

On behalf of the **Health Resources and Services Administration (HRSA)**, ECRI Institute is providing **FREE Risk Management and Patient Safety Resources**, including this **email newsletter**. Each edition includes hot topics from clinical risk management and healthcare news and is provided every other week at no cost to your health center or clinic. Click on the title of each item below to read the news. Learn more about your [free risk management resources on the ECRI Institute website](#).

March 2, 2020

Patient Safety & Relations

CDC Warns Americans to Prepare for Coronavirus Transmission in the United States

What's the news. The Centers for Disease Control and Prevention (CDC) warns people in the United States to prepare for the spread of the novel coronavirus, in [a February 25, 2020, NBC News article](#). "When you start to see sustained transmission in other countries throughout the world, it's inevitable that it will come to the United States," said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. The article states that coronaviruses "tend to spread from person to person through coughs and sneezes. Staying at least six feet from other people is thought to minimize the risk." The [National Institute for Occupational Safety and Health](#) has released a page with resources for the protection of healthcare workers, which includes guidance and recommendations produced specially for COVID-19 response and additional materials that can promote health and safety of healthcare workers. Cases in the United States jumped from 34 to 53 this week, according to a [February 25, 2020, update from the New York Times](#) based on data from the Centers for Disease Control and Prevention (CDC), with most of that number being quarantined individuals who had been patients aboard the Diamond Princess cruise ship. Thus far, there have been no cases of community-acquired COVID-19 in the United States, CDC says.

Why it matters. While there have been few cases of COVID-19 in the United States, there is a risk of people buying masks and creating an artificial shortage, [according to the New York Times](#). Doctors and nurses need masks while treating patients for respiratory infection, but it is unnecessary for Americans to buy masks at this point, the *Times* says. Hospital emergency preparedness plans should address pandemic scenarios and staff response, including any potential shortages of personal protective equipment.

How ECRI Institute can help. The guidance article [Infection Prevention and Control](#) provides guidance to healthcare organizations for the development of procedures for responding to outbreaks. ECRI Institute will update the [COVID-19 \(Coronavirus\) Outbreak Preparedness Center](#) as information and resources become available.

No Such Thing as a Risk-Free Setting for Giving Birth, Says National Academies Report

What's the news. There is no such thing as a risk-free setting for giving birth, say the authors of [Birth Settings in America](#), a new report from the National Academies of Sciences, Engineering, and Medicine. Safety during birth in the United States, whether it occurs in a hospital, at home, or in a birth center, can be improved through continuous and appropriate risk management throughout pregnancy and increased investment in the maternity care workforce, the authors say.

Why it matters. Most births (98.4%) still occur in hospitals, but the number of women choosing to give birth in other settings is increasing, the authors say. Births in birth centers and at home are associated with fewer intervention-related injuries and complications (likely because women who choose these settings request fewer interventions, the authors say), but the study did find an increase in neonatal death in home births compared with hospital settings.

How ECRI Institute can help. The guidance article [Obstetrics and Neonatal Safety](#) describes risk management and quality strategies and includes quality assessment and improvement tools that, if implemented appropriately, can reduce harm to mothers and newborns.

Two Key Questions to Determine Risk for High Consequence Infections

What's the news. Two questions: "In the past week have you had a fever, cough, or rash?" and "Have you traveled outside the country or come into contact with someone who traveled outside the country in the past 30 days?" should be asked during admission to identify patients at risk for high consequence infections such as Ebola, SARS/COVID 19 (Coronavirus), and pandemic flu, Joint Commission says in a February 7, 2020, [On Infection Prevention and Control blog post](#). The organization discussed in the post added these questions to a domain on its electronic health record. If patients answers "no" to the question about fever, rash, and cough, they are removed from the screening pool; if they answer "yes," a question about travel appears and staff are then prompted to employ standard precautions and notify the proper authorities about the patient's symptoms and travel history.

Why it matters. High consequence infections are generating "a lot of buzz" in the media, Joint Commission says. Asking such screening questions allowed

the organization to identify high-risk patients and isolate them to prevent spread of the infection, Joint Commission says.

How ECRI Institute can help. The guidance article [Infection Prevention and Control](#) advises healthcare organizations on how to develop procedures for responding to outbreaks.

New ASHRM White Paper Provides Behavioral Health Resources for Ambulatory Outpatient Settings

What's the news. New models of care, such as collaborative and integrated care, telehealth, and technology-based treatment (such as mobile devices), are changing how patients with behavioral health needs are managed in outpatient settings, says the American Society for Healthcare Risk Management (ASHRM) in a new white paper, [ASHRM Behavioral Health Care in the Ambulatory Care/Outpatient Setting](#). The white paper features tools, checklists, and resources for managing behavioral health patients in primary and ambulatory care settings.

