

# COVID-19 pandemic: a catalyst for accelerating global action on patient safety



Preventing harm to patients and ensuring the delivery of safe health care is a global challenge and one that predates the COVID-19 pandemic. To address the burden of patient harm, the seventy-second World Health Assembly adopted a resolution on global action on patient safety in 2019.<sup>1</sup>

However, the COVID-19 pandemic exacerbated previously known safety risks and sources of harm in health care and introduced new ones for both patients and health workers. For example, the unprecedented demand for health care during the height of the pandemic resulted in substantial disruptions to health services, including the delivery of essential health services, continuum of care for patients with non-COVID-19-related disease, and shortages in staffing and supplies. In addition, nosocomial outbreaks of COVID-19 occurred, with severe outbreaks of COVID-19 in long-term care facilities and geriatric wards, particularly before the introduction of COVID-19 vaccines.<sup>2-4</sup>

The fifth Global Ministerial Summit on Patient Safety was held in Montreux, Switzerland, in February, 2023.<sup>5</sup> Over 2 days, scientific and public health experts, Ministerial delegations, and high-level representatives gathered to advance the strengthening of patient safety globally. In the context of the ongoing COVID-19 pandemic, the Global Ministerial Summit reaffirmed Ministerial commitments to ensuring safe health care, as described in the Montreux Charter on Patient Safety,<sup>6</sup> centred around the WHO Global Patient Safety Action Plan 2021–2030.<sup>7</sup> In this Comment, we summarise the key messages and conclusions of the Global Ministerial Summit related to the implications of the COVID-19 pandemic for patient safety.

In preparation for the fifth Global Ministerial Summit, the Swiss Federal Office of Public Health initiated and funded the development of a narrative rapid review of the implications of the COVID-19 pandemic for patient safety, coordinated by the Patient Safety Flagship unit at WHO.<sup>8</sup> While the pandemic is ongoing, the burden of risks and avoidable harm has not yet been fully assessed or quantified. The narrative review aimed at assessing the effects of the COVID-19 pandemic thus far on a wide array of risks and avoidable harm related to diagnostics,

treatment, and care management (panel).<sup>8</sup> Overall, the COVID-19 pandemic revealed a range of safety gaps across all core components of health systems. The disruption of health systems and care delivery during the pandemic led to an increase in clinical risks and patient harm due to the accentuation of safety gaps, interruption of essential health services, and failure to provide timely diagnosis and treatment.<sup>8</sup>

The pandemic also caused substantial disruptive effects on the health workforce. Infection prevention and control measures were often inadequate, compounded by inadequate knowledge, delayed recognition of the role of airborne transmission and transmission from paucisymptomatic or asymptomatic individuals, and shortages of appropriate personal protective equipment early in the pandemic, resulting in direct harm to health and care workers, including an increased risk of health-care-associated infections. Health and care workers have also continued to face considerable challenges of heavy workloads, fatigue, anxiety, stress, and burnout, as well as the effects of understaffing and chronic underfunding. The failure to adequately care for health workers and to improve their working conditions has subsequently led to an exodus from the profession, exacerbating the health workforce shortage that existed before the pandemic,<sup>9</sup> and further increasing challenges for patient safety.

Although the negative effects of the pandemic on patient and health worker safety are clear, the lessons learned from the COVID-19 pandemic serve as a catalyst for accelerating global action on patient safety. Health and care worker education and compliance with infection prevention and control measures need to continue to be improved, and infection control interventions that were reinforced during the pandemic should be institutionalised in routine care. Additionally, the speed and innovation with which clinical trials assessing the efficacy of novel therapeutics and vaccine candidates were undertaken, and the streamlining of regulatory approval processes, should continue to serve as a basis for generating high-quality evidence for clinical management and public health policy decisions. All of these efforts require commitment at the political



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**Panel: Examples of the safety risks and harm implications of the COVID-19 pandemic, adapted from WHO<sup>8</sup>**

**Effect on patient safety in health-care facilities**

- Reduced resources, capacity, and infrastructure to prevent and monitor known safety concerns
- External regulatory oversight withdrawn and less attention given to routine safety and quality measures
- Interruption of ongoing safety activities, such as safety analysis, mortality reviews, and hospital-wide safety and quality initiatives

**Health-care-associated infections**

- Extensive nosocomial SARS-COV-2 outbreaks among patients and staff, high case fatality rates in long-term care facilities and nursing homes, and burden and clinical management of post-COVID-19 condition
- Insufficient and inadequate infection prevention and control measures
- Increases in ventilator-associated events, central line-associated bloodstream infections, catheter-associated urinary tract infections, and hospital-onset meticillin-resistant *Staphylococcus aureus* infections

