

# 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. Pharmacy 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 January 2023 Patient Safety Quarterly will provide access for CE credit until Jan. 31, 2023. 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@anmc.org](mailto:jlfielder@anmc.org) or (907) 729-1387.



[qrco.de/bdOcbg](https://qrco.de/bdOcbg)

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



SCAN ME  
[qrco.de/bdcaeS](https://qrco.de/bdcaeS)

Share your thoughts about the ANMC PSQ 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 February.

## Preventing colorectal cancer in Alaska Native and American Indian people

Colorectal cancer (CRC) is the second most deadly form of cancer – but it doesn't have to be. Screening can prevent CRC or catch it early when it is highly treatable. Patients are more likely to get screened if they hear a strong recommendation from their provider. The ANMC CRC Screening Guidelines were updated in 2021 and are intended to support clinicians and health care system staff in the early detection and prevention of CRC.

### When should people begin to get screened?

The American Cancer Society recommends that all adults aged 45–75 years should be regularly screened for CRC. ANMC recommends that Alaska Native and American Indian people be screened for CRC starting at age 40. There is also a rising incidence of younger people being diagnosed with CRC. Clinicians should consider CRC when evaluating younger adults experiencing CRC symptoms (e.g., blood in stool, diarrhea or constipation >2 days, prolonged abdominal pain, or unexplained weight loss), and consider CRC testing.

### What are the recommended CRC screening options for Alaska Native and American Indian people?

- Colonoscopy is the preferred screening test. Other options should be offered if colonoscopy is not available or if patients prefer not to get a colonoscopy, including patients with a family history of CRC who decline colonoscopy.
- The fecal immunochemical test (FIT) is available for asymptomatic, average risk patients who decline colonoscopy. FIT can be done at home, and it detects cancer at a relatively high rate. FIT needs to be done annually and all abnormal FIT results require a follow-up colonoscopy.
- Guaiac-based fecal occult blood test, double-contrast barium enema, and flexible sigmoidoscopy are not recommended screening tests.
- The at-home stool DNA test (Cologuard) is a combination of a FIT and biomarkers for abnormal tumor DNA. Although Cologuard is available nationally, its use at ANMC was not included in the 2021 guidelines, as feasibility of test completion/transport in Alaska remains in question. If it is used for screening, it should be repeated every three years and abnormal Cologuard results require a follow-up colonoscopy.

The ANMC CRC Screening Guidelines are available here: [anmc.org/files/CRCScreening.pdf](https://anmc.org/files/CRCScreening.pdf). A quick reference version is available here: [anmc.org/files/CRCScreeningShort.pdf](https://anmc.org/files/CRCScreeningShort.pdf). For questions about the ANMC CRC Screening Clinic, please visit: [anthc.org/departments/colorectal-cancer-screening/#](https://anthc.org/departments/colorectal-cancer-screening/#).

## Ice grippers for safe winter walking on campus (and beyond)!

Ice cleats/grippers are available at the following locations:

- COB: Front Desk, ext. 1900
- Diplomacy: Alan Kelley's 5th floor office, ext. 1982
- Inuit: Deb Eliason's office, ext. 2482
- ANMC: Customer Experience office, ext. 3993
- ULMC: ENT Clinic Front Desk, ext. 1400



The ice cleats/grippers come in two models – one is a little more robust than the other. Prices are \$13 for the basic and \$20 for the heavy duty.

## Workplace violence and what we all can do to make our workplace safe

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

It may be:

- Threats
- Verbal abuse
- Physical assaults
- Homicide

Types of workplace violence:

- 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)

### ANMC trends and initiatives

More than 50% of the workplace violence events reported were directed at Nursing and Security employees. Verbal assaults are the most frequent type of workplace violence our staff experience, but these are significantly under reported through RLDatix. Any act of workplace violence is not “just part of the job” as a health care worker. Although the Emergency Department is the most common single location, workplace violence is reported across the entire campus.

### Reporting process

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. Reporting these occurrences is important so staff can be provided additional support and resources to help prevent these events from occurring. Please 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 email CISMteam@anthc.org for assistance.

### Employee Assistance Program (EAP)

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

#### ANTHC Staff Resources

EAP: 1-800-964-3577 (available 24/7)  
 Kari Bernard, Staff Wellness Director  
 Phone: (907) 223-6349  
 Email: ksbernard2@anthc.org

#### SCF Staff Resources

EAP: 1-888-881-5462 (available 24/7)  
 KJ Worbey, Clinical Director  
 Employee Comm Support  
 Phone: (907) 729-8567  
 Email: Kworbey@scf.cc

**Remember: Do not combine multiple patients specimen samples!**

Thank you for your continued work on mislabeled specimens! We have made outstanding progress thanks to your hard work. Please remember:

- No naked tubes, please! Use a patient label, if needed.
- 1 patient = 1 bag (a bag can have more than one specimen if it is from the same patient)



We will continue to focus on this to reduce the number of mislabeled specimens on campus.

**RLDatix for patient safety**

We appreciate everyone taking the time to report incidents and concerns into RLDatix. This process allows us to assess and respond to patient safety events, evaluate processes and know what is affecting staff.

Entering events online into RLDatix when able is the best way to assure all relevant information is collected. The RLDatix online platform prompts you to answer important questions like patient MRN and location that often get forgotten on the hotline. Link to RLDatix: <https://srm.rldatix.com/landing/ANMC>

In the event that you do need to utilize the Safety Hotline (907) 729-2329, please remember to clearly state the following:

- Patient(s) MRN so staff can follow up on processes at a later time. Without this piece, many issues cannot be verified or reviewed.
- Name of staff involved or affected and their department.
- Clearly state concern.

Remember that patient safety events are reviewed and treated with confidentiality. If you wish to remain anonymous, please do so but ensure all relevant information is available.



**Coming Soon! Upgrade to RL6**

The upgrade from RLDatix to RL6 will make for easier and more accurate safety reporting. The new system will also allow us to better communicate across departments to resolve safety issues.

We will be seeking feedback from your teams in the coming months to build our reporting forms to best suit our needs. Thank you in advance for your help in driving patient safety forward at ANMC!

**How to Report Patient Safety Events**

**RLDatix Online**

Available from the ANTHC Hub under Shortcuts – “Incident/Accident Reporting” <https://srm.rldatix.com/landing/ANMC>

Should be used to report any patient safety event. Most events will be reported here.

**Reporting Hotline**

Call (907) 729-2329

Please make sure to include patient MRN, full name, location and all relevant details.

Should be used when reporting online is not possible.

**Direct to Risk Management**

- Any sentinel event
- Any serious patient harm event
- Any allegations of patient abuse or assault

Please report in RLDatix as well as notify the risk manager on call via TT or email or through AOC.

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

Contact the Patient Safety Committee at: [patientsafetycommittee@anthc.org](mailto:patientsafetycommittee@anthc.org)