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RISKS IN MEDICAL CARE, PART 3

Addressing Clinical Risks in Member Healthcare Settings

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IF ASKED TO IDENTIFY THEIR top priorities, most medical care providers would put patient safety at the top of the list. This article focuses on how to address clinical risks to best protect patients.

Scope of clinical risk

The Law Insider website¹ defines clinical risk as “the impact of a clinically unsafe environment or situation on the safety and well-being of patients and [those who do] any work relating to the provision of a licensable health-care service.”

Crowe, a consulting firm that works with nearly 40 percent of U.S. healthcare systems, identified these as top clinical risks:

- > Behavioral health
- > Patient safety
- > Acute care at home
- > Workforce optimization
- > Facility or organization accreditation/certifications.



Staff burnout is a serious problem: nearly one in four healthcare workers say they are unlikely to remain in the field.

People come to health care facilities needing acute medical care, substance abuse treatment, or mental health services.

For MMRMA members, clinical settings include county health department facilities, behavioral health centers, addiction treatment facilities, rehabilitation centers, nursing homes, and other inpatient care facilities—all of which can present the risk of patient harm.

Behavioral health

Many patients come into jail settings or in contact with law enforcement needing acute medical care. They may be in pain, under the influence of drugs or alcohol, have

cognitive impairments, or psychiatric diagnoses.

Behavioral health risks often arise with people who are angry or have a history of violence, mental health, or substance abuse problems. These patients may act in ways that cause harm to themselves, other patients, or to medical care providers.

Patient safety

In addition to risks from a patient's conduct, the World Health Organization (WHO) has identified several other risks in clinical settings.²

WHO cites medication errors as a “leading cause of injury and avoidable harm in health-care systems. A patient might

receive a wrong medication because of a mix-up that occurs due to similar packaging. Incorrect doses of appropriately prescribed medication can [also] pose risks.”

Diagnostic errors in outpatient settings are another significant risk. According to WHO, about 5 percent of adults are misdiagnosed, and more than half such errors have the potential to cause severe harm.

Healthcare-associated infections, such as bacterial infections like MRSA, also compromise patient safety. WHO emphasizes that the risk of infection can be minimized by proper hand washing and other hygiene practices.

¹ <https://www.lawinsider.com/dictionary/clinical-risk>

² <https://www.who.int/news-room/fact-sheets/detail/patient-safety>

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Acute care at home

Acute care in home settings brings risks such as inconsistencies in treatment, lack of care coordination, poor caregiver decision-making, and failure to accurately document care or keep track of medication dispensing.

In the *Harvard Business Review*,³ authors Pooja Chandrashekar, Sashi Moodley and Sachin H. Jain write: "Safety must be considered in each patient interaction—in the design of medical equipment and supplies...and in the education of patients, family caregivers, and home-based care professionals."

Workforce optimization

Like most organizations, healthcare providers struggle to staff at appropriate levels. Workforce optimization can be particularly difficult, and the COVID-19 pandemic has only made matters worse. Labor shortages, increasing medical care costs, and staff burnout all negatively impact workforce optimization.

According to Chartis Group, a healthcare consulting firm:⁴ "As health systems struggle to return to pre-pandemic levels, they are increasingly facing a mismatch between staff sup-



Many providers have expanded their telehealth services to address staffing shortages.

The mismatch between facility staffing shortages and patient needs is felt every day.

ply and demand. This means an even more difficult day-to-day situation: covering vacancies with overtime and doing more with less—on top of exhaustion and burnout. [N]early 40 percent of healthcare workers are not very likely to remain in the field."

Facility accreditation

To demonstrate their quality of care and comply with federal and state regulations, healthcare organizations pursue accreditation from the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the National Committee for Quality Assurance (NCQA), and many more.

According to the National Library of Medicine,⁵ several studies showed that general accreditation programs significantly improve clinical outcomes. However, maintaining compliance with accreditation standards takes an ongoing commitment.

The National Institute of Health states:⁶ "The key challenges facing healthcare leadership with respect to medical education and clinical research are found to be integration of education...compliance with all regulatory and professional requirements, and adequacy of resources in executing research programs."

Minimizing an array of risks

Behavioral health settings can minimize risk with enhanced security, clear visibility of patient areas, and preventing access to high-risk furnishings or equipment that patients could use to harm themselves or others.

To prevent errors in dispensing medication, the Food and Drug Administration (FDA) suggests confirming that the medication is given to the right patient; carefully reviewing a patient's medical history for conditions like liver function or medication allergies; reading labels (is the dosage in milligrams or milliliters); properly storing drugs (refrigerating or discarding as necessary); and making written directions clear and easy to read.

To address pandemic staffing challenges, many providers have expanded their telehealth services. Other ways to address worker shortages include prioritizing essential over non-essential procedures and postponing employees' elective time off. Seeking employee input on staffing issues can foster improved morale until more people can be hired.

A preventive mindset

As Bill Siwicki writes in *Healthcare IT News*,⁷ "The healthcare industry is shifting from reactive care to a mindset of preventive care, aiming to catch signals of adverse events before they occur."

Siwicki adds: "Having the right tools to continuously track and monitor a patient's health [is] extremely necessary. You can't control something you can't see or measure, so gaining a holistic view of a patient's status based on comprehensive and real-time data is key to preventing adverse events."

