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Hospital Safety During the COVID-19 Pandemic: A Closer Look at Nursing-Sensitive Quality Indicators

Dr. Colbert:
Welcome to *Clinician's Roundtable* on ReachMD. I'm Dr. Gates Colbert, and today I'm joined by Dr. Eileen Lake to discuss hospital safety during the COVID-19 pandemic. Dr. Lake is a Professor of Nursing and Sociology and the Associate Director of the Center of Health Outcomes and Policy Research at the University of Pennsylvania. Dr. Lake, welcome to the program.

Dr. Lake:
Thank you for the invitation.

Dr. Colbert:
So let's dive right in, Dr. Lake. What inspired your research on nursing-sensitive quality indicators during the COVID-19 pandemic?

Dr. Lake:
On our research team, there are five of us, and three are nurses. We have a health economist and a statistician. And we look at what are called nursing-sensitive indicators because health outcomes have happened to patients that are related to and basically under the purview of nurses. And so here you have a once-in-a-lifetime event—this is the pandemic—which put stressors on the workforce, the nursing workforce, and increased the criticality of the patient, and so we were curious as to whether those two elements would be reflected in nursing-sensitive indicators. These are things like patient falls. Do patients develop urinary tract infections when they have a urinary catheter? Do they develop bloodstream infections when they have a central line catheter? Do they develop pneumonias when they are on a ventilator? And so you can see that the nurse's surveillance and responsibility relates to all of these possible health conditions developing, which are a threat to their health; they're quite uncomfortable. They add to the length of the hospital stay. And so we were curious about if we would see increases in these nursing-sensitive indicators. We expected that they would increase. And we were also interested to see if the trajectory had leveled off, so we wanted to understand the magnitude of the spikes and if we have now bounced back from them.

Dr. Colbert:
Now, looking closely at the results from your study, what were the findings on safety indicators, like falls, infections, and other adverse events during the COVID-19 pandemic?

Dr. Lake:
So our study comprised 2,300 hospitals throughout the US that happened to participate in a nursing quality benchmarking, and that's how they had the data on all of these nursing-sensitive indicators. And we did find that all five of the indicators that we studied increased significantly during the pandemic, so they went up. And then we also saw that they began to level off and had come down but hadn't returned to the pre-pandemic baseline by 2022.

Dr. Colbert:
And what does the most recent data tell us? Have hospitals returned to pre-pandemic safety levels?

Dr. Lake:
Now we have newer data which are from 2023 and even the first half of 2024, and we see that all the rates have returned to baseline. Actually, by 2023, they had, and then that has been continued in 2024.

Dr. Colbert:

For those just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Dr. Gates Colbert, and I'm speaking with Dr. Eileen Lake about hospital safety during the COVID-19 pandemic.

We spoke a bit earlier about how the pandemic impacted patients, but now we're going to shift focus to actionable steps towards safer hospitals. So, Dr. Lake, what long-term protocol changes would you recommend hospitals put in place to better manage surges in patient volume and acuity during a crisis like the COVID-19 pandemic?

Dr. Lake:
Well, the first thing to mention is that protocols exist, and so when there is a catastrophic event, that's the time to adhere to the protocols. And if not, then managers need to identify environmental factors that are driving the change in practice and take a look at the patients—is the patients' acuity and severity increasing?—to see what strategies need to be implemented. So the kinds of protocols that exist, for example, relate to preventing falls, or relate to when a patient has a central line catheter. And there are teams—specialty teams that monitor those catheters. But in an event like COVID-19, those special teams got called into general duty. Even managers, even educators got pulled into being frontline caregivers, and so then those protocols were diminished or reduced, and so therefore, the kinds of functions that those highly specialized teams serve need to be shored up. For example, when we look at urinary catheters, there are rounds done. This is interdisciplinary team rounds that are done daily to see how soon a urinary catheter can be removed because having that catheter is required for certain patient conditions, but the longer the catheter is in place, the risk dramatically increases that a person could develop a urinary infection. So it's crucial to remove the catheter as soon as possible. How does that get communicated? For example, bedside handoff from nurse to nurse and interprofessional rounding, as I mentioned, and so these functions got interrupted. Why? Because patients were being put into isolation to reduce exposure amongst the interprofessional team. And so maintaining existing protocols is a key recommendation for hospitals when there are surges in patient volume.

But there are some other recommendations we have also. The hospitals in our sample all participate in monitoring these indicators, but not all hospitals do, so that's one broad recommendation—tracking these nursing-sensitive indicators to understand what level your nursing unit is at. And even something we study quite often is the nurses' work environment, which supports professional nursing practice, and you can evaluate the nurses' work environment very simply by doing pulse surveys to identify what aspects need managers' attention. So that's a second recommendation we have—to do these occasional surveys. We have a five-item survey that nurses can answer because we trust the frontline nurse to give the managers the key input that they need to make the right managerial decisions. So those are some of the recommendations we have.

Dr. Colbert:
And how might technology and innovative care models help address some of the challenges in nursing care and patient safety?

Dr. Lake:
One of the silver linings of having endured the pandemic is discovering the potential for virtual nursing care. And so virtual nursing care happens through a laptop. What we discovered is that we can have virtual nurses who can actually conduct rounds when we're in a situation where we don't have the team to conduct the rounds, and so that technology can make a big difference in monitoring and upholding care practices. Another is that having leaders remain in their leadership role rather than being pulled away in more caregiving roles. During the pandemic, nurses were asked to take on the roles of other staff, including, for example, meal delivery, housekeeping, and things like that. And pulling away those supports from the nurses to reduce transmission and risk put all of the demands on the nurses, and so we think that the innovative care models are to actually retain those other support staff so that the nurses can be focused on nursing care exclusively.

Dr. Colbert:
Before we close, Dr. Lake, is there anything else you'd like to share with our audience today?

Dr. Lake:
The one thing I'd like to share is that nursing care doesn't happen in a vacuum. Our research team focuses on system elements that support the nurses. So these are: do we have proper levels of nursing staff? Which is to say, how many patients is the nurse caring for? And we focus heavily on nurses' work environments, which means, do nurses have capable and supportive nurse managers? Are their relationships with physicians collegial rather than hierarchical? Are nurses consulted on decisions about clinical practices, equipment choices, and health record decisions? All the elements of care delivery that the nurse is responsible for or interfaces with—this is what we refer to as the work environment. And so we see that when we situate the nurse in an environment that supports professional practice, then we can reduce the rates of these nursing-sensitive indicators, and so that's what our team endeavors to demonstrate by looking at these relationships.

Dr. Colbert:

With those key takeaways in mind, I want to thank my guest, Dr. Eileen Lake, for joining me to discuss hospital safety during the COVID-19 pandemic. Dr. Lake, it was great having you on the program.

Dr. Lake:
Thank you so much, and I look forward to talking with you in the future.

Dr. Colbert:
For ReachMD, I'm Dr. Gates Colbert. To discuss this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.