



WELCOME AMBULATORY CLINICS

A NEWSLETTER FOR OUTPATIENT CLINICS TO KEEP UPDATED ON ALL THINGS INFECTION CONTROL!

The first edition of the Bug Bytes Newsletter purpose is to invite clinics to be a part of the Infection Control solutions. This newsletter will offer helpful information that can aid in patient safety, environmental cleaning, and trends noticed at site visits. Keep an eye out; the Infection Prevention Team is coming to a clinic near you!

First Quarterly Newsletter
July 2022
Volume 1
Issue 1

THIS ISSUE INCLUDES

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CLEAN TAG TALK, review the requirements for cleaning patient care equipment. New needles from Medline!

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Hand Hygiene Corner, how to pull your data from Tableau? Sign up for opportunities to get involved!

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Candida auris, our newest MDRO.

You are an important part of infection prevention!

- Speak up for your care!**
- Wash your hands with soap and water or use hand sanitizer often. Ask healthcare workers and your visitors to do the same.**
- Take medications as directed.**
- Ask about safe injection practices. Remember: *One Needle, One Syringe, only One Time.***
- Every day, ask if you still need your catheter.**
- Clean your hands and make sure everyone around you does too.**
- Sneeze and cough into your elbow, not your hand.**
- If your room looks dirty, ask to have it cleaned.**



CLEAN TAG TALK

WHAT IS THE REASON?

During the last Joint Commission visit, the surveyors found the patient equipment was not labeled clean at many locations. According to the SOP, patient care equipment is stored in a designated clean or dirty room, designated space, or staged for use in the patient environment. Appointed rooms or spaces should be clearly identified. Designated clean and dirty spaces are separate and distinct areas that allow items to be stored in a manner that prevents cross-contamination.

Clean equipment also has an additional identifier to indicate that the item is cleaned.

- The additional identifier is a “clean” tag or covers labeled “clean.”
- The “clean” tag is removed from equipment when selected for patient use.
- Clean items can be staged for use in a clean patient room, procedure room, or operating room and do not need an additional identifier to indicate the item is clean.
- High-use equipment (e.g., vital sign machine) that is Cleaning Environmental and Patient Equipment cleaned and remains in possession of staff to ensure cleanliness **does not need** to be stored in room or space while in use.

Link to SOP: [Cleaning Environment and Patient Care Equipment v.6 \(policytech.com\)](http://policytech.com)

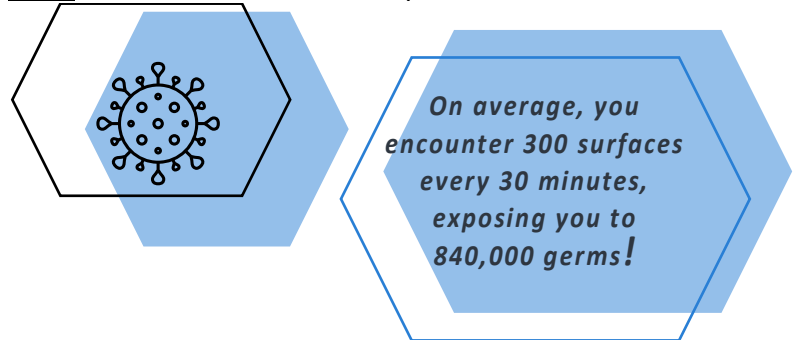
Photo Credit: Alexis Brinsko

IV Catheter and Butterfly needle update:

There was a concern that was brought to the attention of our supplies team regarding safety concerns of the IV Catheter and Butterfly needle.

With the shortage concerns we have been dealing with, it has become quite the challenge to find great replacements.

Supply Chain responded promptly by creating a workgroup of front-line nursing staff to work with our Medline Manufacturer to create devices that will exceed expectations with safety and ease of use. These needles are expected to be available by July. Be on the lookout for these to start arriving at your clinics soon. Thank you, Supply Chain!!!!



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Medline Butterfly Set Conversion

CURRENT PRODUCT:
BD UltraTouch™ and Smith's Saf-T™ Butterfly Sets

➔

NEW PRODUCT:
Medline SafeSlide™ Butterfly Sets

Product Information:
In-vein safety activation
Anchor down a wing for stability, lightly press on the two clasps, pull back until an audible click is heard

Please contact your Medline representative with any questions

HAND HYGIENE CORNER

JOIN OUR HAND HYGIENE SUB-COMMITTEE!

