



QSRP Ambulatory Quality Corner 4th Edition 2023

January-March



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Passionate about
Healthcare
Quality?

Join our QSRP Quality Corner Newsletter
Subcommittee!!
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more.



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*"Without continual growth and progress,
such words as improvement, achievement,
and success have no meaning."
-Benjamin Franklin*

National Patient Safety Awareness Week

March 13th-19th

NPSAW: A Review

- Patient Safety Awareness Week is an annual national education campaign for the promotion of safe patient practices and recognition and awareness of safety work already being done. The week-long observation was initiated by the National Patient Safety Foundation in 2002.
- According to the IHI (Institute for Healthcare Improvement): The World Health Organization estimates that 134 million adverse events occur each year due to unsafe care in hospitals in low- and middle-income countries, resulting in some 2.6 million deaths. Additionally, some 40 percent of patients experience harm in ambulatory and primary care settings with an estimated 80 percent of these harms being preventable, according to WHO. Some studies suggest that as many as 400,000 deaths occur in the United States each year as a result of errors or preventable harm. In a 2019 report by the WHO, it was revealed that one in every 10 patients in High-income countries suffers from harm resulting from poor safety in the healthcare system.
- To learn more: Click [the link](#)



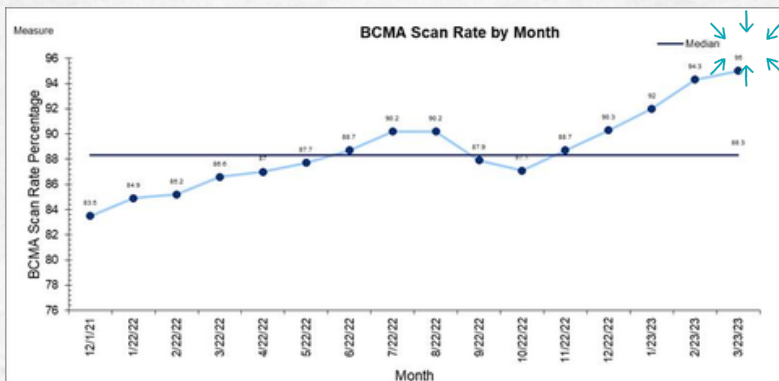
#VUMCPATIENTSAFETYWEEK

2023 Q1 BCMA & Falls Visual Management Board

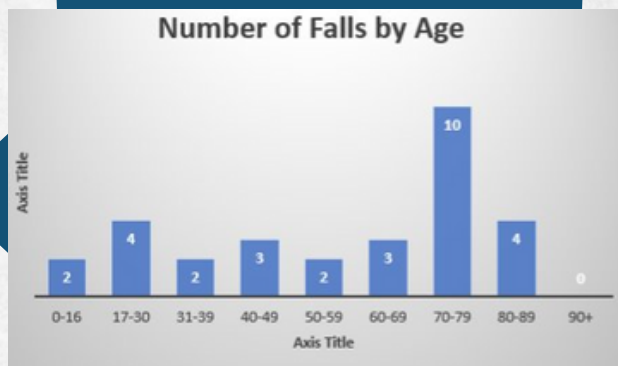
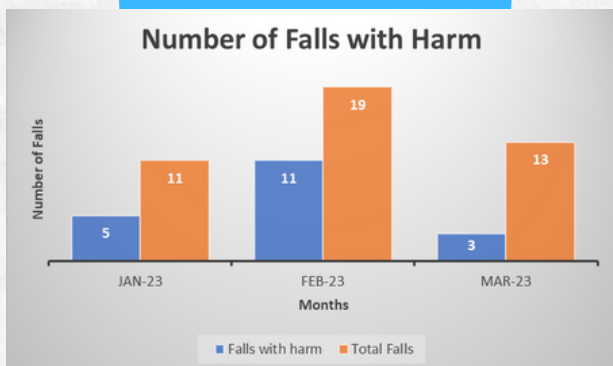


Ambulatory BCMA Rates

VUMC Goal is 95%



Falls



Visual Management Board



For the July Newsletter, we will have a Quality Terminology spotlight on [Visual Management Boards](#). If you have a visual management board in your clinic, please send a picture so that we can spotlight a few of them in the newsletter. Any clinics whose boards feature quality metrics and are spotlighted in the newsletter, will be entered into a raffle for Vanderbilt swag. Send all pictures to: Lindsay.Strickland@vumc.org If you don't know what a Visual Management Board is, or your clinic doesn't have one yet, that is okay! We will teach you all that you need to know to create one and be an advocate for the patients in your clinic in the July edition of the newsletter.

