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**.

Spotlight on Health Care Risk Management Week

Health Care Risk Management Week—a week to recognize and celebrate healthcare risk professionals, according to the **American Society for Health Care Risk Management**—will be June 16-20, 2025. ECRI has developed a range of guidance articles, self-assessments, training programs, and more on the role of the healthcare risk manager, how to develop a risk management program and demonstrate its value, and much more. Access physician practice-specific resources, including:

- Risk Assessment Toolkit for Physician Practices
- Overview of the Risk Management Process
- Self-Assessment: Healthcare Risk Management Programs

See the **Resource Collection: Risk Management Fundamentals** to access all related resources in your ECRI membership.

- ECRI CEO: Strengthen Infection Control to Protect Patients and Save Lives **read now**

Patient Safety & Relations

Older Adults Perceive Elderspeak as Patronizing, More Likely to Reject Care

What's the news. The Iowa Coding for Elderspeak (ICodE) is an "evidence-based coding scheme" that can accurately document the use of elderspeak—communication that sounds like babytalk and is often used in dementia care—by nursing staff, according to a **study in the June 2025 issue of** *The Gerontologist*. Results suggest "that older adults perceive elderspeak as more patronizing or less respectful than neutral speech," and the use of elderspeak is more likely to result in rejection of care by individuals with dementia.

Why it matters. It is important that providers communicate with older adult patients appropriately and respectfully.

How ECRI can help. The guidance article **Dementia Care in Aging Services** provides an overview of current best practices for dementia care in aging services organizations, discusses risks that may arise if dementia care is not optimized, and provides mitigation strategies to improve quality of care for those with dementia.

AHRQ CAHPS Survey for Informal Caregivers of Adults Who Received End-of Life Care

What's the news. The Agency for Healthcare Research and Quality published the **Consumer Assessment of Healthcare Providers and Systems (CAHPS) End-of-Life Care Survey** in May 2025, which assesses a patient's care experiences in the last month of life across various providers and settings, including acute care, ambulatory care, hospice, assisted living, and telehealth. The survey is designed for informal caregivers of adults who received end-of-life healthcare.

Why it matters. Many patients lack any formal, legal plans (i.e., advance directives), which can create tension or uncertainty among family members and providers during emotionally charged times, such as end-of-life care, as well as risk a patient's right to self-determination, bodily autonomy, and sense of dignity. Ensuring patients have current advance directives can help ensure a person's wishes are honored as their life and health status change, whether over time or unexpectedly.

How ECRI can help. The toolkit **Advance Care Planning: Office-Based Care** can help ensure that such discussions are completed, optimized, and well-documented.

Worker & Environmental Safety

Workplace Violence Cost Hospitals More Than $18B in 2023

What's the news. Workplace violence cost US hospitals more than $18 billion in 2023, according to **an analysis from the American Hospital Association**, more than $3.6 billion of which was related to pre-event prevention measures. Those measures included staff training, hiring additional security personnel, policy and procedure development, public outreach, facility modification, and investments in monitoring technology. The largest costs were related to caring for injuries that resulted from the violence, accounting for more than $13 billion. Other postevent costs included lost work, replacement and repair of damaged infrastructure and equipment, and case management for affected individuals.

Why it matters. While the study focused on hospital costs, the same factors, including pre-event prevention measures and postevent impacts, affect providers across the continuum of care, including primary care practices.

How ECRI can help. The **Self-Assessment: Workplace Violence** can help providers identify risks in their own organizations and prioritize preventive measures.

ASPR Recommends Steps for Healthcare Organizations to Mitigate Workplace Violence

What's the news. Strengthening security protocols, enhancing emergency preparedness, supporting workforce mental health and retention, and promoting information sharing are key steps to preventing and mitigating violence toward healthcare facilities and staff, according to a **May 21, 2025, bulletin by the U.S. Department of Health and Human Services' ASPR** (Administration for Strategic Preparedness & Response).

Why it matters. Violence is much more common in healthcare than in other industries, and although many violent events in healthcare are perpetrated by patients, a notable percentage is not. Individuals other than patients who may cause violence in healthcare settings include family members of patients and other visitors, employees, and criminals.

How ECRI can help. The **Facilitator's Guide: Case Scenario on Workplace Violence in Ambulatory Care** is a training tool that helps organizations elicit conversations with staff, discuss how an event would be handled at the organization, help identify any similar pain points, and discuss potential solutions.

Legal & Regulatory

Could AI Avoidance Expose Providers to Liability Risk?

What's the news. As artificial intelligence (AI) tools are shown to be safe and effective, healthcare providers who avoid adopting them may expose themselves to liability risk, according to a **May 27, 2025, Bloomberg Law article**. The article posits a scenario in which a provider fails to diagnose a cancer that an AI tool would have identified; the provider's choice not to use the AI tool could be included in an allegation of malpractice. While use of AI tools has not widely been adopted into clinical practice guidelines and challenges to their incorporation in care remain, experts quoted in the article posit that the industry is inevitably moving in that direction.

Why it matters. Failure to develop system-wide governance to evaluate, implement, oversee, and monitor new and current AI applications may increase healthcare organizations' liability risks. However, it can be challenging to establish policies that can adapt to rapidly changing AI technology.

How ECRI can help. ECRI's **Top 10 Patient Safety Concerns 2025: Insufficient Governance of Artificial Intelligence in Healthcare** highlights strategies to promote the safe, timely incorporation of AI into healthcare operations.

PAs, NPs, Increasingly Filling Provider Gaps, See Stable Liability Profiles

What's the news. Increased reliance on advanced practice providers such as physician assistants (PAs) and nurse practitioners (NPs) has not yet led to an increase in medical liability, according to an **article in the Spring 2025** *Inside Medical Liability*. As physician shortages persist, initiatives to encourage PAs and NPs to practice at the top of their license are leading to improved efficiency and reimbursement without negative impacts on patient satisfaction, according to the article. Insurers quoted in the article note that they continue to see a liability profile similar to other clinicians for these providers, and that PA or NP presence as a defendant or involvement in lawsuits does not affect indemnity payments.

Why it matters. Plaintiff attorneys are likely to scrutinize the involvement of PAs and NPs when considering litigation, examining factors such as their education, scope of practice, and supervision. While this focus has not yet had an effect on indemnity payments, providers should continue to monitor how PAs and NPs work in their practices to maximize their impact on care while minimizing risk.

How ECRI can help. ECRI's **Top 10 Patient Safety Concerns 2023: Impact on Clinicians Expected to Work Outside Their Scope of Practice and Competencies** takes a total systems approach to recommended safety practices to protect patients and providers.