Our Hand Hygiene Sub-Committee meets every third Thursday of the month, and we are looking for new members to participate! Please complete the REDCap if interested, and we will send the invite! Link: <https://redcap.link/handhygienecommittee> or use QR Code:



Clean Hands Save Lives

Sanitize your hands here

VANDERBILT UNIVERSITY
MEDICAL CENTER

Did you know?!

Hands spread eighty percent of common infections. Washing your hands at least five times a day has significantly decreased the frequency of colds, Covid-19, influenza, and other diseases.

Washing your hands properly is one of the things you can do to help prevent and control the spread of many illnesses. Good hand hygiene will reduce the risk of flu and healthcare-associated infections being passed from person to person.

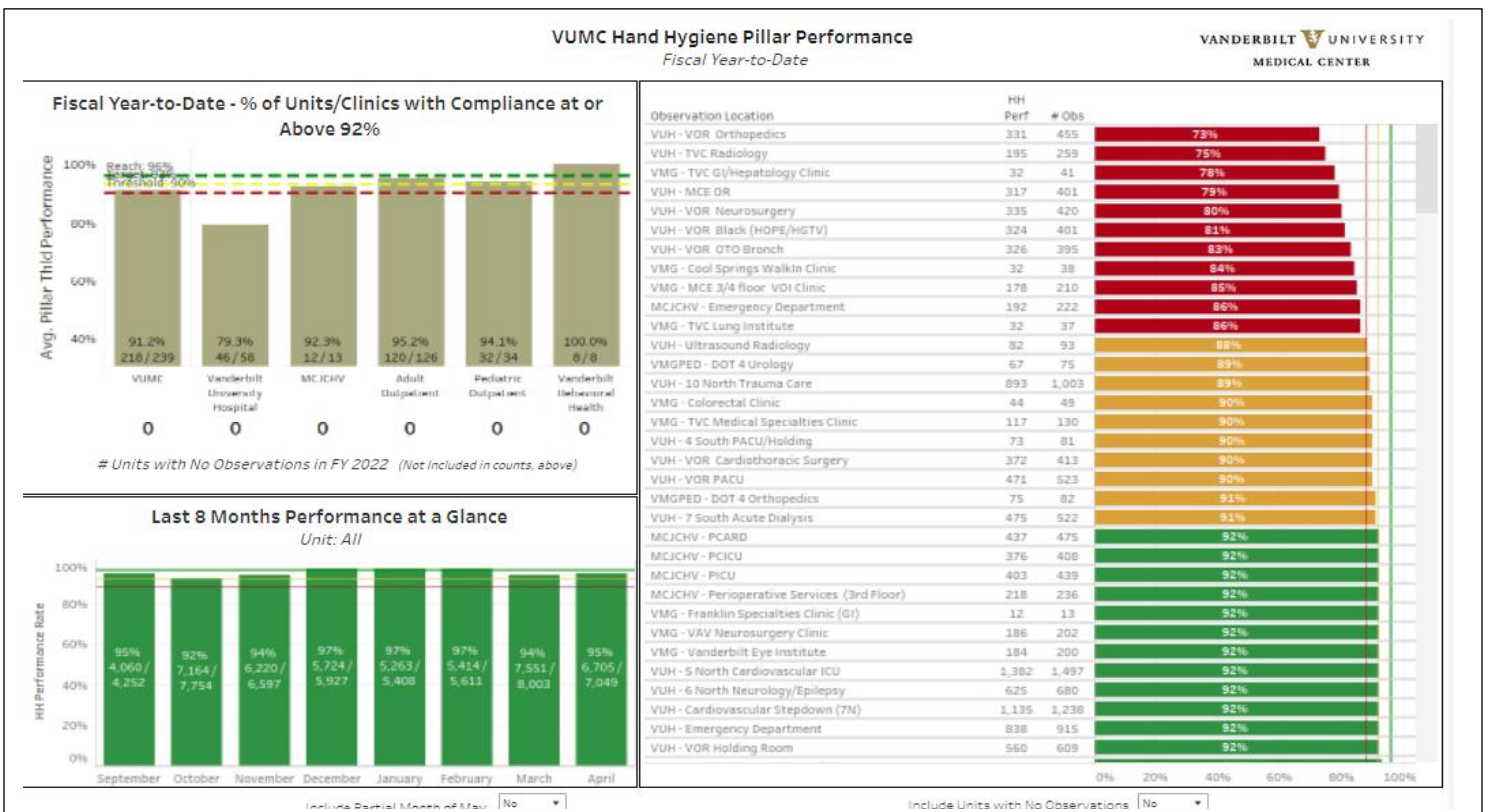
CLINIC LEADERS: Here is the Tableau Dashboard link to view your clinic's hand hygiene compliance:

https://tableau.app.vumc.org/t/QualitySafetyRiskPrevention/views/HandHygiene/QuickviewSummary?:showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link

