

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 Yvette Ervin, Vice President, CAPIC Risk Management, at YErvin@CAPphysicians.com.



ECRI

Strategic Insights for Ambulatory Care

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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 Culture of Safety

An organization whose leaders embrace a safety culture makes safety its number one priority. Leaders demonstrate their commitment by supporting the organization to learn about errors and near misses, investigate errors to understand their causes, develop strategies to prevent error recurrence, and share lessons learned with staff so they recognize the value of reporting concerns. Risk managers are essential for helping the organization achieve a safety culture. A culture of safety prioritizes error analysis and mitigation—fundamental to the functions of risk management.

ECRI Resources:

- [Culture of Safety: An Overview](#)
- [Disruptive Practitioner Behavior](#)
- [Measuring Safety Culture](#)
- [Culture Of Safety 101 Training Program](#)



VIEW ALL RESOURCES

What's New?

- Separating Fact from Fear: The Science Behind Acetaminophen and Autism Concerns [read now](#)
- Read the report: Clinical Evidence Assessment: Acetaminophen Use During Pregnancy and Neurodevelopmental Disorders [read now](#)

Patient Safety & Relations

Evaluation of Healthcare AI Should Consider Ethics, Effectiveness, Financial Performance

What's the news. Due to the rapid development and integration of artificial intelligence (AI) into cardiovascular and stroke care, effective evaluation and monitoring of healthcare AI are needed to ensure safety; specifically, predeployment, implementation, and postdeployment evaluation should be guided by principles including strategic alignment, ethics, usefulness and effectiveness, and financial performance, which may help ensure that AI adoption improves high-quality care and patient outcomes safely and effectively, according to a [science advisory published November 2025 in *Circulation*](#).

Why it matters. AI applications have many potential benefits, including improved clinical outcomes, reduced costs, and reduced healthcare-worker burnout. However, common issues with AI technology—such as bias, transparency, and privacy and security concerns—can have unique and dangerous consequences in healthcare.

How ECRI can help. ECRI named [Insufficient Governance of Artificial Intelligence in Healthcare](#) among its top 10 patient safety concerns in 2025.

Severe Postpartum Morbidity, Mortality Highest for Rural Deliveries at Urban Hospitals

What's the news. In a cohort study of over 230,000 rural births in South Carolina, nearly half of rural deliveries occurred at nonlocal urban hospitals, and these deliveries had the highest 1-year postpartum severe maternal morbidity and mortality risk rates, even after adjusting for maternal and hospital factors, according to a [study published November 19, 2025, in *JAMA Network Open*](#). Interventions aimed at strengthening rural obstetric care, discharge planning, postpartum care coordination, and timely follow-up may mitigate this disparity for rural nonlocal births.

Why it matters. Severe maternal morbidity refers to potentially life-threatening conditions that can arise during pregnancy, at delivery, or postpartum, and can result in significant short- or long-term consequences for a pregnant patient's health, as well as her baby.

How ECRI can help. Use the [Case Scenario: Postpartum Care](#) to hold a learning and discussion group with staff, discuss how the event would be handled at your organizations, and lay out potential solutions.

Recommendations to Reduce Implicit Bias in Patient-Provider Communication

What's the news. Surveys with primary care practitioners on technologies and educational strategies for "improving clinician awareness of implicit bias in patient-provider communication" identified recommendations such as incorporating feedback into staff training, identifying organizational incentives, and debriefing with other clinicians and communication experts, according to a [study published in the November 2025 issue of the *Journal of the American Medical Informatics Association*](#).

Why it matters. Technologies and educational strategies that help clinicians develop skills to reduce implicit bias when communicating with patients can help improve health equity and patient care.

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

Adherence to Digital Health Technologies Influenced by Four Domains of Factors

What's the news. Adherence to digital health technologies was influenced by four domains, including personal factors (e.g., sociodemographic, health, personal beliefs), technology and intervention content factors (e.g., infrastructure, accessibility, user experience), social and support system factors (e.g., family support, healthcare professional support), and contextual factors, according to a [study published November 17, 2025, in the *Journal of Medical Internet Research*](#).

Why it matters. Organizations can utilize these findings to implement actionable strategies that target specific factors to increase adherence to digital health technologies.

How ECRI can help. The [Resource Collection: Health Information Technology](#) provides guidance, self-assessments, tools, and more to help organizations safely and effectively implement technology such as telehealth and artificial intelligence.

Half of Patients Diagnosed with Breast Cancer Did Not Have a Mammogram in Past 5 Years

What's the news. Among nearly 500 patients with recently diagnosed breast cancer, 50.6% had not received a screening mammography in the past 5 years, 24.1% were screened between 2 and 5 years prior to diagnosis, and 25.2% were screened within 2 years of diagnosis, according to a [study published in the November 2025 issue of the *American Journal of Preventive Medicine*](#). Patients who had an

established primary care provider at the time of their diagnosis were more likely to have early-stage disease.

Why it matters. Screening for breast cancer can reduce related mortality by detecting cancer at earlier stages. "Connecting patients with primary care providers and engaging in shared decision making may promote screening mammography uptake, especially in vulnerable patient populations," according to the study authors.

How ECRI can help. Healthcare organizations can use the strategies in [Taking Action: Strategies to Support Early and Accurate Cancer Diagnoses](#) to enhance cancer screening and to reduce mis-, missed, and delayed cancer diagnoses.

Legal & Regulatory

Time Allotted for EHR-Based Tasks Decreases Clinician Burnout

What's the news. Reserving one appointment slot per half-day for physicians to complete electronic health record (EHR)-based tasks (e.g., messaging, prescription refills) reduced EHR use after hours and on nonworkdays, with a small decrease in productivity and a significant decrease in physician burnout, according to a [research letter published December 2, 2025, in JAMA Network Open](#).

Why it matters. Burnout can negatively impact clinician well-being, patient safety, and high-quality care. Implementing strategies to reduce burnout among staff can help reduce turnover and improve the safety of both patients and providers.

How ECRI can help. The article [Improving Healthcare Worker Well-Being](#) discusses how to assess, measure, and track worker well-being, and how to implement or improve support programs and resources.



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