

Firelands Regional Medical Center School of Nursing
AMSN- 2024
Quality Scavenger Hunt Clinical

The student will participate in a quality assurance review pertaining to Ventilator-Associated Pneumonia (VAP), Catheter-Related Bloodstream Infections, and Catheter-Associated Urinary Tract Infections (CAUTI). This clinical experience will be completed following the Patient Advocate/Discharge Planner clinical (see clinical schedule). The experience will consist of chart review, compliance monitoring, and recording of findings. Amy Rockwell will be available by phone during this clinical experience. The completed documentation is due on Friday at 0800 in the "Quality Scavenger Hunt" drop box the week of the clinical. Refer to the folder, "AMSN 2024 Quality Scavenger Hunt" under Resources in Edvance360. The document will be reviewed for completion and forwarded to Sydney Cmar, RN, Infection Control and Elaine Fitzthum, RN, Quality Assurance.

Instructions:

- This is a 2H clinical experience with a 1H CDG.
- You will spend time on **4C (and 4P dependent upon 4C census)** in order to complete this assignment. Inform the Charge Nurse when you arrive on each unit that you are there to do the Scavenger Hunt (**4C- 5862; 4P- 5872**)
 1. You will begin on **4C** and review each patient that is on a ventilator (they will also have some type of IV and possibly a Foley Catheter- review those at the same time). Utilizing the patient chart, Meditech, and bedside review you will record the information included on the checklist.
 2. If there are no ventilator patients on **4C** you will review patients that have a Foley Catheter, Central Line (including Triple/Quad Lumen Catheter, Port and Dialysis Catheters), and Peripheral IV in place (which should be every patient). Utilizing the patient chart, Meditech, and bedside review you will record the information included on the checklist. If there are limited applicable patients on **4C**, you will then proceed to review of the patients on **4P**.
 3. When filling out checklists, you will indicate "**Y**" for Yes and "**N**" for No.
- Refer to the folder, "AMSN 2024 Quality Scavenger Hunt" under Resources on Edvance360 for additional resources.
- In order for a "yes" to be indicated on the checklist all corresponding documentation must be correct in Meditech.
- Contact Amy Rockwell if you have questions or concerns (419-202-2461)
- To contact Sydney Cmar or Sandie Beal with any specific infection Control Questions you can call extension 7918.

Concurrent Quality & Infection Control
Precautions Monitoring: VAP

UNIT: _____ DATE: _____	Ventilator Pt. #1	Ventilator Pt. #2	Ventilator Pt. #3	Ventilator Pt. #4
Head of Bed at least 30 degrees	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Sedation Vacation attempted today	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Peptic Ulcer Disease Prophylaxis	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Deep Vein Thrombosis Prophylaxis	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Oral Care every 2-4 hours today	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Turn and reposition every 2 hours today	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Suction documented twice / shift	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Daily chest x-ray to verify placement of NG/OG/ET tubes	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible

Today= since midnight

Concurrent Quality & Infection Control
Precautions Monitoring: CAUTI

UNIT: _____ DATE: _____	Foley Catheter #1	Foley Catheter #2	Foley Catheter #3	Foley Catheter #4
Foley catheter type (Foley, Coude, 3- way, etc.)				
Location of Insertion?				
Insertion date and time labeled on bag Y / N	Y / N	Y / N	Y / N	Y / N
How long has it been in place? <u>Circle/highlight</u>	≤ 1 days 2-3 days > 3 days	≤ 1 days 2-3 days > 3 days	≤ 1 days 2-3 days > 3 days	≤ 1 days 2-3 days > 3 days
Tubing & bag below level of bladder Y/N	Y / N	Y / N	Y / N	Y / N
Is the drainage bag touching the floor?	Y / N	Y / N	Y / N	Y / N
Stat Lock in place	Y / N	Y / N	Y / N	Y / N
Green clip secured to bed	Y / N	Y / N	Y / N	Y / N
No dependent loops	Y / N	Y / N	Y / N	Y / N
TES present & intact (red tag on tubing)	Y / N	Y / N	Y / N	Y / N
Documented Pericare q 24 hrs.	Y / N	Y / N	Y / N	Y / N
Reason for Foley documented by nursing	Y / N	Y / N	Y / N	Y / N
Meditech: insertion date & location (today) *	Y / N	Y / N	Y / N	Y / N

Today= since midnight

***Insertion date and location correctly documented with each Urinary Catheter Management Intervention**

Concurrent Quality & Infection Control
Precautions Monitoring: Central Line-Associated Bloodstream Infections

UNIT: _____ DATE: _____	IV Pt. #1	IV Pt. #2	IV Pt. #3	IV Pt. #4
IV type- Central Line- TLC, Midlines, Hemodialysis (pigtailed), Peripheral	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
How long has it been in place? ≤ 4 days, > 4 days	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Dressing current (7 days) Y/N	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Dressing clean, dry, and intact Y / N	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Initials noted on dressing	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Date noted on dressing	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Time noted on dressing	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
All IV tubing labeled	Y / N	Y / N	Y / N	Y / N
All IV tubing current (24 or 96 hours)	Y / N	Y / N	Y / N	Y / N
All unused ports or peripheral lines clamped	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
All unused ports have alcohol impregnated caps (Curocaps) in place	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
IV stabilization device in place (StatLock)	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Flushing of each port documented q8h	Y / N	Y / N	Y / N	Y / N
Cathflo given if sluggish or no return documented per port	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Meditech: Insertion date, gauge, and care documented on each IV assessment (today)	Y / N	Y / N	Y / N	Y / N

Today= since midnight

Please feel free to add any additional comments that may be helpful to Sydney Cmar:

Name: _____

Date: _____