Send all pictures to: Lindsay.Strickland@vumc.org

Veritas:

Your questions answered

By Kevin O'Bryant, VUMC Veritas expert

What is Veritas?

VERITAS is the electronic Event reporting system used at VUMC. Any VUMC employee with a VUMC ID and password can log into VERITAS to report any near miss, adverse events or occurrences, accident, medical error, perceived quality/safety hazard, injury, medication error, or adverse drug reaction involving a patient or visitor. Events are reported even in the absence of apparent harm.

When should you place a Veritas?

When a serious or significant event involving a patient or visitor occurs, Risk Management should be notified immediately.

What should you know?

All events entered into VERITAS are confidential and protected in anticipation of litigation. Additionally, information entered into VERITAS is used for quality improvement. VERITAS is not part of the medical record. Any employee workplace injury is also reported in VERITAS.

What happens when a Veritas is submitted?

All VERITAS entered are reviewed by Risk Management, unit reviewers, and event-type reviewers. Unit reviewers and event-type reviewers document all follow-ups on all VERITAS events as part of the review process. QSRP reviews additional events.

How do I submit a Veritas?

Use the link here: <https://veritas.app.vumc.org/> or VUMC.org and search for Veritas on the Resource page. Fill out the information you can in as much detail as possible.

Who's Who: The Safety Team & Good Catch All Stars

WHO IS THE SAFETY TEAM?

We are focused on supporting the quality and safety of the VUH Inpatient and Adult Ambulatory populations. Safety events are elevated to our team through Veritas reporting, Risk Management, notification from units/clinics and the Daily Adult Safety Huddle. Our team is made of up quality and safety advisors and patient safety focused medical directors, who partner with clinical teams to facilitate in-depth review of process and system opportunities that impact the safety of patient care. We work in collaboration with physician Quality Patient Safety Directors and Risk management to explore multi-faceted events to assist clinical teams in developing action plans for patient safety improvement and sustainability. Additionally, we ensure organizational sharing of safety events through various reporting dashboards, action plan sharing, and system standardization efforts.



CONGRADULATIONS GOOD CATCH ALL STARS



Irene Jimenez
Nolensville WIC



Elisa Walker
Spring Hill WIC



GOOD CATCH MISSION: Any employee can nominate and/or be nominated. The Good Catch Award encourages staff to elevate their peers for “catching” opportunities related to quality or safety and intervening appropriately. This process allows the organization & executive leadership to recognize the efforts of staff who “Catch” errors or near misses from impacting others – staff or patients.

Benchmarking?

- Benchmarking is a numerically based assessment of performance in a specific area. To give an example, as the Nursing Quality Manager, I review falls across ambulatory clinics that are reported in Veritas monthly. While it is important to have that information, it is more meaningful if I can look at similar healthcare facilities to know if we are doing better (fewer patients are falling), worse (more patients are falling) or we have about the same number of falls per month as other organizations. If we are doing worse with falls than other ambulatory clinics across the country, it means that we need to evaluate what we can do differently to help keep patients safe.
- When comparing data to other organizations, it is called *external benchmarking*. When 2 clinics within the same organization are compared to each other, that is referred to as *internal benchmarking*. Both are important and used for various situations. Though many people are familiar with benchmarking from a clinical perspective (falls, hand hygiene), it can be used for other aspects of quality such as patient experience, phone call answer rates, number of certified staff etc.
- It is important that anytime we review a process, that we include a search of the research related to that topic ([Eskind Library](#) -great resource that all employees have free access to). Other companies/organizations may have already completed a study on this topic and have positive results with the changes that they implemented. In this case, we may want to try some of those changes in our clinics. Or conversely, they may have tried a new process that did not work and had a negative impact on patient care/patient outcomes (increased number of falls, increased number of hospital acquired infections). In that case, we know that we would not want to try those *interventions* (a change in workflow created to try to solve the problem). In 2009, the Institute of Medicine set a goal that by 2020, at least 90% of patient care decisions will be based on evidence-based practice or EBP ([For more information on EBP](#))
- In summary, we should always challenge ourselves to reflect on the care that we are giving our patients. Is it helping them to have better outcomes (results), or are we doing it this way because we always have? I challenge you to let the data and the evidence guide you.

