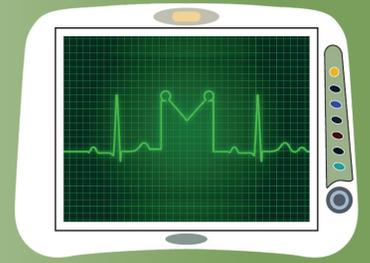




RISK MANAGEMENT

PULSE

**Current issues and trends for hospitals
and health systems**



February 2020

How prepared for an outbreak are you?

As the news headlines continue to update us on the coronavirus, also known as the COVID-19, named by the World Health Organization, it is clear this a public health emergency. Are you prepared?

The ECRI Institute has created a site, free to the public, [COVID-19 \(Coronavirus\) Outbreak Preparedness Center](#) that has links to resources on many items such as infection prevention and control, essentials on outbreak preparedness and response, personal protective equipment (PPE) and alternative suppliers, PPE supply equivalents, consulting services, and many external links to resource centers. Since it is updated regularly, you are going to want to bookmark this site and refer to it often!

Suicide remains a growing problem; what should we do?

According to the Centers for Disease Control and Prevention, “suicide is the 10th leading cause of death in the United States.” Several factors increase a person’s risk. How should your organization identify these factors? Did you know there is a suicide prevention portal?

The Joint Commission created a [Suicide Prevention Portal](#) that can help your organization fight this growing issue. In July 2019, the Joint Commission revised its National Patient Safety Goal on suicide prevention in healthcare settings. This portal has valuable resources for your organization from environmental risk assessments, evidence based screening tools, safety planning on discharge, and many webinars that give real scenarios with tools and techniques to address them.

Are you doing all you can to reduce maternal mortality?

According to USA Today, the US has the highest maternal death rate compared to other developed nations around the world. What can you do to prevent maternal mortality in your organization?

Relias, an organization known for innovative training on evidence based practice in high risk areas, posted information on the [New 2020 Maternal Mortality Framework and Standards](#) and how quality organizations are pushing US hospitals to intervene to prevent maternal mortality. The Joint Commission, starting in July 2020, has 13 elements that Joint Commission accredited hospitals will need to meet. These requirements are listed in an [R3 Report](#). If your organization is already participating in the Safe Care: Obstetrics program through Medical Mutual, you have access to all of the Relias OB learning modules. If you are interested, or unsure if your organization is participating, reach out to your Medical Mutual risk manager to find out more!

Can hospitals improve patient care by offering housing?

Many organizations struggle with discharging a patient to unstable living conditions or under circumstances that are considered unsafe because of issues such as dementia, substance misuse, homelessness, and many other reasons. What are some hospitals doing to help facilitate safe transitions while addressing overcrowding and bed utilization?

The American Hospital Association (AHA) is working with other organizations to help create innovation to address this growing problem and stem rising health costs. In the article, [Hospitals offering housing for improved patient care](#), hospitals in cities such as Denver, Baltimore, St. Louis, and Sacramento, have worked on community initiatives and partnerships to offer housing to ensure a safe discharge to underserved patients. The outcomes from these initiatives brought remarkable results. Because of this, many other organizations are investing in real-estate and partnerships to provide better, safe patient discharges and improve outcomes.

Standard practices in documentation: Are you at risk?

Documentation in the electronic medical record (EMR) is time consuming and often lacking essential details. To overcome some of the burdens, many organizations have adopted several shortcuts, which, if properly executed, can save your clinicians time. But, have you considered all the risks?

The Center for Improvement in Healthcare Quality (CIHQ), posted an article on [Three Traps in Medical Record Documentation](#). The first of these traps is the charting by exception. This can be a time saver, however, when looking in the medical record, was it not documented because there was no issue, or because it was not assessed? It is best for there to be a complete assessment, and then future assessments only contain information on the problems. Within normal limits is another time saver. However, if your organization has not defined what normal limits are, your clinicians may have different opinions on that. The article gives additional information on how to be survey ready. Check it out!

Call 800.942.2791 to
speak with a Medical Mutual
Risk Manager today.

