HEALTHCARE PERSPECTIVE

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Patient Safety: Addressing the Major Sources of Risk

Patient/client safety remains a challenge even for the most dedicated healthcare professionals and organizations. Despite advances in risk management, thousands of preventable adverse events – including falls, infections, medication and diagnostic errors, and injuries due to equipment failure – occur each year in every type of setting.

This issue of *Healthcare Perspective* examines patient safety issues in ambulatory and home care settings, and offers strategies designed to prevent or mitigate common mishaps.

PATIENT FALLS

Falls are a common yet largely avoidable source of both patient harm and litigation. More than 50 percent of fall-related ambulatory care claims in CNA Healthcare's claims database were asserted against home healthcare companies. Another 30 percent involved physical and occupational therapy providers. Commonly reported injuries include head trauma and broken bones, with losses ranging into six figures.

A significant number of home healthcare-related falls take place when caregivers are assisting patients with activities of daily living. Falls commonly occur when patients:

- Fail to comply with caregiver instructions.
- Attempt to self-transfer or self-ambulate.
- Reject assistance from staff.
- Maneuver into a wheelchair without assistance.
- Climb stairs or exercise on moving surfaces while unattended.

Other sources of risk for ambulatory settings include substandard equipment upkeep and hazardous patient environments. Claims also may allege use of unsafe wheelchairs, walkers, scales or physical therapy equipment, as well as failure to maintain hallways, bathroom floors or parking lots.

Minimizing falls and fall-related liability requires a combination of sound operational policies, environmental precautions and documentation practices, especially in regard to describing the patient's condition and the specific circumstances of the fall. A self-assessment questionnaire about organizational fall prevention efforts is on page 3.

HEALTHCARE-ACQUIRED INFECTIONS

Many procedures once limited to hospitals are now routinely performed in an ambulatory or office-type outpatient setting. This transition in healthcare has been beneficial in terms of clinical outcomes and patient satisfaction, as well as efficiency and convenience. However, outpatient surgical and medical treatment presents its own set of infection control and other safety challenges for both patients and healthcare workers.

The Centers for Disease Control and Prevention (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC) require that ambulatory care facilities fully support patient and occupational safety programs, stating that "Infection prevention must be made a priority in any setting where healthcare is delivered."* Such programs involve supplying staff with the tools needed to implement universal precautions, including hand hygiene products, safe injection devices and personal protective equipment (PPE), i.e., gloves, gowns, and face and eye protection.

* See the CDC's and HICPAC's "Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care," 2011. Available at **http://www.cdc.gov/hai/pdfs/guidelines/ambulatory-care-04-2011.pdf**.

The following list, while not exhaustive, can serve as a starting point for ambulatory and home healthcare organizations seeking to enhance their infection prevention, detection and management capabilities:

- *Educate and train employees about infection prevention* as part of the orientation process and annually thereafter.
- *Systematically collect and analyze patient safety and infection control data*, and share findings with leadership and staff.
- *Adhere to local, state and federal requirements regarding the reporting of healthcare-associated infections,* as well as reportable diseases and outbreaks.
- *Adhere to universal precautions guidelines*, including such areas as hand hygiene, PPE, injection safety, cleaning and disinfection practices, and proper medical equipment use.

For additional evidence-based resources and recommendations on infection control, visit **http://www.cdc.gov/hicpac/pubs.html**.

EQUIPMENT SAFETY

Medical device errors are a relatively common source of harm for patients and liability for healthcare business owners. Many malpractice claims include allegations of mechanical malfunction, as well as failure to properly use, test or maintain equipment. According to the CNA/HPSO *2001-2010 Physical Therapy Liability Claim Study*, claims involving equipment-related injuries by physical therapist-owned practices had an average indemnity of $49,267.

The following measures can help reduce the risk of equipment malfunction or user error:

- *Perform and document preventive maintenance* on all equipment, per manufacturer guidelines.
- *Inspect and/or test equipment prior to patient use*, removing anything that appears to be broken, unreliable or unsafe.
- *Regularly replace items with a short life expectancy*, such as TheraBands™.
- *Ensure that the specific equipment needed for each patient is readily available* and checked before each use.
- *Sequester any equipment involved in patient injury*, treating it as potential legal evidence.

MEDICATION SAFETY

Medication safety has become a more prominent issue in recent years, as national patient safety initiatives have focused providers' attention on the need to improve medication management and error reporting processes. However, drug prescribing, dispensing and administering lapses, which are often difficult to defend in the event of a malpractice claim, continue to occur.