FRIENDLY REMINDER

Gloves are a great way to protect yourself from germs and infections, but gloves should **never** be worn outside a patient's room, unless you are carrying a specimen. **DO NOT** forget to wash hands before putting gloves on and again after taking gloves off.

Image of Hand Hygiene Dashboard



Pathogen to be on the lookout for:

Candida auris

Its more than just your average fungal infection.

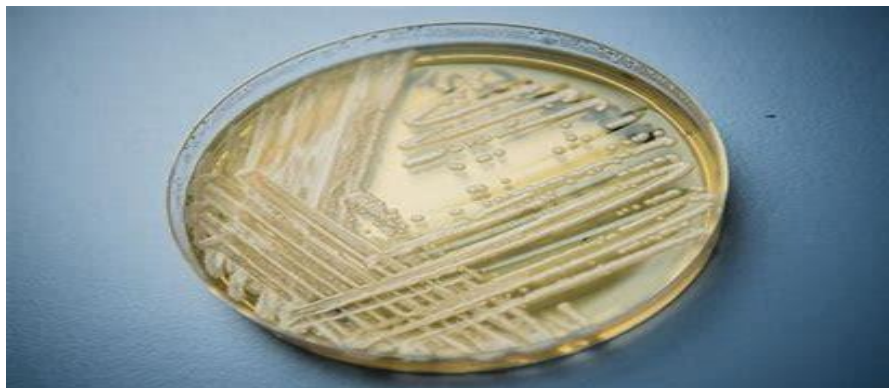
Why is *Candida auris* a problem?

- **It causes serious infections.** *C. auris* can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die.
- **It is often resistant to medicines.** Antifungal medicines commonly used to treat *Candida* infections often do not work for *Candida auris*. Some *C. auris* infections **have been resistant to all three types of antifungal medicines.**
- **It is becoming more common.** Although *C. auris* was just discovered in 2009, it has spread quickly and caused infections in more than a dozen countries.
- **It can spread in hospitals and nursing homes.** *C. auris* has caused outbreaks in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. Good hand hygiene and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for several weeks.

What to do if you have a patient arrive at your clinic with *C. auris* flagged in their chart?

- Follow strict Contact Precautions (wear gowns and gloves upon room entry)
- Isolate the patient as soon as they arrive in a patient room.
- Use bleach wipes to clean the room after the patient leaves.
- Contact your infection prevention team with any questions.

More information can be found here: [Candida auris \(cdc.gov\)](https://www.cdc.gov/fungal/diseases/candida-auris/)



INSTRUMENT PREPARATION FOR TRANSPORTATION

MANY CLINICS USE INSTRUMENTS AND PREPARE THEM TO BE SENT OFF TO STERILIZATION PROCESSING DEPARTMENT.

If this is your clinic, guidance is available for you to ensure it is done correctly (see Figure 1). It is essential to complete these steps for several reasons.

1. Prevents damage to your instruments
2. Ensures the biofilm is removed as soon as possible, making the sterilization process successful.
3. Prepares the instruments for transport according to OSHA/TDOT, a state requirement. This is to ensure that it is safely transported to prevent any possible exposure.
4. Ensures that we meet The Joint Commission Standards and other guidelines.

"But wait! My instruments sit longer than 24 hours because they only get picked up once or twice a week, what do I do?"

There are a few ways you can meet this requirement:

1. Keep the instruments wet by spraying daily and keeping a log to document this.
2. Humipaks are a great addition to clinics that may need to wait for SPD pick up. The link to request a waiver for use of these is here:

<https://www.vumc.org/infection-prevention/deviceinstrument-sterilization-reprocessing-tools-and-guidance>

SOP: [Humipak SOP.pdf](#)

Contact Tanya Stellges for assistance of this process. (Contact information is shared in the last page)

Step 1:

Pre-cleaning should take place at the point of care, immediately after use. This ensures removal of bioburden and gross debris. If items are heavily soiled at point of use (POU), use an enzymatic wipe or sterile water and gauze at bedside prior to applying moisture retaining product.



