

Alaska Native Medical Center Patient Safety Quarterly



Earn CE credit for reading the Patient Safety Quarterly and completing a survey!

In support of improving patient care, ANMC is jointly accredited by the Accreditation Council for Continuing Medical Education, the Accreditation Council for Pharmacy Education, and the American Nurses Credentialing Center, to provide continuing education for the health care team. CPE credit will be posted to the online CPE Monitor system within 60 days following completion of each activity when applicable.

Contact hours:

ANMC designates this activity for a maximum of 2 contact hours, commensurate with participation provided in 0.5 contact hours upon completion of quarterly survey/evaluation tool. Enduring access for credit is available during the month of publication, example: The April 2022 Patient Safety Quarterly will provide access for CE credit until April 30, 2022. This CE opportunity is a communication skills event and not applicable to commercial bias. No mitigation or disclosure is needed.

Requirements for successful completion:

To receive CE credit, please make sure you have read the Patient Safety Quarterly and completed the electronic survey/evaluation tool before the last day of the month published. Scan the QR code to access the survey. For more information, contact jlfielder@anthc.org or (907) 729-1387.



In this Issue:

Earn CE credit for reading PSO and taking a survey!

Coffee card drawing for taking PSO survey!

National Patient Safety Goals

Safe patient handling and mobility

Awareness of disrespectful behaviors in the workplace

Workplace violence

Complete this survey for a chance to win a coffee card!



Share your thoughts about the ANMC PSO by scanning the QR code and completing the survey, and you will be entered into a coffee card drawing. Twenty winners will be selected each quarter. The drawing will occur in early May.



National Patient Safety Goals



Every year The Joint Commission (TJC) gathers emerging patient safety information from widely recognized experts and stakeholders. This information is the basis of Patient Safety Goals®, which is tailored for each specific program. It also informs our sentinel event alerts, standards and survey processes, performance measures, educational materials, and Joint Commission Central for Transforming Healthcare projects.

Improve the accuracy of patient identification

- Use the patient's full name and date of birth and/or medical record number for two identifiers.
- Eliminate transfusion errors related to patient misidentification.
- Label blood containers and specimens in the presence of the patient.

Improve the effectiveness of communications among caregivers

- Report the critical results of tests and diagnostic procedures within 30 minutes.

Improve the safety of using medications

- Label all medications, medication containers and other solutions on and off the sterile field in perioperative or procedural settings.
- Reduce the likelihood of patient harm from anticoagulants.
- Maintain and communicate accurate patient medication information.
 - Compare current medications with those ordered for the patient while under the care of the hospital.
 - Communicate a complete/reconciled list of medications to the next provider of service.
 - When a patient leaves the hospital, provide the patient/family a complete reconciled list of medications.

Use medical equipment alarms safely

- Ensure alarms are heard and responded to in a timely manner.

Reduce the risk of health care-associated infections

- Comply with hand hygiene guidelines.
- Implement evidence based practices to prevent health care associated infections due to multidrug resistant organisms, central line-associated bloodstream infections, surgical site infections, and catheter-associated urinary tract infections.

The hospital identifies safety risks inherent in its patient population

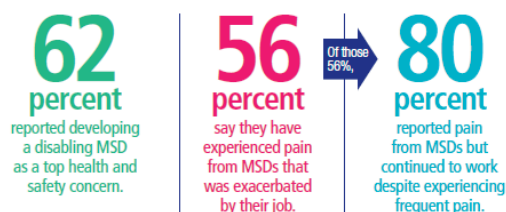
- Identify patients at risk for suicide.

Safe patient handling and mobility (SPHM)

All it takes is one bad lift to potentially end a nursing career, according to the American Nurses Association (ANA). Nurses and nursing aides experience musculoskeletal injuries far more than any other occupation, including warehouse workers, truck drivers and construction laborers. These injuries are often a direct result of caregivers doing their everyday jobs of lifting and moving patients. The implementation of SPHM programs, including the effective use of patient handling equipment such as overhead and mobile patient lifts, sit-to-stand aids and lateral transfer devices can reduce the number of injuries, lost workdays and the direct and indirect costs associated with patient handling activities.

