

PATIENT SAFETY IN A PANDEMIC – What keeps us up at night

On April 15th patient safety activists from around the country (CA, ME, PA, CT, WA, CO, KY, TX, NY, MN, VA, MD) zoomed together to talk about what keeps us up at night. Several basic themes arose above the specific things that are nagging at us. First, as patient safety activists, we are aware that safety in hospitals was an ongoing problem before the arrival of COVID-19; more than 400,000 patients die every year following preventable harm in hospitals. Second, we are aware that basic infection control supplies are and always have been critical to keeping patients and health care workers safe from this virus and other dangerous bacteria. Third, we want to offer an element of positivity as much as possible now and beyond as we feel negativity is too rampant in our society.

Here Is What Keeps Us Up At Night:

THIS PANDEMIC HAS VIVIDLY DISPLAYED THE TERRIBLE SHAPE OF OUR HEALTH CARE SYSTEM. The coronavirus has shined the light on the many cracks in our system. These are manufactured issues that all of us have allowed to develop and all of us can change. We need a system that assures access to everyone, is universal in delivery and quality with standards that apply to all, and that is not just about making money but has a true focus on the needs of the patients.

OUR PUBLIC HEALTH SYSTEM NEEDS TO BE FORTIFIED. How do we unify, strengthen and redirect this network that was built to serve the public interest? The pandemic has revealed that even when plans are in place, a multitude of conflicting instructions, guidances and directives can derail their mission. New steps are needed to establish a solid infrastructure with clear national oversight and well-financed boots on the ground that are laser focused on solving problems and helping people.

RACIAL DISPARITIES ARE REAL - MINORITIES ARE TAKING THE BRUNT OF THIS PANDEMIC. These issues grow from a broken health care system that does not recognize health care as a human right and work to ensure that every person has access to the health care they need when they need it. They grow from a racist society that causes extreme stress to people of color in the US. How will we move forward to address these systemic problems?

NURSING HOMES, DIALYSIS CENTERS, PSYCHIATRIC FACILITIES. These providers take care of the most vulnerable people who are totally dependent on them to survive. Yet these are the places where the virus has run rampant – partly because of the close quarters nature of these places, but mostly because our society and oversight system fail to demand they deliver the highest quality of care. We have placed our nation's most vulnerable people in the hands of large for-profit corporate businesses, which operate with limited, poorly paid staff and lack in basic protections that prevent the spread of infections. We need something better.

HOW QUICKLY PEOPLE WITH COVID19 DECLINE. We worry about the loss of the patient voice during the scariest time of their life; loneliness at time of death; the helplessness of the patients and families unable to be there; wondering how much

conversation is going on between loved ones and patients; how to help the nurses help those patients.

LACK OF DATA AND TRANSPARENCY. While this is a chronic problem in our health care system, the coronavirus has brought the problem into sharp focus. Imagine, in one of the most tech savvy countries, there is no national system for collecting information about health care – where it is delivered, how it is delivered, or what are the outcomes for patients. We don't even have a system to accurately track deaths. And we certainly don't have the infrastructure to collect testing results in an organized manner to allow for strategic containment of this highly infectious virus. This pandemic has revealed how quickly systems can be set up to provide experts and the public with basic information about cases, beds needed, test results, recoveries – we can build on this toward a future of meaningful, easily accessible health care and public health information.

LACK OF EVIDENCE FOR TREATMENT DRUGS, DIAGNOSTIC AND ANTIBODY TESTS, DEVICES SUCH AS PPE, VENTILATORS, ETC. There appear to be few restraints or checks on these products needed to address the coronavirus crisis. We understand the desperation of this situation and the need for fast action, but we still have a list of concerns: FDA authorization of tests that have only been self evaluated by their manufacturers; use of drugs that may or may not help outside of clinical trials and with little documentation of their outcomes; multiple experimental drugs used at one time so it is unclear which ones helped the patient; mass production of devices in retrofitted factories that have not been inspected; use of products that have been in storage for many years without regular examination; expedited approval of a device for cleaning N95 masks after calls from the President.

MAKING END OF LIFE DECISIONS. Some of us work to shine a light on end of life issues and [offer resources](#) to people of all ages who now realize the importance of having these difficult conversations with our loved ones. In the time of coronavirus, this is essential but the truth is that any of us going into the hospital can be compromised in any way and lose our voice; often doctors then make those choices for us.

MENTAL HEALTH ISSUES. Our concerns span a myriad of issues, including relaxing telemedicine constraints that leads to excessive prescribing of drugs, protection from the spread of the virus in psychiatric facilities, and a lack of infrastructure to deliver meaningful mental health support to a country under quarantine.

WAIVING REGULATIONS AND REPORTING. Our past work has focused on requiring health care providers to report medical errors and health care-acquired infections. We also have worked to improve the oversight of health care providers, health care facilities, pharmaceuticals and medical devices. Many of these essential oversight functions to ensure that patients are safe have been waived during the pandemic. There are also efforts to escape responsibility for medical errors and even gross negligence by seeking exemptions from all medical malpractice liability, rather than accepting that injured patients and juries will probably cut them some slack for what they do during this pandemic situation. We worry about how long this will stand and how to get the genie back into the bottle.

HOSPITALS HAVE TO ACCEPT RESPONSIBILITY. Much of what has unfolded under the coronavirus is not surprising to us because we have been exposed to the truth for years. What keeps us up is that patients may not be getting the health care they really need and errors are happening while lives are being saved. This is the truth about our hospitals, many that have pushed back against infection control basics for years – failing to use universal precautions or providing their staff with the equipment to do so, failing to isolate infected patients, failing to be transparent with patients and the public. These issues are present now. Our focus is on patients and our number one advice to them has always been to have someone with them during a hospitalization. But right now, they are all alone.

BAD EQUIPMENT/CONSUMER SCAMS/ COUNTERFEIT PPE/ FRAUDULENT TESTS. All of these are a manifestation of our broken health care system that is focused on making a profit and not on what is best for sick patients. And when there is a crisis, these scammers swoop in to take advantage rather than step up with helpful solutions.

HOW TO DECIDE WHEN TO OPEN UP. We worry about a state by state approach. Once one state opens, travel cannot be controlled and more exposure will occur. A strong public health system focused on testing with established community surveillance strategies need to be in place before everything opens up.

HOW THIS CRISIS CAN LEAD TO FIXING THE LONG-STANDING STRUCTURAL ISSUES OF LACK OF ACCESS AND FOR-PROFIT MOTIVES. The solution lies in developing a full reset of the way we deliver and pay for health care in this country. We need a system that guarantees access to everyone, is reliable and consistent, patient-centered, and affordable.