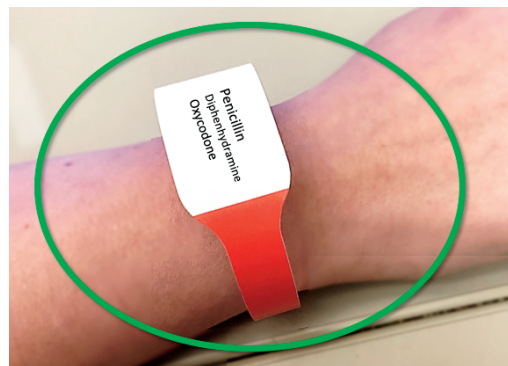# Alaska Native Medical Center
Patient Safety Quarterly

Allergy Bands

- Clearly write all patient allergies on a patient allergy band and place on the patient as soon as possible after arrival.

- 100% of patients should be banded with or without allergies as soon as possible (No Known Drug Allergies = NKDA or list their allergies out).

Do this

Not this

Medication-Related Root Cause Analysis (RCA)

Root cause analysis (RCA) in the health care setting is a quality improvement tool that takes a systematic approach and dives deep into identifying the underlying causes of adverse events, errors, or near misses in patient care. It aims to understand why an event occurred and to develop strategies to prevent similar events from happening in the future. A Just Culture approach is used to increase the culture of safety, learning, trust, and accountability throughout the process for all involved.

Going beyond the surface allows organizations to develop strategies, plans to prevent a recurrence, and continue to provide a high level of care to our patients. When an RCA is conducted, stakeholders are involved to collaborate and examine the root causes that led to the incident or problem, develop and implement an action plan based on the findings, and monitor and evaluate the changes made.

The common steps in an RCA include the following:
1. Define the problem: Clearly define the event that requires analysis (adverse event, error, near miss).
2. Assemble a team: Form a multidisciplinary team of stakeholders involved (administration, staff).
3. Collect data: Gather relevant information about the event (records, incident reports, statements).
4. Timeline creation: Develop a timeline leading up to the incident (look for contributing factors).
5. Identify immediate causes: Determine the factors directly responsible (communication, med error).
6. Dig deeper with why?: Look into the underlying causes of each immediate cause (systemic issues).
7. Analyze contributing factors: Identify contributing factors (culture, training, staffing, work flow).
8. Use tools: Organize and visualize root causes and contributing factors with tools (fishbone, Pareto).
9. Develop solutions: Actionable, realistic solutions of identified root causes to prevent recurrence.
10. Implement and monitor solutions: Develop an action plan, implement, and monitor (ok to adjust).
11. Share lessons learned: Communicate findings/action plans to facilitate continuous improvement.
12. Follow up and evaluation: Conduct follow-ups to assess the effectiveness of changes (ok to adjust).

Quality recently worked with Risk Management to conduct an RCA on a medication event that occurred as a prescribing, dosing, and dispensing event with a patient who was discharged on an incorrect dose of medication. An action plan was developed and approved by leadership to address the identified root causes and prevent future recurrences. This plan, included below, is a comprehensive measure to enhance medication safety procedures, improve communication channels, and provide additional training where necessary.

We appreciate your continued dedication to patient safety. Your commitment to quality care is invaluable as we strive to uphold the highest standards within our organization. Thank you for your ongoing support and for embracing the Just Culture environment.

Action Plan:
- Create a standard discharge process for outside pharmacy patients and those discharged to assisted living facilities to include a discharge procedure and communication plan.
- Create a discharge pharmacist competency checklist and re-educate.
- Educate pharmacists on the requirement of giving a new medication list with new medications, discontinued medications, or other changes to current medications (dosing, frequency, etc.).
- Provide Cerner education for CCU providers on the discharge medication process.

Policy Portal

The Policy Portal was established with the goal that it will be a "one stop shop" for all ANMC policies and procedures. It can be accessed from several locations including on The Hub (anthcstaff.org) and on ANTHC Today (home.anthc.org).

- Staff can access the Policy Portal using this link. Log in with your email address and password, the same one you use to log in to your computer every day. https://anthc.ellucid.com/
- Many departments provide links to the Policy Portal on their individual SharePoint pages. Check with department leadership to find out where or if yours does.
- Staff members may enroll in HealthStream training at any time to learn about the Portal or refresh their knowledge: https://qrco.de/bew7Fr
- Policies and procedures are updated frequently. The landing page on the Policy Portal has a list of the most recently updated policies and procedures to ensure you don't miss anything.
- Any user can choose to "follow" or save policies and procedures to their list of favorites within the portal. These options are found at the top right of the page for every policy or procedure viewed in the portal.

| Follow | ✉ Email | Save To Favorites | Approval Details | Hide Details [-] | Print |
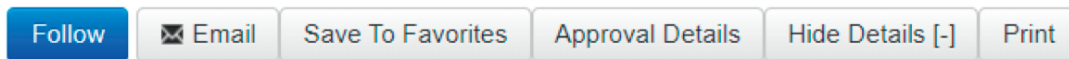
- "Following" a policy or procedure in the portal will enable the user to receive updates whenever changes are made to that specific document. After following, a user can "unfollow" at any time.
- In the near future, all clinical practice guidelines and departmental policies, procedures, and guidelines will be hosted on the Policy Portal. Stay tuned for more information from departmental leadership as we work toward that goal.
- Staff are always welcome to reach out to the policy managers with any questions, concerns or comments:
  - Ginnie Occhipinti (gmocchipinti@anthc.org), ANTHC Policies and Procedures Manager
  - Lesleigh Kowalski Frank (lakowalskifrank@anthc.org), ANTHC Compliance Specialist
  - Josh LeMasters (jslemasters@anthc.org), ANTHC Regulatory Compliance and Policy Manager

Pressure Injury Prevention Skin Assessments

Pressure injury prevention skin assessments must be completed on admission and transfers within two hours.

You must have a Skin Champion complete the admission/transfer skin assessment with you to complete the "4 Eyes in 2 Hours" skin assessment protocol.

Witness name is to be documented in the Adult Patient History-Inpatient AdHoc form and the details of the assessment go in iView > Adult Skin-ADL-Nutrition > Integumentary > Skin Assessment

When a pressure injury is present/suspected on assessment you must also Tiger Text the Pressure Injury Staging Team with patient info to seek out a staging team member who is available to come to the bedside.

Staging Team members:
Ginger Buck
Faith Carpenter
Dylan Lance
Birgit Langman
Ann Lee
Brooke Maruskie
Brenda Masias
Gracie Meglar
Daniel Oben
Melissa Papasodora
Myriah Suydam

Skin Champions:
Jake Bennett
Isaiah Carlson
Laura Cline
Troy Cline
Portia Collette
Stephan Crowe
Jessica Eason
Aaron Ellis
Kenneth Gillum
Carol Greenway
Alexia Guedea
Lior Hador

Janie Hamilton
Ginger Johnson
Sharon Kim
Matthew Kinsler
Angela Lehmkuhl
Ryan Lynn
Justin McGraw
Thomas McIntyre
Callie Michaud
Valerie Murphy
Micai Netthercott
Nathania Norman
Cynthia Odongo

Tara Ogden
Kelly Overacker
Mary Portiz
Alyssa Powell
Timothy Robbins
Phoebe Sayasane
Melinda Schmehl
John Stempky
Harold Sunkel
Kirsten Svejnoha
Andrea Wallace
Sabrina Weller
Jennifer Whitelock

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 April 2024 Patient Safety Quarterly will provide access for CE credit until April 30, 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 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 May.

SCAN ME
grco.de/bewLA4

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