

NCPS Mission: To continuously improve the safety and quality of healthcare delivery in the region.

NCPS Newsletter: July 2020

A Message from the Patient Safety Program Director

NCPS is calling for COVID-19 Patient Safety Events! The COVID-19 pandemic poses daily challenges to the healthcare delivery system that have implications for patient safety. Several patient safety risks and proposed mitigation strategies associated with COVID-19 are summarized for you here. Please consider submitting safety events that may be related to care of patients with COVID-19 disease. Through shared learning from these events, future preparedness efforts will be that much stronger.

Pressure Injury

Care of patients in the ICU requires medical devices and equipment associated with device related pressure ulcers (DRPUs) including endotracheal tubes and tube fixators, nasogastric tubes, oxygen saturation probes, temperature probes, and arterial lines. Severe COVID-19 cases require mechanical ventilation to control the airway. Prone positioning is likely to reduce mortality among mechanically ventilated patients when applied for at least 12 hours daily. However, this position increases the risk of DRPUs in the facial area. Frequent mobilization and the application of prophylactic dressings under stiff devices have been shown to reduce the risk of DRPUs and remove trapped heat away from the skin to lessen perspiration and the related risk of skin irritation and maceration.

Falls

Patients with COVID-19 may require prolonged intensive care and mechanical ventilation. Prolonged ICU stays increase the risk of post intensive care syndrome (PICS). Although the actual cause is unknown, PICS may be related to sedative medications or hypoxia. PICS can result in multiple impairments that increase a patient's risk of falling. Cognitive and psychiatric impairments include deficits in memory, attention, and visuo-spatial processing as well as depression, impulsivity, and anxiety. Psychomotor impairments include muscle weakness and severe fatigue. Avoiding or limiting use of sedatives, neuromuscular blockers, and corticosteroids can help control the risk of PICS, as can early rehabilitation and mobilization with physical therapy. Additionally, allowing patients to connect with family through use of technology (e.g., Facetime) can enable family members to provide consistent reorientation to help lessen the effects of the ICU stay and mitigate the risk of developing PICS.

Mental Health

The negative consequences of social isolation, physical distancing, fear of contracting the disease, and financial stress related to loss of employment will likely have adverse effects on people with mental illness and on population mental health in general. Stigma toward individuals with COVID-19 and their families places them at increased suicide risk. Concerns that suicide rates will rise require urgent attention and careful monitoring by mental health providers now, and likely well after the pandemic has ended, to ensure patients receive the resources they need for effective suicide prevention.

Human Factors

Care of patients with COVID-19 has disrupted normal workflows by shifting staff assignments and modifying unit layout to accommodate the influx of patients. From a human factors perspective, whenever workflows are disrupted or people are doing tasks they do not usually do, there is a higher risk to patient safety. According to the Agency for Healthcare Research & Quality*, these risks are exacerbated by "fatigue and burnout, absence of team trust, lack of time for self-care, and poor psychological safety." Strategies to address these issues include:

- Improve workplace conditions and encourage help-seeking;
- Conduct frequent huddles, de-briefs, and use checklists to promote effective communication;
- Ensure team members have breaks, food, and hydration when needed;

- Establish a culture of safety that attends to staff psychological well-being and safety (e.g., adequate PPE).*

*Accessed from: <https://psnet.ahrq.gov/primer/covid-19-team-and-human-factors-improve-safety>

Delays in Preventive Care

The goal of “flattening the curve” to ensure hospitals can manage the surge in patient care created delays in preventive care, non-life threatening diagnostic procedures, treatments, and elective surgeries. These delays allowed reassignment of staff and increased availability of ventilators and other equipment/supplies for COVID-19 patients. However, the consequences of these delays may affect the quality and length of life and the cost of care. Delays in cancer screening and diagnosis may cause progression of undetected disease. Delays in cardiac care, especially diagnostic, interventional or surgical procedures scheduled prior to the pandemic, have created anxiety among patients who may delay seeking care because they feel their symptoms may not be severe enough and they do not want to burden the healthcare system. Telemedicine technologies have helped to restore preventive care as society and healthcare delivery slowly begin to open to normal operations. Telemedicine promotes continuity of care, decreases costs, improves patient self-management and ensures provider safety by reducing their direct contact with patients.

Thank you for your commitment to patient safety through your active participation in reporting events to NCPS. Have a safe and happy 4th of July!