Why it matters. Patients with behavioral health needs are treated across all healthcare settings, ASHRM says. Lengths of inpatient stays are decreasing for all clinical conditions, including for psychiatric and substance use needs, meaning that patients are being treated more frequently for behavioral health needs as well as medical conditions in outpatient settings.

How ECRI Institute can help. [Treating behavioral health needs across the continuum](#) has been identified as a Top 10 Patient Safety Concern several times, including in 2019. Meeting patients' behavioral health needs in acute care settings was the focus of [ECRI Institute's 2018 PSO Deep Dive](#). The report suggests strategies for advocating for change at the regional, state, or federal level and formulating an organizational vision for meeting acute-care patients' behavioral health needs.

Cognitive Biases in Medical Decision-Making

What's the news. A recent [New York Times article](#) explores the numerous ways cognitive biases—in addition to well-known biases such as racial and gender bias—can influence physician treatment decisions. The authors recently wrote about left-digit bias in the [New England Journal of Medicine](#). Left-digit bias might, for instance, make doctors "overly sensitive to the left-most digit of a patient's age when recommending treatment," so that a 79-year-old patient a few weeks from his or her 80th birthday, perceived as "younger," might receive very different treatment from a patient who had just turned 80, potentially leading to significantly different outcomes.

Why it matters. A variety of biases, often unconscious, can affect patient care and increase risk. Racial bias, for instance, can result in minority patients receiving less pain medication than white patients, as found in [a study in BMJ Open Quality](#).

How ECRI Institute can help. Strategies outlined in the guidance article [Culturally and Linguistically Competent Care](#) can help periodically reassess cultural and linguistic competence within the organization, as well as progress toward specific goals, including reducing bias.

Worker & Environmental Safety

Ambulatory Surgery Centers Must Do More to Protect Staff from Surgical Smoke, Says Joint Commission

What's the news. Because organizations often lack necessary resources to purchase smoke evacuators, individuals working in ambulatory surgery are at increased risk of exposure to surgical smoke from lasers and cauterization instruments, Joint Commission says in a February 5, 2020, [Ambulatory Buzz blog post](#). Joint Commission recommends that individuals in ambulatory organizations take steps to reduce this risk, such as creating a business case to purchase smoke evacuators; identifying staff champions to conduct smoke evacuator trials and to share evidence about their benefits with administration; and benchmarking with other ambulatory organizations for best practices, costs, implementation strategies, policies, and education.

Why it matters. Consequences of exposure to surgical smoke include sore throat, burning eyes, and headaches, Joint Commission says, adding that the chemicals in surgical smoke have also been found to cause cancer. Without a dedicated smoke evacuation device, Joint Commission says, staff are less focused on clearing smoke from the operating room because they are focused on other tasks.

How ECRI Institute can help. The guidance article [Overview of the Risk Management Process](#) provides a comprehensive look at risk management considerations for healthcare organizations.

CDC: Flu Vaccine Is More Effective than Last Season's—Flu Activity Remains High

What's the news. This season's flu vaccine was associated with 45% effectiveness, and 55% effectiveness protecting children, the Centers for Disease Control and Prevention (CDC) says in a [February 21, 2020, Morbidity and Mortality Weekly Report](#). The flu shot was far more effective than last season's, which was 29% effective, CDC says.

Why it matters. Flu activity remains elevated across the United States and vaccination can still prevent illness, hospitalization, and death associated with the illness and other influenza viruses that may circulate later in the year, CDC says. Even the less effective vaccine from 2018-19 prevented an estimated 4.4 million illnesses, 2.3 million visits to medical facilities, 58,000 hospitalizations, and 3,500 deaths, CDC says.

How ECRI Institute can help. The [Infection Control Toolkit](#) includes information on [general infection control and hand hygiene](#); information on [preventing certain infections](#) such as those caused by bloodborne pathogens, seasonal flu, methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile*, and tuberculosis; and information on [environmental infection control](#).

Legal & Regulatory

Pennsylvania Doctor Sentenced to Four Years in Prison for His Role in Running a "Pill Mill"

What's the news. A Pennsylvania psychiatrist and addiction specialist was sentenced to four years in prison with two years' supervised release and a \$25,000 fine for his role running a "pill mill" in which he sold medically unnecessary opioid prescriptions, announced the [Department of Justice \(DOJ\) on February 19, 2020](#). According to DOJ, patients would line up in a back room at the doctor's office where he would write them unnecessary prescriptions for \$200 in cash.

