Welcome New Employees

Ginny Caballero  
Kandice Wyatt  
Jessica VanMeter  
Jillian Gensel  
Heidi Troutt  
Lacie Maestri

Molly Tyler  
Catherine Caracciolo  
Rachel Barber  
Victoria Haro  
Lane Hagenau  
Cynthia Crabtree

Heather Brock  
Catherine Bixby  
Emily Welton  
Rana Wise  
Shea Terry  
Kelsey English

Rachel Cotton  
Marti Dodd  
Renee Ewing  
Shekinah Moreira  
Dana Hawking  
Jessica Champlin

Rana Wise  
Tiffani Upham

Magnet Definitions

- **Accountability** – The concept of being answerable or responsible for one’s actions. The primary goals of professional accountability in nursing are to resolve problems, maintain high standards of care, and to protect patients from harm.

- **Bylaws** – the Nursing Staff Bylaws is the document that provides the framework for accountability and autonomy in nursing at Vanderbilt. They define the responsibility of nursing board, committees, and councils. The Bylaws can be accessed on the Vanderbilt Nursing Shared Governance site under the Nursing Bylaws tab.

- **Exemplary Professional Practice** – A way to describe practice when nurses are key members on an interdisciplinary, collaborative team that works to achieve high quality patient outcomes. It also includes staff having significant impact on staffing and scheduling processes, functioning autonomously, and being grounded by a culture of safety and quality.

- **Nursing Sensitive Indicators** – factors that reflect the structure, process and outcomes of nursing care. “Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g. pressure ulcers, falls, IV infiltrations.).”

- **Transformational Leadership** – leaders that have a vision for the future and strategically plan to prepare for the organization to advance. They help individuals and departments see where they fit into future plans, they guide staff through transitions, and they advocate for staff.

For more information on nursing practices at VUMC, please review our 2010 Vanderbilt Nursing Report Spotlight on Nursing by clicking on the image above.

<table>
<thead>
<tr>
<th>INSIDE THIS ISSUE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>1</td>
</tr>
<tr>
<td>Infection Control and Prevention</td>
<td>2</td>
</tr>
<tr>
<td>EVD Education</td>
<td>2</td>
</tr>
<tr>
<td>Veritas Reporting Update</td>
<td>2</td>
</tr>
<tr>
<td>Restraint Information</td>
<td>3</td>
</tr>
<tr>
<td>First Responder and Decon Training</td>
<td>4</td>
</tr>
<tr>
<td>AHA BLS Training Information</td>
<td>5</td>
</tr>
<tr>
<td>Educational Events</td>
<td>6</td>
</tr>
</tbody>
</table>

Writer: Christy Mullen and Andy Lamoreaux  
Editor: Debbie Arnow
Infection Control and Prevention

“My patient is on contact precautions for ESBL. What in the world is that?????”

ESBL stands for Extended Spectrum Beta-Lactamase, which are enzymes that have developed a resistance to antibiotics like penicillin. ESBL enzymes are most commonly produced by the bacteria - Escherichia coli (E. coli) and Klebsiella, Enterbacter and Serratia. If your patient has an ESBL infection, the options of treating the infection are limited due to the fact that the bacteria is resistant to many antibiotics.

To prevent the spread of ESBL infections in the hospital, all patients with an ESBL infection are to be placed on contact precautions; these isolation precautions are to be instituted for the patient’s entire hospitalization. Remember, the single most important thing staff can do to prevent the spread of infection is GOOD HAND HYGIENE!!!

Feel free to contact Infection Control with any questions.
Tanya Boswell and Jackie Smith

Reminders from your VERITAS reporting

Incidence on the Rise: Key Topics Identified During the Veritas Committee Meeting

- Please be sure to IMMEDIATELY remove broken or malfunctioning equipment from the patient, red-tag it and call clinical engineering to pick it up for testing and repairs.

- Please be sure to ALWAYS double check the content on the manufacturer medication label against the Admin-Rx pharmacy medication label before administration!
Restraint Education

What is the Difference?