“Benchmarking is the practice of comparing publicly shared data from like-organizations to recognize and implement best practices”

-AAACN (American Academy of Ambulatory Care Nursing)

Blood Culture Education

Written by Sophie Katz, MD,
Vanderbilt Pediatric Infectious Diseases

A catheter-related bloodstream infection (CRBSI) is when bacteria enter the bloodstream through a central line. Another term used is central line-associated bloodstream infection (CLABSI); CLABSI specifically refers to a primary bloodstream infection for patients which have a central line within the 48-hour period before the development of the bloodstream infection and is not related to an infection at another site. Whereas CRBSI can include infections at other sites.

When bacteria adhere or “stick” to the central line, they can be difficult to eradicate without removal of the central line. Signs and symptoms of CRBSI include fever, chills, malaise, irritability or erythema or tenderness around the line insertion site. **Common bacteria that cause CRBSI include *Staphylococcus aureus*, *Enterococcus spp*, *Coagulase-negative Staphylococci*, and *Gram-negative bacilli* (*E. coli*, *Enterobacter spp.*, etc).**

CRBSI VS CLABSI

Evaluation for CRBSI:

- Blood culture from central line and periphery PRIOR to giving any antibiotics. (Note: Larger patients require greater blood volumes to avoid false negative cultures. It is important to collect the appropriate weight-based blood volume noted in the process instructions for the blood culture order in eSTAR).
- CBC with diff and CMP for baseline medication monitoring labs

Treatment of CRBSI :

- Depends on what bacteria grows in culture and includes antibiotic therapy and sometimes line removal. Criteria for catheter removal include:
 - Severe sepsis
 - Clinical deterioration
 - Persistent or relapsing bacteremia
 - Suppurative thrombophlebitis
 - Endocarditis
 - Blood cultures that remain positive (i.e., do not sterilize) despite >72 hours of effective antimicrobial therapy.

Central line maintenance:

- Always wash your hands and wear gloves before touching a central line.
- Scrub the access port or hub with friction immediately prior to each use with an appropriate antiseptic (chlorhexidine, povidone iodine, iodophor, or 70% alcohol)
- Use only sterile devices to access catheters.
- Immediately replace dressings that are wet, soiled or dislodged.
- Change semipermeable dressings at least every 7 days.



A 2-year-old boy with a history of short bowel syndrome presents to clinic with 1 day of fever and increased sleepiness. He has no cough, runny nose, rash, vomiting or diarrhea. He has a Broviac in place for TPN and electrolyte monitoring, and mother has noticed some redness and tenderness around the line insertion site. His Broviac was placed 6 months ago, and his home health nurse recently told mother that she has had trouble drawing labs from his line. He is referred from clinic to the ED for labs and empiric antibiotics. His blood culture grows *E. coli* within 24-hours and he is treated with IV ceftriaxone and ultimately does well.

When to set up for your procedure?

A message from your Infection Prevention Department

Evidence based practices highly encourages to **set up sterile fields as close to the scheduled time of the procedure as possible.**

APIC (Association of Professionals of Infection Control) states:

"Where sites perform invasive procedures, maintain high standards of aseptic technique, including: No pre-set up of sterile supplies, such as those used for surgery or vascular access."

" Ensure that sterile trays are **set up for each patient at the time needed** using aseptic technique, and are not set up in advance of procedures. "

Why is this recommended?

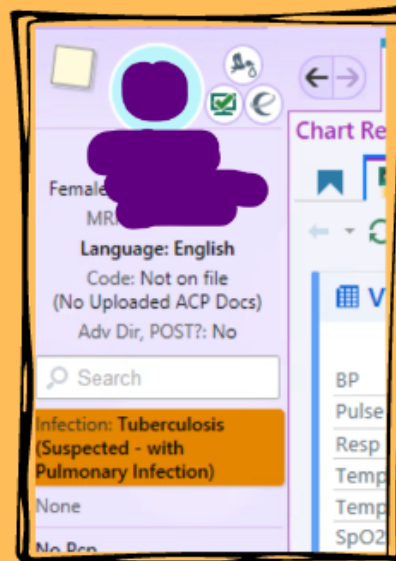
The potential for airborne contamination increases with the length of time a sterile field has been open and the risk of contamination can increase risk for infection. Dust and particles can settle onto the sterile field.



