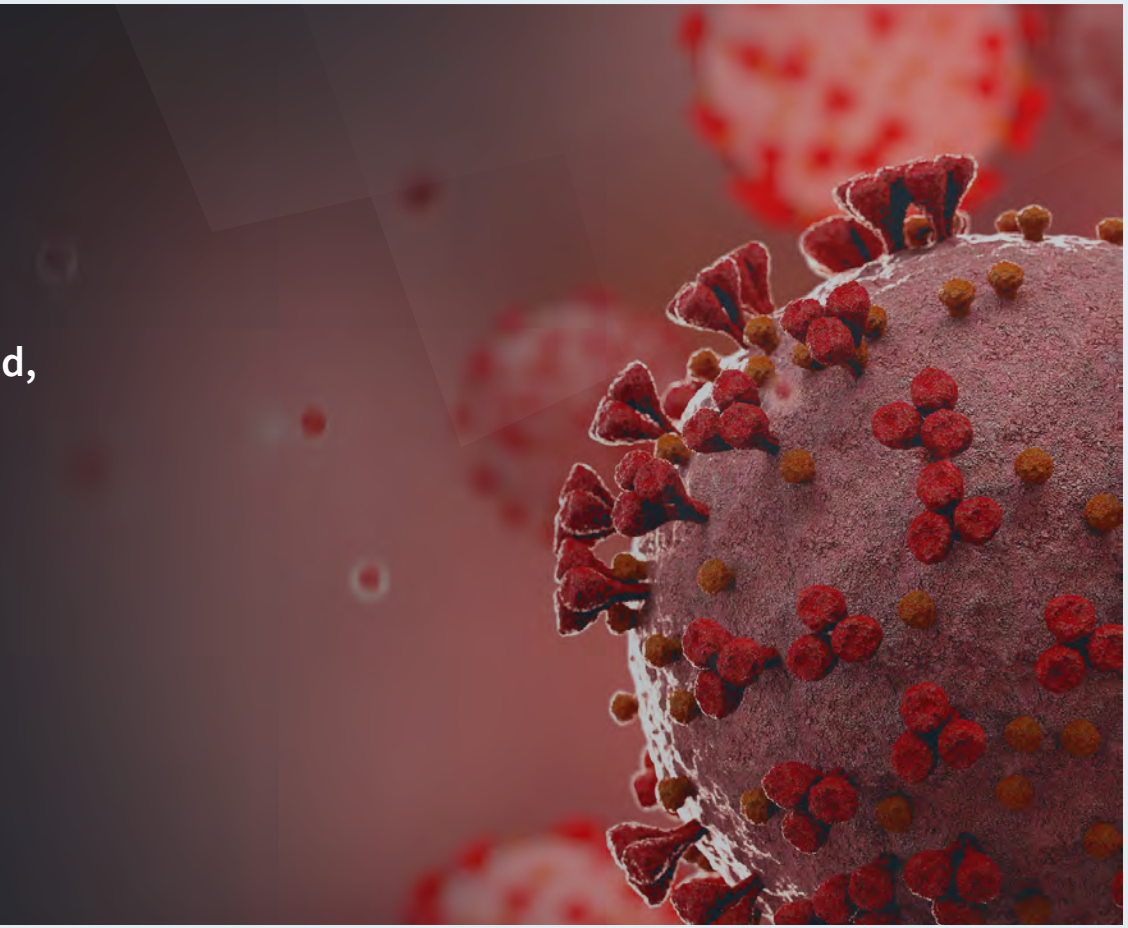
ECRI | The Most Trusted Voice in Healthcare

COVID-19 JOURNEY

ECRI's journey through the global pandemic delivered trusted, independent guidance to the broad healthcare community, assuring safe, high-quality care for patients and support for healthcare workers.



THIS IS OUR STORY

Revised October 6, 2021

clientservices@ecri.org

Greetings

Without question, the global pandemic has been challenging for all of us. The novel coronavirus spread rapidly in March 2020 and remains the top public health issue today.

It was clear from the outset that the world was facing many unknowns. Dire shortages of personal protective equipment (PPE) put our most vulnerable frontline workers and underserved aging care staff at highest risk. The lack of a coordinated federal response fueled battles for protective equipment, medical devices, and effective treatments. Mixed messages from government officials and lack of science-based public health guidance contributed to the chaos.

