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**T R A C I E**  
HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

# Healthcare Operations during the COVID-19 Pandemic- Webinar Series

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# 2020 Lessons Learned COVID-19

## Emergency Management

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# Background

- During early 2020, New York City became an epicenter for coronavirus disease 2019
- The University Hospital of Brooklyn, which is the primary teaching hospital for the State University of New York Downstate Health Sciences University, became the only COVID-19 designated hospital in Brooklyn
- The hospital implemented drastic changes to address the hospital's needs while remaining committed to education

# COVID-19 Timeline Month 1 (January 2020):

## ***SUNY UHB Internally:***

- Epidemiology initiated meetings with Emergency Management organizing and planning with identified departments
- Review and update checklists for outbreak readiness
- Review emergency operation plans for surge capacity in a pandemic,
- Assess PPE supply inventories with conservation strategies created.

## ***Externally:***

- Cases of COVID-19 are confirmed outside China
- WHO states coronavirus is a global Public Health Emergency
- First case appears in the US
- HHS declares a public health emergency and a National Coronavirus Task Force is created
- New York isolates 4 people with possible coronavirus

# Month 2 (February 2020)

## ***SUNY UHB Internally:***

- Emergency Management continues weekly planning meetings, staff updates
- Emergency Management participates in weekly NYC-DOHMH meetings for COVID-19 updates

## ***Externally:***

- Deaths in China pass 800
- Cases outside of China exceed cases in China
- Congress requests local testing instead of centralized testing at the CDC
- The first COVID death in US is identified on autopsy
- The first case of community spread occurs in the US. NYC gets its first case of COVID-19.

# Month 3 (March 2020):

## ***SUNY UHB Internally:***

- SUNY Coronavirus taskforce formed
- The first COVID-19 + patient was admitted

### *Re Staff:*

- COVID-19 Call Center, and daily huddles
- Staff training on COVID-19
- Mandatory overtime initiated
- Staff Redeployment database created
- Staff Mental Health and respite plans

### *Re Supplies:*

- Review of PPE burn rates -> expected shortages
- Supply conservation strategies expanded

### *Re Space:*

- Social Distancing enforced with all non-essential activities canceled
- Telemedicine services expanded
- Elective surgeries suspended
- Expand morgue capacity twice
- Visitor access severely restricted

## ***Externally:***

- WHO characterizes COVID 19 as a pandemic
- US declares State of Emergency
- US passes the Coronavirus Aid, Relief, and Economic Security Act

### *In NY State:*

- Hundreds of cases in New York State (and NYC)
- Gov. Cuomo declares a state of emergency in New York
- New York Shelter in Place order initiated

### *In NYC:*

- NYC's infection rate rises to five times other states rates

# Month 4 (April 2020):

## ***SUNY-UHB Internally:***

- UHB peaks at 197 (out of 220 adult beds) positive COVID cases

### *Re Staff:*

- Continue daily 9:30 huddles
- Staff shortages due to illness, absenteeism
- All inpatient units at capacity

### *Re Supplies:*

- Continue conservation strategies
- Receive donations for PPE
- Pharmaceutical shortages daily
- 95% of ventilators in use

### *Re Space:*

- Expand ICU to 3 units
- 72% of inpatient COVID +
- ICU patients “boarding” across facility
- ED surge space utilized
- Family Call Center
- Increase telemedicine services

## ***Externally:***

- WHO models predict 10 million cases in 3-6 months
- CDC issues new guidelines for HCP to check temperatures, wear face masks, continue social distancing
- Some states lift lockdown

### *In NY State:*

- ICU bed and ventilator shortages persist
- Non-essential businesses and school closures and stay-at-home order extended
- Mandate to wear face coverings in public

