

# Alaska Native Medical Center Patient Safety Quarterly



## Informed Consent for Blood Products Transfusion and Consent for Procedure, Treatment, And/or Anesthesia Forms Split into Two

The Health Records Committee recently approved separating the forms for Informed Consent for Blood Products Transfusion (<https://qrco.de/bfR9u6>) and Consent for Procedure, Treatment, And/or Anesthesia (<https://qrco.de/bfR9ub>).

Previously, the form was two-sided and used in both outpatient and inpatient settings. However, outpatient uses only one side, while inpatient sometimes uses both sides. Creating two separate forms was requested in order to assist with risk mitigation, because HIM continues to notice an ongoing trend of incomplete scanning of both sides and/or missing patient labels.

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**A minion reasons to get VACCINATED**

Get your flu shot at ANTHC Employee Health!



- No appointment needed with Employee Health
- If you get vaccinated off campus, upload your flu vaccine document to MyHR on The Hub

Please email [employeehealth@anthc.org](mailto:employeehealth@anthc.org) with any questions.

November 1: Medical Exception Deadline  
November 15: Flu Vaccine Deadline



## New Patient Admission/Discharge Folders

New patient admission/discharge folders recently rolled out to inpatient areas. These folders create a centralized location in each patient environment, where all care providers are able to provide documents for the overall plan of care. This project aligns with the FY24 Strategic Scorecard areas:

- HCAHPS- Overall likelihood to recommend
- HCAHPS- Communication with nurses
- HCAHPS- Communication about medications and new medications/side effects

Goals for the new folders include:

- Improved employee satisfaction
- Improved patient experience
- Facilitating a higher quality of care
- Addressing accreditation/compliance issue
- Improved patient discharge safety



## The High Alert Medication List is More Than Just a List of Medications

### What Are High Alert Medications?

High alert medications are drugs that have a higher risk of causing significant harm when used incorrectly. This risk may stem from a narrow therapeutic range, where the difference between an effective dose and a dangerous dose is minimal. Errors in prescribing, dispensing, administering, or monitoring can lead to severe adverse effects, including life-threatening conditions.

### How do I use the High Alert Medication List?

- Identify Medications: Take the time to review the High Alert Medication List regularly and understand the specific risks associated with each drug. The list is posted in medication rooms.
- Follow Safety Processes: Adhere to established safety processes for prescribing, dispensing, and administering high alert medications. The list posted in the medication rooms includes the safety processes identified for prescribing, dispensing, and administering high alert medications.
- Communicate Clearly: Always communicate clearly with colleagues and patients regarding high alert medications, especially when changes in dosage or administration are involved.
- Report Errors: Promptly report any medication errors or near misses involving high alert drugs.

### When is the High Alert Medications List updated?

The Medication Use Safety Team continues to make improvements to the High Alert Medication List. Each year, medication errors and near misses are reviewed. They research the Institute for Safe Medication Practices for best practices and health care standards. Changes on the list are highlighted in red font. They update the list annually and replace all the posters in the medication rooms.

**Medication Safety Alerts: High Alert Medications** What are high alert medications? High alert medications are drugs that run a heightened risk of causing significant patient harm when they are used in error.

Drug / Drug Class	Prescribing	Dispensing	Administration
Albuterol (Salmeterol) Inhalers (Salmeterol/Xiromed) (Asthma, COPD)	• Other using electronic order set	• Reviewed into single answer devices in Force	• Two checks are required to verify order and POC being administered (1st check: verify order, 2nd check: verify correct device and POC) for all rounds 0800 and 2000 on 7d.
Albuterol (Salmeterol) Inhalers (Salmeterol/Xiromed) (Asthma, COPD)	• Use Standard Concentration (as approved by FDA)	• Manual additions to NDC or addition device bags require an "on bag" check in Knowledge by pharmacist prior to addition to the bag	• Two checks are required to verify order and POC being administered (1st check: verify order, 2nd check: verify correct device and POC) for all rounds 0800 and 2000 on 7d.
Albuterol (Salmeterol) Inhalers (Salmeterol/Xiromed) (Asthma, COPD)	• Other using other set	• Other sets implemented: Independent double check 8th, 9th, 10th and 11th • Dispenser: 8th and 9th only (checked by pharmacist) and 10th and 11th (checked by pharmacist)	• Independent double check (8th) required prior to administration • Use Smart Pump Burets to infuse (if applicable) and Use Bedside Barcode Scanning (Comments on Wall)
Albuterol (Salmeterol) Inhalers (Salmeterol/Xiromed) (Asthma, COPD)	• Do not abbreviate "unit"	• Identification labels in the storage area	• All dose & continuous infusion rate changes requires Independent double check prior to administration • Blood sugar check is required prior to administration • Use Smart Pump Burets to infuse (if applicable) and Use Bedside Barcode Scanning (Comments on Wall)
Albuterol (Salmeterol) Inhalers (Salmeterol/Xiromed) (Asthma, COPD)	• Other using electronic order set	• Normal in Force drawer to segregate from other drugs located to minimize error and distraction	• Use Smart Pump Burets to infuse (if applicable) and Use Bedside Barcode Scanning (Comments on Wall)
Albuterol (Salmeterol) Inhalers (Salmeterol/Xiromed) (Asthma, COPD)	• Other using electronic order set	• Identification labels in the storage area	• Use Smart Pump Burets to infuse (if applicable) and Use Bedside Barcode Scanning (Comments on Wall)
Albuterol (Salmeterol) Inhalers (Salmeterol/Xiromed) (Asthma, COPD)	• Other using electronic order set	• Pharmacy verified status order	• Nursing independent double check (8th) required prior to infusion • Use Smart Pump Burets to infuse (if applicable) and Use Bedside Barcode Scanning (Comments on Wall)
Albuterol (Salmeterol) Inhalers (Salmeterol/Xiromed) (Asthma, COPD)	• Other using electronic order set	• Pharmacy verified status order	• Nursing independent double check (8th) required prior to administration and at shift change • Use Smart Pump Burets to infuse (if applicable) and Use Bedside Barcode Scanning (Comments on Wall)
Albuterol (Salmeterol) Inhalers (Salmeterol/Xiromed) (Asthma, COPD)	• Other using electronic order set	• Identification labels in the storage area	• Use Smart Pump Burets to infuse (if applicable) and Use Bedside Barcode Scanning (Comments on Wall)