**Violent Self Destructive**
- Violent
- Aggressive
- Combative
- Confused
- Pulling at Lines/Tubes
- Assessment Ongoing

**Non Violent Non Self Destructive**
- Behavior: psychiatric/mental/behavioral cause
- Example: suicidal, bipolar
- Documentation every 15 minutes
- Monitoring is continuous
- Required Face-to-Face (by trained staff)
- Requires Debrief

- Behavior: Medical cause
- Examples: head injury, encephalitis
- Documentation every two hours
- No face-to-face required
- No debrief required

Similar Behaviors/Different Underlying Causes
Hazardous materials are everywhere: they can be encountered at home, in industrial areas, and in rural areas. While Nashville is a mid-sized city, there is ample risk for a haz-mat associated mass casualty event. The metropolis is the hub of three interstates, a rail yard and an airport. Local fixed industries include chemical manufacturing/distribution, printing, heavy manufacturing, and laboratory-laden universities. Unanticipated events with uncontrolled release of hazardous materials can lead to multiple casualties. Incidents involving contaminated patients could result from manmade (intentional or unintentional) or natural disasters and can involve a wide range of hazardous substances—from chemical weapons agents to toxic industrial chemicals. If the agent is sufficiently toxic or persistent, the risk of secondary contamination is greatly increased.

Healthcare workers risk occupational exposure to hazardous materials when hospitals receive patients contaminated with these substances. Since Vanderbilt is the region’s Level I trauma center and Children’s Hospital, there is no doubt that this facility will receive victims from almost any regional mass casualty event, including those involving hazardous materials.

Several studies have reviewed public data and reports regarding victims of hazardous materials emergencies and associated secondary contamination of healthcare workers. Fortunately, healthcare workers rarely reported adverse health effects. Between 2003-2006, at least 17 medical personnel were injured as a result of secondary contamination while they were treating contaminated victims. Of the medical personnel injured, 12 were emergency medical technicians and 5 were hospital personnel. This represents a secondary contamination rate of 0.05% (1 in 200 events).

Those healthcare workers who experienced symptoms were unprotected and tended to have close, extended contact with the contaminated victims. Overall, healthcare workers were the 11th most common group injured in hazardous materials incidents. In the initial research performed by Horton (see reference below), it was noted that among the ED personnel injured, none wore any form of protection at the time of the injury. Respiratory tract and eye irritation were the primary symptoms and no employees required hospitalization.

The decontamination of children and the proper use of PPE can be a difficult, dangerous, and time-consuming endeavor. Essential elements to a successful disaster preparedness program that focuses on decontamination include planning, education, and hands-on training.

Over the past decade and with the collaborative work of many staff, Vanderbilt has coordinated facilities, equipment and staff to develop a disaster preparedness program with provisions for patient decontamination. On-site training sessions are held monthly with sessions for the first quarter of 2001 scheduled for January 13, February 15, and March 11. These sessions provide information about hazardous materials, patient decontamination and personal protective equipment.

Susan Johnson, MS, MT(ASCP), CSP

References:
The Nurse Staff Council met on Thursday, November 4, 2010 in the VCH Boardroom.

Subjects of discussion were the CNO search update, Hand Hygiene statistics, Unit Board informatics per unit and a presentation/discussion by Kelly Ernst regarding feedback on the proposed 2011 Nurse Competency Documents.

Special guest at the meeting was Mr. Luke Gregory and nursing staff/leaders had the opportunity to hear from Mr. Gregory highlighting his past professional experience and current goals for Children’s Hospital.

**Thank you!**

Thanks to Mary Fran Hazinski for the update sessions, we were the first institution to be hear in person all the of the AHA BLS changes.

How does this change resuscitation? You can find out more information at about the recent changes to the BLS guidelines by visiting:

http://www.heart.org/HEARTORG/

**When will I be trained on the new AHA BLS guidelines?**

**American Heart Association Guidelines 2010**  
**How will this new information impact the Vanderbilt Community?**

On October 18, the American Heart Association released the 2010 Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Several changes were made in the way this life-saving care is delivered to persons in need and this always provokes many questions about the impact these changes will have on patient care and training for faculty and staff. The following are a few points to understand about the impact of these Guidelines on the Vanderbilt community:

The “old” Guidelines are not WRONG or VOID – These guidelines have simply been updated with the newest science and information available and it will take quite some time for this new information to be integrated into new courses. The impact of these changes is relatively low in terms of any major changes to clinical practice and training.

Physicians may begin using this new information in their practice immediately. However, any providers trained in an AHA course should renew their course completion card at the recommended time on the card. There is no mandate or need to be retrained prior to that time.

The process of updating providers will take place over the next 24 months or longer.

The process for updating Instructors will take several weeks and will be done online through the AHA Instructor Network beginning sometime in mid to late November.

The Resuscitation Program will begin using “bridge” materials in current courses as soon as recommended by AHA. The timeframe for this is unknown, but anticipated to be in December or January, once all Instructors have been updated and AHA has released this information.

The tentative AHA timeline for the release of new courses is as follows:

*Thank you,*

*Jeff Hileman,*  
*Manager, Vanderbilt Resuscitation Program*
Vanderbilt University Medical Center, Department of Nursing Education and Professional Development is an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.