

Airway and Breathing Care Lessons During COVID-19 Towards Enhancing Value-Based Healthcare; Olumuyiwa Bamgbade

A Case for Safer Systems in Value-Based Healthcare Delivery From Airway and Breathing

Care Lessons During COVID-19; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

SURREY, BC, CANADA, July 12, 2025 /EINPresswire.com/ -- Tracheal intubation and extubation are

“

In value-based care, even the rarest complications matter because every outcome shapes the value we deliver, and every failure teaches us how to improve”

Olumuyiwa Bamgbade

aerosol-generating medical procedures and have become of greater infection concern since the COVID-19 pandemic. Tracheal extubation generates detectable aerosol at 15-fold greater spread than intubation, especially during coughs. Despite the high air exchange rates in some hospital units, tracheal extubation may spread COVID-19 or other respiratory viruses into the clinical environment. A clinical study highlights the dangers and complications of airway management during respiratory epidemics. Dr. [Olumuyiwa Bamgbade](#) of the specialized [Salem](#)

[Anaesthesia Pain Clinic](#) and an international team published the [peer-reviewed clinical study](#).

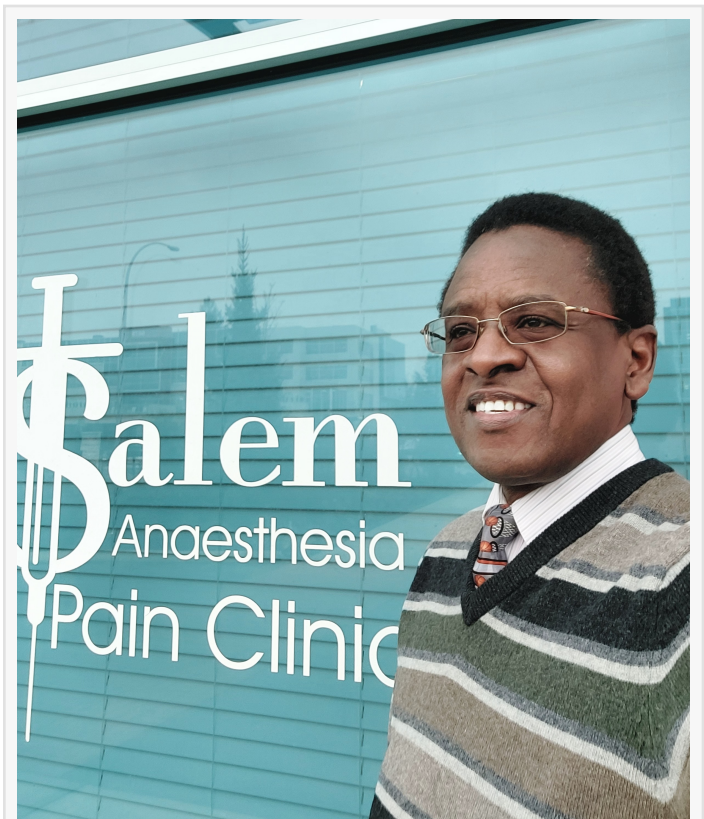
In the case study, a malfunctioning endotracheal tube made tracheal extubation difficult, requiring emergent intervention. The situation was further complicated by COVID-19 safety precautions, underscoring the interplay between clinical risk, equipment quality, and patient safety in crisis settings. Despite its technical nature, this case provides crucial insights into how value-based healthcare (VBHC) delivery can and should adapt to prevent such system-level failures.

In VBHC, outcomes matter more than volume of care. The goal is to deliver high-quality, efficient care that improves patient health while controlling costs. However, equipment failures can undermine this aspiration, especially when the cost-saving procurement of substandard devices causes harm. The case study reveals how device malfunction can escalate into a life-threatening emergency, risking poor outcomes, longer ICU stays, staff distress, and increased costs, all antithetical to VBHC principles.

This extubation case study highlights the importance of preventive quality control and outcome-

oriented procurement in VBHC. When sourcing critical care tools, hospitals operating under a VBHC model must go beyond basic price considerations. Instead, they must invest in higher-quality, evidence-based equipment validated by real-world performance data. Doing so incurs slightly higher upfront costs but reduces complication rates, lawsuits, length of stay, and overall resource utilization. This aligns precisely with VBHC's emphasis on long-term value over short-term savings.

The study supports the VBHC strategy of enhanced clinician training and protocol standardization. When the extubation difficulty occurred, the anesthesiology team's rapid assessment and skilled airway management prevented catastrophic failure. Training doctors using practice scenarios and promoting readiness for different situations can help make emergency outcomes more consistent, which is a key goal of VBHC. This also emphasizes the need to track procedural complications as outcome metrics tied to reimbursement and quality improvement programs.



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In the context of respiratory epidemics, the case highlights how infection control measures can unintentionally hinder emergency responses, raising the importance of designing adaptive workflows that preserve safety and efficiency. VBHC systems need to consider the unintended effects of infection control rules, finding a balance between using PPE and reducing aerosols while still being able to act quickly in critical care situations. This case study exemplifies why VBHC is not only about managing chronic conditions or cutting costs but also about delivering consistently safe, timely, and effective care. VBHC requires systems to anticipate rare but high-impact failures and build resilience into every level of care delivery, from procurement and staffing to training and emergency protocols.

Dr. Bamgbade is a healthcare leader with an interest in value-based healthcare delivery. He is a specialist physician trained in Nigeria, Britain, the USA, and South Korea. He is an adjunct professor at institutions in Africa, Europe, and North America. He has collaborated with researchers in Nigeria, Iran, Armenia, Zambia, China, Rwanda, the USA, Kenya, South Africa, Britain, Tanzania, Namibia, Australia, Botswana, Mozambique, Ethiopia, Jamaica, and Canada. He has published 45 scientific papers in PubMed-indexed journals. He is the director of Salem Pain Clinic, a specialist and research clinic in Surrey, BC, Canada. Dr Bamgbade and Salem Pain Clinic focus on researching and managing pain, insomnia, value-based care, health equity, injury rehabilitation, neuropathy, societal safety, substance misuse, medical sociology, public health,

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