Developing an Emergency Department Tuberculosis Triage Screening

Erica Disharoon, MS, RN, CIC-Infection Preventionist, Shore Health System; Cathy Weber, RN, BSN, CEN - Manager Emergency Services, Shore Health System; Christopher Mitchell, MSN, RN, NEA-BC - Director of Emergency and Outpatient Services, Shore Health System; Grace Gonzalez, RN, BSN - Manager Emergency Services, Shore Health System; Jo Anne Thomson, MN, RN - Director of Nursing Informatics and Practice Innovation, Shore Health System; Marilyn Herridge, RN, MSN - Application Systems Analyst III, Shore Health System; Mary Alice Vanhoy, MSN, RN, CEN, CPEN, NREMT-P - Manager Emergency Center, Shore Health System; Melanie Donaway, MSN, RN, CEN - Emergency Department Educator, Shore Health System

**ISSUE**

Our acute care hospital had 199 staff exposures to a patient that had Mycobacterium tuberculosis. This resulted in two staff PPD conversions that required treatment. The patient presented with an asthma exacerbation and was admitted. He presented with shortness of breath, fever, cough and decreased appetite. During his admission his cough was becoming more productive, increasing shortness of breath and he required oxygen. On the last day of the patient’s admission, day 12, a bronchoscopy was performed. Routine cultures were obtained which included an acid-fast bacilli culture that grew Mycobacterium tuberculosis (TB).

Infection Prevention and Control (IPC) had an Emergency Department (ED) TB triage screening built into the electronic medical record/documentation system. IPC did not understand why the patient was not suspected for TB on admission.

During the case investigation it was discovered that the ED triage screening was rarely completed when indicated.

**THE SOLUTION**

The team identified the TB screening tool as the cause of the failure to identify patients with active TB plus other diagnoses. They decided to revise the tool and use it to screen ALL patients seeking treatment in the ED.

Above is a screen shot of the old ED TB triage screening.

The screening questions were near the end of the triage assessment, therefore, the screening was rarely completed due to placement and the fact it was not mandatory to complete.

**Goal:** create a ED TB triage screening that would:

- Accurately capture suspected TB patients.
- Get airborne precautions in place as soon as possible.
- Minimize staff exposures to TB.
- Prevent or reduce false alarms when assessing patients during influenza/cold season.

**RESULTS**

Above are screen shots of the new ED TB triage screening in Meditech.

The screening is now mandatory for all patients in the ED. Once a nurse documents in any section of the triage assessment the TB screening becomes mandatory to complete.

**LESSON LEARNED**

- A multi-disciplinary team approach is most beneficial to assess the needs of each discipline or area to ensure the new process accurately functions for all when implementing a new process change.
- Organizations, such as, the CDC and APIC help support with providing guidelines for best practice in preventing the spread of infection and disease.
- Presenting actual case studies of patients that enter the hospital help a team understand why a new process is needed. It helps everyone to get on board to drive the change.

**REFERENCES**


**Contact Information**

Erica Disharoon, MS, RN, CIC
Infection Preventionist
Shore Health System
219 South Washington Street
Easton, Maryland 21601
410.822.1000 ext. 5779
edisharoon@shorehealth.org

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