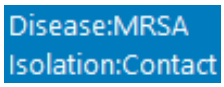
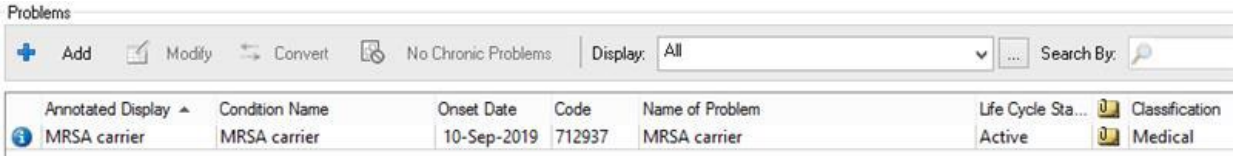
Where is MRSA information located on Cerner?

- Banner bar 

- Diagnoses and Problems (Under problem)



- All MRSA patients are placed on Contact Precautions. Droplet Precautions are added if a patient develops new or worsening respiratory symptoms or has a tracheostomy or is being mechanically ventilated and has a change from baseline respiratory status/worsening parameters (e.g. increased FiO2).

Who is eligible for MRSA alert clearing?

- **Acute care inpatient or long-term care resident:** At least 90 days since the patent's last MRSA-positive culture or screening specimen.
- **Acute rehabilitation inpatient:** At 30 days since the patent's last MRSA-positive culture or screen.
- Patient/resident is not on systemic and/or topical antibiotics with anti-MRSA activity.

What is the MRSA clearing process?

- MRSA alert cleaning is the formal discontinuation of Additional Precautions (Contact +/- Droplet) and the removal of the Cerner MRSA flag/alert following protocolized screening.
- IPAC evaluates MRSA-positive patients for alert clearing as part of the MRSA-related workflow.
- MRSA alert can be cleared after three completely negative specimen sets collected at least 24 hours apart
  - Specimen collection (nares, groin and other body sites) and testing frequency is directed and ordered by IPAC.
- IPAC will provide guidance about patient placement during the MRSA clearing process.
- IPAC will provide further direction (such as discontinuation of Contact Precautions) based on screening results and patient clinical factors.
  - IPAC may request additional MRSA screening post-alert clearing.
  - The MRSA banner bar is removed when MRSA alert clearing is successfully completed.

Why does MRSA alert clearing and discontinuation of isolation matter?

- MRSA alerts (and the related isolation measures) reduce inappropriate patient cohorting with active carriers, thus decreasing the risk of transmission and subsequent serious infection.
- MRSA alert clearing
  - **Protects patient care** – Promotes patient-centred care, patient safety and quality of care by fostering patient-provider interaction, and minimizing unnecessary isolation and related delays in treatment.
  - **Optimizes hospital resources** – Enhances frontline workflow and bed placement while minimizing waste, costs and delays.