



# Risk Management SNAPSHOT

Current issues and hot topics  
in healthcare risk management.



This edition of SNAPSHOT features several topics identified by ECRI in their [Top 10 Patient Safety Concerns 2024](#)

Medical Mutual offers [resources](#) to help our clients navigate and mitigate ever-changing risk.

## Complexity of Preventing Diagnostic Error



Listed on ECRI's Top 10 list of patient safety concerns in 2024, complexity of preventing diagnostic error leads to a significant percentage of malpractice claims.

In a recent [article](#), Forbes Advisor reviewed medical malpractice statistics of 2024, revealing that misdiagnosis or delayed diagnosis accounts for nearly one-third (32%) of medical malpractice claims in the United States. According to [ECRI](#), "About half of serious harm caused by diagnostic error is related to 15 diseases. Improving diagnosis of the top five (stroke, sepsis, pneumonia, venous thromboembolism, and lung cancer) represents an opportunity to significantly reduce harm."

In their "Top 10" report, ECRI further states, "Since approximately 40% of patient encounters in primary care offices involve some kind of medical test, effective test result management offers a significant opportunity to reduce error and patient harm."

Tracking and managing referrals and diagnostic test results is a critical component of reducing diagnostic errors. MMIC has a practice tip to help you manage this effectively: [Results Management - Tracking Diagnostic Tests and Referrals](#)

This article falls under **CLINICAL/PATIENT SAFETY** in the Enterprise Risk Management (ERM) risk domains.

*Risks associated with the delivery of care to patients, residents, and other health care customers. Clinical risks include failure to follow evidence-based practice, medication errors, hospital acquired conditions (HAC), serious safety events (SSE), health care equity, opportunities to improve safety within the care environments, and others.*

## Supply Chain Shortages Continue to Compromise Patient Safety

First listed on ECRI's Top 10 list of Patient Safety Concerns in 2022, supply chain shortages involving medications, equipment, and healthcare supplies continue to challenge healthcare. A recent survey administered jointly by the Institute for Safe Medication Practices (ISMP) and ECRI found ongoing supply chain issues are leading to unsafe practices and compromised care. How do we mitigate this complex risk?



Supply chain issues remain a high concern, earning it another top spot on ECRI's Top 10 Patient Safety Concerns of 2024 list ([8. Delays in care resulting from drugs, supply, and equipment shortages](#)). A recently published survey overseen by ECRI and ISMP looked to further detail how supply chain shortages harm patients. From the 200 respondents who completed a July 2023 ISMP/ECRI survey on Drug, Supply, and Equipment Shortages, 49% reported delayed patient treatments, 24% shared they were aware of at least one medication error, and

hospital-acquired infection rates had increased related to supply chain shortages. Due to the complexity and breadth of the issues, resource-intensive time spent by healthcare professionals to plan, mitigate, and educate is exerting an enormous toll. ISMP has shared the results of the survey with the US Food and Drug Administration (FDA) to help shed light on this continued patient safety issue. You can read more here: [Institute for Safe Medication Practices \(ISMP\) article](#).

To help mitigate supply chain related patient safety risks, organizations should focus on developing a comprehensive supply chain plan that focuses on planning, preparation, communication, flexibility, and vendor collaboration. Some recommended actions to get started might include:

- Proactively identifying supplies and critical drugs at risk of supply chain issues.
- Monitoring drug shortage and plant disruptions.
- Establishing internal and external communication plans.
- Collaborating with vendors for transparency with inventory levels, surge plans, and supply origins.
- Developing flexible vendor contracts for substitutions.
- Establishing strong quality control protocols, especially with substituted products.

Don't hesitate to reach out to your Medical Mutual Risk Manager for resources to help get you started!

This article falls under **OPERATIONAL** in the Enterprise Risk Management (ERM) risk domains.

*The business of health care is the delivery of care that is safe, timely, effective, efficient, and patient-centered within diverse populations. Operational risk relates to those risks resulting from inadequate or failed internal processes, or systems that affect business operations. Examples include risk related to: adverse event management, credentialing and staffing, documentation, chain of command, lack of internal controls, supply chain and identification of existing opportunities within management oversight.*

## ECRI's 2024 Top 10 Health Technology Hazards List Highlights Medical Care at Home

ECRI, a nonprofit organization that works to improve the safety, quality, and cost-effectiveness of healthcare delivery, has released its 17th Top 10 list that highlights health technology hazards. The top spot features hazards patients may face at home.



As healthcare continues to face patient flow and access challenges, more patients are receiving higher acuity care at home than ever before. That means medical-grade devices are being utilized in the home with greater frequency. Issues with training, misuse, and errors are a patient safety concern, which helped earn the use of medical devices in the home the top spot on ECRI's annual Top 10 List of Technology Hazards. Here's a recent article discussing some of the topics on the list [Health tech hazards: At-home medical devices, AI governance on ECRI's new list](#). Even if you are not a subscriber to ECRI, you can download the executive brief that details all 10 hazards and is filled with usable content and resources [Top 10 Health Technology Hazards for 2024 Executive Brief](#).

Organizations should assess the types of medical-grade devices they are sending patients home with to come up with a targeted risk mitigation plan. Utilizing well-known mitigation tactics such as standardizing education, use of checklists, and ensuring discharge follow up is scheduled would help improve the safety of these patients.

Don't hesitate to reach out to your Medical Mutual Risk Manager for resources to help get you started!

This article falls under **TECHNOLOGY** in the Enterprise Risk Management (ERM) risk domains.