Against this backdrop, ECRI stepped to the forefront as a respected patient safety organization dedicated to developing evidence-based guidance that empowers providers with the information they require to meet patients' needs while protecting themselves.

ECRI's journey with COVID-19 has been extraordinary.

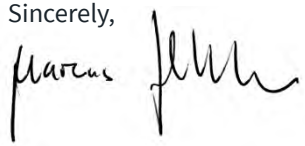
My colleagues and I began raising concerns about the novel coronavirus in January 2020, long before others took action. We saw the need and set up free access to emergency preparedness resources for care providers and healthcare systems. As we learned about the virus, the treatments, protocol, and processes changed. ECRI stayed on top of these developments, providing our members and the public with the evidence-based strategies for coping with equipment shortages, medication safety issues, and mental health concerns.

Unfortunately, we're not out of the woods yet. While infection rates dropped dramatically in spring 2021 after millions of adults were vaccinated, the Delta variant has since swept the globe, driving record numbers of infections, hospitalizations, and deaths.

Until the pandemic ends, and for years to come, ECRI will continue to offer the same independent, evidence-based assurance that providers have relied on for decades, and that has made us the most trusted voice in healthcare.

Together, we can meet COVID-19 head-on and help better prepare for future public health crises.

Sincerely,



Marcus Schabacker, MD, PhD
President and CEO, ECRI

Dedication

To ECRI and ISMP employees: We proudly dedicate this publication to you in grateful acknowledgement of your tireless work to provide trustworthy, science-based public health guidance during one of the greatest challenges of our time. With a strong and steady voice heard round the world, you speak "truths to power" and serve as the architect of hope and help to those dedicated to patient and caregiver safety.

Thank you.

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Speaking Truths That Empower

As the nation's leading patient safety organization founded on evidence-based data and trusted assurance, ECRI responded nimbly to the COVID-19 pandemic. We raised alarms and provided actionable guidance when uncertainty fueled fears. We were bold in our predictions about the potential effects of COVID-19 and relentless in equipping our members and the public with the best, fact-based guidance available to navigate product shortages and evolving treatment protocols.

In the pandemic's early days, it was difficult to know where to turn for evidence-based guidance that addressed the deadly risks posed by the novel coronavirus. ECRI emerged quickly as a trusted source that health systems, hospitals, providers, and others could consult for the most up-to-date information. ECRI rallied the full power of its multi-disciplinary staff of infection preventionists, research scientists, biomedical engineers, and patient safety experts to correct misinformation spread by unqualified and nefarious sources.

For ECRI, independence is the basis of our being. It guarantees that we are not beholden to any industry or stakeholders. It sits squarely on the heroism that it takes to speak truths to power, whoever that power may be. ECRI's fact-based insights and guidance were desperately needed when the pandemic began; and ECRI remains vitally important as we enter 2022.

COVID-19 was not the first global health crisis to reach our shores, and it wasn't the first outbreak to prompt ECRI to jump into action with emergency preparedness and infection prevention resources. Because of our experience helping our healthcare community mitigate prior public health threats—SARS, MERS, H1N1, and Ebola—ECRI pivoted nimbly when COVID-19 erupted.

We raised alarms and provided actionable guidance when uncertainty fueled fears.

Resource Center

Spreading Reliable Information via an Open-Access Resource Center

On February 4, 2020, ECRI launched its free and public COVID-19 Resource Center to help health systems fight an unknown enemy. It quickly became the go-to site for nearly half a million visitors who downloaded our emergency preparedness checklists, PPE supplier lists, and infection control best practices, attended our lab webcasts and aging services webinars, and read our clinical evidence assessments and position papers. The strategies ECRI put into place were desperately needed by an overwhelmed and under-resourced health care system.

Updated daily, ECRI's COVID-19 Resource Center currently includes more than 350 publicly available resources. In many cases, our trustworthy guidance countered incorrect and misleading popular opinion. The Center received broad media coverage and was lauded by key healthcare stakeholders, including the Joint Commission, the American Hospital Association, Association of Healthcare Resource and Materials Management (AHRMM), the Medical Library Association, LeadingAge PA, the Health Resources and Services Administration (HRSA), and large health systems around the world.

