

COVID-19: Will there be a silver lining for patient safety and public health?

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In the afternoon on 30 January 2020, I was lecturing about patient safety to a group of Chinese health care executives, when I noticed I had lost their attention. Most of them were clustered in the back of the room around an iPad. Their attention was on Dr. Tedros Ghebreyesus, the director-general of the World Health Organization (WHO). He was declaring a “public health emergency of international concern” caused by the outbreak of a novel coronavirus. In the next two days, my students, some of whom lead major hospitals and health systems, scrambled to return home to China before travel restrictions descended. One reported directly to Wuhan, ground zero of the initial epidemic, to deliver front-line care.

Since then, although at that moment the vast majority of coronavirus infections had occurred in China, things have moved fast. Within months, it had spread to over 100 countries, infecting over a million and killing tens of thousands. Despite the name given to the infectious disease caused by the virus: “coronavirus disease 2019” or COVID-19 for short, 2020 will go down in history as the year that coronavirus threw global health and the world economy into chaos.

In the midst of the pall that coronavirus has cast over the planet, there may be some silver linings for patient safety and public health. Here are a few of the opportunities that might be taken.

Improvements in hand hygiene

Admonitions to wash your hands have been around since recognition of germ theory. “Clean care is safer care” was the focus of WHO Patient Safety’s first global patient safety challenge, which produced an extensive set of evidence-based resources to help health care facilities improve hand hygiene.¹ Getting people to follow that advice consistently has been tough, but since 2005, the campaign has produced benefits in reduced health care-associated infections. Last week, next to the sink in a public restroom, I was surprised to see a copy of the WHO poster of how to handwash.² Stripped across the bottom of the poster the orange banner read: “Patient Safety | Save lives, clean your hands.” It is possible that the threat of

transmitting coronavirus could accelerate the universal adoption of proper hand hygiene in health care, and perhaps even in the general public.

Improvements in personal hygiene

The new mantra has been to stay home if you are sick, wash your hands, don’t touch your face, and sneeze or cough into your elbow. Long known, this advice has been widely ignored. If these practices are observed, along with “social distancing,” it might reduce cases of ordinary influenza- and flu-related deaths, which number approximately 300,000 per year worldwide.

Respect for public health experts

Never in recent years have public health experts been held in such high esteem, and so monopolized the attention of the general public. Coronavirus has reminded us of the essential lifesaving work of the WHO, US Centers for Disease Control (CDC), and University public health schools, as well as Ministries of Health and Non-Governmental Health Organizations. There is greater recognition that societies need to be prepared both on a household level, and at the level of disaster preparedness agencies. Hopefully this uptick in appreciation will translate to increased investment in these organizations rather than future attempts to defund programs like the CDC Global Health Security Agenda.

Respect for science and expertise

In recent years, science has been under fire from anti-intellectualism and conspiracy theorists. But due to COVID-19, science is experiencing a kind of rehabilitation. In a crisis, there is nothing that inspires panic like an information vacuum.³ Hungry for factual information, society is pushing back against fake news about coronavirus, rushing instead to the comfort provided by expertise and science. After being exposed to rumor and amateurism, people reach for expertise, such as that offered by Dr. Anthony Fauci, longtime director of the National Institute of Allergy and

Infectious Diseases. It looks like we need professionals and experts after all.

Support for universal health coverage

COVID-19 is giving a needed boost to the idea of universal health coverage. In China, the rapid suppression of what appeared to be an overwhelming epidemic was aided by free testing and CT scans, at a moment when the costs of testing might make people hesitate to seek care. According to Dr. Bruce Aylward, “this is where universal health care coverage and security intersect.”⁴ COVID-19 is a concrete argument for affordable universal health care.

In this issue of the Journal, several papers deal with the intersection between the clinical world and wider domain of everyday life, although not all related to COVID-19. Gurses et al. describe how experience from the Ebola outbreak of 2014–2016 helped them to improve hospital design to optimize safety.⁵ They used a Human Factors Engineering approach to identify potential coronavirus risks in a pediatric ambulatory clinic, and to develop a detailed workflow algorithm.

Chen et al. reported on the results of a pragmatic randomized controlled trial of a protocolized hospital-to-home transition care program for cardiac patients in Singapore.⁶ They found a reduction in unplanned readmissions and resource utilization.

Stretton describes a new integrated model of patient safety performance that incorporates the complexity of healthcare systems, as well as Safety II principles.⁷ This model goes beyond traditional, primarily linear models of workplace safety, and allows consideration of outcomes in addition to patient harm.

In summary, COVID-19 is presenting a generational challenge to the health and societies of the world. Collective action, compromise, and worldwide cooperation are needed to contend with this threat. We can hope that some of the lessons learned will outlast the outbreak. If so, we will be able to improve patient safety and our public health infrastructure, and will be better prepared to deal with the next crisis when it occurs.

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