Infection Flags



How do you know if a patient needs to be isolated?



Always look at the infection flag



The infection flag will tell you if the infection is confirmed or suspected.

Hovering over the flag can give you more of an idea of details.

Infection preventionist typically leave notes for you to refer to. The date the infection flag was placed is available.

Check the Infection Website for guidance on isolation requirements.

https://www.vumc.org/infection-prevention/vumc-department-infection-prevention?check_logged_in=1



When should you use PPE?

Any time you feel that you may be potentially exposed to a contagious illness, you may use PPE for your own protection. It is okay to use PPE if it is just suspected to be a contagious illness. You can use the IP website to determine what type of isolation/PPE is needed.

Remember: ALWAYS USE STANDARD PRECAUTIONS

What are Standard Precautions?

Standard Precautions are used for all patient care. They're based on a risk assessment and make use of common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.



If you feel that you may have been exposed without the proper PPE protection, contact Occupational Health and Infection Prevention

With every patient:

- Perform Hand Hygiene before and after touching the patient.
- Use PPE whenever there is an expectation of possible exposure to infectious material.
- Follow respiratory hygiene/cough r=etiquette principles
- Ensure appropriate patient placement (remove patients from common area if potentially contagious)
- Clean and disinfect equipment and patient rooms after use
- Handle linens or textiles carefully
- Follow safe injection practices
- Safe handling of needles and sharps

Don't let the bed bugs bite!

Bed Bugs in your clinic?

What are your first steps if you think your patient has bed bugs?

<https://vanderbilt.policytech.com/dotNet/documents/?docid=27286>



Capture the little bugger

Try to collect a bug on tape or in a specimen cup with a secure lid that the pest control vendor can use for identification. Once identified, destroy the bug by adding alcohol or crushing the insect.



Notify

Notify Clinic Administrative Manager immediately.



Isolate the patient ASAP

Direct the patient to a single room; do not let the patient sit in the waiting room.



Before the patient enters the exam room:

- Remove unnecessary items from the room;
- Remove cloth-upholstered furniture from the room, if present;
- Ask the patient to remove all their clothing and change into hospital provided scrubs (preferably disposable);
- Contain patient belongings in a sealed plastic bag for the duration of their visit.



PPE

Healthcare workers wear personal protective equipment (PPE) per Contact Precautions. Contact requires Gown and Gloves. Shoe covers and hair coverings are not recommended.



After the patient leaves

After the patient leaves the room or area, close the affected area for use with signage ("Do Not Enter, Do Not Remove Equipment, Linen or Furniture from Room").



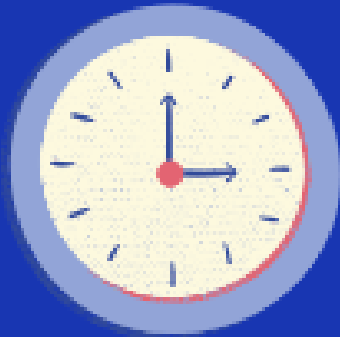
Cleaning and Disinfection Steps

- Remove linens and washable furnishings with minimal agitation. Contain in sturdy plastic bag(s); double-bag and securely seal each bag.
- If bugs are detected, close the room/area until it has been treated and cleared by a licensed pest control operator. Staff are not licensed or permitted to use pesticides in the work environment.
- If bugs are not detected, or following treatment by the pest control operator, clean area as per usual. Additional disinfectants are not recommended.



Mom says "Clean your room"

Disinfecting the room in between patients



Contact/Dwell/Wet time:

The amount of time the disinfectant has to be wet on a surface(s) to disinfect that object completely.

What should we clean?

Focus cleaning on high-touch surfaces (e.g., exam beds, blood pressure cuffs, thermometers, chairs, and doorknobs). a. Patient care equipment is cleaned after each use with hospital approved disinfectants.

A note about C. Diff Patients:

If patient has suspected infectious diarrhea and the infectious agent is unknown or *Clostridioides difficile*, ensure you clean high-touch surfaces using a sporicidal cleaning product or sodium hypochlorite (bleach)-based product (e.g., bleach wipes following Manufacturer's Guideline for contact time or 1:10 dilution prepared fresh). Use Soap and Water when washing your hands, as hand sanitizer does not kill the spores.