The following findings from CNA claims studies demonstrate that medication-related errors remain a major source of liability exposure for a range of healthcare practitioners:

- As reported in the *2001-2010 Physical Therapy Liability Claim Study* (**http://www.hpso.com/resources/claim-studies.jsp**), medication-related claims against nurses had an average indemnity payment of $113,070. This figure is significantly lower than the average paid indemnity for allegations related to assessment ($228,737), monitoring ($223,282), and treatment and care ($156,857), possibly reflecting the effect of medication safety efforts.
- According to *2013 Pharmacist Liability, A Ten-year Analysis* (**http://www.hpso.com/resources/claim-studies.jsp**), wrong drug and wrong dose allegations constituted 75.3 percent of all professional liability closed claims against pharmacists. The average indemnity amount paid by CNA on behalf of insured pharmacists was $87,174.
- The *Nurse Practitioner Liability 2012 Liability Update: A Three-part Approach* (**http://www.nso.com/nursing-resources/claim-studies.jsp**) revealed that 16.5 percent of all nurse practitioner closed claims involved prescribing of medications, with an average paid indemnity of $232,127. Failure to recognize known contraindications/adverse reactions among ordered medications was the most common medication-related allegation, representing 4.5 percent of all closed claims in the study.

Medication safety self-assessment checklists can be found on the CNA, NSO and HPSO websites.

RISK CONTROL MEASURES	COMPLIANT? (YES/NO)	ACTIONS NEEDED/ DATE OF COMPLIANCE
RISK ASSESSMENT PROCESS		
1. *Is every client evaluated for risk of falling*, utilizing a fall-assessment tool that considers the following factors, among others: - Previous fall history and associated injuries? - Gait and balance disturbances? - Foot and leg problems? - Reduced vision? - Medical conditions and disabilities? - Cognitive impairment? - Bowel and bladder dysfunction? - Special toileting requirements? - Use of multiple prescription and over-the-counter medications? - Need for mechanical and/or human assistance? - Environmental hazards?		
2. *Are higher-risk clients identified*, including those who experience recurrent falls or have multiple risk factors?		
3. *Are higher-risk clients referred to their physician* for a more thorough assessment?		
4. *Is a home safety check conducted* prior to commencement of services?		
5. *If safety problems are detected in the home, are corrective actions recommended to the client* as part of the service agreement?		
6. *Are direct care staff members involved in the initial client assessment*, as well as ongoing reassessment efforts?		
7. *Are services regularly assessed and modified* in response to changes in the client's condition?		
8. *Are clients and families informed of salient risk factors*, as well as basic safety strategies?		
9. *Are all assessment findings documented* and incorporated into the client service plan?		
STAFF EDUCATION		
1. *Are educational in-service programs offered to direct care staff on a regular basis*, and are attendance records kept?		
2. *Do staff educational programs focus on skills training*, such as how to use gait belts and assist with transfers?		
3. *Do educational offerings examine the root causes of falls*, as well as their prevention?		
4. *Are staff members instructed to assess and document the client's condition at each visit*, and also to: - Report any changes to the supervisor and family in a clear and timely manner? - Perform frequent home safety checks? - Reinforce fall-reduction tactics with clients and family? - Encourage clients to ask for assistance with risky tasks? - Keep accurate, detailed records of client encounters?		
5. *Is emotional support provided to the client after a fall*, and to the caregiver as well?		

RISK CONTROL MEASURES	COMPLIANT? (YES/NO)	ACTIONS NEEDED/ DATE OF COMPLIANCE
POST-INCIDENT ANALYSIS		
1. *Are all client falls reviewed for quality assurance purposes*, including analysis of root causes and tracking of trends?		
2. *Does the post-fall analysis require caregivers to describe the circumstances of the fall*, and also to: - Identify major causal factors, both personal and environmental? - Indicate the client's functional status before and after the fall? - Note medical comorbidities? - List witnesses to the fall? - Suggest interventions to prevent or mitigate future falls?		
3. *Is the post-fall analysis thoroughly documented*, and are findings incorporated into quality assurance and/or incident reporting programs?		

RESOURCES

The following organizational and agency websites provide a wide range of information on fall prevention and gerontological health:

- American Academy of Family Physicians at **www.aafp.org**.
- American Geriatrics Society at **www.americangeriatrics.org**.
- Centers for Disease Control and Prevention, fall prevention information for older adults, at **http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html**.
- Fall Prevention Center of Excellence at **www.stopfalls.org**.
- National Council on Aging at **www.ncoa.org**.
- National Institute on Aging, one of the National Institutes of Health, at **www.nia.nih.gov**.

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