**Antimicrobial resistance**

- Inappropriate and excessive use of antibiotics
- Increases in transmission of antimicrobial resistant pathogens in health-care settings

**Medication safety**

- Use of unproven medications for prophylaxis and treatment for COVID-19

**Diagnostic errors**

- Reduced access to testing, scarcity of reagents, and delays in test results for SARS-CoV-2, particularly in resource-limited settings

- Errors and interruptions to diagnosis of non-COVID-19 conditions, perpetuating transmission (of HIV or tuberculosis)

**Surgical safety**

- Postponement of surgical procedures or long preoperative delays

**Other medical conditions**

- Interruption of treatment and interventions in primary care; emergency, critical and operative care; rehabilitative, palliative, and long-term care; and auxiliary services
- Disruptions to immunisation activities, cancer screening, antenatal and postnatal services, and preventive routine dental care
- Pressure injuries or other skin integrity events, and falls
- Increases in mental health conditions, and disruption in mental health prevention and management programmes

**Health and safety of health and care workers**

- Inadequate training for COVID-19 prevention, personal protective equipment supply shortages or inadequacies, and challenges in maintaining physical distance and prevention protocols
- Exacerbation of pre-existing shortages of human resources, and high staff turnover
- Increases in violence, stigma, and harassment in the workplace; increase in anxiety, depression, fatigue, and burnout

level, and the continued engagement of the patient safety community.

Beyond the patient safety community, it is important that safe health care remains elevated on political and policy making agendas at all times, not just during crises. Multisectoral whole-of-government commitment and whole-of-society approaches, effective leadership, multidisciplinary scientific advice, adequate human resources, investments in local manufacturing to prevent acute shortage of medical products and technologies to ensure equitable access, and integrated health system approaches with strengthened primary and acute care have all been identified as elements of a successful national responses to the pandemic.<sup>10</sup> Importantly, these elements are essential to delivering safe health care and ensuring patient safety in all resource settings, while also building

a resilient health system for future challenges and crises, including the next pandemic.

The need for safe, high-quality care and resilient health systems in all countries, with patient safety as an essential component, is already highlighted in the resolution WHA72.6 on global action on patient safety adopted during the World Health Assembly in 2019. The COVID-19 pandemic has shown the urgency of preventing harm to patients and health workers and ensuring the delivery of safe health care. Global efforts to improve patient safety now need to be strengthened and accelerated.

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**Rebecca Grant, Daniel Benamouzig, Howard Catton, Vincent Chi-Chung Cheng, Neelam Dhingra, Ramanan Laxminarayan, Helena Legido-Quigley, Susanna Lorenzo Martinez, Kadar Marikar, Marc Mendelson, Pierre Parneix, Eli Perencevich, Hardeep Singh, Sarah Tschudin-Sutter, Shin Ushiro, Evelyn Wesangula, Céline Gardiol, Gerald Dziekan, Stephan Harbarth, \*Didier Pittet**  
**didier.pittet@hcuge.ch**

Infection Control Programme and World Health Organization Collaborating Centre on Patient Safety, Geneva University Hospitals and Faculty of Medicine, Geneva, Switzerland (RG, SH, DP); Sciences Po, Centre de Sociologie des Organisations and Chaire Santé, CNRS, Paris, France (DB); International Council of Nurses, Geneva, Switzerland (HC); Department of Microbiology, Queen Mary Hospital, Hong Kong Special Administrative Region, China (VC-CC); Patient Safety Flagship Unit, WHO, Geneva, Switzerland (ND); One Health Trust, Washington, DC, USA (RL); Imperial College and the George Institute for Global Health, London, UK (HL-Q); Hospital Universitario Fundación Alcorcón, Madrid, Spain (SLM); Malaysian Society for Quality in Health, Kuala Lumpur, Malaysia (KM); Division of Infectious Diseases & HIV Medicine, Department of Medicine, Groote Schuur Hospital, University of Cape Town, Cape Town, South Africa (MM); Nouvelle Aquitaine Healthcare-Associated Infection Control Centre, Bordeaux University Hospital, Bordeaux, France (PP); Department of Internal Medicine, University of Iowa Carver College of Medicine, Iowa City, IA, USA (EP); Center for Innovations in Quality, Effectiveness and Safety, Michael E DeBakey Veterans Affairs Medical Center and Baylor College of Medicine, Houston, TX, USA (HS); Division of Infectious Diseases & Hospital Epidemiology, University Hospital Basel, Basel, Switzerland (ST-S); Division of Patient Safety, Kyushu

University Hospital, Fukuoka, Japan (SU); East Central and Southern Africa Health Community, Arusha, Tanzania (EW); Patient and Health Workers Safety Division, Ministry of Health, Nairobi, Kenya (EW); Federal Office of Public Health, Bern, Switzerland (CG, GD)

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