Why it matters. The actions are part of an increased law enforcement focus on targeting medical professionals for conduct related to opioid diversion and abuse, as well as healthcare fraud schemes. Healthcare providers should be familiar with legal and regulatory requirements and implement effective, proactive compliance programs to identify violations of healthcare laws and regulations for financial gain.

How ECRI Institute can help. The guidance article [Fraud and Abuse](#) can help organizations take an enterprise-wide approach to preventing fraud and abuse.

Unauthorized Pelvic Exams, Though Often Normalized, Present an Ethical Dilemma for Some Physicians, Patients

What's the news. The practice of conducting a pelvic exam on a woman without her consent while she is under anesthesia for an unrelated procedure—an anecdotally common practice that in many states does not require obtaining explicit consent—is causing medical schools and students to grapple with its ethical implications, a [February 17, 2020, New York Times article](#) says. One aspect of the issue is that while medical professionals often may not consider the practice unethical or unusual, the general public may not be aware it is happening, and thus patients may not be aware that they are subjected to such exams, the article says.

Why it matters. "The general public has no awareness of it. When I talked to my colleagues in medicine about it, it didn't seem like a red flag to them," one doctor said, who coauthored a study published in the [February 2003 issue of the American Journal of Obstetrics & Gynecology](#) on unauthorized pelvic

exams. However, several patients' stories detailed in the article show the negative effects unauthorized pelvic exams have had on these patients.

How ECRI Institute can help. The guidance article [Person-Centered Care](#) discusses the concepts behind patient-centered care, including the need to communicate with patients, and to understand their values, preferences, and expressed needs, as well as emotional support and physical comfort.

Organizations Must Recognize Risks Related to the Cloud

What's the news. Recognizing the enormity of the risks is the first step toward protecting against cyberattacks, according to [a February 11, 2020, article in Healthcare IT News](#). Three emerging risks that many organizations are not taking into account, the author says, are employees purchasing cloud service without knowledge of management; an increase in devices that allow the internet to transmit information wirelessly from one place to another, such as smart TVs and wearable technology; and the increasing number of devices that are connected to the cloud.

Why it matters. Such risks are putting a burden on health systems, the author says, and many organizations lack the infrastructure to identify, control, and monitor data that goes into the cloud.

How ECRI Institute can help. The guidance article [The HIPAA Security Rule](#) provides action recommendations that can help organizations take an enterprise-wide risk management approach to safeguarding electronic protected health information. Also see [Beware of Bait! How to Spot a Phishing Scam](#).

What Do Rising Rates of Private Equity Acquisitions of Physician Practices Mean for Patient Safety?

What's the news. Private equity acquisitions of physician practices rose across specialties from 2013 to 2016, but still only constituted a small proportion of U.S. group practices overall, according to a research letter published [February 18, 2020, in JAMA Internal Medicine](#). Of the 18,000 group practices researchers examined from 2013 to 2016, there were 355 physician practice acquisitions by private equity firms, comprising 1,426 sites and 5,714 physicians; increasing from 59 practices in 2013 to 136 practices in 2016.

Why it matters. It is unclear what the implications of such acquisitions could be for care delivery and patient outcomes, the authors say. However, private equity firms expect greater than 20% annual returns, and these financial expectations may conflict with the practice's need for longer-term investments in practice stability, physician recruitment, quality, and safety, the authors say.

How ECRI Institute 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.

Professional Development

AHRQ Offers Guide to Opioid Safety in Primary Care

What's the news. The Agency for Healthcare Research and Quality (AHRQ) published a new guide, called [Six Building Blocks](#), in February 2020 that can help primary care practices manage patients taking opioids for chronic pain. The guide is a step-by-step approach that can assist clinics in implementing guideline-driven care, and although any staff member could use these materials to drive improvements, they are geared toward quality improvement personnel and project managers to use in guiding an improvement team.

Why it matters. Opioids are high-alert medications that carry a heightened risk of causing significant harm if used in excess, and prescription opioid abuse poses a high risk for addiction, diversion, and subsequent heroin use.

How ECRI Institute can help. Impacts of the opioid epidemic stretch across the healthcare continuum. ECRI Institute's [Top 10 Patient Safety Concerns for 2018](#) offers an in-depth discussion of treatment needs and opioid safety across the continuum of care. Also see the guidance article [Medication Safety](#) for an overview on the principles of ensuring medication safety.