This paper seeks to highlight a few specific examples of the challenges facing healthcare and the guidance and assurance that ECRI delivered to a nation and healthcare industry grappling with the deadly COVID-19 pandemic.

Counting Our Impact

35
Webinars

122
High Priority Alerts

32
Clinical Evidence Assessments

185
Clinical Guidelines

500K
Web Visitors

Dignity Health
St. Mary's Medical Center

> **"Thank you for content posted to your new COVID-19 Resource Center! I am monitoring what you post and pushing out selective content including yours to CommonSpirit Health via the Dignity Health Libraries COVID-19 Portal. It is critically of life-saving importance to get authoritative quality information to those who need it. Please thank your ECRI team for their work!"** —Judy Kraemer, MLIS, MBA, Medical Librarian, Bellis Medical Library, Dignity Health - St. Mary Medical Center

Estado Libre Asociado de Puerto Rico
CENTRO CARDIOVASCULAR
DE PUERTO RICO Y DEL CARIBE
Dr. Ramón M. Suárez Calderón
Somos Todo Corazón

> **"It's a great act of humanity the decision ECRI has made [free COVID-19 Resource Center] as we need direction from the agencies that have the most experience and knowledge on this global emergency everybody is living."** —Carmen D. Flores Mena, Centro Cardiovascular de Puerto Rico y del Caribe

Supply Chain

⚠ CHALLENGE NUMBER ONE
Too Many Coronavirus Patients, Too Few Ventilators

A dangerous shortage of medical devices and personal protective equipment (PPE) set off alarm bells in Spring 2020 as death tolls mounted. Among the most high profile medical devices in short supply were mechanical ventilators, the type used in intensive care units (ICUs) for the sickest patients. News headlines about ventilator shortages ratcheted fears. Doctors and nurses put critically ill patients on ventilators as a last resort treatment, but many people died in spite of these measures, alone in the ICU. Providers faced ethical dilemmas in choosing which patients to put on ventilators. In response, the U.S. Food and Drug Administration (FDA) issued Emergency Use Authorizations for production of ventilators by automobile manufacturers and other non-medical entities, an action that concerned ECRI.

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GUIDANCE & ASSURANCE

Ventilator Shortages

ECRI raised red flags and cautioned health systems about purchasing ventilators from non-traditional suppliers. ECRI advocated for a centralized or regionalized approach to equipment shortages, warning that the real threat to patient safety wasn't a ventilator shortage, but a critical logistics and healthcare staffing challenge.

ECRI focused on providing strategic guidance about the use of hospitals' and health systems' current ventilator supplies. We outlined action steps to take during a shortage, and warned about the training and staff experience needed to use and monitor ventilators. ECRI provided suggestions for alternative clinical interventions that could take the place of ventilators, including warning hospitals not to share ventilators between patients. We developed a decision tree to help with the more effective use of different type of ventilators and guidance on the use of anesthesia machines and their ventilators.

Overall, ECRI guided hospitals regarding ventilator protocols with live Lab Webcasts and influenced public understanding with coverage in New York Times, Wall Street Journal, USA Today, Fortune, and Bloomberg News.

> **"We are in a global supply chain situation, like it or not, so everybody making ventilators here or elsewhere is going to be looking for parts, often coming from the same suppliers," said Marcus Schabacker, chief executive of ECRI. "There's a domino effect coming into play."** —The New York Times | March 18, 2020

The New York Times

Supply Chain

⚠ CHALLENGE NUMBER TWO
Dire Shortages of PPE, Including N95 Masks

From the pandemic's outset, shortages of PPE, such as masks, gowns, and face shields, put clinicians, first-line responders, and nursing home personnel at high risk of infection. Healthcare leaders struggled to safely source enough PPE to protect healthcare workers and clinicians. A perfect storm of factors contributed to the crisis: just-in-time inventory practices; complex global supply chain; inadequate and expired federal stockpile; competition for limited resources; and lack of centralized distribution. The shortages were from both traditional and nontraditional suppliers.

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GUIDANCE & ASSURANCE
Mask Testing

A shortage of N95 respirator masks posed the most serious safety risk to healthcare workers on the frontlines with coronavirus patients. ECRI's supply chain team vetted suppliers, evaluated similar products for functional equivalence, and publicly shared PPE data with members and nonmembers. Infection prevention and engineering experts began hosting live Webcasts in our independent medical device testing laboratory, offering trusted guidance on the most important technology challenges, such as disinfecting and reusing PPE and strategies on how to deploy equipment where it was most needed.

