

LETTER

From the Editor



Regina Hoffman,
Editor-in-Chief
Patient Safety

If I had one superpower it would be to influence patient safety in the same way that Elon Musk can influence cryptocurrency. I would tweet #patientsafety #bestpractices #implementthem and suddenly patient harm—all of it—would plummet within minutes.

But the rest of us must work a lot harder to effect such change, and one could argue that change is especially difficult in health-care. We typically need to tackle issues from a hundred different angles, then convince tired, overworked clinicians that the changes we're asking them to make are worth it and will save lives. Quite frankly, that's the hardest part.

Hopefully, the pandemic has made us nimbler.

At *Patient Safety*, we aim to provide a multifaceted view of each topic and timely information our readers can act on now. In each issue, we publish original research, perspectives from providers and patients, patient safety initiatives, quality improvement studies, and other pieces to both inform and inspire our readers to make the necessary changes to provide safe care for all patients.

In our feature article, authors Matthew Taylor, Catherine Reynolds, and Rebecca Jones share what they've learned from the Pennsylvania Patient Safety Reporting System about patients in isolation during the pandemic. They not only provide a comprehensive analysis, but also share potential solutions, such as video monitoring or creating negative pressure wings, to address challenges still plaguing facilities. These examples demonstrate situations where patients may be better served with a more agile approach than waiting for Level I evidence.

Also in this issue: the Patient Safety Authority's annual analysis of all patient safety events reported in 2020—almost 300,000, excluding healthcare-associated infections. Pennsylvania healthcare facilities lead the nation in reporting patient safety events and helping facilities correct issues before they reach a patient.

Next, meet Dr. Steffanie Strathdee, infectious disease epidemiologist, associate dean of Global Health Sciences and Harold Simon Professor at the University of California San Diego (UCSD) School of Medicine, and co-director of UCSD's Center for Innovative Phage Applications

and Therapeutics (IPATH). Dr. Strathdee takes us on a journey to Egypt, where her husband nearly died from a "superbug," and discusses a powerful weapon in combating antibacterial resistance: bacteriophage therapy.

From across the Atlantic, Carolyn Cullinane et al. became *Patient Safety's* first international authors. Their results from an iterative performance improvement project offer promising results for patients with a National Early Warning Score (NEWS) of ≥ 7 . They introduced surgical safety huddles to reduce cardiac arrests in perioperative inpatients, in yet another example of measures that others could consider today to improve outcomes.

Whether this is your first issue of *Patient Safety* or you've read them all, thank you for taking the time to explore these and the many other topics presented in this issue. Improvement starts with knowledge and ends with better care.

A handwritten signature in black ink that reads "Regina".