

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](mailto: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\*\*](mailto:AmbulatoryCareRM@ecri.org).



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### Spotlight: Documenting Patient Care

Medical record documentation is deceptively complex, with serious consequences for patient safety, care quality, and legal liability. Providers must balance thorough, accurate charting with the immediate pressures of patient care, which can ultimately lead to delayed entries, incomplete documentation, or records that fail to objectively capture adverse events and errors. Stress and time pressure further compromise documentation quality, as can the temptation to streamline charting in ways that obscure clinically or legally significant information. Addressing these challenges requires organizational systems that reduce documentation burden without sacrificing accuracy or accountability. ECRI's resources are here to help your organization document patient care effectively.

- **Documentation: A Primer on Charting in the Medical Record**
  - **Ask ECRI: Documentation of Late Entries**
  - **Ask ECRI: Date Stamps for Nonelectronic Medical Records**
  - **Resource Collection: Medical Records and Documentation**
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## In the News

### State Medical Board Demands Suspension of AI-Based Prescription Renewal Program

**What's the news.** Utah's Medical Licensing Board is calling for the suspension of a state-approved AI prescription renewal pilot—the first of its kind in the United States, according to an [April 27, 2026, Fierce Healthcare article](#). The system automates 30-, 60-, or 90-day refills for 191 commonly prescribed drugs already ordered by a licensed provider. The board says it was excluded from prelaunch review, raising patient safety concerns. State officials plan to continue the program, which is in phase one and requires physician review of every AI-generated refill decision.

**Why it matters.** As AI prescription tools reach ambulatory care markets, provider response to Utah's pilot highlights the benefits of earning clinical buy-in prior to deployment.

**How ECRI can help.** ECRI named [Navigating the AI Diagnostic Dilemma](#) the top patient safety concern in 2026, a related topic that includes action recommendations on integrating AI into organizational use and considering patient and workforce safety concerns.

- [Top 10 Patient Safety Concerns 2026: Navigating the AI Diagnostic Dilemma](#)
- [Position Paper: Incorporating AI into Healthcare](#)
- [Top 10 Patient Safety Concerns 2025: Insufficient Governance of Artificial Intelligence in Healthcare](#)

### AI-Generated Scribes Generated Lower Quality Notes Than Humans in Study of 11 Tools

**What's the news.** A cross-sectional evaluation compared 11 ambient AI scribe tools with 18 human clinicians across five standardized Veterans Health Administration primary care cases. Blinded raters found AI-generated clinical notes were consistently lower in quality than human-produced notes, with the worst performance related to thoroughness, organization, and clinical usefulness, according to a [study published April 17, 2026, in \*Annals of Internal Medicine\*](#).

**Why it matters.** Incomplete clinical notes can present a major risk to patient safety, potentially increasing diagnostic error risk and care gaps.

Additionally, documentation that doesn't accurately reflect patient care may increase liability exposure.

**How ECRI can help.** ECRI ranked **The Misuse of AI Chatbots in Healthcare** the top health technology hazard in 2026, discussing the use of ambient AI scribes and related risks.

- **2026 Top 10 Health Technology Hazards: The Misuse of AI Chatbots in Healthcare**
- **Documentation: A Primer on Charting in the Medical Record**

## **Globally, US Has Highest Number of Patients Harmed by Medical Treatment**

**What's the news.** The United States has more incident cases of adverse effects of medical treatment (AEMT) than any other country—4.83 million in 2021 alone, according to a **study published in the May 2026 issue** of the *Journal of Patient Safety*. Globally, the number of AEMT incidents increased by 68.5% from 1990 to 2021.

**Why it matters.** Not every AEMT incident is due to negligence, but every adverse effect represents an incident of patient harm, a possible regulatory complaint, or potential malpractice claim for an ambulatory care organization to investigate, document, and defend.

**How ECRI can help.** The white paper **Exploring Systems Safety: Increasing Awareness of Work Design beyond Acute Care** contains key considerations and action recommendations that many care settings can apply to implement systems safety, which acknowledges system complexity and the importance of system design.

- **Exploring Systems Safety: Increasing Awareness of Work Design beyond Acute Care**
- **Resource Collection: Risk Management Fundamentals**

## **Brief Patient Hand Hygiene Session Preappointment Cut Bacterial Contamination by 61%**

**What's the news.** Eighty-five percent of outpatient participants arrived with bacterial contamination on their hands, including drug-resistant organisms like *Staphylococcus aureus* and carbapenem-resistant *Enterobacteriaceae*, according to a **study in the May 2026 issue** of the *American Journal of Infection Control*. A single, brief hand hygiene

education session before the patient's appointment reduced contamination by 61% with the use of alcohol-based handrub, suggesting a low-cost, scalable infection prevention opportunity.

**Why it matters.** Most hand hygiene programs target healthcare workers, but drug-resistant organisms transmitted by patients' hands can cause healthcare-associated infections.

**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.

- [Hand Hygiene](#)
- [Case Scenario: Infection Control through Hand Hygiene](#)
- [Resource Collection: Infection Control](#)

## **Lack of Oversight or Misuse of MAs Puts Ambulatory Practices at Risk**

**What's the news.** Medical assistants (MAs)—approximately 811,000 were employed in the United States in 2024—perform important administrative and clinical tasks; however, inconsistent education standards, lack of licensure requirements in most states, and scope-of-practice violations, particularly related to telephone triage, create significant liability exposure for practices that don't actively manage oversight, according to an [article in the April 2026 issue](#) of *Inside Medical Liability*.

**Why it matters.** Because MAs are support staff members with no standardized training requirements, it is highly important for practices to ensure their scope of duties does not expand beyond tasks that are appropriate for the role.

**How ECRI can help.** The guidance article [Human Resources](#) discusses the importance of creating job descriptions that accurately describe an employee's scope of practice in a manner that is consistent with state laws and professional society standards and guidelines.

- [Human Resources](#)
- [Ask ECRI: Who Can Triage Walk-In Patients and Telephone Calls?](#)

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