### *In NYC:*

- Federal medical shelters are deployed
- Hotels open for free housing for HCP

# Months 5-9 (May- August 2020

## ***SUNY-UHB Internally:***

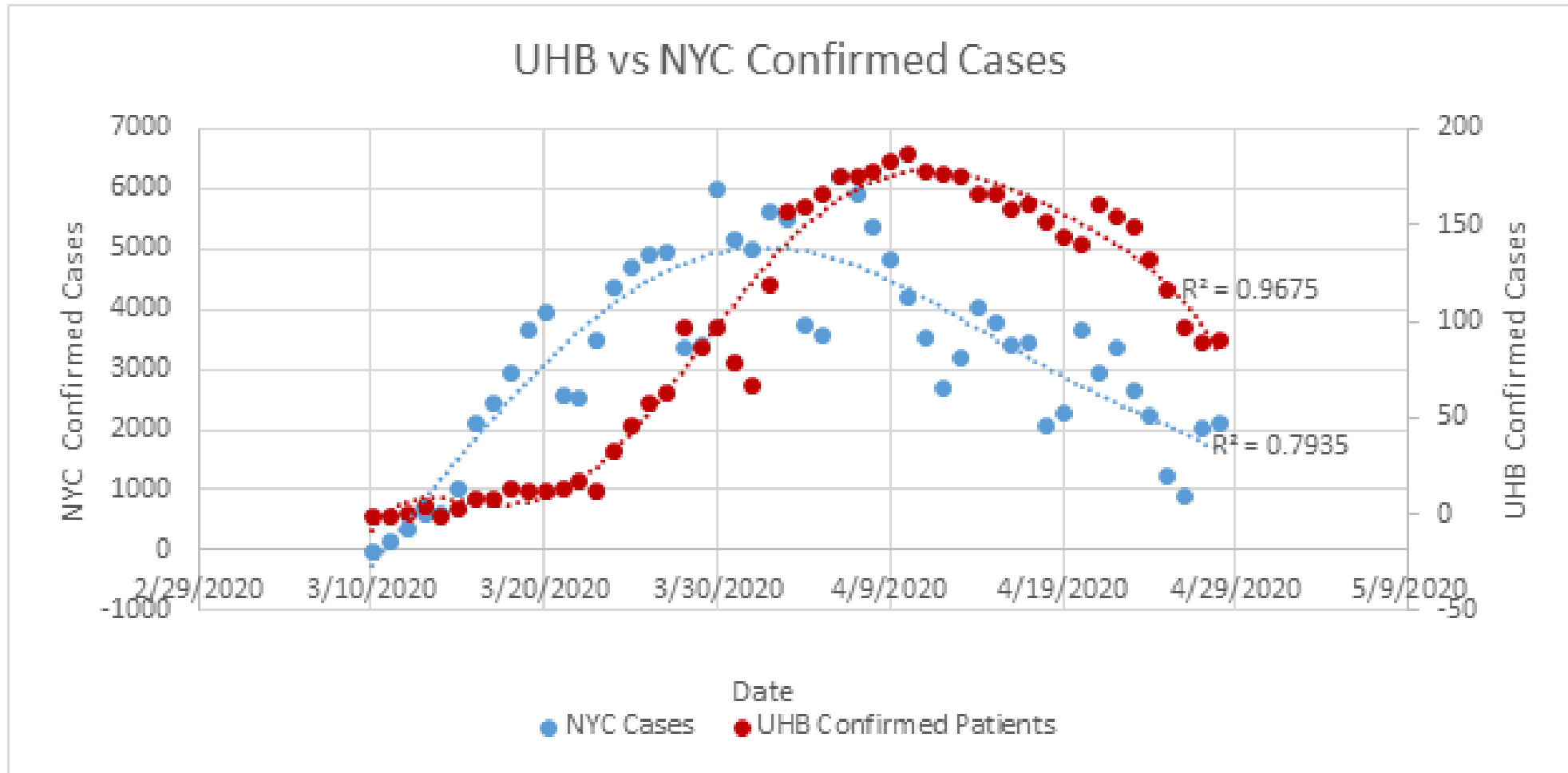
- Phased reopening of all services
- Re-deployed Health care staff to *home* areas
- Continued telemedicine
- Created a COVID follow up clinic
- Reopened nonclinical areas
- Maintain social distancing on campus

