

Ambulatory QSRP Quality Corner Newsletter

QUALITY SAFETY RISK AND PREVENTION



“Quality means doing it right when no one is looking.”

- Henry Ford



NEW AND IMPROVED QUALITY NEWSLETTER

This new and improved newsletter will provide you updates not only from Infection Prevention, but it will include important updates from your friends from the Safety Team, Accreditations and Standards, Data Analytics, and Quality.

In this Issue of Ambulatory Quality Corner:

- Falls Prevention Week!
- Medication Storage
- Monkeypox Updates
- Prevent the Spread, a word from Occupational Health
- My Why- Staff Highlights
- Good Catch Awards
- In the works
- BCMA Updates
- CLIA reminder



WHO IS QSRP?

The various teams within QSRP foster VUMC knowledge sharing to extend best practice use, reduce variability and facilitate improvements in outcomes. QSRP strengthens VUMC's mission to create best patient care through education, research, and knowledge dissemination. Departments include Accreditation and Standards, Central Safety, Clinical Effectiveness, Data Analytics, Emergency Preparedness, Infection Prevention, Transfusion Safety, Recognition- Good Catch Award Nominations.



Prevent the Spread: The Importance of Getting Your Flu Shot

Flu season is here and it's important to get a flu vaccination to reduce your risk of getting and spreading the flu to others. Getting a flu shot helps protect those around you who may be vulnerable to becoming very sick. Patients who visit our hospitals, clinics, and facilities range in age and levels of risk. Some patients come in for a minor illness while others visit for treatments that make them more vulnerable to having a severe case of the flu.

"Flu is a respiratory illness that impacts millions of Americans each year. Symptoms can range from mild to severe, especially among young children, adults 65 years and older, and adults living with a chronic health condition," shares Lori Rolando, MD, MPH, FACOEM, Director of Occupational Health Clinic. "In addition to preventing infection for yourself, you are also reducing the risk of spreading it to others that are more susceptible to illness."

Protecting yourself and others against the flu is vital and the Occupational Health Clinic makes it easy for you to obtain your flu shot!

Help stop the spread of the flu and protect yourself and others this season!



- Visit the Occupational Health Clinic (OHC) at Medical Arts Building, 6th Floor Monday-Friday, 7:00 am-4:30 pm without an appointment. You can also [view other options OHC has available](#).
- Utilize the [Peer Vaccination Program](#), which enables eligible staff members to vaccinate their coworkers.
- Take advantage of our [OHC Comes to You](#) onsite schedule or request a departmental onsite event.
- Stop in at a convenient location in the community, including the [Vanderbilt Health Walk-in Clinics](#) or [Vanderbilt Health Clinics at Walgreens](#).

Protect those you love



Luke was a healthy 15-year-old athlete who spent 12 days in a coma and 30 days in the hospital with the flu. Click here to see his story from [*Families Fighting Flu*](#) website:

<https://www.familiesfightingflu.org/family-story/the-duvall-family/> For other stories: [Family Stories About the Effects of Influenza \(familiesfightingflu.org\)](#)

2019-2020 Flu Season: Burden and Burden Averted by Vaccination

During the 2019-2020 season, CDC estimates flu caused:

38
million
flu illnesses

400,000
flu hospitalizations

22,000
flu deaths

It could have been even worse without flu vaccines.

Nearly 52% of the U.S. population 6 months and older got a flu vaccine during the 2019-2020 flu season, and this prevented an estimated:

7.5
million
flu illnesses

105,000
hospitalizations

6,300
deaths

More than the combined population of Kentucky and Kansas

Enough people to fill Michigan Stadium at the University of Michigan

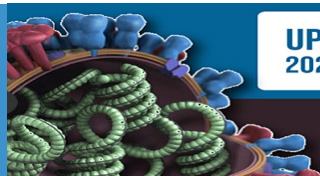
Equivalent to saving about 17 lives per day over the course of a year

Imagine the impact if more Americans chose to get a flu vaccine. Many more flu illnesses, flu hospitalizations, and flu deaths could be prevented. The estimates for the 2019-2020 influenza season are preliminary pending additional data from the season.

<https://www.cdc.gov/flu/about/season/flu-season.html>



get vaccinated
www.cdc.gov/flu



UPDATED
2022-2023

INFLUENZA VACCINE RECOMMENDATIONS

CDC recommends everyone 6 months and older get an annual flu vaccine

MMWR

For more information about this year's flu: [Influenza \(Flu\) | CDC](#) and [Prevent the Spread of Influenza | Department of Infection Prevention \(vumc.org\)](#)



FALLS PREVENTION WEEK!

