Thanks to Teresa Dail

Teresa is a talented leader who stepped away from her Supply Chain role to focus full time on transitioning the leadership structure of Operative Services. During her 6 months tenure in this role, she has brought a clear perspective and understanding of the importance of strong leadership to a complex area. Her work ethic and sense of fairness have been appreciated by those with whom she has worked. Always an advocate for patients, families and each member of the surgical team and support staff, Teresa has lead significant change with excellent results.

Teresa has begun to transition back to her full time role as Administrative Director for Supply Chain. Dave Wyatt, MPH, RN, CNOR will be joining Vanderbilt on November 1 as the new Administrative Director for Operative Services. (More information about Dave in next month’s newsletter). On behalf of Perioperative Services, I would like to extend a heartfelt thank you to Teresa for giving her valuable time and talent to serve in such an important leadership role. We wish Teresa continued success in her future endeavors. She will always be considered a valued member of the Operative Services team.

Nancye Feistritzer, MSN, RN
Associate Hospital Director
TOSHA INSPECTION UPDATE

By Teresa L. Dail, RN BSN

ADMINISTRATIVE DIRECTOR SUPPLY CHAIN

On June 22, Vanderbilt University Hospital (VUH) underwent an inspection by the Tennessee Occupational Safety and Health Administration. The focus of this inspection was to evaluate the availability of “safer” medical devices and the compliance of the clinical end user for choosing these devices for use in all applicable procedures.

During the survey, the inspectors noted several areas of improvement that VUH, as well as the entire clinical enterprise, that required immediate correction. Predominately, these centered around assuring that all kits and packs were standardized to contain safer devices or the ability to dispose of a non-safe device, that a safety device was being used for the insertion of arterial lines, that surgeons were using blunt suture for the closure of all muscle and fascia except when adhesions were present, that safety scalpels were used for all applicable procedures and that all staff who are scrubbed into a case are double gloved.

To meet these requirements, there has been an extensive amount of work that has been underway for the past 60 days. A safety fair was held in early September to allow the physicians to evaluate which blunt suture would best meet their needs. Staff also participated in this fair to evaluate safety scalpels and one handed devices that need to be used for blade removal when a safety scalpel is not an option. Based on the results of that fair, vendors have been selected for all product lines and work is underway to obtain product, change doctors preference cards and stock in the appropriate areas. In addition, the surgical glove vendor has been rotating through all of the sites to document the gloves and sizes that staff will need to wear to meet the double gloving requirements.

There is the ability for physicians to apply for a waiver to “opt out” of some of these mandates however those waivers will need to be very specific and will need to be approved prior to adoption. The physicians are in the process of putting together those requests now. While some of these initiatives represent a significant change in practice for some individuals, it is important to remember that the focus of this change is to assure a safer practice environment for employees and to help minimize the risk of injury. Compliance with this initiative is not optional for Vanderbilt and staff will need to be able to speak to an inspector in the future regarding what steps are taken during any given case to assure that the environment is a safe as possible for those involved. An education and training plan for all of these initiatives is being developed to help with implementation and to assist staff in being prepared for any future inspections.
In this section of the Modus Operandi we would like to honor those faculty and staff members who exemplify the Vanderbilt Medical Center Credo. These employees have “gone the extra mile” in personifying the true ideal of our credo.

Congratulations to these special faculty and staff!

Credo

- We provide excellence in health care, research and education.
- We treat others as we wish to be treated.
- We continuously evaluate and improve our performance.

Periop Credo Heroes

(Names contributed by Perioperative Managers and Directors)

“We only think when we are Confronted with a new problem”

I would love to tell all about David Woosley, a Care Partner in MCE HR/PACU. He has been with Vanderbilt and the medical profession only 3 months, yet in this short time he has been a role model and incredible addition to our dept. David is so positive and has an extreme about of motivation to learn. One day in particular, Dave came out of PACU to help diffuse a very upset patient situation in the HR on the night shift, with his calming and sweet demeanor. He not once hesitated or let the patient and family ruffle his feathers, in fact he spent the time it took to provide excellent service recovery to this patient and family and helped walk them to their car and all were happy by that point.

I would like to thank David for choosing MCE.

Vickie Montei
Manager, Patient Care Services
Adult PACUS
September, 2010

Missy Cash, Surg Tech II, Nashville Surgery Center
Jenna Herbst, RN 2 CC, Nashville Surgery Center
Lisa Powell, RN 2, MOR, N/E/W
Kathy Richards, LPN/ST, MOR, CCT
Brandi Robinson, ST 1, MOR - Ortho

Reminder of Quarterly Multidisciplinary Perioperative
Morbidity & Mortality
Improvement Conference Dates for 2010:

• Friday, December 3, 2010

6:30—8:00 a.m. Langford Auditorium
(Breakfast 6:00—6:30 a.m. Langford Lobby)

DID YOU KNOW...?

• The “Crows Nest” on a ship (the basket near the top of the mast) used to actually contain a
crow. The ship’s navigator would use one of the birds as a guide in bad weather, since they in-
variably head towards land.

• Actress Uma Thurman’s father was the first known westerner to become an ordained Buddhist
monk.

• The true identity of The Lone Ranger was John Reid.

• Before surgical dressings of gauze and cotton were introduced, American Hospitals commonly
used pressed sawdust to cover wounds.

• There is only one fifteen-letter word in the English language that doesn't repeat a single letter
of the alphabet: Uncopyrightable.

• July 2 is the middle day of the year. There are 182 days before it and 182 days after it (excluding
leap year).
Medical Infections Crossword  Puzzle Clues

Down
1. Viral infection transmitted by mosquitoes and leading to jaundice, hemorrhage and renal failure.
2. 2 stages: 1) preerythrocytic (liver) and 2) erythrocytic. Sporozoites, merozoites and trophozoites (ring form).
3. It’s a wound infection accompanied by local inflammation followed by neurotoxin which could lead to ophisthotonus.
4. Undulant fever.
5. Caused by rickettsial infection. Diagnosed by Weil-Felix test
8. A bacterial disease that can present in 4 different sites: Nasal, pharyngeal, laryngeal, cutaneous. Causes a characteristic pseudomembrane.
9. Caused by borellia species (spirochetes).
10. Bacterial infection that causes 3 diseases: bacillary dysentery, traveller’s diarrhea, and Reiter’s syndrome.
11. Streptococcal subcutaneous infection which is more superficial than cellulites and hence well demarcated may present with bullae.
12. Cysts and trophozoites, leads to steatorrhoea, and traveller’s diarrhea.

Across
1. Whooping cough.
2. Streptococcal sore throat followed by centripetal rash for a few days which heals by desquamation.
3. Transmitted by cats and leads to a generalized lymphadenopathy.
4. Presents with hydrophobia, aerophobia and convulsions/paralysis.
5. Self limited dysentery with lesions similar to ulcerative colitis.
6. Viral infection. Umbilation of vesicles is almost pathognomonic.
7. Diagnosed by Widal test.
8. Malignant pustule.
9. Human immunodeficiency virus.
10. Viral infection. Koplik’s spots in buccal mucosa (almost pathognomonic).
11. Virus which causes two diseases: chicken and herpes zoster.
12. Caused by Leptospira icterohemorrhagica and is water borne. Presents with jaundice, hemorrhage and renal failure.
Medical Infections Crossword Puzzle