


# Alaska Native Medical Center Patient Safety Quarterly



**New Pressure Injury Identification Process**  
Coming soon—  
training starts 1/15/24


OLD process	NEW process
Primary nurse performs skin assessment	4 Eyes assessment with a Skin Champion
↓	↓
RN notifies the provider of any pressure injuries	Nursing notifies the new staging team of any pressure injuries
↓	↓
Provider places pressure injury in their documentation and consults wound care if appropriate	Staging team formally stages the pressure injury in Cerner
	↓
	Provider notification is made
	↓
	Provider documents pressure injury and consults wound care if appropriate



ANMC is changing its **pressure injury identification process** to better align with best practice.

Phase 1 in January includes:

- **TRAINING:** Charge nurses trained as Skin Champions for screening all patients using 4 Eyes assessment. Designated pressure injury **Staging Team** trained for staging and documenting.
- **EHR OPTIMIZED:** Changes to EHR documentation in the **nursing admission history** and the **iView wound section**. iView will have specific sections for nursing documentation and specific sections for the **Staging Team / Wound Care** documentation.
- **ALL NURSING STAFF:** Training on process coming early February



**In this Issue:**

- .....
- Pressure Injury Identification Process**
- .....
- Imaging**
- Documenting on the MAR**
- .....
- Joint Commission Triennial Survey and Follow-up Visit**
- .....
- Bedside Shift Report**
- .....
- Clinical Alarms**
- .....
- Earn CE credit for reading PSQ and taking a survey!**
- .....
- Coffee card drawing for taking PSQ survey!**
- .....

## Imaging Documenting on the Medication Administration Record

The Medication Administration Record (MAR) is a crucial document in health care settings, particularly in hospitals and clinics, where health care providers record details about medications administered to patients.

A process improvement plan has been put in place to have the Imaging Services electronic health record flow into the MAR. This will allow health care providers to see the order and details of the medication administered within the Imaging Services department.



## Joint Commission Triennial Survey and Follow-up Visit

The Joint Commission visited the ANMC Accredited Campus for our triennial survey on Oct. 24-27. Overall, the visit was a success with only a few bumps in the road which were corrected and cleared during our follow-up visit on Dec. 6.

What happens behind the scenes during a Joint Commission (JC) survey that helps it to run so smoothly? There are a lot of behind-the-scenes activities that happen during a JC survey that you may not know about. Did you know there are typically 4-5 surveyors during one JC survey? An escort and a scribe are assigned to each surveyor and follow them wherever they go. We make sure our escorts and scribes are with the surveyors at all times so that we are updated on where the surveyor is going, what they are looking at on the floors, who they are speaking with, and of course what the issues are that come up during their visit. We do all of this so that we can be proactive in providing the necessary documentation and information to help support the reasons for doing the things that we do at ANMC. We also have a Command Center that tracks all of the surveyor activities, provides all the needed documentation, sends out all the informational emails, and sets up all of the meetings during the week the JC surveyors are on campus. In total, it takes about 65 staff from 18 different departments to have a smooth-running Command Center.

We want to recognize those staff members that worked diligently during our JC survey and for those staff who strive for the best possible care and service for our patients. We would not be able to do what we do without the work and commitment of all of our staff.



## Bedside Shift Report

### What is patient-centered bedside shift report?

A standardized report process that allows patients, and their families if they so choose, to participate in their care while important information is shared between the nurse going off duty and the incoming nurse. Together with the patient, information about their relevant medical history, current clinical status, and anticipated care is reviewed, with the goal of improving patient safety and increasing patient and family communication.

### Why focus on the patient-centered bedside shift report?

#### Patient safety and quality of care

Good communication between patients and nurses is crucial in being able to provide safe, high-quality care. Transitions in care are prime opportunities for errors to occur, and an optimal time to improve patient outcomes.

#### Patient experience and satisfaction

Patients who participate in their care are able to offer information to help ensure their safety, as well as address any concerns they may have about their care and hospital stay.

#### Teamwork

This process allows for improved time management and accountability between nurses.

### What information should be included?

- Always use clinical judgment
- Use SBAR to organize report and include:
  - Visual check and tracing of all lines and drains
  - Visual check of all dressings
  - Equipment checks
  - Scan of environment for safety/hazards
  - Current orders and plan of care goals

### Benefits of patient-centered bedside shift report:

#### For the patients:

Respect and dignity: Patients appreciate knowing the plan for the next shift

Informed sharing: Patients' increase of trust and compliance with their care

Participation: Patients can help prevent errors when they are an active member of their health care team

Collaboration: Patients are safer

#### For the nurses:

Respect and dignity: Accountability between nursing shifts

Information sharing: Focused report using SBAR reduces the time it takes to complete report

Participation: Shared assessments for high-risk elements such as lines, drains, and wounds

Collaboration: Patients are safer

<b>S</b> <i>Situation</i>	Reason for admission Current situation of patient
<b>B</b> <i>Background</i>	Pertinent history of illness History of ailments/ comorbidities
<b>A</b> <i>Assessment</i>	General assessment Areas of concern Lines/tubes/ equipment
<b>R</b> <i>Recommendation</i>	Plan of care Recommendations for areas of concern



## Clinical Alarms

Clinical Alarms are a Joint Commission National Patient Safety Goal. Here are some things to remember!

It is expected that all ANMC staff:

- Will check alarm settings to ensure they are appropriate and that audible alarms will be clearly noticeable relative to ambient/competing noise and patient location, taking necessary actions as needed (ex. turning volume up or down).
- Will check alarm parameters within their scope of practice.
- Will maintain an easily audible level at all times.
- At no time will bypass, disable, turn off or adjust volumes that cannot be readily heard, unless direct monitoring or alarms are not needed (ex. palliative/comfort care).
- Will respond to alarms immediately and intervene as needed to ensure patient safety.

Please refer to ANMC Alarms Policy and ANMC Clinical Alarms Procedure for more information.




---

## 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 2024 Patient Safety Quarterly will provide access for CE credit until Jan. 31, 2024. 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](mailto:jlfielder@anthc.org) or 907-729-1387.



[qrco.de/bdrV5j](https://qrco.de/bdrV5j)



SCAN ME

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

### 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 February.

## 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)