ECRI's Strategic Insights for Ambulatory Care newsletter is being offered to CAPIC insureds at no cost. If you are interested in visiting any of the links in this edition, please contact Brad Dunkin, Assistant Vice President, at BDunkin@CAPphysicians.com.

Patient Safety

Strategic Insights for Ambulatory Care

ECRI

November 21, 2023

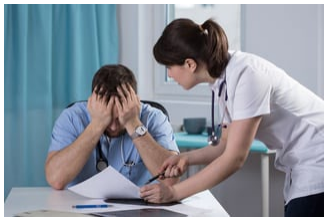
Strategic Insights for Ambulatory Care is a biweekly service provided by ECRI and the Cooperative of American Physicians (CAP). We welcome your comments; please send them to **AmbulatoryCareRM@ecri.org**.

COOPERATIVE OF AMERICAN PHYSICIANS

What's New?

- Taking Action: Erasing Race-Based Disparities in Breast Cancer Care **read now**

Spotlight on Violence against Healthcare Staff



Patient violence and aggression is pervasive in healthcare settings and puts patients, staff, and the healthcare organization at risk. ECRI named **Physical and Verbal Violence against Healthcare Staff** among the top 10 patient safety concerns in 2023. Use ECRI's resources to ensure your organization is taking comprehensive and adequate action against workplace violence.

- #2 Patient Safety Concern for 2023: Physical and Verbal Violence against Healthcare Staff
- Patient Violence
- Ask ECRI: Encouraging Reporting of Violent Patient Incidents

- Violence in Healthcare Facilities
- Self-Assessment Questionnaire: Violence Prevention in the Healthcare Workplace
- Podcast: Patient Violence

Patient Safety & Relations

CDC Resources for US Antibiotic Awareness Week November 18-24

What's the news. November 18-24 marks US Antibiotic Awareness Week, intended to raise awareness of the importance of appropriate antibiotic use and the threat of antibiotic resistance, according to **the Centers for Disease Control and Prevention** (CDC). Resources include a partner toolkit including messages for patients and healthcare professionals as well as content for newsletters, blogs, and other publications. **Digital resources and press materials** are also available.

Why it matters. Addressing overuse of antibiotics is important for healthcare organizations and their patients because this problem is associated with bacterial resistance, toxicity risks, patient harm events, and rising costs.

How ECRI can help. ECRI named **Antimicrobial Stewardship** and **Antimicrobial Stewardship in Physician Practices and Aging Services** top patient safety concerns in recent years.

Inappropriate Prescribing Is No More Likely among Nurse Practitioners than Physicians

What's the news. Overall, nurse practitioners were no more likely than physicians to prescribe inappropriately to older adult patients (1.63 versus 1.69 per 100 prescriptions), according to a **study published October 2023**, in the *Annals of Internal Medicine*; however, nurse practitioners were overrepresented among both clinicians who were consistently adherent with the American Geriatrics Society's Beers Criteria and those who were least adherent. The most common medication classes that were inappropriately prescribed included antidepressants, muscle relaxants, and hypnotics.

Why it matters. Inappropriate prescribing can lead to errors or adverse drug events. It is important that organizations support efforts to improve clinician prescribing and reduce risk to patients.

How ECRI can help. The guidance article **Medication Safety** provides strategies to help organizations improve medication safety and prevent medication-related adverse events.

Worker & Environmental Safety

Direct Gloving versus Hand Hygiene before Donning Gloves

What's the news. Healthcare personnel were more likely to adhere to a strategy of direct gloving (87%) compared with performing hand hygiene before donning nonsterile gloves (41%), demonstrating an overall 46% increase in adherence, according to a **study published October 26, 2023**, in *JAMA Network Open*.

Why it matters. Although current guidelines require hand hygiene before donning gloves, study findings suggest that a policy endorsing direct gloving may increase adherence to expected infection prevention practices and overall glove use.

How ECRI can help. The guidance article **Hand Hygiene** briefly outlines standards and guidelines related to hand hygiene and provides recommendations on how to monitor and improve hand hygiene compliance.

