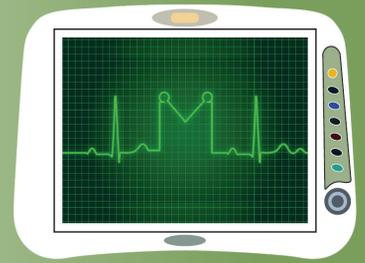




RISK MANAGEMENT

PULSE

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



February 2021

Medication errors during a pandemic—what can you do to prevent them?

Medication errors continue to plague all areas of healthcare. Medication errors are avoidable and most, have a systems component that with practice changes and systems geared toward prevention could mitigate future events. But where do you start when you're in a pandemic, and the errors are with the COVID vaccine?

The Institute for Safe Medication Practices (ISMP) publishes information on medication errors to help organizations learn from others' errors. Recently they published the article [Learning from Errors with the New COVID-19 Vaccines](#). Since mid-December, some of the vaccine errors reported are related to using too little diluent with the Pfizer-BioNTech resulting in overdoses. Some patients and staff in a long-term care facility received the entire vial, up to 100 mcg, instead of the recommended 30mcg dose. In a clinic in West Virginia, patients received monoclonal antibodies instead of the Moderna vaccine. Other errors include administering to the wrong age group, errors with scheduling second doses, etc.

ISMP recommends reviewing your process and these errors with your vaccinators to prevent them from happening at your organization.

Another article by ISMP [Start the Year Off Right by Preventing These Top 10 Medication Errors and Hazards from 2020](#) can help you identify your organization's vulnerable areas. Your proactive approach can stop the next patient from a preventable medication error.

Behavioral health patients in the inpatient setting

In the August edition of the Pulse, we talked about the struggle to provide adequate care while behavioral health patients board in the Emergency Department for days or even weeks. But behavioral health patients also have medical conditions that require hospitalization that cannot be managed on a psychiatric unit. How do you ensure staff has the competencies to manage the patient's behavioral issue while addressing the medical care?

The American Society for Healthcare Risk Management (ASHRM) recently released a white paper, [Behavioral Health Care in the Inpatient Medical Setting](#), which you can access even if you are not a member. This valuable resource covers ways to prevent elopement, leaving

against medical advice, and instructs on documentation, suicide/homicide risk assessments, seclusion, restraints, and safety contracts/safety plans. There is a section for special concerns such as domestic violence, decisional capacity, and reporting obligations. Lastly, there is an appendix with a resource list for behavioral healthcare in the inpatient setting.

So, what are you waiting for? Access your copy today!

How can your organization best support healthcare workers and prevent or minimize burnout?

Before the pandemic, burnout was already at an all-time high. Burnout has been called the elephant in the room. As the pandemic continues, it has only exacerbated this problem. How can organizations stop the increasing levels of burnout of our frontline staff before it's too late?

According to the [Journal for Healthcare Quality](#), a study showed that 1 out of 10 nurses self-reports suffering from a high burnout level, which has been shown to increase the chances of medication administration errors. Because this is a global problem and a significant patient safety issue, the Institute for Healthcare Improvement has published several tools, and recommendations organizations can take to improve this crisis. The first is [A Guide to Promoting Health Care Workforce Well-Being During and After the COVID-19 Pandemic](#), which can be downloaded from their site (note: a free account is required to download this document). The second is the article [How Leaders Can Promote Health Care Workforce Well-Being](#). Building on these tools is the most current article [Actions Organizations Can Take to Promote Health Care Workforce Well-Being](#). These tools can help organizations be proactive, support the frontline, and meet the needs of the workforce.

Health Equity needs improvement—what can be done to fix it?

Every day we see in the news equity disparities in healthcare. According to the CDC, “health equity is achieved when every person has the opportunity to “attain his or her full health potential,” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” How might our own biases contribute to the disparate care received by those with health inequities?

The AMA Journal of Ethics published a peer-reviewed article [Advancing Health Equity by Avoiding Judgmentalism and Contextualizing Care](#), that reviews a case study where a woman is labeled as non-compliant when in fact, she had to choose between care for herself or her grandson. This article writes that we do not ask why someone is noncompliant because we feel as though we know the answer. This is especially true when a person is from a low-income community or has a history of “noncompliance.” The article refers to this as judgmentalism. The antidote, instead of documenting noncompliant, instead of documenting nonadherent— ask the patient why. This small shift, among others mentioned, will help you begin to improve health equity.

Health literacy is critical, but what is it, and how can it be fixed?

The healthcare system is complex, and most of us, even with a healthcare background, can find it challenging to navigate. According to the Agency for Healthcare Research and Quality (AHRQ), “Personal Health Literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” But, how do you improve health literacy?

[AHRQ](#) has a whole section devoted to health literacy, with free tools making it easy for busy professionals to find the necessary information and training to improve. This health literacy page has improvement tools such as an [Easy-to-Understand Telehealth Consent Form](#) and a [how-to guide for clinicians](#) to obtain informed consent for Telehealth.

There is a section for [professional education and training](#), such as information and training on how to engage patients to make informed choices instead of just consenting.

The final section is for [health literacy publications](#) to help you find information that supports your organization to take the next step and ensure your staff has the tools to build relationships with their patients, ultimately improving outcomes.

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