Approved Cleaning Products for COVID-19

AF3 Germicidal Wipes



Spartan HDQ



Alcohol All Purpose Cleaner Spray



Super Sani Wipes



Bleach Wipes



Virex II 256



Oxivir—All Forms






Virex Tb



For an approved EPA list click [here.](#)

For the SOP, click [here.](#)

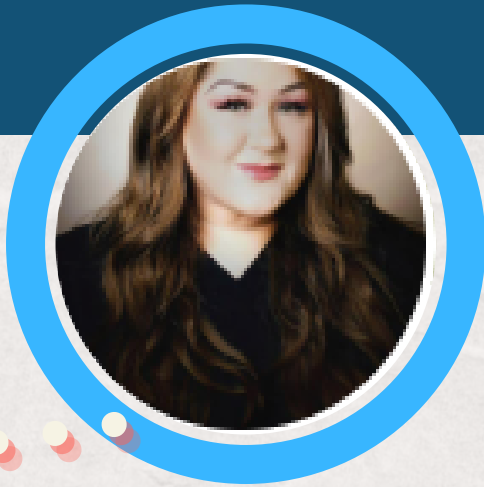
Use on:

-  most hard surfaces.
-  dialysis equipment, PCA pumps, and to kill *C. diff.* and norovirus.
-  computers, WOWs, and keyboards.

Please note:

When you are looking for the contact/wet/dwelling time check out the bottle for this guidance.

My Why

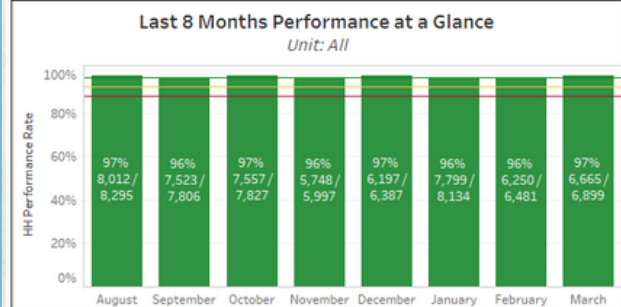
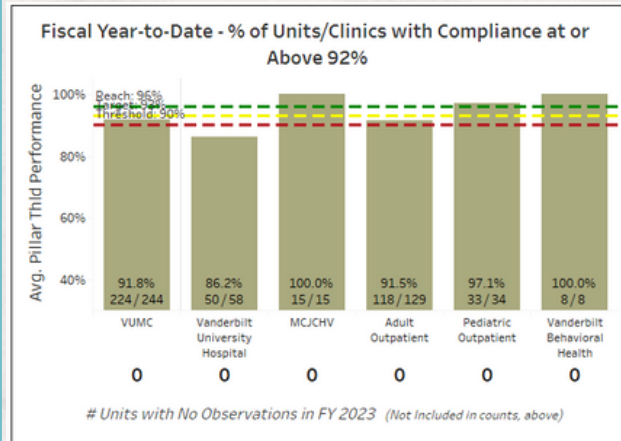


Sharing our stories of passion for the work we do.

Jessica Nassiri, MA2

My name is Jessica, and I am a Medical Assistant here at Vanderbilt Children's Hospital. I have been proud to call this place my home since 2009 and with fingers crossed, I intended to retire from here. I have been asked what it is that I do and why I like it. My answer is simple! I get to do what I love (compassionate patient care), to me it is not a job, it is where I belong. The reason I do it is because I feel like every child deserves to meet a kind person when they are sick, scared or in a stressful situation no matter what it may be. In 2018 I went from being an employee here, to the mother of a terrified teenager whose entire world was turned upside down. My daughter became extremely ill, she was hospitalized for several weeks here at the children's hospital, and we were not sure if she would ever be the same. Her diagnosis was Anti-NMDA receptor encephalitis, an autoimmune illness that causes the brain to swell and it can mimic schizophrenia (she is now 100% better and thriving). We were scared and felt hopeless. During our stay, we met an inpatient nurse, and I will never forget her (Kandy Diaz). She was all the things you could hope for; kind, compassionate and genuinely cared for my daughter. Vanderbilt as an employer during this challenging time showed me that my family mattered in many ways and that mattered to me. The personal experience we had here made me want to share that same kindness with someone else, and I do, daily. What do I do for a living? Exactly what I love! I work alongside an amazing group of doctors collecting data on growing children and assisting wherever I am needed to ensure our patients are healthy and happy with the care they are being provided here at Vanderbilt and will continue to do so for as long as I can.

