

ORIGINAL ARTICLE

Interminable Meetings Found Ineffective
for Treatment of COVID-19

W. Guan, Z. Ni, Yu Hu, W. Liang, C. Ou, J. He, L. Liu, H. Shan, C. Lei, D.S.C. Hui, B. Du, L. Li, G. Zeng, K.-Y. Yuen, R. Chen, C. Tang, T. Wang, P. Chen, J. Xiang, S. Li, Jin-lin Wang, Z. Liang, Y. Peng, L. Wei, Y. Liu, Ya-hua Hu, P. Peng, Jian-ming Wang, J. Liu, Z. Chen, G. Li, Z. Zheng, S. Qiu, J. Luo, C. Ye, S. Zhu, and N. Zhong, for the China Medical Treatment Expert Group for Covid-19*

ABSTRACT

BACKGROUND

Since December 2019, when coronavirus disease 2019 (Covid-19) first emerged in Wuhan city, hospital administrators have attempted to fight the spread of this global pandemic with use of interminable meetings, but little is known about their anti-viral efficacy.

METHODS

We performed an adaptive design block randomized trial of Interminable Meetings (IM) versus Getting Out of My Way and Letting Me Do My Job (GOMWLMDMJ). Hospitals were randomized to either GOMWLMDMJ or standard of care. Primary endpoints included time to actual care for patients, median stupid questions per unit hour, and level of clinician furious anger.

RESULTS

Over a median of 2.8 months of follow up IM was found to be ineffective for curing COVID-19. No patient centered outcome was found to be improved by IM. The primary-outcome event (actual patient care) increased by of 133.5% in the GOMWLMDMJ group, and 942 of 978 (96.3%) administrators were found to have little or little-to-nothing to do. Wasting my time was found to decrease significantly (RR 0.60; 95% confidence interval [CI], 0.42 to 0.78; $P=0.001$).

28-day mortality was found to strongly favor a GOMWLMDMJ strategy (hazard ratio, 1.90; 95% CI, 1.83 to 1.98; $P=0.02$), as was hospital LOS, 6 and 12; hazard ratio, 1.42; 95% CI, 1.10 to 1.81; $P=0.007$, and ill-conceived mandates by people who have not seen a patient in years were decreased by 89.3% (CI, 76.5% to 111.4%; $P=0.02$).

Of note powerpoint slide usage decreased significantly (RR 0.44 confidence interval [CI], 0.42 to 0.76; $P=0.001$) as did time spent listening to some blowhard jabber on about some leadership book he once read while muted while trying to accomplish an actual task (3.2 hours CI, 1.1 to 8.6; $P=0.03$).

CONCLUSIONS

Interminable Meetings were found uniformly ineffective to the treatment of COVID-19. As such their continued role in treatment of the widening SARS-CoV-2 global pandemic should be minimized in favor of actual medicine. (Manuscript was written while listening to some blowhard jabber on about some leadership book he once read while muted. ClinicalTrials.gov number, NCT4604216)

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Zhong at the State Key Laboratory of Respiratory Disease, National Clinical Research Center for Respiratory Disease, Guangzhou Institute of Respiratory Health, First Affiliated Hospital of Guangzhou Medical University, 151 Yanjiang Rd., Guangzhou, Guangdong, China, or at nanshan@vip.163.com.

*A list of investigators in the China Medical Treatment Expert Group for Covid-19 study is provided in the Supplementary Appendix, available at NEJM.org.

Drs. Guan, Ni, Yu Hu, W. Liang, Ou, He, L. Liu, Shan, Lei, Hui, Du, L. Li, Zeng, and Yuen contributed equally to this article.

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