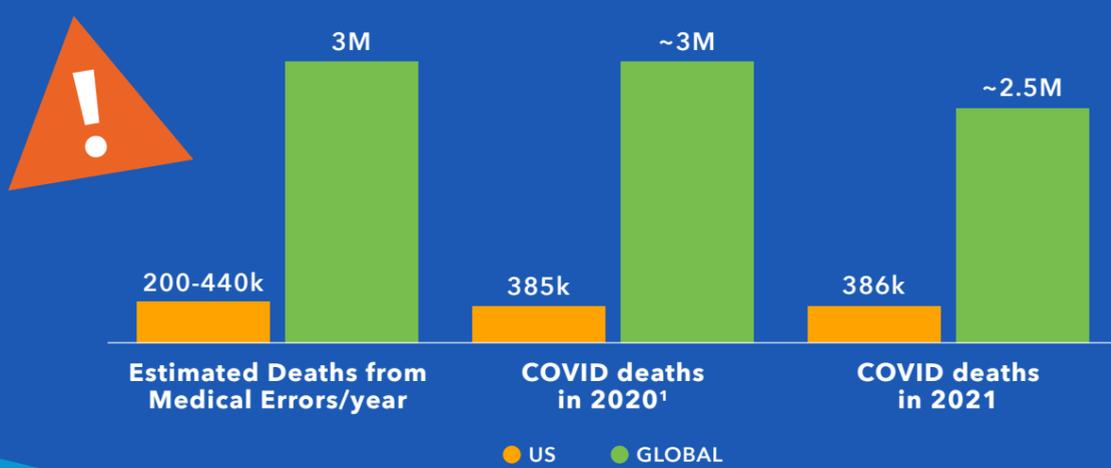


COVID-19's Impact on Patient Safety

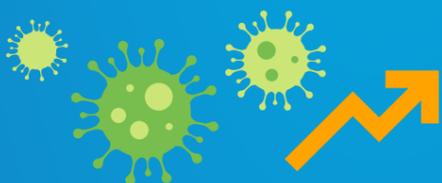
The COVID-19 pandemic has exacerbated the rate of medical errors as a leading cause of harm and death globally.

Before the pandemic, medical errors were considered the third leading cause of death in the U.S. behind heart disease and cancer. The COVID-19 pandemic quickly surpassed medical errors as a leading cause of death. However, medical errors remain a mostly silent killer, not reaching the mainstream media and therefore remaining a foreign concept to the public. We are raising the visibility of medical errors and help everyone understand that COVID-19 is a mammoth problem, but also is driving up unsafe care and medical errors.



COVID-19 complicated healthcare and caused more unsafe care due to (not in any particular order):

OTHER INFECTIONS & HOSPITAL-ACQUIRED CONDITIONS ON THE RISE²



Data reported to the CDC indicates that there were significant increases in Central Line-Associated Blood Stream Infections (CLABSI), Catheter-Associated Urinary Tract Infections (CAUTI), Ventilator-Associated Events (VAE), and Methicillin-resistant Staphylococcus aureus (MRSA) compared to 2019. The largest increases occurred in the last quarter of 2020.

HOSPITAL-ACQUIRED COVID-19

It is estimated that

12.5-44%

of COVID-19 cases were nosocomial - acquired in hospitals by patients who were admitted for other reasons.^{4,5}

LACK OF ADVOCACY AT THE BEDSIDE

Patients weren't able to have a family member, friend or professional advocate at their bedside for most of 2020 and 2021. This meant that the second pair of independent eyes and ears were missing. Advocacy is integral in keeping patients safe.



Hospitals with closed visitations saw more pronounced deficits in their performance with regard to patient ratings of medical staff responsiveness, fall rates and sepsis rates despite the heroic efforts of health workers.³

DELAYED DIAGNOSIS & TREATMENT



Even before COVID-19, diagnostic errors (missed, delayed and incorrect diagnoses) were a leading contributor to harm in health care. COVID-19 has exacerbated this because patients were afraid of going for check ups, elective surgeries and treatments were canceled, etc).⁷

Let's explore the 8 types of diagnostic errors that emerged during the COVID-19 pandemic.⁸

STRESS, FATIGUE & BURNOUT OF HEALTH WORKERS

When staff are overworked, stressed and not sleeping it increases the chances of a mistake to occur.