ECRI and the Association for Health Care Resource & Materials Management (AHRMM) formed a collaboration to offer supply chain and value analysis teams the best available information about nontraditional suppliers offering PPE supplies. AHRMM tracked nontraditional domestic suppliers and ECRI tracked nontraditional international suppliers through this arrangement, with all guidance regularly updated and publicly available online.

Due to the dire PPE shortages, hospitals bought hundreds of thousands of masks from unproven suppliers, both nontraditional U.S. manufacturers and international suppliers, mainly from China. The imported KN95-style masks claimed to be as protective as NIOSH-certified N95 masks, but healthcare leaders and clinicians demanded independent quality assurance and turned to ECRI for help.

ECRI's scientific team acquired a specialized testing device, identical to the type used by National Institute for Occupational Safety and Health (NIOSH). We began testing nontraditional masks sent to us by our hospital members. The results were alarming. We found that up to 70 percent of these imported masks failed to meet U.S. filtration standards. The use of these masks, especially in clinical settings where providers were dealing with confirmed or suspected COVID-19 cases, posed safety risks to providers and patients.

ECRI issued a hazard report and provided guidance about where these masks could be used instead of in high-risk settings. ECRI's research was highlighted in major media outlets across the world and on 1,775 regional and statewide radio stations reaching a listenership of 11.2 million.

> **"We're finding that many aren't safe and effective against the spread of COVID-19," said Dr. Marcus Schabacker, ECRI's president and chief executive officer. "Using masks that don't meet U.S. standards puts patients and frontline health care workers at risk of infections."** —USA Today | September 22, 2020

USA TODAY

Supply Chain

⚠ CHALLENGE NUMBER THREE
Faulty Imported Gowns Fail to Protect Clinicians

The shortage of isolation gowns became evident soon after the COVID-19 pandemic began. To meet increased demand, hospitals began ordering gowns from nontraditional and foreign sources. The imported products were often unlabeled or visibly inconsistent in quality, causing concern for hospitals around the nation. We first heard about this problem when a medical center received a cargo container shipment of gowns labeled “not for medical use.” Clinicians insisted that the gowns undergo quality assurance testing before they would use them. The medical center turned to ECRI for help.

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GUIDANCE & ASSURANCE

Gown Testing

ECRI's engineering team conducted quality assurance testing on 34 distinct models of disposable gowns from suppliers outside America or from nontraditional suppliers. We found that more than 50 percent of the disposable isolation gowns failed to meet standard levels of protection, putting healthcare workers at risk of exposure to blood-borne or other pathogens, as well as SARS-CoV-2, the virus that causes COVID-19. ECRI issued a high-priority hazard report and posted the results of our test findings on ECRI's COVID-19 Resource Center as a free public service.

"Our research shows that you can't judge the authenticity of the product based on its appearance, labeling, or packaging without product testing," Schabacker said.
—Bloomberg Law | November 10, 2020

Bloomberg Law®

Nursing Homes

⚠ THE CHALLENGE

Nursing Home Residents Vulnerable to COVID-19

Eight out of 10 COVID-19 deaths in the U.S. have been in people 65 and older according to the CDC. The communal nature of residential living and the vulnerability of the population served put those living in nursing homes at increased risk of infection and severe illness. Pennsylvania nursing homes were especially hard-hit, with more than 13,956 COVID-19 deaths as of August 2021. Nursing homes faced PPE shortages, constricted operating budgets, and a dangerous gap in personnel trained to manage a raging novel coronavirus pandemic. ECRI stepped forward to help our most vulnerable population.

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GUIDANCE & ASSURANCE
Risk Management in Aging Care

ECRI understands the unique challenges for nursing home and long-term care facilities. For decades, we have provided risk management guidance to aging care providers and risk retention organizations. That's why we recognized the urgency when reports circulated in early 2020 about COVID-19 outbreaks in Washington State nursing homes.

Immediately, ECRI began developing new guidance and education specifically designed for aging care providers. We launched an Aging Care portal in our free COVID-19 Resource Center and reached out to assure our members.

