



Risk Management SNAPSHOT

Current issues and hot topics
in healthcare risk management.



Medication Reconciliation, A Case Example to Highlight the Risks

Medication reconciliation is a complex patient safety activity that involves several steps, each of which needs to be done correctly in order to have an accurate medication list. The outcomes from an inaccurate medication reconciliation can range from near misses to devastating patient safety events. Does your organization have good safety strategies in place?



Whether your facility is accredited by them or not, The Joint Commission is a leading resource for healthcare organizations in identifying opportunities and strategies to mitigate patient safety risks, such as medication reconciliation. In their latest newsletter, The Joint Commission used information from real sentinel event reports to publish a case example highlighting the risks associated with the medication reconciliation process- [Case Example #8- Going above and beyond to reconcile](#)

[the medication list](#). What makes this case example so helpful is the way The Joint Commission highlights both the risks involved and some safety strategies to get it right.

For our ambulatory settings, Medical Mutual has a Practice Tip to help you as well- [Medication Safety in the Office Practice](#).

Access to Maternity Care Worsening for Millions of Women in the U.S.

On August 1, 2023, March of Dimes released *Where You Live Matters: Maternity Care Deserts and the Crisis of Access and Equity*, a new collection of reports that shows more than 5.6 million women live in counties with no or limited access to maternity care services, forcing families to find new ways to get the care they need.

Rural hospitals across America are closing obstetrical units, primarily due to financial and staffing constraints. This can lead to an increase in deliveries and obstetrical emergencies presenting in Emergency Departments.



Is your Emergency Depart-

ment adequately prepared?

March of Dimes research shows access to maternity care worsening, particularly in rural areas. Oftentimes this results in an increase in women with little to no prenatal care turning to emergency departments for their healthcare.

With increasing closures of OB units, it's imperative that ED physicians are well prepared to manage routine deliveries as well as obstetrical emergencies as discussed in this Medscape article, [Labor and Delivery in the Emergency Department](#).

Visit www.marchofdimes.org/mcdr to learn about the reports, stay updated on local initiatives, and find out how you can improve maternal and infant health outcomes.

Additional references:

<https://www.hrsa.gov/rural-health/grants/rural-community/rmoms>
<https://www.politico.com/news/2023/08/01/maternal-health-care-crisis-00109106>
<https://www.aha.org/aha-center-health-innovation-market-scan/2023-05-02-3-keys-addressing-rural-maternal-health-crisis>
<https://apnews.com/article/birthing-rural-hospitals-maternity-care-births-e67a91d927eb545459e83bc7b2b95a0d>
<https://www.cnn.com/2023/04/07/health/maternity-units-closing/index.html>
<https://www.dartmouth-health.org/about/news/article/dartmouth-hitchcock-medical-center-awarded-9915k-federal-grant-fund-improved-rural-obstetricway>

Avert a Malpractice Lawsuit with EHR Techniques

Electronic Health Records (EHR) have become a normal part of healthcare. Yet EHR-related errors can lead to patient harm and perhaps a medical malpractice lawsuit.

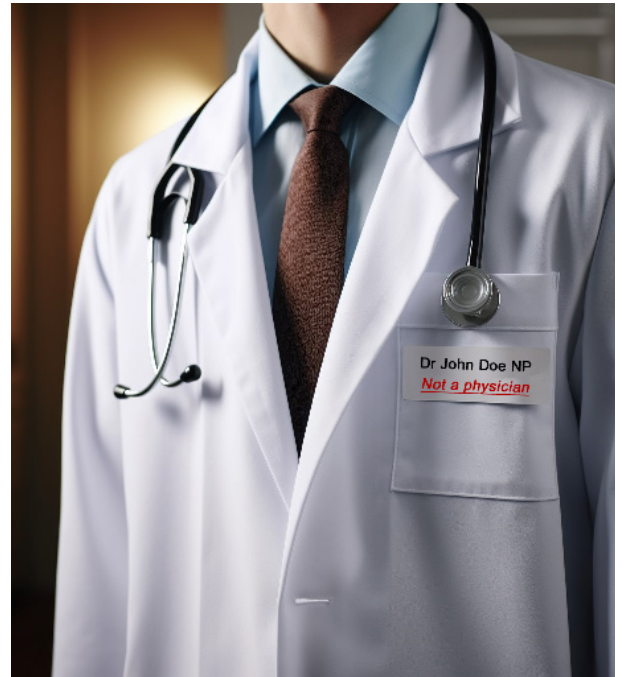
A recent article by Medscape, [5 Ways to Avert a Malpractice Lawsuit With Better EHR Techniques](#), outlines 5 ways to protect your patients and providers' liability when it comes to the EHR. The article highlights a recent study that investigates the errors that can be made that lead to potential patient harm.



Medical Mutual has some practice tips on [Complete Medical Records: Your Best Defense](#) (medicalmutual.com) and [The Life of a Malpractice Claim](#) to continue to help our insured while providing care to your patients.

Is your doctor really a doctor?

Nurse practitioners and physician assistants are increasing their roles as care providers, particularly in the primary care setting. These advanced practice providers (APPs) sometimes earn doctorates and the right to call themselves “doctor.” The American Medical Association (AMA) believes that only physicians should be allowed to call themselves “doctor” in a healthcare setting. Do your patients understand the roles and composition of their healthcare team?



As this [Medscape article](#) explains, when patients seek primary care, it's becoming more likely that they'll see a nurse practitioner or physician assistant. When an APP who has earned a Doctorate degree uses the title of “Doctor”, the AMA asserts that this creates confusion for patients, and they [deserve greater clarity about who is a physician and who isn't](#).

[Three nurse practitioners](#) who earned doctorates of nursing practice are suing the state of California, saying that they have earned the right to tout themselves using the term “doctor.”

Physicians disagree, telling the court that the breadth of physician education and practical training eclipses that of nurses' training and that the law avoids patient confusion over who is treating them. In addition, physicians tell the court that surveys support patients' need and desire to only allow MDs and DOs to call themselves “doctor” or “Dr.”

The nurse practitioners claim a California statute that only allows California-licensed allopathic and osteopathic physicians to use the terms “doctor” and “Dr.” is unconstitutional. The restriction has been on the books since at least 1937 to avoid patient confusion over the level of education their health professionals have achieved.

Much has changed since 1937, and APPs have become an integral and essential component of healthcare delivery. It is important that roles and scope of practice are clearly defined and that patients are educated about their healthcare team.

See our related practice tip, [Advanced Practice Providers](#)