THE WEEK OF SEPTEMBER 18TH

FALL PREVENTION AWARENESS WEEK IS A NATIONWIDE SAFETY EFFORT TO BRING AWARENESS TO PREVENTABLE FALLS. ACCORDING TO THE NATIONAL COUNCIL ON AGING, AN OLDER ADULT DIES FROM A FALL EVERY 19 MINUTES, AND EVERY 11 SECONDS, AN OLDER ADULT IS TREATED IN THE EMERGENCY ROOM FOR FALL RELATED INJURIES. IF YOU ARE INTERESTED IN HELPING WITH FALL PREVENTION WORK IN THE VANDERBILT AMBULATORY CLINICS, CONTACT KIMBERLY BURKEEN OR STEPHANIE NELSON TO JOIN THE AMBULATORY FALLS PREVENTION SUB-COMMITTEE.

THIS YEAR THE AMBULATORY QSRP TEAM AND KIMBERLY BURKEEN ROUNDED IN CLINICS ON MAIN CAMPUS AS WELL AS OFF-SITE CLINICS IN CHEATHAM, DAVIDSON, MONTGOMERY, SUMNER, RUTHERFORD, WILSON AND WILLIAMSON COUNTIES. THEY HANDED OUT SWAG AND AMBULATORY FOCUSED CROSSWORD PUZZLES FOR A CHANCE TO WIN AN AMAZON GIFT CARD.



How can you get involved?

There are some Subcommittees you can get involved in.

- Falls Prevention Subcommittee
- BCMA Subcommittee
- Hand Hygiene Subcommittee
- Newsletter Team

Email Katherine.bashaw@vumc.org or

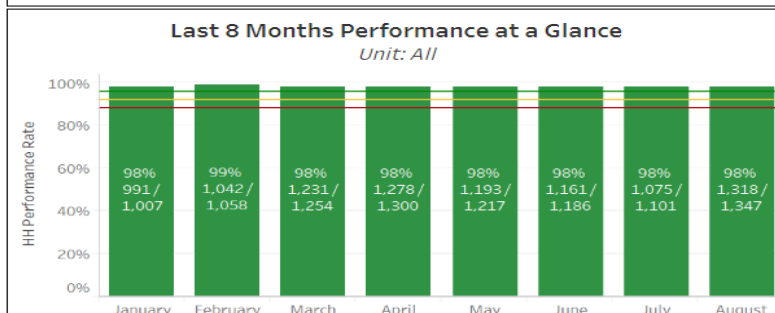
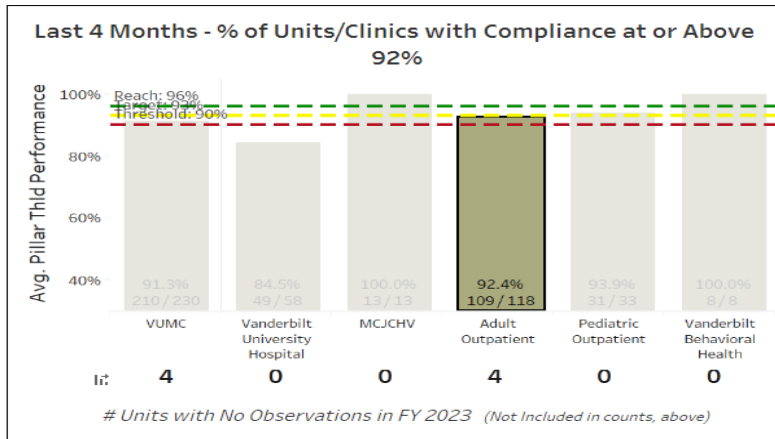
Lindsay.strickland@vumc.org to get involved.



Have you heard about our Falls with Injury Subcommittee?

The Falls with Injury Subcommittee is focused on accurately gathering data and thoughtfully designing strategies to help prevent fall occurrences across all Vanderbilt outpatient clinics. Improving the physical environment for our patients and families drives these efforts as aligned with the Patient and Family Promise and Nursing Strategic Plan. Creating ease in reporting to accurately appraise the trends and barriers is essential to quality and safety initiatives. Our partnership with the Quality, Safety and Risk Prevention (QSRP) team supports a collaborative approach to ensure all clinical areas are well represented and interventions are aligned with VUMC pillar goals. Current work underway includes an evidence-based practice literature review, knowledge gathering of challenges across the logistical footprint of onsite and offsite clinics, and data entry into the National Database of Nursing Quality Indicators (NDNQI) based on Veritas reporting.