Nurses and other health care workers ROUTINELY SUFFER debilitating and often career-ending musculoskeletal disorders (MSDs).

Results from an American Nurses Association (ANA) survey of nurses outlined the scope of this problem:¹



More than any other work-related injury or illness, MSDs are responsible for lost work time, long-term medical care and permanent disability among health care workers.

Awareness of disrespectful behaviors in the workplace

Disrespectful behavior is any behavior that discourages the willingness of staff or patients to speak up or interact with an individual because they expect the encounter will be unpleasant or uncomfortable.

Disrespectful Behavior encompasses a broad array of conduct from aggressive outbursts to subtle patterns of disruptive behavior. According to a study conducted by the Institute for Safe Medication Practices (ISMP) almost everyone who works in health care today has a story to tell about disrespectful behavior. And in their most recent study from 2021, 75% of respondents reported that the COVID-19 pandemic contributed to an increase in disrespectful behaviors among coworkers.

How does disrespectful behavior relate to patient safety?

We don't always think about disrespectful behaviors in the workplace as causing patient safety issues but if it affects our staff then it can affect patient safety. Examples that contribute in part by disrespectful behavior include medication errors that can result during circumstances where staff may be demeaned, insulted or bullied when questioning an order or decision.

Does this just happen to me?

Disrespectful behavior can be found in all areas across many disciplines and a multitude of professional relationships including Peer to Peer, Supervisor to Employee, those in same and differing disciplines.

What can I do when I am experiencing disrespectful behavior in the workplace?

If you are in an unsafe situation or a safety event is about to occur use the Team STEPPS CUS tool:

- C: I am concerned
- U: I am uncomfortable
- S: This is a safety issue

Also know that disrespect is not unlawful but is typically the first step toward harassment and possibly even workplace violence. Contact your resources:

- Your supervisor
- Human Resources
- Ethics and Compliance

For any safety-related events:

- Submit an Incident/Accident report via RL Datix



REMEMBER...

- Treat others as you want to be treated – with courtesy, kindness and politeness.
- ANMC has behavior expectations that all staff members are expected to follow.
- We are all in this together and we are the advocates for our patients and their safety while in our care.

"You can't force a person to show you respect, but you can refuse to be disrespected."

- ANONYMOUS

Workplace violence

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite.

Workplace violence can be:
threats • verbal abuse • physical assaults • homicide



Workplace violence types:

- Criminal Intent (criminal with no connection to the workplace)
- Customer/Client (violence directed at caregivers or employees by patients and visitors)
- Worker/Worker (current or former employee on employee)
- Personal Relationship (assailant has a personal relationship with the employee)

Facts:

According to the Bureau of Labor Statistics, 20,870 workers in the private industry experienced trauma from nonfatal workplace violence in 2019. These incidents required days away from work.

Of those victims who experienced trauma from workplace violence:

- 68% were female
- 65% were aged 25 to 54
- 70% worked in the health care and social assistance industry
- 21% required 31 or more days away from work to recover, and 20% involved 3-5 days away from work

How to report workplace violence:

Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite must to be reported through the online incident/accident reporting tool. If you are injured during the event, call MEDCOR at 1-800-553-8041. Seek emotional support, if needed.

Critical Incident Stress Management (CISM) debrief

Often these events are very emotional and can have significant impacts on you or your team. The CISM team can provide emotional support to help process the event and help cope with the complicated feelings that may arise. This is a free, confidential service available to any employee or team on campus.

Please contact (907) 729-8250 or email CISMteam@anthc.org for assistance.

Employee Assistance Program (EAP)

Suppose you are having personal difficulty coping with an incident or having other issues in your life that may benefit from assistance. In that case, our EAP can help resolve issues before they become more serious. The EAP can be reached through the phone numbers below.

- ANTHC support line: 1-800-964-3577
- SCF support line: 1-888-881-5462 • KJ Worbey: Clinical Director Employee Communication Support, (907) 729-8567 or Kworbey@scf.cc

Do you have a story or something to share in the Patient Safety Quarterly?

Contact the Patient Safety Committee at: patientsafetycommittee@anthc.org