

# Patient Safety, Risk, and Quality Update

From Allied World and ECRI Institute

October 2017

The following news and guidance were recently made available without login from ECRI Institute's *Healthcare Risk Control* and related services. If you have any questions, please email Ajay Aggarwal at [Ajay.Aggarwal@awac.com](mailto:Ajay.Aggarwal@awac.com).

## Guidance

### Emergency Management

Severe hurricanes in the Caribbean Sea and United States, earthquakes in Mexico, and mass-casualty shootings have all heightened the importance of emergency preparedness and responses measures that hospitals and other healthcare organizations should take. The article Emergency Management is being made available without login for hospitals seeking guidance on conducting hazard vulnerability analyses and prioritizing response steps.

[Read the guidance article.](#)

## Member Q&A

### Ask ECRI: Responding to Patient Complaints in Physician Offices

A risk manager recently asked whether the Centers for Medicare and Medicaid Services (CMS) requires that a physician's office respond to patient complaints in writing. In our response, we noted that although a written response to complaints is not required by regulation for physician practices, good risk management and quality of care practices are to take patient complaints seriously.

[Read the full response.](#)

## Ask HRC: Best Practices for Specimen Handling

A *Healthcare Risk Control (HRC)* member recently asked for tools to address risks related to specimen preparation and management in pathology and general laboratories. Specific risk areas identified in the query included patient preparation; specimen collection and labeling; specimen storage, preservation, and stability; specimen transportation and processing; specimen acceptability and rejection; and specimen referral.

[Read the full response.](#)

## News

### Communication, Perception, and Other Factors Complicate Care Transitions

Four factors play a role in making effective care transitions difficult: increasingly complex patient conditions; disparity between real and perceived facility capabilities; financial pressures; and communication barriers. Researchers conducted a survey of 25 hospitals and 16 skilled nursing facilities and identified these common themes among the responses. Their findings are published in the November 2017 issue of *The Joint Commission Journal on Quality and Patient Safety*.

[Read the full summary and HRC Recommendations.](#)

### ASHRM 2017: ECRI Institute PSO Speakers Discuss Data on Retained Surgical Items

In 2016, retained surgical items (RSI) topped Joint Commission's list of reported sentinel events, and in 2017 the problem still made the top three; however, the number of RSI events that are reported to Joint Commission is "really just the tip of the iceberg," according to Catherine Pusey, RN, MBA, associate director, ECRI Institute PSO. Speaking at the American Society for Healthcare Risk Management annual conference on October 17, 2017, in Seattle, Washington, Pusey and copresenter Gail Horvath, MSN, RN, CNOR, CRCST, patient safety analyst and consultant IV, ECRI Institute PSO, presented findings and lessons learned from a recent analysis of 1,987 RSI events reported to ECRI Institute PSO between January 1, 2015, and May 31, 2017.

[Read the full summary.](#)

### "The Tip of the Iceberg": ECRI Institute PSO Deep Dive on Opioid Use in Hospitals

More than 7,000 adverse events involving opioids occurred at 215 hospitals around the country from January 2014 through November 2016, according to analysis from the [ECRI Institute PSO Deep Dive™: Opioid Use in Acute Care](#). An article about the report was published in the October 16, 2017, *Philadelphia Inquirer*. The analysts identified 12 near-death events and at least two deaths caused by opioids, the article said, and opioids may have been involved in several situations in which the cause of death was not identified.

[Read the full summary.](#)

### **Video of Doctor Cursing Out Patient in Florida Waiting Room Goes Viral**

A video of a doctor cursing at a patient who complained about long wait times at a Florida after-hours clinic was shared more than 5,500 times on Facebook and subsequently picked up by several media outlets, including in an October 10, 2017, article in the *New York Daily News*. The patient, who said on Facebook that she was in “severe pain and throwing up in the trash can,” had an appointment at 6:30 p.m., but says that more than an hour later she had only been given a pregnancy test.

[Read the full summary and HRC Recommendations.](#)

### **Adherence to Communication-and-Resolution Programs Does Not Lead to Higher Liability Costs, Study Finds**

Communication-and-resolution programs (CRPs)—which espouse communicating with patients after adverse events occur to explain what happened and, where appropriate, apologize and proactively offer compensation—do not lead to higher liability costs when hospitals adhere to their commitment to offer compensation proactively, according to a study published in the October 2017 issue of *Health Affairs*.

[Read the full summary and HRC Recommendations.](#)

### **Rules Regarding Same-Sex Marriage, Outpatient Payment Models, and More Withdrawn by Government**

Several policies and proposed rules affecting healthcare providers were recently withdrawn or reversed by the U.S. government. The Centers for Medicare and Medicaid Services (CMS) on October 4, 2017, withdrew a proposed rule that would have required providers to ensure same-sex spouses are treated on the same terms as opposite-sex spouses “to the greatest extent possible” at Medicare and Medicaid participating facilities.

[Read the full summary and HRC Recommendations.](#)

### **Which SSI Prevention Practices Are Most Important?**

Many practices to reduce surgical site infection (SSI) rates have been recommended, but some are onerous or costly to implement while providing unknown benefit. A study of the implementation of 38 infection-control practices found that those that are associated with lower rates of SSIs are predominantly those that occur at or very near the surgical site or that involve public internal reporting of SSI data, reports an article in the October 2017 *Journal of the American College of Surgeons*.

[Read the full summary and HRC Recommendations.](#)

### **Survey: More Hospitals Allowing Staff Members to Bring Their Own Devices**

An increasing number of hospitals are allowing staff to bring their own personal mobile devices to work, according to a recent *Spok* infographic. The authors conducted a survey of more than 350 healthcare leaders and found that 71% of respondents said their hospital allows some form of bring

your own device (BYOD) at their hospital, which is an increase from 58% in 2016. The number one cited reason for not allowing workers to bring their own devices is data security.

[Read the full summary and HRC Recommendations.](#)