

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.



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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.



Special Report: Top 10 Patient Safety Concerns 2024

The Top 10 Patient Safety Concerns 2024 is a guide for a systems approach to adopting proactive strategies and solutions to mitigate risks, improve healthcare outcomes, and ultimately, enhance the well-being of patients and the healthcare workforce. [read now](#)



What's New?

- **Reducing Scalpel Injuries—An Evaluation of Blade Removers**
A Live-Streamed Lab Webcast Presented by ECRI
- **Upcoming Webinar:** Join ECRI and Andrew Bolin, JD, of Bolin Law Group on Wednesday, May 8, at 1:00 p.m. ET as we discuss establishing Patient Safety Evaluation Systems, their relationships to PSOs, the differences between state and

federal protections, and how to work with surveyors who request information protected under the Act.

[Register now!](#)

Spotlight on Transitioning New Clinicians into Practice

[Challenges Transitioning Newly Trained Clinicians from Education into Practice](#)

is our number one patient safety concern in 2024. No one doubts that the typical volume of clinician's hands-on and in-person educational experience was disrupted by the pandemic. Adding this to the growing workforce shortages and demands may result in increased risk of harm to patients as new clinicians transition from education to clinical practice. ECRI outlines and provides action recommendations to address this concern and more in the special report **[Top 10 Patient Safety Concerns 2024.](#)**



[Download the full report](#)

Patient Safety & Relations

Recent CDC Respiratory Virus Guidance Update Does Not Apply to Healthcare Settings

What's the news. The Centers for Disease Control and Prevention's (CDC) recent updates to its respiratory virus guidance—which included changes to the recommended isolation period for COVID-19 from a minimum of 5 days to 24 hours after improved symptoms—does not apply to healthcare settings, according to **[CDC's FAQs published March 1, 2024.](#)** CDC offers separate, specific guidance for healthcare settings (**[COVID-19, flu,](#)** and **[general infection prevention and control](#)**) and **[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)** that is not currently changing.

Why it matters. COVID-19 continues to pose a significant health risk to those at higher risk, and healthcare workers are advised to remain up to date on COVID-19

vaccinations, as well as vaccinations against other common respiratory viruses, such as the flu.

How ECRI can help. Resources on COVID-19 and infection control, including immunization of healthcare personnel, are listed in the resource collections [COVID-19 Response](#) and [Infection Control](#).

Patients Believe Relationships with Providers Are Important in the Diagnostic Process

What's the news. Patients and families living with chronic conditions provided feedback on the diagnostic process, describing relationships with clinicians (60%) and clinical care (36%) as important factors, according to an [article in the February 2024 issue of *Diagnosis*](#). Within relationships, patients valued thorough and competent attention (46%), clear communication and listening (41%), and emotional support and human connection (39%). Within clinical care, patients highlighted timeliness (31%), effective clinical management (30%), and coordination of care (25%).

Why it matters. Study findings emphasize the importance of establishing positive provider-patient relationships to improve the diagnostic process.

How ECRI can help. The [Taking Action: Effective Provider-Patient Communication](#) provides strategies to help organizations achieve safe and effective communication between providers and patients.

Specialized Nurses Can Help Enforce Patient Safety Culture

What's the news. Specialized nurses can help promote and reinforce patient safety culture by actively engaging in communication, teamwork, and incident reporting; other factors that play a critical role in preventing adverse events include nurses' safety knowledge and skills and a commitment to safety, according to a [study published February 17, 2024, in the *Journal of Advanced Nursing*](#).

Why it matters. Increased participation and leadership of specialized nurses in improvement initiatives could help improve patient safety culture and prevent adverse events. Organizations should provide resources and training to support nurses' contributions.

How ECRI can help. The guidance article [Culture of Safety: An Overview](#) describes each of the three components of a safety culture and provides recommendations on how an organization can approach each one.

Primary Care Time Scarcity May Contribute to Near-Miss Events

What's the news. Primary care physicians identified near-miss events in which spending more time than was allotted for the patient encounter improved care or

prevented harm, according to a [study published February 15, 2024, in the *Journal of General Internal Medicine*](#). Five types of patient care episodes were associated with these near-miss events: "complex social situations, high-risk medication regimens requiring patient education, high acuity conditions requiring immediate workup or treatment, interactions of physical and mental health, and more subtle clinical suspicions."

Why it matters. Time scarcity for physicians can "impede adequate responses to patient care episodes that are time sensitive and intensive or require flexibility," according to the study authors, which can thus increase the risk of adverse events and threaten patient safety.

How ECRI can help. The guidance article [Managing Risks in Physician Practices](#) presents an overview of topics that a risk manager will need to address when assessing a physician practice.

Legal & Regulatory

As Change Healthcare Cyberattack Drags On, UnitedHealth Group Offers Restoration Timeline

What's the news. After a major cyberattack uncovered over two weeks ago, UnitedHealth Group has restored Change Healthcare's electronic prescribing and has plans to restore electronic payment functionality and connectivity to their claims network and software, according to a [March 7, 2024, press release](#). The U.S. Department of Health and Human Services (HHS) has announced new flexibilities to support providers amid the fallout of the cyberattack, according to a [March 5, 2024, Fierce Healthcare article](#); HHS has also published a [March 10, 2024, letter](#) to healthcare leaders, offering action recommendations to UnitedHealth Group and other insurance companies and payers.

Why it matters. Cybersecurity is an urgent concern in healthcare organizations. Attacks often have negative effects on patient care, such as poor outcomes from delays in tests and procedures, longer length of stay, more complications from medical procedures, more patient transfers, and even higher mortality in some cases.

How ECRI can help. The guidance article [Cybersecurity in Ambulatory Care](#) discusses how healthcare organizations can better understand their current approaches to cybersecurity and identify opportunities for improvement.



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