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New top patient safety concerns emerge while other measures improve

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<https://www.chartis.com/insights/new-top-patient-safety-concerns-emerge-while-other-measures-improve>

The Buzz This Week

March 9–15 marked the annual Patient Safety Awareness Week, intended to promote discussions and actions to improve patient safety. The Emergency Care Research Institute, now known as ECRI, released its annual list of top 10 patient safety concerns, which included many first-time topics.

ECRI identified the top patient safety concern as risks associated with dismissing patient, family, and caregiver concerns, also known as “medical gaslighting.” The American Journal of Medicine defines medical gaslighting as “an act that invalidates a patient’s genuine clinical concern without proper medical evaluations because of physician ignorance, implicit bias, or medical paternalism.”

These behaviors can include dismissing or refusing to discuss symptoms or medication concerns, ignoring or interrupting patients, minimizing symptom severity, or refusing to order follow-up tests, among other examples.

Insufficient governance of artificial intelligence (AI) and the availability and spread of medical misinformation took the second and third spot on this year’s safety concern list. Other concerns included the impact of cybersecurity breaches, challenges in caring for veterans, and diagnostic errors for cancers, major vascular events, and infections.

Despite the issues identified by ECRI, The Leapfrog Group’s latest Hospital Safety Grades report, released in November 2024, found that hospitals and health systems are making improvements in patient safety, with notable declines in infection rates and medication errors. The Leapfrog report notes that hospitals are faring better in patient safety metrics than before the pandemic. A report from the American Hospital Association echoed that hospital performance has surpassed pre-pandemic levels, citing improvements in patient falls, pressure injuries, and survival rates. However, multiple recent studies have cited rates of preventable harm in the surgical patient population as high as 40%.

Quality and safety improvements have had many ups and downs over the past 25+ years. Many improvements don't "stick" because priorities, people, resources, and organizational structure remain very dynamic. The Centers for Medicare & Medicaid Services (CMS) has introduced a new Patient Safety Structural Measure to push for improvements that will improve care over the long run by focusing on structural elements (including leadership, governance, engagement, and culture) rather than focusing on quality and safety outcomes measurement.

Why It Matters

While patient safety is a top priority for hospitals and health systems, post-pandemic stresses and regulatory uncertainty compete for attention. Simultaneously, the unprecedented rate of healthcare advancement may be outpacing the ability to implement corresponding patient safety measures.

Patients, families, or caregivers who feel they are experiencing medical gaslighting lose trust in their providers and are less likely to seek care in the future. In a [2023 survey](#), 94% of respondents reported that their doctors ignored or dismissed their symptoms, and 61% reported that doctors "blamed" them for their symptoms or made them feel like they were crazy.

Patient access to a tremendous amount of helpful and misleading information, along with AI, has also changed the provider-patient relationship. Patients are more engaged and want to participate more, but not all providers are trained and prepared for the inherent benefits and challenges. A lack of time built in for these new dynamics may also give the unintended perception of gaslighting.

The delay in seeking future care as a result of negative interactions creates a vicious cycle. It exacerbates chronic health conditions, multiplies missed opportunities to identify preventable illnesses, and puts a greater burden of care on the patient and the health system.

Advancements in technology have the potential to provide value to healthcare delivery and improve safety, but they can have risks. For example, AI tools can have bias, opacity, and privacy and security concerns. At the federal level, it is unclear how regulatory standards will unfold under the current administration. To ensure patient safety, healthcare organizations need to establish comprehensive policies and clear governance for AI use.

Several of the new administration's recent directives could compromise patient care and safety, including:

- Changes to the Veterans Affairs (VA) benefits system
- Scaled-back research funding in areas such as cancer, vaccines, and the LGBTQIA+ community
- Tariffs that could reduce access to necessary medical supplies

ECRI notes in its latest report, "This new era of patient safety requires heightened vigilance, new and adaptive strategies, and a commitment to fostering a culture of safety with health-literate practices that ensure the well-being of patients in an increasingly digital, complex, and interconnected world."

Hospitals and health systems will have to prioritize efforts to develop and maintain patient trust, establish policies and processes to support their staff and patients, and devote time and resources to the areas of patient safety that most apply to their patient populations. Health systems will also need to stay abreast of rapid technology evolution to ensure compliance with patient safety.

Finally, provider burnout and workforce reductions from financial strains only slow the gains made in safety culture and psychological safety within the healthcare workforce. Prioritizing safety improvements for patients and caregivers will require building sustainable models, channeling precious resources toward long-term results, and investing in a reliability infrastructure that ensures lasting improvements and optimizes care for years to come.

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