



Risk Management SNAPSHOT

Current issues and trends for
practice managers



Record-keeping violations lead to a \$2 million fine for a New Hampshire hospital.

Cheshire Medical Center (CMC) was fined \$2 million after the Drug Enforcement Administration (DEA) found they had violated several record-keeping requirements of the Controlled Substance Act (CSA). Are you confident that your organization complies with all controlled substance regulations?

According to an article in MedPageToday, [New Hampshire Hospital Lost Nearly 8 Gallons of Fentanyl](#), CMC discovered that Alexandra Towle, RN, an employed nurse, had been diverting bags of fentanyl beginning in October 2021. The hospital's investigation found that while Towle had diverted 283 bags of fentanyl, they could not account for an additional 163 bags of fentanyl.

In this article on the DEA's website [Cheshire Medical Center to Pay \\$2 Million to Settle Allegations of Controlled Substances Act Violations](#), DEA audits found that CMC had several record-keeping deficiencies. In addition to the fines, the NH Office of Professional Licensure and Certification (OPLC) disciplined CMC's chief nursing officer, director of pharmacy, and a pharmacist.

Should I discharge patients who are difficult?

Outpatient practices are faced with making hard decisions regarding continuing care for patients that are "difficult" in some manner. Repeated no-show appointments, threatening staff members, aggressive behaviors, and not following treatment care plans are all reasons cited by practices that terminating the patient-provider relationship may be needed. How do you know if there is a legal basis or not?

Discharging patients from a practice, also described as terminating the physician-patient relationship, is an issue with many legal and ethical implications. Issues that may seem like a legitimate reason for discharge at first glance may have significant legal risks. A recent article in Medscape, [You Can Dismiss a Difficult Patient, but Should You?](#), highlighted that issues and events related to potential discrimination and patient abandonment could result in a future lawsuit.



Care should be taken when assessing whether to terminate the physician-patient relationship or not, as well as ensuring appropriate interventions and documentation has occurred along the

way. When the decision has been made to terminate the physician/patient relationship, the practice should make every effort to help transition the patient to another provider and ensure prescribed medications are covered for at least 30 days. See Medical Mutual's practice tip [Termination of Physician-Patient Relationship](#).

The possibility of expanding the statute of limitations in Maine.

What could a new bill in Maine to expand the statute of limitations on medical malpractice mean for healthcare professionals and organizations? In February of 2023, a bill was proposed to do just that, having the clock start when the patient discovers the potential medical negligence, which could be years later.

A recent article by Medscape, [New Bill Would Provide Greater Length of Time to Sue Doctors](#), outlines this new proposed bill and what it could mean. The proposed bill is currently in the House. Whether it goes through the legislative process successfully or ends up being denied, there is always a possibility of changing how medical malpractice is handled in Maine and other states.

The article outlines ways to protect yourself; while these familiar concepts of providing consistent care and keeping good documentation are critical, they are sometimes forgotten. Medical Mutual has practice tips on [Complete Medical Records: Your Best Defense and Informed Consent Guidelines](#) to continue to help our insureds while providing care to their patients.

Does your rural hospital provide safe obstetrical care for your community?

While in-hospital maternal mortality is declining, significant maternal morbidities are increasing—particularly in rural hospitals. Some rural hospitals with low delivery volumes are at higher risk for significant maternal morbidities, demonstrating a need for quality improvement strategies to ensure that rural communities have access to high-quality maternal care. Are there steps your hospital can take to reduce risks and make your deliveries safer?



[According to the Centers for Disease Control and Prevention \(CDC\)](#), overall maternal mortality has risen in the United States over the past few years. However, this MedPageToday article [In-Hospital Delivery-Related Maternal Mortality on the Decline](#) reviews a recent study published in JAMA Open Network which concludes that the opposite is true for in-hospital deliveries.

A study of “over 11 million hospital discharges from 2008 to 2021” showed a steady decline year over year in maternal deaths in a hospital setting. In the same time period, the study also showed an increase in “significant maternal morbidity,” attributed to an increase in maternal risk factors. Developing a process to identify and address these risks may lead to better outcomes.

In the article, [Maternal Outcomes at Rural Hospitals Hinge on Delivery Volume](#), MedPageToday explores the increased risk for maternal morbidity in low-volume rural hospitals.

Rural hospitals with low delivery volumes should be aware of these trends and consider the means to ensure adequate competencies and resource availability.

On a related topic, please see our practice tip on [C-Section: Emergency Response Plan](#).