## ***Externally:***

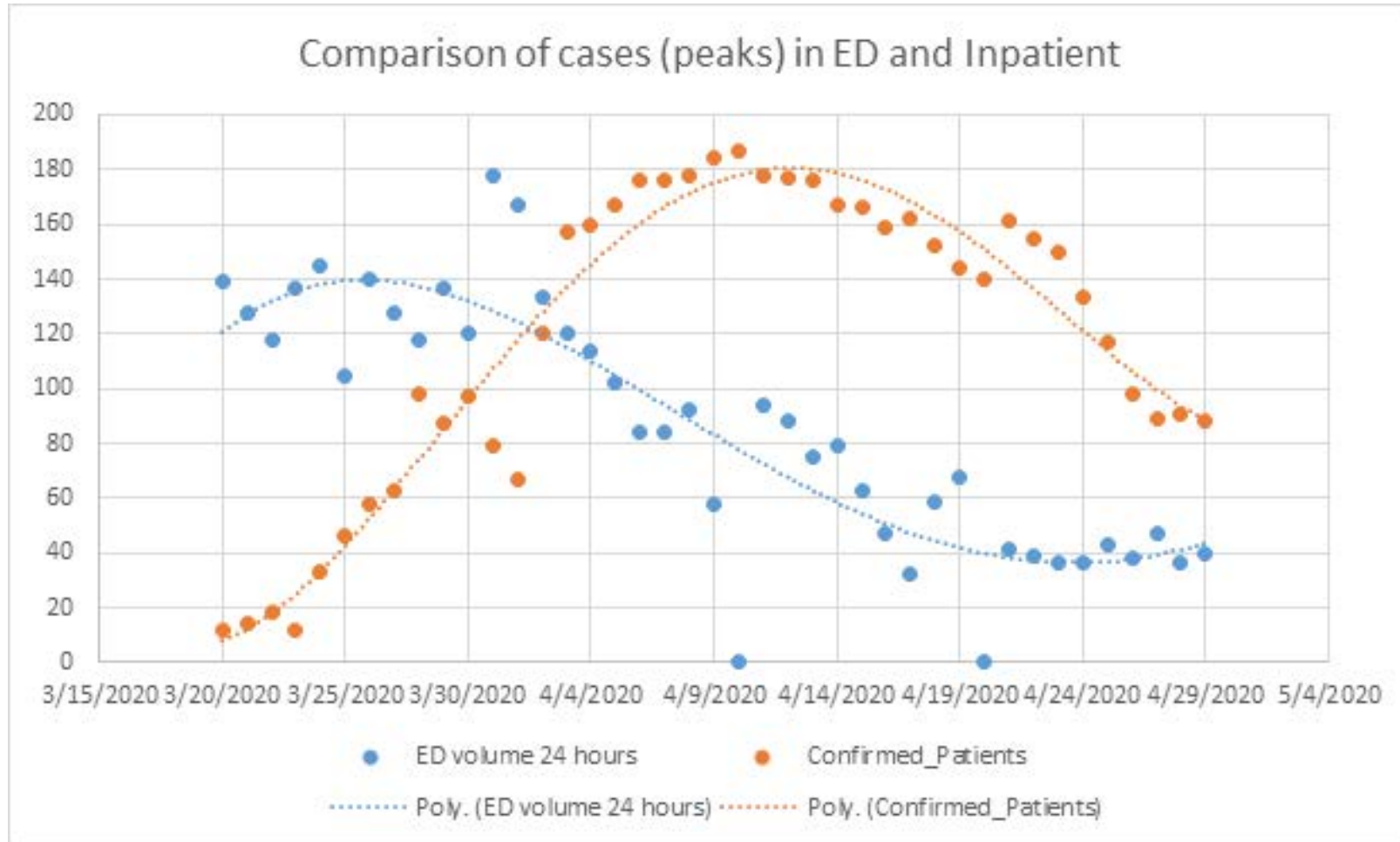
- Globally countries have experienced resurgences of COVID waves
- The US began opening states with resulting increase in cases and outbreaks in previously controlled regions
- Preparations for a second COVID wave combined with Influenza begin
- NYC phased opening in setting of 1% positivity of tests
- States with >10% positivity are on NY quarantine list