– Regina Nailon PhD, RN

Reporting Committee Summary and Facility Self-Assessment

The 2nd Quarter 2020 NCPS Reporting Committee Meeting Summary is available in the members-only portal on the NCPS website. This quarter, the summary’s focus is on human factors and systems as they relate to specimen handling and test result.

Please continue to report patient safety events to NCPS - those that reach the patient with or without harm, and those that pose risk to the safety of the care environment.

We improve safety when we learn together!

Spotlight on Enteral Feeding Device Safety: Preparing for ENFit Conversion

Stacie Ethington MSN, RN-BC, Medication Safety Nurse Specialist at Nebraska Medicine has provided NCPS with this article to alert us all to the upcoming conversion of enteral device connectors. Please reach out to Stacie if you have any questions or would like more information:

sethington@nebraskamed.com

Outcomes of tubing misconnections are well documented in the Joint Commission’s Sentinel Event Alert: <https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-53-managing-risk-during-transition-to-new-iso-tubing-connector-standards/> from August 2014. Last summer, the Global Enteral Device Supplier Association (GEDSA) released a position statement outlining the ENFit connector conversion schedule for the United States. Manufacturing of legacy devices was planned to be phased out beginning July 1, 2020, with transition adapters no longer manufactured beginning January 1, 2021. However, as a result of the COVID-19 pandemic, GEDSA recently announced that member manufacturers will continue to support customers as needed. GEDSA’s strong recommendation is for healthcare entities to contact your specific manufacturer or supplier for information about phasing out the manufacturing of legacy feeding tubes, administration sets, and transition adapters. Manufacturers’ inventories will be used up until ISO compliant inventory becomes available.

As hospitals across Nebraska continue to prepare for this conversion, the Nebraska Medicine Medication Safety Nurse Specialist, Stacie Ethington, MSN, RN-BC has submitted this article in the hopes

that others can benefit from the steps she and her team are taking to successfully achieve a safe conversion in the coming months. If your organization has not yet converted, there are several resources available. GEDSA's website stayconnected.org has many excellent articles, presentations, and tools.

If you have a patient safety topic or information to share with other NCPS members, please contact Regina Nailon (regina.nailon@unmc.edu) with your great ideas! We welcome input and sharing from our members!



Learning Opportunities for NCPS Members

☑ NCPS Webinar: Creating Second Victim Resilience through Peer Support

DATE: Tuesday, July 28, 2020 from 12-1 pm CST.

CONTINUING EDUCATION: One hour of continuing medical education and one hour of continuing education credit for nurses will be awarded.

AUDIENCE: Any healthcare provider, including but not limited to physicians, pharmacists, physician assistants, nurses, and those in leadership positions in a variety of healthcare settings.

PURPOSE: To define a peer support framework that supports the clinician during adverse patient care events.

OBJECTIVES:

1. Define the second victim phenomenon and the critical need for peer support.
2. Describe the second victim experience.
3. Use a peer support framework to create safe spaces for healing.
4. Develop peer support actions based on a scenario.
5. Examine implications for peer support as they relate to membership in a patient safety organization.

PRESENTER: Carol Wahl DNP, RN, MBA, NEA-BC, FACHE, Assistant Professor, College of Nursing, University of Nebraska Medical Center - Kearney.

REGISTRATION: <https://attendee.gotowebinar.com/register/3601028532015471627>

- *Continuing Education Contact Hours awarded by Iowa Western Community College, Iowa Board of Nursing Provider #6.*
- The Nebraska Medical Education Trust designates this webinar for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Nebraska Medical Education Trust and the Nebraska Patient Safety Coalition. The Nebraska Medical Education Trust is accredited by the Nebraska Medical Association to provide continuing medical education for physicians.



☒ **Agricultural Health and Safety Course**

The Central States Center for Agricultural Safety and Health at the UNMC College of Public Health is offering the 2020 *Agricultural Health and Safety Course* **Free of Charge** to thank our health care providers, emergency services personnel, and those who continue to provide essential services during the COVID-19 pandemic.

