

Alaska Native Medical Center Patient Safety Quarterly



Documenting allergies accurately in patient charts

The Institute for Safe Medication Practices (ISMP) recommends documenting patient allergies by the specific medication along with the following:

- The specific reaction or symptoms, and
- Severity



Documenting the allergy by a description or class (example: "sulfur") is not recommended, as this can lead to inappropriate avoidance of other medications in the future or medications inadvertently given that the patient is actually allergic to.

Example from ISMP: A provider ordered a sulfonamide antimicrobial agent (sulfamethoxazole-trimethoprim) on a patient who had an allergy documented to "sulfur". The system did not flag the provider for an allergy and the patient ended up with a reaction shortly after receiving the sulfamethoxazole-trimethoprim.

As shown in the example above, there can be confusion between sulfa, sulfur, sulfite and sulfate allergies, which is why it is a safe practice recommendation to document patient allergies by the specific medication. When reviewing allergies with the patient, please clarify allergies that may be documented by description and add details (symptoms, severity) if those are missing within the documentation.

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Earn CE credit for reading PSO and taking a survey!

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ANMC Interpreter Services procedure

The ANMC Interpreter Services procedure was recently revised and approved. Staff should familiarize themselves with this revised procedure to ensure that communication with patients is as effective as possible.

Revisions include:

- ANMC Interpreter Services policy and procedure; content updated and merged now into a single procedure.
- A list of available interpreter services was added.
- Attachment with instructions to access and utilize interpreter services.
- Attachment for the reader to use as reference to find a qualified interpreter.
- If staff have questions on Interpreter Services, contact ANTHC Patient Experience at 907-729-3990 and SCF Customer Service at 907-729-3299.



View the updated Interpreter Services procedure here: bit.ly/ANMC_interpreter

Just Culture

Just Culture is rolling out to ANTHC staff across the campus this summer in response to staff feedback from the 2022 Employee Engagement Survey focusing on enhancing the culture of safety. The areas for improvement were based on the results from the following statements:

1. Senior management provides a work climate that promotes patient safety.
2. ANTHC makes every effort to deliver safe, error-free care to patients.
3. ANTHC provides high-quality care and service.
4. When a mistake is made in ANTHC, the focus is on fixing the issue that led to it, not punishing the person who made it.

Just Culture training has started, with a goal that all ANTHC staff will be trained in Just Culture by the end of September. Here is a timeline and when you should expect training in your areas:

- Executive Leadership: completed on May 31 and June 2
- Directors/Managers/Supervisors: should be completed by July 7
- Departmental staff training begins July 10 and ends by Aug. 15
- Effective June 26, Just Culture is now introduced at New Hire Orientation

Understanding Just Culture

| Approach, Impact, and Guiding Principles

What is Safety Culture?
An ongoing organizational commitment to safety by all staff within an organization. It prioritizes a systems approach as essential to improve safety.

The Just Culture Approach
A subculture of Safety Culture that views accountability for safety as a balance between the organization and the individual. This approach applies systems thinking and robust process to ensure fair review of events.

Impact of Just Culture
An increased culture of **safety, learning, trust, and accountability** for all members of the organization.

Just Culture Guiding Principles

- Be respectful in how we engage with those involved.
- Be transparent in the evaluation process used.
- Hold our system, ourselves, and others accountable.
- Learn from mistakes and close calls to improve safety and performance.

2023 National Patient Safety Goals

What are the National Patient Safety Goals (NPSG) and where do you find these?

The Joint Commission (TJC) determines the highest priority patient safety issues, receiving input from practitioners, provider organizations, purchasers, consumer groups, and other stakeholders to form the NPSG. TJC has NPSG for each type of care setting they accredit. For the ANMC accredited campus, we use the Hospital NPSG.

Where do they come from?

- TJC established National Patient Safety Goals in 2002 and updates annually.

What are they used for?

- Ensures patients are identified correctly
- Improves communication between medical staff
- Improves medication safety
- Prevents infection
- Use alarms safely
- Identify patient safety risks
- Improve health care equity
- Prevents mistakes in surgery



Why are they important?

These goals support an organization’s ability to “measure, assess, and improve performance,” according to TJC. This means that after common problems in the delivery of health care have been identified from the ground up, with the involvement of key stakeholders in the industry, and proposed improvements have been crafted into actionable objectives and aligned with the appropriate points of care, they become an effective tool for progress.

View the 2023 Hospital NPSGs: bit.ly/ANMC_2023NPSG

2023 NPSG badge buddy

Hospital National Patient Safety Goals

ALASKA NATIVE MEDICAL CENTER

Goal 1 Identify patients correctly.

Goal 2 Improve staff communications.

Goal 3 Use medicines safely.

Goal 6 Use alarms safely.

Goal 7 Prevent infection.

Goal 15 Identify patient safety risks.

Goal 16 Improve health care equity.

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Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

UP 1-1-1 Conduct a preprocedure verification process.

UP 1-2-1 Mark the procedure site.

UP 1-3-1 A time-out is performed prior to starting.

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Crash cart expiration dating

Checking supplies and medications:

Safety with crash carts is a priority at ANMC. Checks are currently done by nursing staff at least once per day for clinics and once per shift in ED and inpatient areas. When checking the crash cart sheet in the outside pocket for medication expiration dates, please ensure the column furthest to the right is filled out. This date is the expiration date that is closest to expiring. Review the green central supply sticker on the cart for the expiration date of supplies.

After checking both the medication expiration date and the central supply item expiration date, the earliest date between the two dates should be noted on the code cart check sheet (see image below).



How to get a new crash cart:

If you find a crash cart that has expired medications or supplies, please return the cart to Central Sterile Supply and inform them that the cart has expired items in it. The crash cart should be replaced immediately.

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 July 2023 Patient Safety Quarterly will provide access for CE credit until July 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@anthc.org or 907-729-1387.



grco.de/bdrV5j

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

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 August.



SCAN ME
grco.de/be8vzx

Do you have a story or something to share in the Patient Safety Quarterly?
Contact the Patient Safety Committee at: patientsafetycommittee@anthc.org