Doctor's Suicide Raises Questions about His Vaccine Records

What's the news. A doctor in Chicago who died by suicide last year left a note that "raised questions" about his vaccination records, says [a February 13, 2020, CNN report](#). Authorities cannot determine which of his patients may have been vaccinated and which have not. An infectious disease specialist notes that when the accuracy of vaccine documentation is compromised, patients should generally be revaccinated. Problems with vaccine storage and handling can occur, he notes, but "it's unusual to have an entire record be unreliable." Another expert suggested in [a February 16, 2020 New York Times article](#) that patients can be assessed with antibody levels to ensure they have been vaccinated, and that it is safe and recommended for those who have not been immunized to receive a booster. testing patients for vaccines they may have missed.

Why it matters. Physician suicide is a devastating problem reflecting distress and despair from the stress levels many healthcare workers experience. Mental health problems can impair a provider's effectiveness and in worst-case scenarios pose dire risks to patient safety.

How ECRI Institute can help. [Burnout in Healthcare Workers: The Elephant in the Room](#) addresses factors related to providing a supportive environment for healthcare professionals in detail. Another resource, such as the

[Vaccination Safety](#) guidance article addresses managing vaccine storage and handling and ensuring appropriate documentation practices.

In the News

Are Some Diabetic Alert Dogs Just Very Expensive Pets?

What's the news. Diabetic alert dogs are trained to alert patients with type 1 diabetes to dangerous changes in blood sugar, but the industry is "unstandardized and unregulated," says a [February 12, 2020, NPR report](#). The "certification" may come only from the entity selling the dogs, and according to a study first published on [August 28, 2016, in the *Journal of Diabetes Science and Technology*](#), only 3 of 14 dogs predicted high and low blood-glucose events better than statistical chance. Lawsuits have charged service dog companies with misleading customers about the dogs' abilities; the attorney general of Virginia, quoted in the *NPR* report, accused one company of "simply selling 'a \$25,000 pet.'"

Why it matters. As the article notes, both "hype and hope" surround new medical treatment methodologies. Such technologies may offer greater independence for patients living with chronic conditions such as diabetes, but they may not always realize their potential.

How ECRI Institute can help. The role of animals in healthcare, both those that work as service animals and those that provide comfort as emotional support animals, continues to evolve. Their participation in improving health and wellbeing carries both promise and risks for patients and healthcare facilities. See, for instance, [Risk and Safety eNews, July 8, 2019: Emotional Support Animals Draw New Scrutiny](#).

ECRI Institute News

Special Patient Safety Awareness Week Program: Achieving Safe and Reliable Healthcare

Effective leadership and a culture of safety are necessary for achieving safe and reliable healthcare. During Patient Safety Awareness Week, we encourage healthcare leaders, providers, and staff to reflect on how their organizations achieve safe and reliable healthcare and what improvements they could make to achieve a reliable system. Please join us on **March 10, 2020, at 1:00 p.m. eastern time** for a special program in honor of Patient Safety Awareness Week featuring **Allan Frankel, MD**. Dr. Frankel, co-founder of Safe & Reliable Healthcare, LLC, and an internationally recognized expert in patient safety, will discuss the socio-technical framework for promoting a culture of safety, effective leadership, and continuous learning. He will provide practical strategies for improving safety, focusing on teamwork, psychological safety,

and accountability. This event will be presented live from HRSA headquarters in Rockville, Maryland, and broadcast via webcast.

[Join the webcast the day of the session](#)

Call-in: 888-795-3252

Passcode: 3284388

Allan Frankel, MD is co-founder and managing partner of Safe & Reliable Healthcare, LLC. He has worked for The Institute for Healthcare Improvement and Partners Healthcare (Boston), studying and identifying the essential components of great organizational and clinical leaders and selecting and simplifying the exceptionally important elements of teamwork. [Read his full bio.](#)

Updated Guidance Article: Informed Refusal

The guidance article [Informed Refusal](#) discusses key issues related to patients refusing medical treatment, such as assessing patients for decisional capacity, dealing with patients who have special circumstances, ensuring regulatory compliance, developing documentation best practices, and offering patient support resources.

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Why use risk management resources from ECRI Institute? ECRI Institute is an Evidence-Based Practice Center designated by the U.S. Agency for Healthcare Research and Quality and a federally certified Patient Safety Organization. ECRI Institute, a non-profit organization, has helped thousands of healthcare providers save time and improve patient safety with Continuing Medical Education courses, policy templates, self-assessment questionnaires, training PowerPoint presentations, and more.

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ECRIInstitute

ECRI Institute Headquarters, 5200 Butler Pike, Plymouth Meeting, PA 19462, 610.825.6000

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