HAND HYGIENE DATA FY23



MONKEYPOX UPDATE

For Suspected Monkeypox Case:

Place patient on **Contact, Airborne, and Eye Protection Precautions**. All persons who enter the room must wear gloves, gown, eye protection, and an N95 respirator or PAPR. Limit room entry to only essential personnel. A patient with suspected or confirmed monkeypox infection should be placed in a single-person room; special air handling is not required unless performing an aerosol-generating procedure (see below). The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom. Transport and movement of the patient outside of the room should be limited to medically essential purposes. If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown. Performance of any aerosol-generating procedures (see Department of Infection Prevention website) should be performed in an airborne infection isolation (i.e. negative pressure) room.

The VUMC Molecular Infectious Disease Laboratory (MIDL) began testing on 8/31/22

*Please be advised that these issues are evolving and advice may change as new information arises. For questions or additional information, please contact the VUMC Department of Infection Prevention. More monkeypox information is available at <https://www.cdc.gov/poxvirus/monkeypox/index.html>. And VUMC Infection Prevention Website: <https://www.vumc.org/infection-prevention/vumc-department-infection-prevention>

Monkeypox Specimen Collection guidance: https://www.vumc.org/infection-prevention/sites/default/files/public_files/FAQ%20Monkeypox%208%2031%202022



My Why:

By: Trenita Fulcher, Hand Hygiene Specialist Infection Prevention

“My passion for hand hygiene started at an exceedingly early age. My aunt was diagnosed with Lupus years ago. She got an infection after receiving a procedure in the hospital. Knowing the nature of her diagnosis, I always kept hand hygiene in mind. It is always important for me to help prevent the spread of germs and infections in every way possible. It all starts with how we can prevent the passing of germs among ourselves. The first line of defense is simply washing or sanitizing our hands before we enter a patient's room. I keep in my mind my aunt and the effects that infections have caused her over the years. I know that it could have been prevented by following the guidelines of sanitizing or washing hands going in and out of a patient room. I take pride in knowing that I am helping protect our staff and patients by just making sure we are doing the simple prevention, and that's performing the proper hand hygiene daily.”



Spotlight: Colorectal Cancer (CRCS) 1

Did you know that...

- Colorectal cancer is the third most common cancer diagnosed in men and women in the U.S.²
- A colonoscopy can help reduce incidence of colorectal cancer by 40% and mortality by 60%²
- **Men and women should begin screening at age 45³**

Have YOU been screened?

- One of the best ways we can help serve our patients is to **serve ourselves**.
- Staying up to date on cancer screenings is one of the easiest ways to 'practice what we preach'.

Ways you can help in the clinic:

- Taking vital signs and completing the Intake form.
 - By taking vital signs and completing a thorough Intake form at patient check in, you are addressing common risk factors related to colorectal cancer such as obesity, smoking and family history.
- Watching the OPWB column and the Health Maintenance (HM) for care gaps or red dot indicators that the patient is overdue for CRCS.
 - Communicate with your team and notify clinicians when patients are overdue for screening.
 - Update the patient's HM with outside screening information including the **test or screening type, results and/or next recommended screening frequency**.
 - Request outside records when indicated.
- Have conversations with your patients about cancer screenings.
 - This builds trust and gives our patients a safe place to address fears and concerns related to colorectal cancer screening.

Know the symptoms of colorectal cancer:

- Abdominal pain or cramps that don't go away, unexplained weight loss, blood in the stool or changes in bowel habits *can be* symptoms of colorectal cancer.
- Knowledge is power. Be informed for yourself, your loved ones **and** your patients. If these symptoms are reported, inform the patient's clinician

What about patient refusals?

- Your patient still isn't ready for their colonoscopy.... that's okay!
 - There are alternative screenings available that are appropriate for *some* patients.
 - Stool testing such as a *12-month screening* called FIT (fecal immunoassay test) and a *3 year screening* called FIT-DNA (Cologuard).
 - These tests can be done in the privacy of the patients home and do not require any down time or prep.
- If a patient refuses a colonoscopy; you can advise your patient to ask their clinician if stool testing is an appropriate alternative for them.

Quality Care...

It's who we are!

Completion of preventive screenings *such as colorectal cancer screening* is just one of many important components of making our patient's health top priority!