- **Live via Zoom July 14-15 (Session A) and July 16-17 (Session B)**
- **Online (on-demand) July 14 - August 14, 2020**

Details:

- Earn up to 36.75 hours of AMA PRA, Nursing, EMS, Continuing Education credit at no cost.
- **Registration is required:** Go to www.unmc.edu/cce/aghealth
- The course textbook can be purchased during registration for \$90. All other course materials will be offered at no cost and will be mailed to you (at the address listed on the registration form) one week prior to the course.

Agenda: <https://www.unmc.edu/cce/catalog/clinicmed/aghealth/agenda.pdf>

For questions please contact Ellen Duysen: ellen.duysen@unmc.edu

COVID-19 Resources

☒ **COVID-19: Age-Friendly Care During a Pandemic**

In response to the Coronavirus (COVID-19) pandemic, the Institute for Healthcare Improvement (IHI) is hosting a series of **FREE** weekly Virtual Learning Hours. During these calls, IHI experts will share key COVID-19 learnings, innovations, and revelations they're gathering and gleaning from health care leaders and improvers across the globe.

- Click here to view and download resources from the 4Ms framework (what Matters, Mentation, Medication, Mobility) for providing age-friendly care:
http://www.ihl.org/resources/Pages/AudioandVideo/COVID-19-age-friendly-care-during-a-pandemic.aspx?utm_campaign=2020_TW_Test&utm_medium=Sign_Up&hsmi=89502491&hsenc=p2ANqtz-snMPukM2h3H5HZcKvb8dD6d1TMAfoMQvn3Q6c28XGfUqxQvkYwgjfsUh0eJX9hRvX24-zWLsXkXAsVPvtNYHpvvgKj8g&utm_content=VLH_Age_Friendly&utm_source=hs_email
- Click here to sign up to stay informed of upcoming free learning sessions:
http://forms.ihl.org/ihl-virtual-learning-hour-special-covid-19-series?utm_campaign=2020_TW_Test&utm_medium=Sign_Up&hsmi=89502491&hsenc=p2ANqtz-snMPukM2h3H5HZcKvb8dD6d1TMAfoMQvn3Q6c28XGfUqxQvkYwgjfsUh0eJX9hRvX24-zWLsXkXAsVPvtNYHpvvgKj8g&utm_content=VLH&utm_source=hs_email

☒ **COVID-19 Rapid Response Network for Nursing Homes**

IHI conducts A free CALL series, weekdays at 12:00 noon ET. A new Rapid Response Network for Nursing Homes is designed to support nursing home leadership, staff, residents, and communities impacted by the COVID-19 pandemic. A daily 20-minute National Nursing Home Huddle provides real-time, pragmatic solutions to improve infection control Click here to register now for the free call series: http://www.ihl.org/Engage/Initiatives/COVID-19-Rapid-Response-Network-for-Nursing-Homes/Pages/default.aspx?utm_source=hs_email&utm_medium=Sign_Up&utm_campaign=2020_TW_Test&utm_content=Nursing_Homes&hsenc=p2ANqtz-9z5PlzHXkCS1_XDYUX1BtsZmjUUnedHL3BmRWXhsPd35ljrMUOy4HCyLPd7bDLRIUsNe5OpXYpzcY2PJLEnci2Na4pg&hsmi=87689918

☒ **Using Joy in Work to Improve Staff Wellbeing During Times of Crisis**

Health care staff have been going above and beyond the call of duty to support patients and communities. Now is an opportune time for healthcare leaders to use the systematic approach of improvement science to look after the wellbeing and health of our workforce and bring joy to the workplace. Click here to read how the IHI Framework for Improving Joy in Work can help: http://www.ihl.org/communities/blogs/using-joy-in-work-to-improve-staff-wellbeing-during-times-of-crisis?utm_campaign=2020_TW_Test&utm_medium=Feature&hsmi=89502491&hsenc=p2ANqtz-8iW5JvM4CiyHZGvmJtM4VKpCjYPat7Yw3gEg6ZcbqvEmkan5t8S_AFsrSWREVCfzImgB0j1oMLtSY3JLzxPFA NxgYuGQ&utm_content=Using_JiW&utm_source=hs_email>

☒ **Tele-mental Health Beyond the Pandemic**

Record unemployment and social isolation have increased the demand for mental health services. This article describes barriers that have hampered the use of telemental health in the past, and how supporting it now and post-pandemic is important to maintain access to services. Click here to read: <https://www.commonwealthfund.org/blog/2020/using-telehealth-meet-mental-health-needs-during-covid-19-crisis>