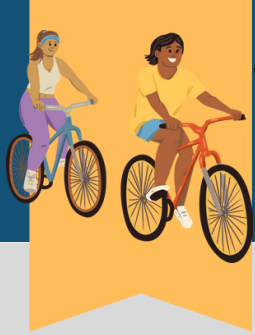
Hand Hygiene Data FY23



Do you have a topic that you would like to see in future Newsletters?



Submit your ideas by scanning the QR Code.



Wellness for you



Well-Being at Work

Spring is here; Let's get moving and motivated! Well-being at work starts with just three simple steps:

1. **Get Active:** Regular physical activity plays an essential role in good health.
2. **Eat Better:** Good nutrition can lower the risk of many chronic diseases
3. **Be Mindful:** Mindfulness techniques can be used to enhance overall health and well-being

Get Active: Regular physical activity plays an essential role in good health. The CDC recommends that adults aim for a minimum of 150 minutes (about two and a half hours) a week or 30 minutes most days of the week. If 30 minutes seems like a challenge, start with 10 minutes and gradually increase your time to 30 minutes.

One way to get active at work is to limit sitting. Even if you are regularly exercising, there are risks to sitting for extended periods throughout the day. Sitting for an extended period of time is a significant health risk for type 2 diabetes, heart disease, and certain cancers*.

Small actions that can have a significant impact:

- Stand for 3 minutes for every 60 minutes of sitting.
- Take a walking meeting.
- Stand up along a back or side wall during meetings.
- Take a stretch break at your desk. Try the online desk stretch workout.
- Take the stairs.
- Park further away.
- Stand up while you talk on the phone.
- Calculate the difference standing makes by using the calorie-burn calculator.

Full article link:
<https://www.vumc.org/health-wellness/resource-articles/well-being-work>



It's Spring, so you know what that means!

Allergies and insects, we've got you covered.

Whether you or your kids battle pollen, food or insect bite allergies, the issue can make you nervous — not to mention uncomfortable, especially if sniffing and scratching are part of your everyday. Here, we've rounded up the best My Southern Health advice and information about types of allergies so that you can arm yourself with prevention methods and find fast relief. [Environmental allergy types](#)

For those who battle indoor and outdoor allergies, the mid-South can be an extra sneezy place, but we have details on how to alleviate symptoms no matter the season. Get prepped for tree and grass pollen season, even before you see those first spring buds. Don't wait for symptoms to attack to reach for medications. If you don't take them year-round, start corticosteroid nasal sprays sooner rather than later, because they take at least a week or longer to kick in.

Manage symptoms. To prevent a stuffy nose and sinus pressure, use a saline rinse regularly and talk to your health-care provider about nasal problems. Take precautions to prevent dry mouth caused by antihistamines and decongestants. Itching may mean your eyes are dry, so keep lubricating drops handy, and protect your peepers from pollen and wind when enjoying the outdoors.

Find out what you or your child is allergic to. Half the battle of managing environmental allergies is understanding your triggers. Talk to your physician about getting a skin prick or blood test and maybe even starting allergy shots.

Get tested for a stinging insect allergy, including bee sting allergy, if necessary. Insect stings can be life-threatening for those with Hymenoptera hypersensitivity.

Get you or your child checked for asthma if exposure to allergens brings on wheezing, shortness of breath or trouble breathing. Having allergies can make you more prone to adult-onset asthma, and environmental allergies can exacerbate childhood asthma.

Be mindful of sneaky sniffle triggers in winter, Tennessee's forgotten allergy season. Mold and mildew growing outside in damp weather, fluctuating temps, and the lack of a long, hard frost can contribute to itching and sneezing. Plus, more time spent indoors exposes us to dust mites, pet dander and the irritants of holiday décor.

Full article: <https://www.mysouthernhealth.com/guide-allergy-types/>



Special Thanks



Thank you!



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A special thank you to all of our contributors. This newsletter would not be successful without you! Thank you for taking the time to pour into our clinical teams! We appreciate you!