Click here to access the full Colon Screening infographic:

<https://select.vanderbilthealth.com/rs/995-AMQ-354/images/VUMC-ColonScreening-Infographic-Final-v7.pdf>

References:

1. Vanderbilt Health. VUMC-ColonScreening-Infographic_Ro4. 1.25.2022
 2. American Cancer Society. Colorectal Cancer Facts & Figures 2020-2022. Atlanta: American Cancer Society; 2020. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>
 3. American Cancer Society. American Cancer Society Guideline for Colorectal Cancer Screening. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>
- R. Donlon 9.19.22 For Quality use only

Written by Ruth Donlon

**MISSION:**

Elevate and recognize front line staff. Promote a culture of Quality and Safety. Recognize nominated staff at various meetings. Any employee can nominate and/or be nominated.

Send all "Good Catch" nominations to:

https://is.gd/good_catch

QR Code:



Include the following information in your nomination email:

- Nominee's name (Last Name, First)
- Nominee's role (ie. CSL, Care Partner, Physician Assistant, Admin Assistant, Student, Educator, Pharmacy, Social Worker, Staff Nurse, Transporter, Unit Manager, Physician, etc.)
- Nominee's home department
- Summary of "good catch" event

Any "Good Catch" questions can be sent to goodcatchvuh@vumc.org

GOOD CATCH AWARD RECIPIENTS

Bailee Welty, Trauma EGS Clinic



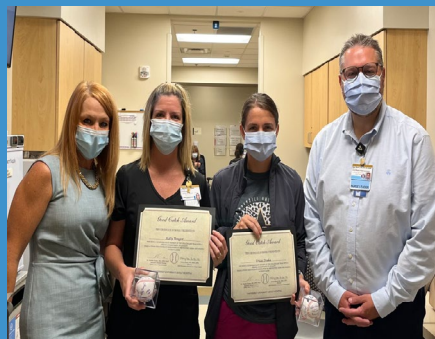
Christopher Clearman- Belcourt Walk In



Retha Thomas and Kathlien Hines,
Bellevue Walk In



Myranda Woodard, Melrose Primary Care



Katy Bougor and Erica Truka,
Mount Juliet Walk In



Have you checked your CLIA lately?

If the wall certificate is out of date, reach out to your manager to ensure that the CLIA has been updated. If you have any additional questions, please reach out to the POC office at 615-343-5707



BAR CODE MEDICATION ADMINISTRATION (BCMA) QUARTERLY STATISTICS:

The BCMA Subcommittee was created to improve the outcomes for medication and patient scanning compliance within the Ambulatory Clinics. In 2020, clinics began to “go-live” with BCMA, and the roll out is near completion. To be compliant, **both the patient and the medication** must be scanned every time. This is important to ensure that we are giving the right patient the right medication. The VUMC compliance goal is 95% or more and several clinics have already surpassed that goal. If you do not know your clinic BCMA score, ask your manager to make that quality score available to you and your colleagues.

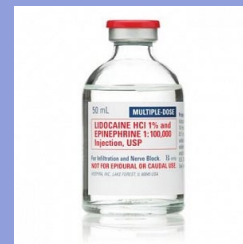
The BCMA PCC (Patient Care Center) Quarterly (July-September 23) Winner is:

Walk-in Clinics - 97.5%!

THANK YOU for helping to keep our patients safe!!

Multi-dose Vial Storage Reminder

Multi-dose vials should be dedicated to a single patient whenever possible. If multi-dose vials must be used for more than one patient, they should only be kept and accessed in a dedicated clean medication preparation area (e.g., nurses' station), away from immediate patient treatment areas. This is to prevent inadvertent contamination of the vial through direct or indirect contact with potentially contaminated surfaces or equipment that could then lead to infections in subsequent patients. If a multi-dose vial enters an immediate patient treatment area, it should be dedicated for single patient use only.



Resource: <https://vanderbilt.policytech.com/dotNet/documents/?docid=27458>

CDC: https://www.cdc.gov/injectionsafety/providers/provider_faqs_multivials.html

Want to get involved or have a great project you want to share?

Every quarter, we will begin to highlight clinics doing great work to prevent falls in their areas. Please make sure to submit any falls prevention improvement work via the Quality Improvement redcap:

<https://redcap.link/t0p1g49>

This newsletter is for you, we want to ensure it is valuable, please click on the link here for submitting topics for upcoming newsletters:



Click here to be a member of the Newsletter Subcommittee:

