The best way to decide whether vaccination is the right choice for you and your family is to get informed. But with so many articles, websites, celebrities, and Facebook groups sharing different information and opinions, you may not know where to start.

The Patient Safety Authority recently spoke with three people who add their unique perspectives and expertise to the ongoing conversation around vaccines: an infection preventionist, JoAnn Adkins; a psychologist, Dr. Lily Brown; and a mom of a son with autism, Susan Senator, who was once vaccine hesitant.

They discuss how vaccines work, when anxiety may be clouding our judgment, and how to bridge the gap between both sides of the vaccine debate productively and respectfully.
Minimally invasive surgery—performing a procedure inside the body with instruments inserted through a small incision—allows for shorter recovery times and better outcomes than traditional open surgery, as well as minimal risk to the patient. But that does not mean that there is no risk.

The highest risk comes from insertion of the trocar, a hollow device that serves as a port for scopes and surgical tools, which can cause organ and vascular injuries if they are placed incorrectly; these potentially life-threatening injuries can require conversion to open surgery, return to the OR, and readmissions.

This look at 268 trocar-related safety events reported by Pennsylvania hospitals from 2014 to 2020 highlights the most common injuries and complications, their causes, and outcomes, and outlines risk reduction strategies to help make minimally invasive surgery even safer for patients.

The Right Place at the Right Time

Nasogastric and orogastric tubes (NGT)—tubes placed in the nose or mouth through the digestive tract—are largely beneficial to patients as a means of delivering the nutrition or medicine they need, or to empty the stomach. However, if these tubes are misplaced during insertion, serious complications can occur.

Analysts studied 197 reports of NGT patient safety events in the Pennsylvania Patient Safety Reporting Systems (PA-PSRS), submitted from 2017 to 2020, and
The consequences of getting a medication wrong are serious and potentially life-threatening. This ongoing process of medication reconciliation must take into consideration the current and previous medications, new medications being ordered, changes in the patient’s condition, current therapies, and a whole host of other factors to avoid medication errors like omissions, duplication errors, dosing errors, and drug interactions. There are many challenges to overcome, including demands on staff at every stage, but by identifying and understanding the common problems, errors, and drugs associated with medication reconciliation, clinicians can apply appropriate risk reduction strategies to better protect their patients.
The Height of Health

**Quick, how much taller is 5'6" than 56"?** While you're doing the math, ask yourself how many medications are dosed based on body surface area and what are the potentially fatal consequences if that calculation is performed using an incorrect height.

An analysis of patient safety events related to incorrect patient height reveals the answers to these questions and the most common errors, as well as suggests some simple best practices to prevent them from happening: Measure patients at the beginning of every healthcare encounter. Use metric units from the point of measurement to transcription to the electronic medical record. Never use or record estimated patient height.

**The Ins and Outs of Medication Errors**

As more people are choosing outpatient care from fear of COVID-19, it's more important than ever to understand the unique challenges facing ambulatory settings, including medication errors.

For decades, medication errors have been recognized as a leading source of safety problems in both inpatient and outpatient settings; more recently, prescribing errors have involved the use of electronic health records (EHRs) with computerized provider order entry (CPOE)—ironically the very systems designed to reduce medication safety errors.

A simulation tool developed to discover medication safety vulnerabilities in EHR and CPOE has proved effective in preventing common medication safety errors in the inpatient setting. In replicating the tool for ambulatory EHR systems, researchers developed a new categorization schema of outpatient medication safety errors that has enlightened our understanding of their causes and can be leveraged to improve ambulatory safety.
We All Win When Patients Speak Up

The patient is always at the center of discussions about patient safety. But patients shouldn’t only be talked about—they also need to participate in the conversation. They and their families have opportunities to be engaged in their own care: to share information, ask questions, and express their opinions. And if there aren’t opportunities to have a voice, patients can and should make their own and keep pushing to play an active role in their treatment.

Patient advocate Lisa Rodebaugh, Patient Safety Authority (PSA) Executive Director Regina Hoffman, and PSA Director of Engagement Caitlyn Allen all have their say in why it’s important for patients to speak up, and for healthcare providers to be open and ready to listen.

Falling Short in Patient Care

Did you know almost 1 million Americans are at least 6’4”? Or that patients with a tall stature may experience a delay of care, pressure injury, or fall simply because of their height?

Conversely, around 30,000 people in the United States are shorter than 4’10”—and they can also be injured when their bed, commode, or wheelchair is too high for them to get in and out of easily. Is your facility ready to accommodate patients with extreme heights at a moment’s notice?

Read some case studies, learn the challenges, and consider adopting best practices and safeguards to make sure you can provide consistent, adequate care for all patients.
I’m OK: A Perspective on Resilience

During the last year we’ve all learned more about our resilience: our ability to adapt to trauma, adversity, tragedy, and threats, such as a global pandemic. Resilience doesn’t mean we don’t experience stress in difficult situations; rather, it refers to how we “bounce back” from them. If we aren’t resilient, we may suffer from burnout, problems sleeping, and depression.

Chris Mamrol reflects on his own resilience in the face of challenging experiences he has faced and explains why resilience is important—and how to build it through self-awareness, mindfulness, mental and physical self-care, and cultivating positivity. “Resilience is not a one-size-fits-all trait, for either challenges or individuals,” he writes. “There are many strategies for managing stress, and some will work while others do not. Sometimes we are OK. Sometimes we are not OK.”

Watch Your Language

We know that words have power and we must choose what we say carefully. That goes double for healthcare providers documenting about patients in their charts and electronic health records; what you write can follow the patient around for the rest of their lives and have a significant impact not only on the care they receive, but also on how future providers and care teams perceive them.

Remember that you aren’t the only person who will read their chart. Derogatory and stigmatizing language in clinical documentation may pass on personal bias, causing assumptions to be made about the patient and potentially affecting their treatment and safety.

So it’s important to have self-awareness of the words you use, focus on person-first language (e.g., patient with diabetes instead of diabetic patient), and engage patients in their own care by reviewing the information in their medical records with them.