³ <https://hbr.org/2019/10/5-obstacles-to-home-based-health-care-and-how-to-overcome-them>

⁴ <https://www.chartis.com/insights/optimizing-your-workforce-future>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3156520/>

⁶ <https://pubmed.ncbi.nlm.nih.gov/30945601/>

⁷ <https://www.healthcareitnews.com/news/caregiver-staffing-shortages-and-future-clinical-surveillance>

Mental Health Challenges in Law Enforcement Interactions

by Curtis Caid,
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MENTAL HEALTH AND

substance abuse crises have become front-page news, especially when incidents involve interaction with law enforcement officers.

Each of these health concerns is complicated enough, but today we know that many people encountered by police have co-occurring mental and substance abuse disorders.

In these cases, when someone in a manic state becomes violent or destructive, friends or family often call 911. Law enforcement officers respond and try to navigate through the incident as best they can, which can be incredibly challenging.

Real-life examples

Two high-profile incidents in Michigan demonstrated the gravity of such situations for both police and those in crisis. In July 2022, Detroit Police were dispatched to an active shooter incident. Upon their arrival, the suspect opened fire on the officers with a rifle, and a police officer was mortally wounded. Other responding officers returned fire, killing the suspect. A subsequent investigation revealed that the suspect had a long history of mental health issues.



In October 2022, just over three months after the previous incident, Detroit Police were dispatched to an individual who, according to news reports, had struggled with mental health issues, including schizophrenia, for years. This person, armed with a knife, advanced on the officers, who shot and killed him.

Police are not psychologists

While deputies and police officers receive more critical incident training than ever, they are not psychologists or social workers. Often, by the time the police are called, a volatile situation has already spiraled into a crisis. Police use de-escalation techniques, along with less lethal force, to try to gain compliance.

Incidents are on the rise

The resources demanded of law enforcement are staggering. Monroe County Sheriff Troy Goodnough states: "We average 4.5 mental health calls every 24 hours. This does not account for other calls for service

with a nexus to either substance abuse or behavioral health."

Westland Police Chief Jeff Jedrusik says his officers have responded to 583 service calls so far this year (as of October 18, 2022) for people in a mental health crisis—many of which are repeat calls for the same person over months or years.

Such challenges are even greater in rural areas in northern Michigan and the Upper Peninsula. Despite these hurdles, the Marquette County Sheriff's Office, under the leadership of Sheriff Greg Zybert, received the Rural Justice Advisory Council Community Innovation Award from the National Rural Justice Collaborative (see sidebar).

Ionia County Sheriff Charlie Noll's goal is to expand the department's resources to help road deputies deal with mental health incidents.

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Marquette County Earns National Innovation Award

The National Rural Justice Collaborative (RJC) has awarded the Rural Justice Advisory Council Community Innovation Award to MMRMA Member Marquette County.

According to the RJC, "This award recognizes county courts and health care providers for improving access to behavioral health, reducing victimization, facilitating education and employment opportunities, eliminating barriers to accessing justice, reducing incarceration and recidivism, and facilitating re-entry through creative solutions.

"The RJC has spotlighted Marquette County as an example of how other rural American communities can improve their criminal justice systems and mental health care access."

Go here to read the full announcement:

<https://www.courts.michigan.gov/news-releases/2022/september/marquette-county-garners-national-recognition-for-justice-system-innovations/>.

Mental Health Interactions, continued from page 3



An exhibit of iconic photos from the 1920s to 1980s at Detroit's Charles H. Wright Museum of African American History celebrates the legacy of jazz musicians, including Detroit artists who made an impact on the local, national, and international jazz scene. A permanent exhibit highlights the Motor City's role in American pop culture.

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However, like nearly every other law enforcement agency, Noll faces staffing challenges. Finding qualified staff can be even harder for sheriffs' offices that also need to staff corrections officers for their county jails.

Partnering with social service providers

Stakeholders agree that partnering with community mental health (CMH) organizations is needed and law enforcement has embraced these relationships. Livingston County Sheriff Michael Murphy has developed a referral form that deputies can submit to community mental health; a CMH professional will follow up within 48 hours.

The Battle Creek Police Department has created a fusion center approach to community needs, including mental health incidents. Fusion center staff collaborates with CMH professionals to provide resources to those in need. In Battle Creek, as in other areas, this includes the homeless population.

Other members have developed clinician/social worker programs that embed these professionals within the police department. This concept creates onsite resources so police and mental health clinicians can work together to resolve crisis situations.

Jessica Martin, LMSW, Police Social Work Supervisor of the



Ideally, people with mental health problems should get treatment long before police are called to intervene in a crisis.

Embedding clinicians in police departments shows promise to help people in crisis get the help they need without entering the criminal justice system.

Lansing Police Department, says embedding clinicians in the police agency provides two substantial benefits:

1. The ability to treat "anyone, anywhere" without the hurdles of insurance or other third-party groups.
2. A clinician/social worker can be there at the moment of crisis.

Treatment comes first

In an October 16, 2022 *Detroit News* article, Mark Reinstein, former president of the Okemos-based Mental Health Association in Michigan, a policy analysis and advocacy organization for people with mental illness, agreed that police are not ideally suited to deal with mentally ill citizens,

many of whom he believes should be hospitalized.

"Yes, I'd rather have an officer with Crisis Intervention Training (CIT) than without, but police are overwhelmed, just like the entire criminal justice system," Reinstein says.

"To expect that CIT training is going to properly equip [police] to deal with someone in a mental health crisis is just not realistic. We need to get people [into] treatment before the point when police are called."

Clearly, society faces extraordinary challenges to adequately treat people in crisis, many of whom are dealing with both mental health and substance abuse disorders.

As demonstrated by our leaders in law enforcement, corrections, and community mental health, innovative collaboration efforts are making huge strides in the right direction.

Note: All law enforcement professionals quoted in this article represent MMRMA members.