Pro-tip: Pre-cleaning is critical to ensure the sterilization process is successful. Refrain from using bedside sink as it can contaminate your environment.

Step 2:

Immediately after pre-cleaning, place the instrument in rigid, puncture-proof, leak-proof container with a lid clearly labeled as biohazard and spray the instruments using a hospital approved moisture retaining product per the manufacturer's instructions for use (MIFU).



Pro-tip: Use a plastic bag to line the container to make cleaning easier. Container should still be disinfected between uses using an approved wipe.

Step 3:

Instruments are safe to transport after being sprayed and secured in a rigid, puncture-proof, leak-proof container with a lid clearly labeled as biohazard. Using gloves, wipe the rigid, puncture-proof, leak-proof container with a Super Sani-Cloth after the instruments are removed. Instruments remain moist while awaiting transport to decontamination and reprocessing. Instruments are delivered to SPD within 24 hours of use.



Pro-tip: If instruments should sit longer than 24 hours, contact Infection Prevention for approval.

Figure 1
(Updated 4/2022)

INFECTION PREVENTION CONNECT ROUNDING REQUEST!

ARE YOU LOOKING TO CONNECT WITH YOUR INFECTION PREVENTION TEAM?

You can request Infection Prevention Rounding to occur at your clinic to provide guidance and support and allow you to ask questions. Just scan the QR code or follow the link to prompt connection for scheduling.

<https://redcap.link/IProundrequest>





MEET YOUR INFECTION PREVENTION TEAM

KATIE BASHAW, LPN, BHA, CPHQ, Ambulatory Infection Preventionist (on the left)

After working as a clinical nurse in the outpatient setting for over seven years, Katie started working in Healthcare Quality in 2012. She has years of experience in Healthcare Quality and The Joint Commission's continuous compliance readiness. Her expertise includes Infection Prevention in the outpatient setting. Katie received her bachelor's degree in Healthcare Administration in 2017. She joined Vanderbilt in 2018, after moving to Nashville from Ohio. Her passion for performance improvement and experience in Patient Safety Initiatives have led her down the path to pursue her recent Certification Professional in Healthcare Quality (CPHQ). She is currently pursuing her Master's in Healthcare Administration and CIC.

Contact Information:

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Tanya Stellges, BS CRCST, Program Director, Patient Safety, High-Level Disinfection and Sterilization (on the right)

Tanya received her bachelor's in health care administration from the University of Central Florida, in Orlando, FL. After graduating from UCF in 2007, she moved to Nashville, TN to pursue her career in healthcare. Tanya began working in the sterile processing department at Vanderbilt University Medical Center in 2008. Her passion for quality improvement initiatives for sterile processing in turn inspired her to pursue additional educational certificates in the sterile processing field. Tanya has since worked in the sterile processing department at Vanderbilt for eleven and half years; her roles in sterile processing included working as a sterile processing technician, managing the endosurgery suite in the perioperative area, and director of both pediatric and adult perioperative sterile processing departments. Tanya has come to the infection prevention team in December 2019 to utilize her expertise in perioperative service, sterile processing, and high-level disinfection to drive organizational improvements and standardization of processes.

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Katee Peterson, Sr. Project Manager, HLD and Sterilization (in the middle)

Katee brings to Infection Prevention over 12 years of experience in administration with an emphasis on program and project management. Originally from Louisiana, Katee moved to Kentucky in 2004 and then to Nashville in 2015 to pursue her professional career in healthcare. Katee has been at VUMC for over 7 years; first in the Department of Otolaryngology – Head and Neck Surgery, where she successfully applied her past PM experience to the Voice Center Clinic, managing several projects independently under departmental leadership. Katee joined the Department of Quality, Safety and Risk Prevention in 2019, managing various programs and COVID-19 related initiatives for Quality leadership before joining the Infection Prevention team in June of 2022. Although new to Infection Prevention, Katee looks forward to expanding her professional knowledge of High-Level Disinfection and Sterilization as well as applying her expertise in creative problem solving and project management to drive organizational improvements and standardization of HLD and SPD processes.

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