

What You Need to Know

Lowering the risk of errors when it comes to your pet's medications, why some coronavirus variants are more contagious than others, ways to navigate post-pandemic life, and more

Vetting Your Pet's Meds



Pets are patients too! Since they can't ask their vets questions or manage their own prescriptions, their owners must make sure they understand what medication to give their pets and how often. **Medication errors, a common patient safety concern, can also affect pets.** For example, in a veterinary prescription the Latin abbreviation SID (*semil in die*), meaning once a day, might be mistaken for QID (*quarter in die*), which means *four* times a day—quite a difference. Decimal points and handwriting also affect how a pharmacist might read “5.0 mg” as “50 mg.”

To prevent such errors, the U.S. Food and Drug Administration recommends asking your vet lots of questions, such as the name of the drug and what it is supposed to do, how to store it, how to administer it, what to do if your pet misses a dose, etc. Also be sure to keep animal drugs and human drugs separate at home.

Source: Health Day

Infection Prevention — Unpuzzling COVID-19 Variants



As more people are getting vaccinated against COVID-19, many are concerned about the SARS CoV-2 virus changing and whether the vaccine protects them from these mutations, especially the more contagious and potentially dangerous strains cropping up around the world.

If you have questions, check out [NPR's fun and informative illustrated guide and video](#). They clearly explain the basics by imagining viruses, cells, and antibodies as puzzle pieces: how the virus gets inside the body and infects cells, how the body's autoimmune system fights back by building antibodies to block the virus, how the virus changes, and how some of these changes may make the new variant spread more quickly as well as harder to stop with the original antibodies.

Source: NPR

Mental Health — Questioning the “Return to Normal”



In this episode of the podcast *Consider This*, host Ari Shapiro, primary care physician Dr. Lucy McBride, and public theologian Ekemini Uwan [field questions from listeners about adjusting to post-pandemic life](#). According to the latest guidance from the Centers for Disease Control and Prevention, vaccinated people can eschew masks in public or outdoors, which means it's time we relearn to “human” and reenter society.

But what if someone doesn't want to return to the way things were before COVID-19? How do we ask others about their comfort level for in-person activities? How do we turn down invitations to social events, or adapt to less time with our kids and the end of remote work? What about small talk? Much of the advice from the experts boils down to this: take it slow and do what's best for your mental health. The answers for what the “new normal” will be like may be different for everyone.

Source: NPR

THE BIGGER PICTURE

with Regina Hoffman

Our weekly blog is taking a short break and will be back on June 17th. See you then!



Patient Perspective — ER Safety for Older Patients



People go to the emergency room to feel better, but for older patients, that trip to the ER to fix one health issue could lead to other ailments that land them right back in the hospital. **According to Dr. Kenneth Frumkin**, a retired ER physician, 1 in 5 older patients who visit the ER will be back within a month, often with an unrelated condition or infection. His diagnosis: post-hospital syndrome, the tendency for a minor issue or injury to trigger a rapid decline in functionality and loss of self-sufficiency.

This doesn't mean older patients shouldn't go to the ER when they need to; rather, they and their families need to be prepared and actively work with providers to avoid post-hospital syndrome. Some tips: find the right hospital and specialists for your loved one (such as "acute care for elders" inpatient units), watch for physical and emotional changes after an ER visit, and keep pushing for follow-up care.

Source: AARP

Long-Term Care — The Long-Term Future of Long-Term Care



Nursing homes were hit hard by COVID-19, in part due to the combination of their "congregate care" setting and the higher risk of their elderly and vulnerable population. Now as we look beyond the pandemic, some people are recognizing the need to **reimagine and remake the long-term care (LTC) model**, placing greater emphasis on home and community-based services, which could also address one of the long-standing challenges of living in a nursing home: loneliness.

But building an entirely new infrastructure in the United States—already hampered with a fragmented, underfunded LTC system—requires building both homes and communities, making this a costly endeavor, which not all people will be able to afford. To make it all work will require investment from government and healthcare leaders and advocates, along with visionary people like Dr. Bill Thomas, a pioneer in new models of senior care, to come up with a better way of meeting the needs of LTC residents.

Source: POLITICO

Calling all future pharmacists: The future starts now!



We're inviting PharmD students and faculty to submit their manuscripts by June 30. A panel of guest editors—pharmacy experts from across the United States—will select their favorites.

The winners will be published on National Pharmacist Day (January 12, 2022) in a special issue of *Patient Safety* dedicated to academic pharmacy.

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For more information or to submit a manuscript, email: patientsafetyj@pa.gov

Improving Diagnosis — Is it COVID or Something Else?



If you've had allergies, a cold, or the flu in the last year, chances are you asked yourself, “Is it COVID?” Doctors have been struggling with the same question as they diagnose their patients; after all, in the midst of the pandemic if an illness looks like COVID-19, it probably is. Especially early on when so little was known about the disease, and hospitals were flooded with coronavirus patients, it may have seemed safest to err on the side of diagnosing COVID—unfortunately, **sometimes doctors got it wrong**. Even after multiple negative test results for COVID-19, they sometimes treated patients for COVID when they actually had another illness, resulting in a delayed diagnosis and, in some cases, the patient's death.

We can chalk these mistakes up to a variety of cognitive biases, preconceived notions that may have clouded doctors' judgment so they couldn't see that their patient actually had HIV or a rare hantavirus or even a heart attack, things they likely would have diagnosed more readily before COVID-19 entered the scene. Some ways to avoid a COVID-19 misdiagnosis is by raising awareness about biases and by sharing stories about how they have affected patient care.

Source: WIRED

Maternal Care — Spoiled Milk



As an old TV ad campaign says, “milk does the body good,” and mothers are always under pressure to breast feed their babies; however, a new study in *Environmental Science and Technology* found that some American women's **breast milk has high levels of contamination from toxic chemicals**. PFAS (per- and polyfluoroalkyl substances) are used to make food packaging, nonstick cookware, cleaning products, and stain and water resistant coatings, and are known as “forever chemicals” because they accumulate in humans and do not break down naturally.

In a small study (50 samples), researchers found PFAS concentrations of 50–1,850 parts per trillion (ppt)—compared to the Department of Health and Human Services' recommended maximum acceptable levels of 1–14 ppt in drinking water. While the effects of PFAS in newborns is unknown, they have been linked to hormonal disruptions and weakened immune systems in older children and adults. Pregnant women and mothers can try to avoid greaseproof carryout containers and other products containing PFAS, but because these harmful compounds are everywhere, the best way to prevent them from entering our bodies may be to ban them entirely.

Source: The Guardian



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