We answered the call when the Pennsylvania Department of Health (PADOH) asked ECRI to help guide and extend the Commonwealth's COVID-19 response in more than 600 long-term care facilities and other congregate settings. Our experienced infection preventionists became trusted partners to nursing home professionals. We guided them with infection control best practices, PPE recommendations, cohorting strategies, and cohort unit design. Pennsylvania's Secretary of Health cited ECRI's expertise during daily press briefings and the Department of Health extended our contract.

In addition, ECRI built strategic alignments with LeadingAge PA and the Pennsylvania Health Care Association (PHCA) to provide responsive infection control and risk management expertise to leaders of continuing care, skilled nursing, and home care organizations to minimize risk and protect seniors and staff. During this time, we have broadened our focus to cover vaccination campaign safety, vaccine hesitancy, and data-driven means to increase vaccination acceptance rates.

The toll that COVID-19 has taken on our nation's seniors, especially those in long-term care settings, is unacceptable. ECRI is committed to providing the most effective guidance to protect older adults as the pandemic continues.

> **"It's imperative that the state do all that we can to protect all Pennsylvanians, but especially those most vulnerable to COVID-19, and so the Department of Health made the right decision to enlist experts in the field of infection control to help protect those in the state's long-term care facilities," said Pennsylvania Governor Tom Wolf."** – Pennsylvania Department of Health Press Release | April 7, 2020

pennsylvania
DEPARTMENT OF HEALTH

Caring for Caregivers

⚠ THE CHALLENGE
Clinician Burnout from Mental Health Strain

Providers faced immeasurable daily risks caring for COVID-19 patients—it affected physical, mental, and emotional well-being. Caregivers struggled with the personal challenges of combatting the pandemic while dealing with their own feelings of isolation, sleep deprivation, and physical and emotional exhaustion. Some healthcare workers even committed suicide.

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GUIDANCE & ASSURANCE

Emotional First Aid for Caregivers

ECRI collaborated with RLDatix, the leading global provider of intelligent patient safety solutions, to provide much-needed resources for an overwhelmed healthcare workforce. They developed and hosted three Care for the Caregiver and empathetic listening webinars. The programs featured Timothy B. McDonald, MD, JD, chief patient safety and risk officer, RLDatix, and lead architect for the Agency for Healthcare Research and Quality's (AHRQ) Communication and Optimal Resolution (CANDOR) toolkit, and ECRI's clinical evidence assurance and patient safety medical directors. The series shined the spotlight on the often overlooked mental health inequity in healthcare. More than 3,000 people attended the three webinars, including Caring for the Caregiver; When Peer Support is Not Enough; and Resiliency and the Workforce: Keys to Survival.

> **"This webinar was the best webinar I have ever had. Tears and all. Keep doing what you are doing."** —Attendee of Empathetic Communications and Caring for the Caregiver during COVID-19 webinar

Separating Fact from Fiction

⚠ THE CHALLENGE
Debunking COVID-19 Myths

Misinformation about the novel coronavirus compounded and undermined infection transmission and treatment efforts. A lack of cohesive, evidence-based national response left the public uncertain about the truth on the nature of the virus. Was it airborne or contact spread? Should the public wear masks? Do we have enough ventilators and ICU beds to treat severely ill COVID patients? Can population-based temperature screening weed out super-spreaders? Are the fast-tracked COVID vaccines safe and effective for adults, pregnant women, and children? If you contracted COVID once, are you protected from getting it again?

ECRI members and the media turned to us for facts they could trust.

A lack of cohesive, evidence-based national response left the press and individuals at odds about the truth on the nature of the virus.

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GUIDANCE & ASSURANCE

Making Sense of the Clinical Evidence or Lack Thereof

In our role as the most trusted voice in healthcare, ECRI debunked many swirling myths and misconceptions by issuing scientific evidence reviews and informed position papers.

A case in point was the popularity of infrared temperature screening for detecting infected persons. In a clinical evidence assessment, ECRI cautioned hospitals and health systems, retailers, long-term care facilities, and public health officials about the unreliability of population-based infrared temperature screening as a frontline indicator of the disease. ECRI's own exhaustive research proved the inaccuracies of many devices used to conduct these assessments and we said the screenings created a false sense of security.