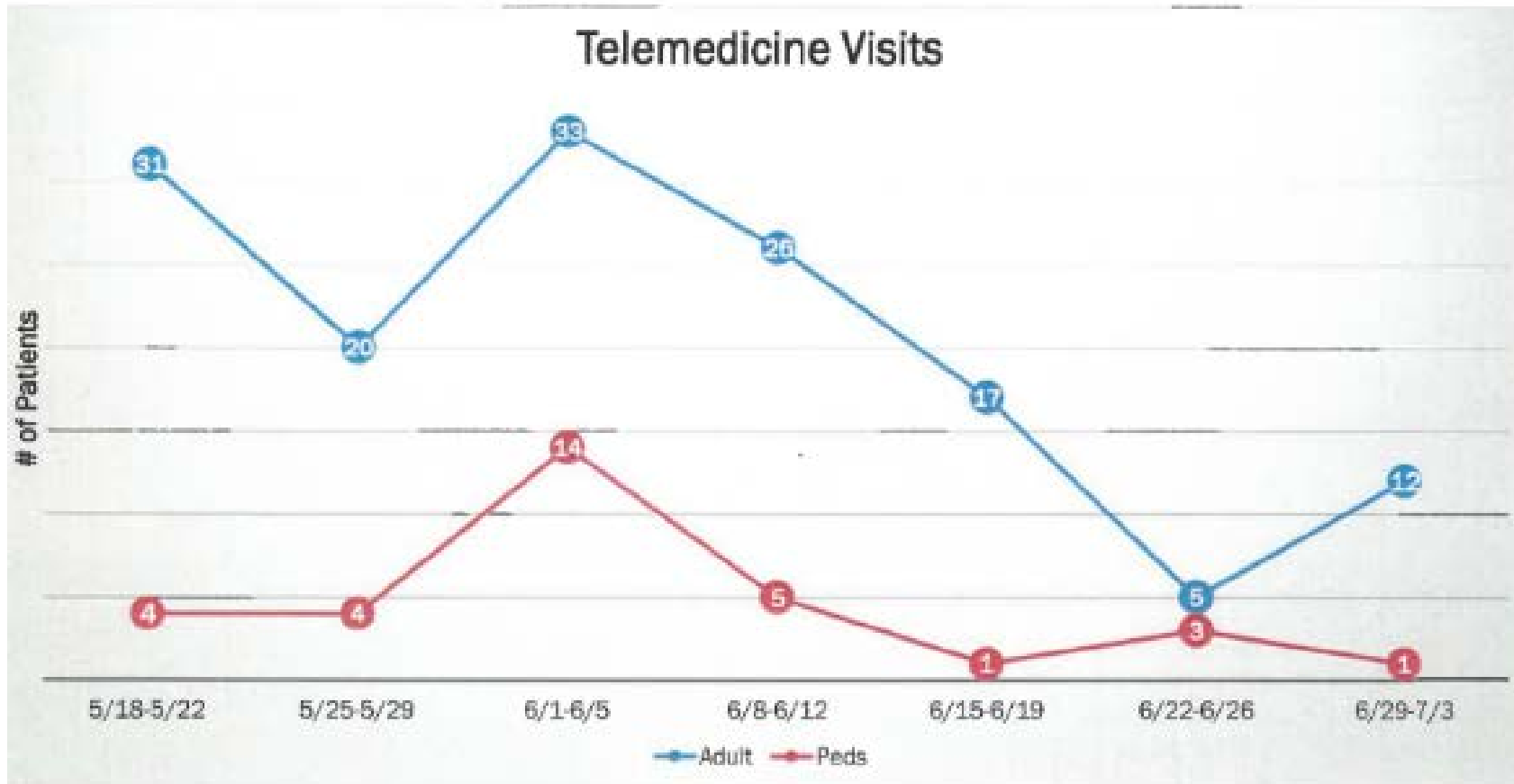


# SUNY-UHB Curve (Peak) Followed NYC by 2 Weeks

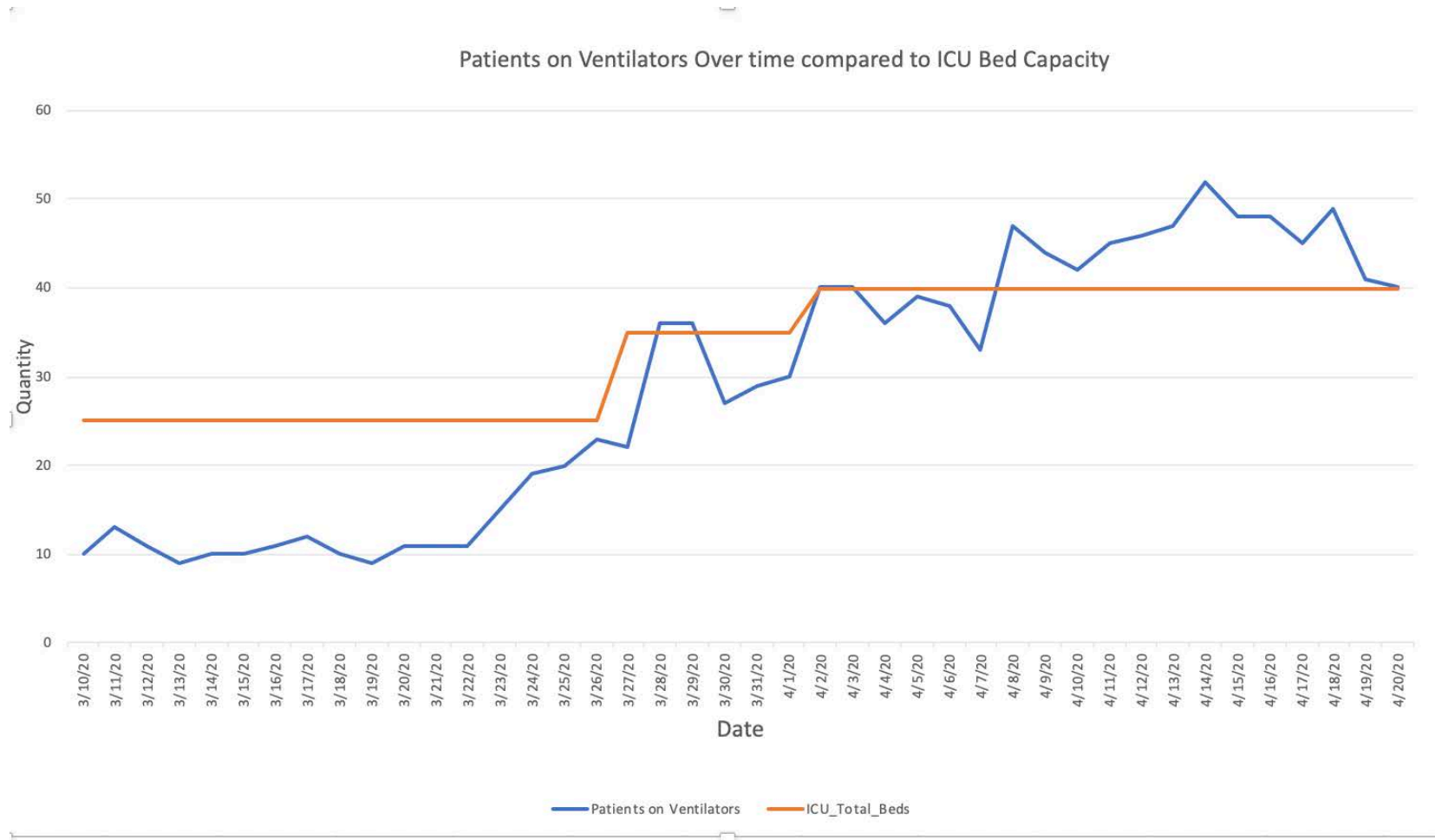


# SUNY-UHB Inpatient Curve (Peak) Followed ED by 2 Weeks





# Increasing ICU Capacity to Manage Increases in Ventilated/ICU Patients



# SUNY-UHB MAJOR STRENGTHS DEMONSTRATED DURING THIS RESPONSE: MANAGEMENT

## COVID-19 Task Force

- Organized Response and Leadership

Communication/coordination of response with daily morning and evening huddles

- Provided information to key members of hospital leadership for rapid decision making

Relationships with the external partners

- Situational awareness and bi-directional communication

Easy access to Pandemic -Emergency Operations Plans

- Able to review and update/adjust them as needed

Establishment of a staff COVID call center & Family Call Center

- Source of reliable information

# SUNY-UHB MAJOR STRENGTHS DEMONSTRATED DURING THIS RESPONSE: STAFF

Many staff rose to the challenge, under immense pressure

- Staff operating under crisis standards
- Establishments and expansion of Critical Care Teams
- Housekeeping expansion and improvement of room turnover time

