Characterization of adverse events in intensive care unit patients hospitalized with COVID-19

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Introduction: During the COVID-19 pandemic, intensive care units (ICUs) around the world have been overwhelmingly occupied by patients hospitalized with pneumonia (COVID-19), generating an important increase in the workload of health professionals, which may have increased the frequency of adverse events (AE) and complications in critical patients during that period.

Materials and methods: Retrospective study that analyzed the data of patients infected by COVID-19 between March 2020 to December 2020. This study was approved by the British Hospital Ethics Committee (#1197).

Results: At least one adverse event was reported and 134 patients were included in this study who were hospitalized for COVID-19 or other causes of illness. A total of 250 UTI inpatients entered into the Quality and Patient Safety reporting system were studied. Of these, 53 were excluded from the analysis due to lack of classification. Of the remaining 63 were not included in the study because they were not classified as adverse events. Finally, 134 patients who presented at least one report of an adverse event were included and were grouped by presence or absence of harm. Only 27.6% (n: 37) presented care-associated harm, of which only 8 were hospitalized for COVID-19. Of these 8 patients who experienced care-associated harm during hospitalization for COVID-19, 50% died during hospitalization. Commonly reported adverse events were associated with healthcare-associated infections, drug or medical device quality failures, medical device selftreatments, and invasive surgeries or procedures. All patients presented complications due to COVID19-associated pneumonia, of which 50% died during hospitalization. The remaining 72.4% of patients had adverse events without harm (n: 97), of which 23 were COVID-19 patients. The findings of this study showed no statistically significant difference in the proportion of patients with adverse events associated with harm between patients with and without COVID-19 (21.6% vs 23.7%, p:0.9). Similarly, mortality between both groups was similar (50% vs 44.8%, p:0.9).

Conclusion: Although the harm caused by adverse events was very low, it is essential to establish close surveillance of possible AE’s associated with care, define clinical protocols and highlight the role of nursing care in the prevention and treatment of complications.