

Opinions

The Campbell Commission: A Missed Opportunity

The Campbell Commission report gave an extensive accounting of the experience with severe acute respiratory syndrome (SARS) in Ontario. The report ends with important recommendations focusing on pandemics. I note that pandemics occur sporadically, every few decades. The overall risk to Canada from pandemics is overshadowed by the ongoing risks leading to morbidity and mortality from the infections and medical errors that our healthcare system poses to our communities.

We need to capitalize on all potential lessons to be learned from SARS. Hospitals and other healthcare facilities are a continuing source of infection spreading into adjacent communities. These include viruses, antibiotic-resistant bacteria (“superbugs”) and other communicable diseases including tuberculosis. Hospitals are ongoing sources of avoidable morbidity and mortality that could be reduced by a proactive culture of risk management, cultural change and the empowerment and trust of front-line healthcare professionals.

The morbidity, mortality and economic costs of SARS the pandemic were significant, but SARS may go down in history as a single explosive episode that may not be repeated for decades. A more sinister and ongoing epidemic is the medical errors and daily spread of infections occurring within hospitals and spreading into unsuspecting communities. The human impact and medical costs from errors and institutional spread of infection accrue year after year and lead to human and economic impacts far beyond those experienced during SARS.

During the SARS outbreak, there were multiple hospitals across North America exposed to the virus; however, there were but a few points of failure leading to secondary spread of disease from hospitals back into the general community. The identification and understanding of those factors that led to this second phase of SARS provided an important but missed opportunity to correct institutional factors that contribute to the continuing risks to hospital workers and our communities from hospital-based infection.


Justice Campbell stated that we will never know if SARS was preventable. In fact, we do know that the pandemic phase of SARS in Ontario was preventable because British Columbia was prepared for SARS and prevented the spread of the disease. Unrecognized propagation of SARS within institutions and back out to the community was limited at the majority of healthcare facilities in North America and was therefore, by definition, preventable at most facilities.

All the best recommendations for system-wide preparation for a pandemic will prove ineffective unless we are able


to understand, identify and prevent future local sites of failure in the healthcare system. The understanding of the needed cultural and managerial changes to make our facilities safer will result in sustainable savings of lives as well as future economic resources.

The analysis of SARS through the managerial perspective will give us the understanding of how to prevent future breakdowns of the healthcare system. Breakdowns across an entire system are in reality the manifestation of incidences and errors at (often preventable) local points of failure. Expertise in training and empowerment of employees in risk management will allow us to deal with the next pandemic. More importantly, such expertise will help attenuate the ongoing daily epidemic of infectious diseases and medical errors arising from our hospitals. This will have positive and sustainable impacts on our patients, our front-line healthcare workers and our communities. **HQ**

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