# SUNY-UHB MAJOR STRENGTHS DEMONSTRATED DURING THIS RESPONSE: STAFF

Redeployment of staff into alternate and expanded roles

- Posting Medical Students in nonclinical areas
- Residents restructured into 3 teams
  1. Call team with responsibilities including routine floor work, support of medical services by assisting in proning patients and performing emergency resuscitations
  2. Surgical Emergency Advanced Line Service (SEALS) team was assigned to assist with procedural solutions for all inpatients, including placement of catheters (dialysis/arterial/venous) and wound management
  3. Remaining surgical residents were redeployed to the medical floors, emergency department and ICUs

# SUNY-UHB MAJOR STRENGTHS DEMONSTRATED DURING THIS RESPONSE: SPACE

## Creation of Critical Care surge space

- MICU went from 10 to 25 to 25 to 40 staffed beds
- Limit ICU patients cared for outside of ICU

## Repurposing Clinic space to expand the ED space

- Allow whole ER to function as critical care space
- Relieved ED of 40-50 patients/day of “fast track” type patients

## Posting Inpatient Providers to manage admitted ED boarding patients

- Allow ER staff to focus on incoming patients
- Provide improved inpatient care for ED Boarders



# SUNY-UHB MAJOR STRENGTHS DEMONSTRATED DURING THIS RESPONSE: SUPPLIES

Conservation measures for PPE and related supplies

- Prevented facility from running out of critical supplies

Emergency Preparedness Liaison with government partners

- Provided an emergency supply chain for supplies

Supply Donation process updated

- Help procure community donations

# **ISSUES FOR CONSIDERATION IMPROVEMENT FOR NEXT WAVE**

# Management Issue 1: Improve Communication Plan



Establish a pandemic communications program with preapproved messages and scripts for various stakeholders:

staff

patients

visitors

supply chain

vendors public officials

NYSDOH/NYCDOHMH etc.

# Management Issue 2: A Dashboard to Capture the Following Data in Real Time



**COVID-19 Visits, Admissions, ALOS, Discharges, Mortality, Outcomes, Population**



**ED measures on throughput and volume  
ICU measures on volume and utilization**

# Supplies Issue: Increasing supplies of PPE and other key supplies



Pre-purchase and establish contracts with additional PPE/Supply vendors



Establish policy for mask/PPE reuse and cleaning options if it becomes necessary as a result of a second wave



As per Governor Cuomo's order we need to establish a **90-day supply of PPE and supplies by September 2020** (and identify storage space for PPE)

# Staff Issue 1: Review HR Policies



Identify critical staff

Make sure our organization can continue to function in their absence



Monitor Staff Absenteeism

Expect absentee rates of up to 40%



Staff redeployment

Organized approach to ID staff and credentials



Expedited onboarding

For new and volunteer staff




Recruitment

In times of staff shortages

# Staff Issue 1: Review HR Policies Continued—Have Answers for the Following

 Cross-train employees

 Work remotely and provide additional training on work-from-home procedures to help ensure continuity of operations

 Employee travel to high-risk regions

 Assurances for staff safety so staff members so they feel safe at work

 Is there a trained and representative crisis management

# Staff Issue 2: Pandemic Staff Training and Education

 Set up an interdisciplinary COVID-19 learning response team

Representation from multiple departments (providers, nursing, facilities, respiratory, administration, laboratory etc.)

Monitoring all the latest guidelines across these departments



Expansion of the team dedicated to training staff, tracking staff trainings

Assessment of the impact of those trainings



# Space Issue 1: Pandemic Morgue Implementation



All BCP (body Collection point) trailer locations need to be mapped out and identify alternative sites /surge space



Lifting bodies was a problem and additional equipment to aid with lifting.



Family notification needs improvement



Pre-identify expanded staff to issues death certificates









Consider purchase anatomy body cooling device and convert space to accommodate more bodies



Deceased body transport staff needs to be quickly expanded

# Space Issue 2: ICU and Ventilation Surge Plan

-  Review Respiratory Surge Plan
-  Increasing the number of “high-flow oxygen delivery capable” rooms
-  Staff redeployment to aid respiratory therapists
-  Expand MICU staffed beds
-  Increase MICU teams
-  Upgrade ICU infrastructure

How we  
need to  
proceed

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