When myths or misconceptions emerged, we responded. We assessed the available evidence for screening and treatment for post-intensive care syndrome (PICS) after the discharge of patients with COVID-19. We investigated technology interventions for infection control, including antimicrobial copper surfaces, ultraviolet disinfection systems, and alternatives to triclosan-based products for hand hygiene.

We kept our eye on vaccination roll-out, providing our members with guidance on vaccination administration. We countered myths about the safety and effectiveness of the vaccine for pregnant women or people considering pregnancy with an evidence paper titled COVID-19 Vaccines: A Hopeful Promise of Protection for Mothers and Newborns.

We tracked down the evidence on the use of cloth face coverings worn by the public to reduce viral respiratory infection transmission. When children returned to school in September 2021, ECRI published the first comprehensive evidence review of masks and kids, concluding that masks, in combination with other infection prevention strategies, are effective in preventing the spread of the disease.

Medical Device Safety

⚠ THE CHALLENGE
Managing the Complexity of Emergency Use Authorized Medical Devices

The FDA began granting Emergency Use Authorization (EUA) for hundreds of medical devices, supplies, and therapeutics in February 2020. The EUAs included previously unapproved products, new indications for previously cleared products, and novel treatments such as the COVID-19 vaccines. This expedited process provided emergency relief to an overwhelmed healthcare system.

However, EUA represents a lower safety standard than FDA's normal clearance process, and it requires more work on the part of the hospital. Hospitals need to watch for safety and performance issues, monitor the device's authorization status daily, and know what to do with a device or supply when the EUA ends. FDA can withdraw the EUAs at any time; the onus is on healthcare providers to take immediate action or face legal risks when using a product that is no longer approved.

EUAs can be ended at any time.

GUIDANCE & ASSURANCE

Managing EUA Devices Is Not Simple

To raise awareness about the risks of emergency use authorized products, we named The Complexity of Managing EUA Devices as the number one hazard on ECRI's 2021 Top 10 Health Technology Hazards list. We cautioned providers that meticulous management of EUA products was crucial to protecting patients, healthcare workers, and hospital operations.

Since the start of 2021, the FDA has revoked more than a dozen EUAs. When an EUA device is revoked, the legal protections that support the use of that device on new patients are terminated, similar to a product recall. To help healthcare leaders stay on top of this important issue, ECRI publishes alerts with recommended actions, including high-priority alerts on non-NIOSH-approved respirators and mask sterilization systems alerts.

ECRI's President and CEO Marcus Schabacker, MD, PhD, has shared ECRI's concerns in proactive media coverage in the nation's top healthcare news outlets. ECRI will continue to drive this critical issue for months to come to support healthcare providers as FDA rolls back or revises emergency use authorizations.

Healthcare providers need to track what therapies, devices and other products that they use are allowed only for emergency use, said Dr. Marcus Schabacker, CEO of ECRI, a healthcare safety organization. "It's very similar to a recall," Schabacker said. "It's basically the exact same process." —Modern Healthcare | August 9, 2021

Modern Healthcare

"We just didn't feel comfortable that the FDA had a good enough process in place to really ensure that there is at least a minimum standard for safety and efficacy. That's why we made it a top health hazard," said Marcus Schabacker, MD, PhD, President and CEO, ECRI. —MedTech Insight | August 20, 2021

Medtech Insight
Informa Pharma Intelligence

Medication Safety

⚠ THE CHALLENGE
Preventing Errors during Vaccine Rollout

As one of the most ambitious immunization campaigns in history got underway in late 2020, healthcare practitioners began to report errors and potential hazards with the administration of COVID-19 vaccines. Reporting to the Vaccine Adverse Event Reporting System (VAERS) is mandatory for vaccines available under an Emergency Use Authorization (EUA), and reports were also being submitted to the Institute for Safe Medication Practices (ISMP) National Vaccine Errors Reporting Program voluntarily.

Types of errors and safety issues that have been submitted include mistakes with vaccine dilution, mix-ups with look-alike products, and waste of vaccine doses. Healthcare workers who may not normally administer vaccines were called upon to help give COVID vaccinations, leading to an increased risk of a preventable and disabling shoulder injury triggered by incorrect injection of a vaccine into the shoulder joint rather than the deltoid muscle.