## Preventing Patient Falls

ANMC continues work to mitigate fall risks for inpatients. We recently switched to universal yellow for patients who are at risk for a fall. This initiative includes:

- New fall kits that contain yellow socks, yellow magnets, and fall risk bands for the patients. Extra yellow socks are available, as well, to replace for patients.
- Yellow gowns are in use on the units.
- Post fall huddle debrief forms were updated.
- ECRI Fall Collaborative was completed (included 13 collaborative meetings, 8 webinars, 3 safe tables, 1 presentation, and 1 practice assessment).
- The Inpatient Fall procedure was updated.
- New (TABLO) smart hospital beds replaced all current beds.
- Hester Davis for falls prevention tools were approved and are currently with the Analytics team to work into the EHR.
- Falls education completed in June (will be ongoing with new updates).




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## The Joint Commission Digital Learning Center

The Joint Commission Resources (JCR) Digital Learning Center (DLC) is available to all staff and contains unlimited access to a huge collection of readiness resources. The DLC is a great way to make sure we stay current on Centers for Medicare and Medicaid Services (CMS) and the Joint Commission (JC) requirements through webinars, newsletters, and publications. DLC resources include:

- **Webinars**
  - CMS Readiness Webinars
  - Environment of Care and Life Safety Webinars
  - Infection Control Webinars
  - Quality and Safety Videos
  - Medication Management Webinars
- **Publications**
  - Publication on JC and CMS Crosswalk Comparison of Standards and CoPs
  - PolicySource Publications: Policy templates, formatting recommendations, reference sources for specific requirements
  - The JC Big Book of Checklists: Templates for all needs
  - The JC Guide to Risk Assessment
  - Toolkit for New Accreditation Professionals
  - Emergency Management
- **Newsletters**
  - The Source and EC News monthly digital newsletter
  - Perspectives newsletter: Updates to JC standards and requirements
- **Peer-Reviewed articles**

The majority of the webinars offer continuing education credit for ANCC, ACHE, and ACPE with a printable certificate of completion at the end of the session. You must register and create a login in order to access all of the educational content and resources in the JCR DLC.

Digital Learning Center: <https://jcr.skyprepapp.com/account/signin>

Self-Registration Link: <https://qrco.de/bfOMWF>

Subscriber Key: 80001535

### AHHA Root Cause Analysis Workshop

The Alaska Hospital & Healthcare Association (AHHA) has partnered with Convergence Health to develop an RCA workshop for Alaska facilities. This workshop is free of charge and consists of two 90-minute virtual sessions designed to enhance understanding and application of Root Cause Analysis (RCA) in health care settings. Session 1 covers foundational topics such as the systems approach to preventing adverse events, fostering a just culture for responding to adverse events, and the detailed processes involved in conducting an RCA. Session 2 focuses on the practical application of RCA, addressing challenges to effective RCA implementation, developing actionable plans, and includes a case study relevant to rural health care settings to strengthen participants' RCA skills. Quality leaders and those participating in RCAs are encouraged to attend. Share the link with your teams!

**Session 1 is Wednesday, Nov. 6, 2024, at 1 p.m.**

**Session 2 is Wednesday, Nov. 20, 2024, at 1 p.m.**

**To register, scan the QR code or visit: <https://qrco.de/bfR9nx>**



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### 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 October 2024 Patient Safety Quarterly will provide access for CE credit until Nov. 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 by Nov. 30. Scan the QR code to access the survey. For more information, contact [jlfielder@anthc.org](mailto:jlfielder@anthc.org) or 907-229-1185.



[qrco.de/bdrV5j](https://qrco.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 early December.

[qrco.de/bfRU6k](https://qrco.de/bfRU6k)

### 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)