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HOW TO BOUNCE BACK AFTER COVID-19'S SAFETY DECLINES

After safety scores fell in 2020 across the healthcare industry, Press Ganey data reveals insights into getting back on track.





INTRODUCTION

Before COVID-19, the National Database of Nursing Quality Indicators (NDNQI®) and safety scores were heading in the right direction, but the rate of improvement was modest—at best—and far too slow for leaders looking to dramatically drive down harm rates. The sudden onset of the pandemic forced healthcare organizations to pivot, redirecting their efforts toward defeating the virus. While the industry saw tremendous gains relative to COVID-19 safety, [overall safety culture](#) and nurse sensitive outcomes suffered as a result.

drift (*n*)

A gradual shift in safety attitude, opinion, or performance.

From the NDNQI, Press Ganey analyzed safety outcomes during COVID-19 (from March 2020 on) and compared them to pre-COVID (before March 2020) numbers. The data validates what healthcare leaders were reporting anecdotally during the pandemic: that the stresses of and their singular focus on COVID-19 caused routine safety issues—like medication errors, falls, and CLABSI—worsen.

To rebound from safety declines as we come out of the pandemic, it's important to understand why they happened at all. This paper will show where declines occurred, discuss the warning signs, and, using Press Ganey data, lay out what healthcare leaders can do to make up lost ground.

UNDERSTAND AND PREVENT DRIFT

In healthcare, relaxed safety standards—which happen subconsciously and gradually—can lead to “drift.” Even the most successful, highly reliable organizations may experience drift due to complacency and normalized deviance, and they may be unaware they’re drifting until it’s too late.

In 2020, drift had a different culprit: a global pandemic. Organizations were laser-focused on surviving—and beating—the virus. But this exhausted their time, energy, and resources, [driving unprecedented levels of burnout](#), which, in turn, led to [turnover](#) and huge staffing gaps. This (unsurprisingly) caused safety lapses and drift in other areas—most notably, routine safety issues.



More than
60%
of U.S. nurses experience
burnout.¹



On average, hospitals lose
\$4.9m
to nurse turnover per year.²



To proactively avoid drift, leaders can lean on a number of tactics—tactics that can, and should, be employed during the pressure cooker of COVID-19 and beyond.

- **Get back to basics.** Leaders need to transparently share safety event data and lay out learnings or policy changes as a result of those events. They should re-emphasize the goals behind holding daily safety huddles and provide refresher training—especially in groups or areas that have had issues. Peer double-checking also increases accountability.
- **Ensure you have a culture of safety that starts at the top.** Leader rounding, an executive presence in every staff meeting, and benchmarking all help educate leaders on front-line challenges. Directly involving leaders in safety issues from the get-go sets the tone for organization-wide reliability.
- **Leverage routine pulse surveys to measure safety culture.** Periodically taking the “pulse” of safety at your organization is a comprehensive way to gauge employees’ perceptions of safety as well as progress in real time, then use responses to assess where to dedicate additional resources to continually drive improvements.
- **Hold people accountable, but never penalize those who speak up.** Many organizations brought back safety and reliability champions during COVID-19. But a culture of safety relies on trust—meaning those who call attention to problem areas must feel secure that they won’t be punished for raising the red flag.
- **Conduct independent safety audits to detect at-risk areas early.** An outside perspective can assess the current state of your organization and identify complacency or otherwise unsafe conditions, especially when those directly involved are too in the weeds to see things objectively. Use third-party safety audits to spot and evaluate potential harm before it becomes an issue.

UNIT TYPE		FALLS - INPATIENT				HAPI STAGES 2+				CLABSI			
2020		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NNOI RATES	Adult Critical Care	⊖	⊖	⊖	⊖	⊖	⬆	⬆	⬆	⊖	⊖	⊖	⊖
	Adult Medical	⬆	⬆	⬆	⬆	⊖	⬆	⬆	⬆	⊖	⊖	⊖	⊖
	Adult Step Down	⬆	⬆	⬆	⬆	⊖	⊖	⊖	⬆	⊖	⊖	⊖	⊖
	Adult High Acuity	⊖	⊖	⊖	⊖	⊖	⬆	⬆	⬆	⊖	⬆	⬆	⬆
	Adult Moderate Acuity	⊖	⬆	⬆	⬆	⊖	⬆	⬆	⬆	⊖	⬆	⬆	⬆
	Adult Surgical	⬆	⬆	⬆	⬆	⊖	⬆	⊖	⬆	⊖	⊖	⊖	⊖
	Adult Med-Surg	⬆	⬆	⬆	⬆	⊖	⬆	⬆	⬆	⊖	⊖	⊖	⊖
		⬆ Increase in rates	⬆ Decrease in rates	⊖ No statistically significant change	⊖ Conclusion could not be drawn								

The Centers for Disease Control also recently released a report [finding](#) that the national standardized infection ratios (SIRs) for CLABSI, CAUTI, VAE, and MRSA bacteremia rose significantly in 2020, the largest of which was for CLABSI.

That's why it's critical for organizations to not only focus on improving lagging outcome indicators, like patient and workforce harm rates, but also scores on leading indicators like safety culture surveys (including annual or biannual iterations and more frequent pulse surveys). These help gauge [employee engagement levels](#), which are intrinsically [tied to safety culture](#).

For example, if an organization finds that its workforce reports low scores on a safety culture item, like “mistakes have led to positive changes here,” it may want to re-examine its current process for leveraging learnings from safety events or put mechanisms in place to make sure follow-up action plans are completed. Likewise, if surveys indicate a lack of confidence that employees and management are working together to establish the safest-possible working conditions, it may be time to use monitor and control loops to ensure leader and universal skills are practiced. Benchmarking harm rates and event reporting against similar organizations further develops an accurate picture of an organization's success.

In addition to focusing on safety culture, organizations need to revisit best practices for preventing specific safety harms—such as CLABSI and falls. Press Ganey's NDNQI and consulting teams can work with organizations to help develop action plans for these practices.

Join Safety 2025: Accelerate to Zero

Press Ganey is committed to reducing harm 80% by 2025. We launched this initiative to remove the financial and educational barriers preventing organizations from sharing and learning from safety events across the industry.

[Learn more about Safety 2025—
and join us—here.](#)

CONCLUSION

Routine safety issues were an expected and unavoidable side effect of healthcare professionals stepping up to battle the ongoing crisis of COVID-19. Now, looking back, the industry can identify the root causes to first understand where gains need to be made and then what warning signs to watch for moving forward. To protect against future lapses, the best defense is analyzing your data to uncover areas for improvement in your safety culture and committing to making strategic changes based on those insights.



**READY TO
LEARN MORE?**

To see how Press Ganey, in association with regional partner Insync, can help you get back on track after 2020's safety declines, reach out to an expert at:

insync.com.au/contact-us/



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