Almost two-thirds (64%) of the U.S. physicians surveyed said the pandemic had intensified their sense of burnout. Among U.S. physicians, 46% reported increased loneliness; only Portugal and Brazil had higher rates.⁹

TURNOVER OF HEALTH WORKERS



Forrester's 2022 Predictions: Rapid clinician turnover will contribute to adverse drug reactions due to medication errors and administrative flaws. In turn, the risk of harm and death among patients will rise.¹⁰

NURSES MOVING TO TRAVEL NURSE ROLES



90% of hospital executives hired travel nurses to bolster their teams during the pandemic, compared with less than 60% in 2019.¹¹

In some European countries, many hospitals are reliant on foreign travel nurses - crossing borders - but many nurses are staying in their home countries because of complicated border-crossing during COVID-19 which is leading to short-staffing.^{12,13,14}

#1 reason nurses are leaving their roles within hospitals is to become travel nurses that have more flexible schedules and generally much higher pay.



Travel nurses may disrupt clinical care and workflow at hospitals since they typically don't receive as much training as their staff counterparts and don't stay at hospitals long enough to build relationships with patients.¹⁵

VENTILATOR SHORTAGES¹⁶



Both ventilator supply as well as rationing ventilators based on how sick a patient was complicated care and brought forward patient safety concerns.

RISE IN MENTAL HEALTH ISSUES

In July 2021, mental health made up 60% of virtual care visits.¹⁷



IMPACT ON BIPOC



During 2020 working-aged adults from marginalized communities experienced poor access to health care outside pandemic conditions.¹⁸

Racial and ethnic subgroups experienced disproportionately higher percentage increases in deaths, with the most pronounced effect among the Hispanic/Latino communities who represent an estimated 21% of the essential critical infrastructure workforce.¹⁹

¹ <https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm>
² <https://www.usatoday.com/story/news/2020/08/05/some-hospital-infections-up-feds-waived-safety-oversight-reporting/5537817002/>
³ <https://www.cdc.gov/hai/data/portal/covid-impact-hai.html>
⁴ Rickman, H. M., Rampling, T., Shaw, K., Martinez-Garcia, G., Hail, L., Coen, P., ... & Houlihan, C. F. (2020). Nosocomial transmission of COVID-19: a retrospective study of 66 hospital-acquired cases in a London teaching hospital. *Clinical Infectious Diseases*.
⁵ Carter, B., Collins, J. T., Barlow-Pay, F., Rickard, F., Bruce, E., Verduri, A., ... & Stechman, M. J. (2020). Nosocomial COVID-19 infection: examining the risk of mortality. *The COPE-Nosocomial Study (COVID in Older PEople)*. *Journal of Hospital Infection*, 106(2), 376-384.
⁶ <https://pubmed.ncbi.nlm.nih.gov/34111115/>
⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7289509/>
⁸ https://www.aafp.org/journals/fpm/blogs/inpractice/entry/covid_burnout_survey.html
⁹ <https://www.forrester.com/report/predictions-2022-healthcare/RES176445>
¹⁰ <https://www.modernhealthcare.com/labor/travel-nurses-double-edged-sword-desperate-hospitals>
¹¹ <https://www.an.no/lill-roper-varsko-jeg-far-daglig-melding-fra-sykepleiere-som-far-vondt-i-magen-nar-telefonen-ringer/s/5-4-1503262>
¹² <https://sykepleien.no/2021/02/utmattende-grensependling-taerer-pa-svenske-sykepleiere-i-norge>
¹³ <https://khn.org/news/article/amid-covid-health-worker-shortage-foreign-trained-professionals-sit-on-sidelines/>
¹⁴ <https://www.advisory.com/daily-briefing/2021/09/20/travel-nurses>
¹⁵ <https://www.atsjournals.org/doi/10.1164/rccm.202005-1586LE>
¹⁶ <https://www.fiercehealthcare.com/digital-health/predictions-for-healthcare-2022>
¹⁷ <https://www.mmrwr.org/doi/10.15585/mmwr.mm7033a2>
¹⁸ <https://www.mmrwr.org/doi/10.15585/mmwr.mm7033a2>
¹⁹ <https://www.epi.org/blog/who-are-essential-workers-a-comprehensive-look-at-their-wages-demographics-and-unionization-rates/>

Take Action

Learn how you can help to raise awareness about patient safety as a significant concern during the pandemic.

<https://patient.sm/take-action>