

Response to “Hospital Staffing and Hospital Harm Trends Throughout the COVID-19 Pandemic” by Campbell et al. (2024)

Linda Hughes, Wendy Nicklin, Katharina Kovacs Burns and Ioana Popescu

Dear Editor,

Patients for Patient Safety Canada (PFPS), a national volunteer organization with a vision of “Every Patient Safe” (Patients for Patient Safety Canada n.d.) commends the Canadian Institute for Health Information for collecting and publishing data that clearly demonstrate that the “[r]ates of harm to patients increased along with rates of staff absenteeism, overtime and use of agency staff” (Campbell et al. 2024: 11). It is important to acknowledge and recognize that these data were collected during the COVID-19 pandemic and clearly show the correlation between staffing challenges and patient safety. Unfortunately, but not surprisingly, this trend remains valid today.

We support the recommendations included in the article (Campbell et al. 2024). Efforts to improve patient safety are multi-pronged and require strategies that are based on system-level data. This paper is an excellent example of how evidence-based data can be used to show the critical relationship between staffing and safe care, and encourages healthcare leaders to strategize new approaches to create a robust health workforce, including funding models that support healthcare workers to work to their full potential.

Ensuring that team members are supported to work to their full scope of practice has the potential to enhance the work environment for team members, thus enticing them to stay or encouraging their return to work in the public healthcare system. It will also expand the number of care providers across the system, including in primary care. For example, many Canadians do not have access to a primary care practitioner, which often results in illnesses worsening or delayed diagnosis and treatment resulting in the need for hospital care and

sometimes harm, both of which might have been avoided. Funding structures that allow more opportunities for nurse practitioners, registered nurses and psychiatric nurses to provide primary care within their scopes of practice could provide more access to primary care for Canadians and potentially enable timely diagnosis and treatment, which could ease the demand for hospital beds. In addition, funding to support more multidisciplinary teams, including allied health professionals in primary care, would also address backlogs for patients waiting for various levels and types of care.

As an organization with members who have diverse experiences with the healthcare system, PFPS is available to partner with healthcare leaders to find ways to make that happen. For the past 18 years, PFPS has worked alongside care providers and others to help shape safety practices, programs and policies. We will continue to engage and be engaged in making a difference.

Thank you,

Linda Hughes (co-chair, board member)
Wendy Nicklin (board member)
Katharina Kovacs Burns (chair, board member)
Ioana Popescu (executive director)
on Behalf of Patients for Patient Safety Canada (PFPS)

*Katharina Kovacs Burns can be reached by e-mail at
kathy.kovacsburns@patients4safety.ca or
kathy.kovacsburns@ualberta.ca.*

References

Campbell, S., A. Tardif, T. Ahmed, S. Akiki, S. Challa, K. Parson et al. 2024. Hospital Staffing and Hospital Harm Trends Throughout the COVID-19 Pandemic. *Healthcare Quarterly* 27(1): 10–13. doi:10.12927/hcq.2024.27329.

Patients for Patient Safety Canada. n.d. Home: Vision. Retrieved September 25, 2024. <<https://www.patients4safety.ca/>>.