Legal & Regulatory

HHS' Office for Civil Rights Reaches First Ransomware Settlement

What's the news. The U.S. Department of Health and Human Services' (HHS) Office for Civil Rights announced its first ransomware agreement after reaching a $100,000 settlement with a medical management company to resolve a large breach report regarding a ransomware attack that affected the electronic protected health information (PHI) of over 200,000 individuals, according to an **October 31, 2023, HHS press release**. The company must also implement a corrective action plan that includes identifying the potential risks and vulnerabilities to PHI, addressing and mitigating security risks, reviewing and revising written policies and procedures, and providing workforce training on HIPAA.

Why it matters. Over the past four years, there has been a 239% increase in reported large breaches and a 278% increase in ransomware, according to HHS. With ransomware attacks on healthcare systems increasingly common, organizations must identify and address cybersecurity vulnerabilities to mitigate risks and protect patient information.

How ECRI can help. The guidance article **Cybersecurity in Ambulatory Care** can help organizations better understand their current approaches to cybersecurity and identify opportunities for improvement.

Jury to Decide Whether Verbal Postoperative Instructions Were Sufficient

In a case in which a patient bled to death following skin cancer surgery, the plaintiff failed to establish a breach of the standard of care regarding performance of the

surgery, but questions remain for a jury to decide regarding postoperative instructions, a South Carolina appellate court has ruled.

The patient, a 74-year-old man, was referred to the defendant dermatology group regarding skin cancer on his left ear and forehead. The dermatologists performed Mohs surgery to treat the cancer; the patient signed an informed consent form that listed potential complications, including bleeding, infection, scarring, nerve damage, incomplete removal, recurrence, and pain. The patient was discharged from the outpatient procedure the same day with a one-page document of written instructions, which included a phone number to call with questions. The medical record also indicated that verbal instructions had been given.

That evening, the patient's wife noticed blood oozing around the bandage and called the number on the form. While the phone message instructed callers to dial 911 for an emergency, she did not believe that the case was an emergency and instead dialed the extension that was provided on the discharge form. She did not listen to the complete message that directed callers to dial a separate number for an answering service. The patient's wife left a message and, because she did not receive a call back, did not believe that the situation was an emergency. She did not call the number again.

When bleeding persisted, the patient refused to go to the emergency department. The patient awoke several times overnight, needing his inhaler. When the patient went to the bathroom at 4:30 a.m., his wife checked on him, and he asked for his inhaler. Turning the bedroom light on to find the inhaler, she found significant dried blood on the patient's pillow. Hearing the patient fall in the bathroom, she returned to find him slumped against the wall. Paramedics were unable to revive him.

The patient's wife sued, alleging that the surgeon failed to adequately warn the patient about the risk of bleeding, and that the surgeon should not have conducted surgery due to the patient's tachycardia. Specifically, the plaintiff argued that the after-hours phone prompt was unclear in how to reach immediate help and that the one-page written instructions were insufficient. After hearing expert testimony, the trial court entered a directed verdict for the surgeon on each of these issues. The appeals court upheld three of the four verdicts, but reversed a finding related to the surgeon's post-surgical instructions. Because of the conflicting expert testimony regarding the sufficiency of the surgeon's warnings regarding the risk of bleeding, a jury should decide the question, the court held. (*Chalfant v. Carolinas Dermatology Group*, *P.A.,* 887 S.E.2d 1 (S.C. Ct. App. April 12, 2023))

ECRI Resources:

- **Informed Consent in Office-Based Care**
- **Self-Assessment: Informed Consent**
- **Informed Consent Training Program**
- **Infographic: Postacute Care: Postsurgical Warning Signs**

ECRI Commentary: Patients discharged from inpatient or outpatient procedures may still be in a vulnerable state of health and are at increased risk of adverse events, including death. Individualized care plans that consider the patient's unique conditions and risk factors are a key part of the discharge process. Just as informed consent should focus on a person-centered educational process that results in a shared understanding of the risks, benefits, and alternatives to treatment, so too should the discharge planning process be conducted in a way that seeks to ensure patient understanding and answer the patient's questions. Both processes should be carefully documented to limit the risk of ambiguity about what is or is not discussed.

This abstract is a summary of a recent court decision, verdict, settlement, or other action affecting healthcare organizations and their risk management programs. When reviewing this abstract, keep in mind that laws and court decisions vary among jurisdictions and that decisions of lower courts may be overturned on appeal. For specific legal guidance regarding the significance or applicability of this decision, contact legal counsel.

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