*This domain covers machines, hardware, equipment, devices, wearable technologies, and tools, but can also include techniques, systems, and methods of organization. Health care has seen an escalation in the use of technology for clinical diagnosis and treatment, training and education, information storage and retrieval, and asset preservation. Examples also include Electronic Health Records (EHR) and Meaningful Use, financial and billing systems, social media, and cyber security; cyber risks can be significant.*

## Workarounds with Barcode Medication Administration Systems

Barcode medication administration (BCMA) has been widely adopted in healthcare settings to prevent medication errors. Barriers to effective implementation of BCMA can lead to “workarounds”—another ECRI Top 10 patient safety concern for 2024. Understanding the barriers and creating strategies to eliminate workarounds can contribute significantly to improved patient safety.

In a recent study, [BMC Nursing](#) explored facilitators and barriers to the utilization of BCMA. Several themes impacting effectiveness emerged, including training, culture/accountability, equipment, staffing/workload, ergonomics, infection control, and medication-related challenges.

BCMA compliance is a quality metric that every hospital should be monitoring regularly.

Your Medical Mutual Risk Manager would be happy to assist you in the assessment of workflows, barriers, and opportunities.



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## Physician Fined \$25K Over Supervision of DNP Who Called Herself ‘Doctor’



A supervising physician was recently fined \$25,000 for not following the supervision agreement according to state laws.

This article by Medscape, [Physician Fined 25k Over Supervision](#), shows how a provider not only didn't review the agreement but was not overseeing per the California state law. Medscape also did an article in April of 2023, [Malpractice Risks for Docs Who Oversee NPs or PAs](#) that brings forward some of the malpractice risks for doctors who oversee nurse practitioners (NPs) or physician assistants (PAs). As healthcare organizations start

to bring in more advanced practice practitioners, it is important to consider your state-specific laws and regulations around supervision requirements. In the hospital setting, CMS “Conditions

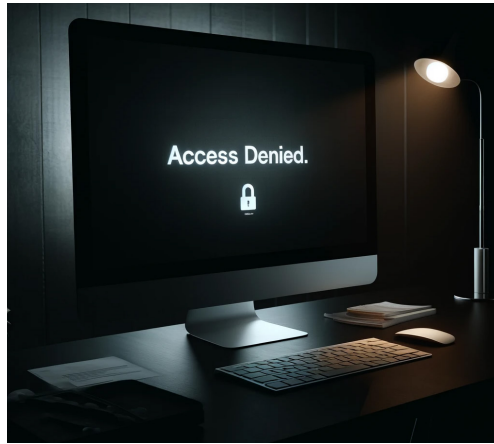


of Participation” need to be complied with as well. This can create confusion for licensed independent practitioners (LIPs) and oversight requirements. Medical staff bylaws, rules and regulations, and individual privileges need to be carefully constructed to meet all state and federal requirements. MMIC has a practice tip [Advanced Practice Providers](#) to help you navigate.

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## Associations Starting to Speak Out on the Pending Information Blocking Rule Changes



In a follow-up to an article in our January newsletter, [Blocking Information in Your EHR Might Cost You](#), medical associations are beginning to speak out about the new rule that would cost healthcare providers and facilities significant financial penalties for improper information blocking.

The U.S. Department of Health and Human Services (HHS), which oversees the federal law known as the Health Insurance Portability and Accountability Act (HIPAA), has proposed a new rule that

would cost healthcare providers and facilities significant financial penalties for improper information blocking. The proposed financial penalties are tied to eligibility status and reimbursement rates under the Centers for Medicare and Medicaid Services programs. You can view the proposal here on the Federal Register: [21st Century Cures Act: Establishment of Disincentives for Health Care Providers That Have Committed Information Blocking](#). The American Hospital Association and the Medical Group Management Association are sharing their concerns about the potential financial impacts on organizations and offering another potential solution. You can read more here from Healthcare IT News: [ONC info blocking disincentives are 'excessive,' says AHA](#) and [CMS-based info blocking disincentives jeopardize Medicare participation, says MGMA](#).

This article falls under **LEGAL/REGULATORY** in the Enterprise Risk Management (ERM) risk domains.

*Risk within this domain incorporates the failure to identify, manage, and monitor legal, regulatory, and statutory mandates on a local, state, and federal level. Such risks are generally associated with fraud and abuse, licensure, accreditation, product liability, management liability, Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs) and Conditions for Coverage (CfCs), as well as issues related to intellectual property.*

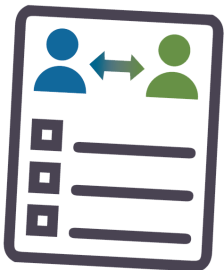
# PLEASE JOIN US FOR

## Do This, Not That Navigating the Murky Waters of Claims, Peer Review, and the Dreaded Board Complaint

Wednesday, June 12, 2024

Noon to 4pm

Harraseeket Inn, Freeport, Maine



When you're the subject of a medmal claim, a clinical peer review, or a complaint to the Board of Licensure, what you do and don't do can make a significant difference in the eventual outcome.

Join us for this informative afternoon seminar where you'll learn the kind of do's and don'ts that can save both individuals practices, and hospitals from making avoidable—and potentially costly—mistakes in the event of a

Availability is limited, though, so register for the seminar by contacting Andrea at:

Phone: 1-800-942-2791 Email: [alopez@MedicalMutual.com](mailto:alopez@MedicalMutual.com)