



## Takeaways from MHA Webinar:

### Insights from the Frontlines of New York During COVID-19:

A Discussion with Dr. Mark Jarrett, Chief Quality Officer and Deputy Chief Medical Officer at Northwell Health | April 9, 2020

#### Overview

Dealing with Covid-19 is the hardest thing Northwell has ever done, more difficult than 9/11. Cases multiply fast. First case was in beginning of March. Now they have more than 3,500 COVID-19 patients with 700 on ventilators. 90% of current patients are COVID-19 positive. Patients can decompensate rapidly; it is not uncommon for someone to come to the ED needing a small amount of oxygen and within two hours require intubation.

#### Plan for: Expanded Space, Staffing, Staff Stress, and Supply Shortages

**Space.** Push all boundaries in finding space. They added 1,600 beds within Northwell. To add space/beds, they moved routine deliveries and post-partum care to an ambulatory surgical center, retrofitted a large auditorium, and set up their own tent field hospital.

**Staffing.** Extend critical care, respiratory, intensivist staff, and expertise. They use hospitalists, who were not previously trained in critical care, as ICU intensivists. They are overseen by board certified intensivists, often by tele-health. They are using retired nurses and physicians; redeploying nurses and others from administrative roles to clinical duty; and transferring ambulatory center physicians, nurses, and medical assistants to the hospitals. Medical students are deployed with a focus on non-COVID-19 patients.

**Staff Stress.** Staff suffer unprecedented stress, fatigue, anxiety, and grief. Engage your behavioral health team, psychiatrists, and social workers and walk the floors, offer as many resources as possible, including EAPs, chaplains, virtual town halls, etc. Look for signs of stress and talk to your staff. They anticipate significant PTSD for staff after seeing young and old on ventilators for weeks, patients say goodbye to family over FaceTime, and distressing sights like a morgue truck. Much like after 9/11, Northwell will develop PTSD programs to screen staff and identify the supports they need.

**Supply Shortages.** Beyond PPE, be prepared for ICU supply-related shortages. They have run low on triple lumen catheters, O2 saturation monitors, arterial lines, and drugs for sedation. They have issued guidelines for alternative therapies and supplies when they run low.

## **Additional Considerations**

**Post-Acute Care.** Patients are quite debilitated when discharged; some have lost 20-30 lbs. There is a significant need for post-acute facilities to monitor patients, deliver oxygen, and help them convalesce.

**Load Leveling.** They look at their census twice daily across the system and have moved patients as far as 20-40 miles to find empty beds.

**Parting Advice:** Plan for the worst along with every eventuality and hope you won't need it.