Safety issues include mistakes with vaccine dilution, mix-ups with look-alike products, and waste of vaccine doses.

GUIDANCE & ASSURANCE

Bringing Medication Safety Expertise to the Table

ECRI and its affiliate, the Institute for Safe Medication Practices (ISMP), continued to monitor changes on the front line of patient care as the world responded to the pandemic. We offered practical guidance to nurses, physicians, and other front line healthcare providers to help them prevent errors and mitigate or eliminate medication safety risks.

ISMP shared learning from recent flu vaccine-related errors before COVID vaccines were introduced to help healthcare practitioners anticipate possible risks. Once EUAs were announced, we monitored emerging issues and issued a report that analyzed actual administration errors happening across the nation as well as internationally and presented safe practice recommendations. ISMP also joined with two other organizations to publish a FAQ on optimizing COVID-19 vaccine preparation and safety and published articles about preventing shoulder injuries during vaccinations.

> **"Ever since the U.S. Food and Drug Administration granted emergency use authorization to the Pfizer-BioNTech and Moderna COVID-19 vaccines last month, the Institute for Safe Medication Practices (ISMP) has received reports of various vaccination errors or hazards through its numerous reporting systems. For the first time, ISMP has highlighted a few such errors in a report, combining the release with recommendations to help prevent future errors."** —American Nurse | January 15, 2021
>
> ANA
> AMERICAN NURSES ASSOCIATION

Where We Are Today

⚠ THE CHALLENGE
Learning from Pandemic Lessons

The pandemic laid bare some of the most entrenched problems in health care. It exposed racial and health inequities. It put an unsustainable physical and mental toll on healthcare workers.

However, it also taught all of us lasting lessons about caring for patients through uncertainty. As a nation, we tested new approaches to supply chain shortages, recognized the risks of over-reliance on imported medical products and materials, and applied clinical ingenuity and technology creativity to treating critically ill patients. The FDA fast-tracked new drug regiments and antibody therapies. Telehealth adoption exploded exponentially.

We witnessed resilience in the healthcare system. ECRI called for robust evidence on the safety and effectiveness of vaccines prior to emergency use authorization. We cautioned that the evidence is unclear about the need for boosters and that we need to maintain the integrity of clinical trial protocols.

So, where are we today? The science clearly demonstrates the safety and effectiveness of available vaccines in preventing serious illness and hospitalization. These six-month data from the large, multicenter, randomized, placebo-controlled, phase III trials effectively address ECRI's early concerns regarding safety, efficacy, and duration of protection. We currently believe that the benefits of vaccination outweigh the risks and that FDA's vaccine approvals will help sway those who are vaccine hesitant. For these reasons and more, ECRI is staunchly in support of full vaccination for all who are eligible.

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GUIDANCE & ASSURANCE

Keeping Healthcare Open and Patients Safe

As the pandemic maintains its hold on our world, ECRI will continue to be at the forefront of COVID-19 research, offering best practices and evidence-based strategies as they become available. This includes our work as contractor to the Patient-Centered Outcomes Research Institute (PCORI) developing COVID-19 horizon scans that address the potential efficacy and impacts of new testing methods, treatments, infection-control strategies, and vaccines.

We will also continue to ensure that today's supply chains work efficiently by providing the data and intelligence to help hospitals secure the supplies they need to keep hospital operating effectively and safely.

Why Become a Member?

ECRI provides evidence-based guidance and data-driven insights that help hospitals, health systems, and other stakeholders make decisions and offer care that protects patients, caregivers, and providers while maintaining financial viability.

The healthcare market will inevitably see major upheaval and shifts in how care is provided and business is conducted in the immediate future and long-term. ECRI members will be ahead of the curve and rely on ECRI's trusted voice to guide them through calm and stormy times.

Any organization that is interested in becoming an ECRI member should contact clientservices@ecri.org or visit www.ecri.org.

About ECRI

ECRI is an independent, nonprofit organization improving the safety, quality, and cost- effectiveness of care across all healthcare settings. With a focus on patient safety, evidence-based medicine, and health technology decision solutions, ECRI is the trusted expert for healthcare leaders and agencies worldwide. The Institute for Safe Medication Practices (ISMP) is an ECRI affiliate. Visit ecri.org and follow @ECRI_Org.

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