



Risk Management SNAPSHOT

Current issues and hot topics
in healthcare risk management.



'Defining Moment' for Nursing: Joint Commission Recognizes Staffing as Quality Component

The Joint Commission will formally recognize RN staffing as a national performance goal—effective January 1, 2026. TJC hospitals will need to meet certain standards related to staffing and oversight. The American Nurses Association (ANA) applauds the changes.



The article in [Becker's Hospital Review](#) frames the Joint Commission's decision to formally recognize staffing as a quality-of-care component as a "defining moment" for nursing, elevating nurse staffing from an operational challenge to an organizational performance metric. It argues that accreditation and regulatory bodies will increasingly hold hospitals accountable for safe staffing levels, pushing nursing leaders to develop transparent, data-driven models. Organizations may consider benchmarking nurse-to-patient ratios, skill mix, and overtime rates against industry standards to prepare for these new regulatory changes.

This article falls under **Human Capital** and **Legal/Regulatory** in the Enterprise Risk Management (ERM) risk domains.

Human Capital

This domain refers to the organization's workforce. Included are risks associated with employee selection, retention, turnover, staffing, absenteeism, on-the-job work-related injuries (workers' compensation), work schedules and fatigue, productivity, compensation, succession planning and labor unionization activity. Human capital associated risks may cover recruitment, diversity, retention, and termination of members of the medical and allied health staff.

Legal/Regulatory

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 (CfC), as well as issues related to intellectual property.

Reducing Exposure to Sexual Abuse and Molestation (SAM) Claims in Healthcare

Sexual abuse and molestation events in healthcare are devastating to patients and organizations alike. Claims are growing more frequent and severe to the point where it is affecting insurability. Healthcare providers need to implement strong policies and procedures to protect their patients from harm and protect themselves from the possibility of massive settlements.



This [Risk Strategies blog](#) explains the impact on the insurance industry and renewals. It also outlines several strategies to reduce risk to your patients and organiza-

tion. Strong policies and culture of safety, such as the use of chaperones, staff training, and clear reporting channels are a necessity.

This article falls under **Clinical/Patient Safety** and **Legal/Regulatory** in the Enterprise Risk Management (ERM) risk domains.

Clinical/Patient Safety

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.

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Communication Breakdowns During the Discharge Process: A Threat to Patient Safety

The patient discharge process is a well-known area of concern for patient safety and liability. The Medical Professional Liability Association (MPL) recently published an article addressing the issue and providing some process improvement strategies.

The [MPL article](#) states that poor communication during patient discharge — whether among healthcare providers, between healthcare providers and patients, or in medication reconciliation — poses a significant threat to patient safety and is a source of liability. It highlights how incomplete, rushed, or poorly coordinated discharge processes can lead to confusion, medication errors, readmis-



sions, or even serious harm. Read the article for more insights.

Medical Mutual has a Practice Tip on [Hand Off Communication](#).

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PAM: Privileged Access Management in Remote and Hybrid Healthcare Work



Cybersecurity faces new challenges every day. Hospital IT departments need to ensure that information systems remain as protected as possible. Adding an extra security layer helps protect health systems' privileged accounts and systems, and their highly valuable data.

An article in [HealthTech Magazine](#) argues that Privileged Access Management (PAM) is essential for securing critical healthcare systems in remote and hybrid work environments by enforcing extra authentication/authorization for access to “kingmaker” accounts and enabling visibility and control across distributed users. It further emphasizes risk-based and just-in-time access (rather than always-on privileges), balanced with usability and auditability, as a practical way to protect patient data and maintain compliance.

This article falls under **Technology** and **Legal/Regulatory** in the Enterprise Risk Management (ERM) risk domains.

Technology

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.

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Alzheimer's Blood Test Cleared for Primary Care Use

The Elecsys pTau181 test can help rule out Alzheimer's-related amyloid pathology. Earlier this year, a different blood test was approved for use in specialized care settings. Having testing available through primary care has the potential to reduce unnecessary specialist referrals and more invasive procedures.



[MedPage Today](#) reports that Roche's Elecsys pTau181 blood test has received clearance for use in primary care settings to help rule out Alzheimer's-related amyloid pathology in patients with cognitive decline.

In a multicenter clinical study of 787 patients, the test demonstrated a negative predictive value of 93.8% and a sensitivity of 83.6%, providing a less invasive alternative to PET scans or cerebrospinal fluid analysis when the result is negative.

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HHS Officially Rescinds Nursing Home Minimum Staffing Rule



The rule, enacted in May 2024, was put in place to improve the safety and quality of care for nursing home residents. *The American Hospital Association (AHA) has repeatedly raised concerns that the requirements could exacerbate workforce shortages, lead to facility closures, and jeopardize access to care, especially in rural and underserved communities that often do not have the workforce levels to support these requirements.*

As reported by [MedPage Today](#), a rule that required a minimum number of healthcare staff in nursing homes has been rescinded. While some nursing home and hospital groups opposed the rule from its inception, nursing home consumer advocacy groups are dismayed by the reversal.

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- Evidence-based articles and guidance
- Regulatory and compliance insights
- Patient safety and workforce risk considerations

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