report shows isolation status clearly, electronic ticket to ride always contains isolation status, and HIM scans skinny chart materials daily.

Contact SafetyMatters@hshs.org with questions or feedback