Medical Mutual Insurance Company of Maine

RISK MANAGEMENT

PULSE

Current issues and trends for hospitals and health systems

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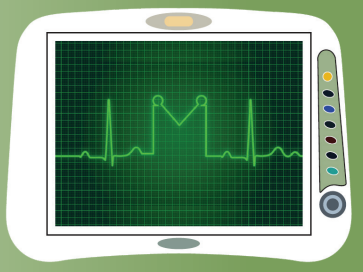

Is your organization screening for intimate partner violence?

Intimate partner violence (IPV) is serious and can go unrecognized. Prior to the COVID-19 pandemic, the CDC reports that about 20 people per minute suffer physical abuse by a mate. However, since the pandemic, stress and isolation have increased this number exponentially.

Medscape recently published an article on the Grim Findings on Partner Violence during the Pandemic. This article discusses the stressors that are affecting the rate at which IPV is increasing. These stressors are "socioeconomic instability, fear of disease, absence of community support, more substance use, and increased time spent with partners at home are among the stressors that can fuel an escalation and/or breed new episodes of violence." Because of this, not only are hotlines seeing an increased number of calls, but the severity of injuries has increased too. The emergency department is sometimes the first place where a person, through screening, could be identified. This enables the emergency department to empower victims of IPV and facilitate the needed help.

COVID-19 Era: How you can protect your organization from claims of negligence.

We have undoubtedly seen many changes since the advent of the COVID pandemic. And while many states have some immunity for providers, a plaintiff's attorney could make allegations that the outcome was due to negligence. So what are the different allegations that could be made?

The Medical Professional Liability Association (MPL) published an article Charting the New COVID-19 MPL Landscape that discusses positive changes such as streamlined services and improved access through telemedicine. They also discuss the challenges an organization faces, such as staffing, procurement of equipment and PPE, cancelation of elective surgeries, etc. Many states have some form of immunity for providers related to the pandemic, but all exclude willful negligence. A plaintiff's attorney will try to find ways to associate a poor outcome with negligence. According to MPL, some of the potential allegations are:

- Lack of overall preparedness for the pandemic
- Lack of capacity for care, including a lack of beds in ICUs
- Lack of personal protective equipment (PPE) for clinicians and staff, leading to injury/infection to patients
- Lack of sufficient equipment to treat patients, including ventilators and COVID-19 tests
- Inadequate staffing and inadequately trained staff

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- Inadequate infection control
- Delayed elective surgeries and procedures

Nevertheless, there are things an organization can do to protect themselves from such allegations, such as: keeping records of attempts to procure equipment and PPE, when your organization was operating under crisis standards, the implementation of CDC guidelines for monitoring staff, cleaning schedules, etc. By keeping accurate logs, you and your attorney will have a better defense if a claim of negligence arises from the COVID pandemic.

Are staff protected from getting COVID-19 in the workplace?

We have all read of COVID-19 outbreaks among healthcare workers. Some of these could be associated with poor adherence to masking, social distancing, and undiagnosed patients. What can your organization do to protect this vital asset?

ECRI posted an article Boston Hospital Suffers COVID-19 Outbreak Possibly Due to Lack of Masking, Distancing that discussed a cluster of COVID-19 cases that included 39 employees and 13 patients. The hospital press release stated their investigation identified some contributing factors: the first positive patient had an aerosol-generating procedure before testing positive. What contributed to the spread among employees is not distancing while eating when around others and not consistently wearing eye protection during patient interactions. Additionally, many patients do not wear masks when interacting with staff.

ECRI writes how facilities can become complacent and lax to adherence to prevention policies, including appropriate PPE and requiring patients and visitors to mask. The CDC offers guidance related to COVID-19. Taking a proactive approach to prevention and adherence will help protect your most valuable asset.

Responding to behavioral health emergencies in the hospital setting.

When behavioral health patients are on the in-patient unit, what happens when there is a behavioral health crisis? Does security get called to help manage the patient? Is there a plan for how this is managed, so the patient receives the appropriate treatment? Read on to find out how your organization can better respond to a behavioral health emergency.

The Journal of Ethics published an article A Call for Behavioral Emergency Response Teams in Inpatient Hospital Settings. In this article, they discuss how having a rapid response team (RRT) is now standard practice. The RRT helps identify potential issues before a patient decompensates into a medical emergency. However, behavioral health emergencies do not receive the same response because many non-psychiatric in-patient settings view behavioral health issues as security issues and not medical emergencies. The article uses the term behavioral health emergencies to describe a myriad of issues ranging from post-operative delirium to decompensation of a known psychiatric illness such as schizophrenia when the patient does not know how to cope with a new diagnosis. Their recommendation was to develop a behavioral emergency response team to provide the

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best care for your patients experiencing a behavioral health emergency.

Malpractice claims– numbers of claims are steady, but the severity is increasing.

According to an AON report and the American Society of Health Care Risk Management, malpractice claims are holding steady, but the cost of claims is expected to rise by 3% next year. Read more to find out the most frequent claims and how Medical Mutual can help you identify and mitigate risk in your organization.

According to an article in the Claims Journal, Malpractice Claims Frequency Holding Steady While Severity Increases, this 3% means "for hospitals, each claim is projected to cost $228,000. For employed physicians, $150,000. Claims related to labor and delivery is still the most expensive professional liability claim. The report says that "labor and delivery accounted for 7.7% of all claims, but 16% of costs." Treatment issues are the most frequent cause of professional liability claims accounting for 41.1% of the total. The report also identified the settlement amounts juries have awarded from high-risk areas.

What can your organization do to mitigate high-risk areas? Medical Mutual has proactive risk assessments tailored to help you not only identify risks in your organization, but you will receive a comprehensive report with recommendations to mitigate those risks.

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

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