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Clinical and organizational opportunities in the management of critical patients in pandemic COVID-19[☆]



Oportunidades clínicas y organizativas en el manejo de pacientes críticos en la pandemia COVID-19

To the Editor:

In September 2019, the World Health Organization warned that “the world faces increasing and more complex epidemics, pandemics and disasters” and is “not prepared for a fast-moving, virulent respiratory pathogen pandemic”. The speed of transmission, the unexpected lethality, and the novelty of facing an event of the magnitude of COVID-19 has placed us in a hitherto unknown organizational situation. The pandemic has affected people of all ages, has involved all organ systems, and has placed healthcare workers in danger of infection. All this has put the public focus on the treatment of critical patients — in short, the entire Health System has undergone a stress test.

The demand made by a group of investigators to evaluate the measures implemented during the pandemic should encourage us to identify the issues and opportunities that will help us evaluate our own outcomes. Contrary to expectations, the pandemic has opened up opportunities for improvement that must not be missed. These opportunities, however, raise powerful questions on how to deal with potential new outbreaks.

The pandemic has brought risk management to the fore. Critical care teams have attempted to implement contingency plans² to minimize the clinical risks¹. The first thing we have learnt³ is that risk-based thinking across the entire critical care unit compels us to manage cases based on analysing and coping with risks. Another thing we have learnt is the need to make effective use of our talent. Situational leaders have emerged when they were most needed. Multi-disciplinary teams have completely overhauled overly rigid organizational structures. How can we make the best use of these situational leaders who take a whole new approach to established working methods?

Given the need to maintain differentiated flows while improving clinical safety, we expedited changes and took decisions that led to an exponential increase in critical resources. The pandemic has given us the opportunity to improve resource management. We have achieved a level of cooperation that has allowed us to implement solutions we would never have thought possible before we passed this stress test. Can we learn from the way we have managed exceptional situations?⁴

Let us not forget the leading role played by hospitals⁵. A networked healthcare response is beneficial for patients.

Stronger community care helps us improve as professionals and respond from a more populational perspective. A healthcare system spearheaded by primary care will help optimise this networked healthcare response.

Another thing we have learnt is to anticipate events in the short term, turning all the accumulated data into information that can guide decision making.

Given the current focus on major (ethical) decisions, a strategic alliance must be forged between hospital managers and healthcare workers who discover that they work better in an organization that makes them better professionals, and where management and staff have each other's backs.

We need to manage the future, instead of looking to the past. Using artificial intelligence and implicating physiotherapists, mathematicians and engineers in healthcare will help us improve of critical care management. There is nothing better than sharing our contingency plans and pooling our problems to find the best way approach to exceptional situations. Identifying and learning from those who have achieved better outcomes in the management of COVID 19 patients is an opportunity we cannot let miss as the pandemic starts to abate.

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