

# NYC Health + Hospitals ED COVID Action Team

Eric Wei, MD, MBA  
Vice President  
Chief Quality Officer  
NYC Health + Hospitals

Dave Silvestri, MD, MBA, MHS  
Sr Director, Transitions & Access  
Medical Director, Utilization Management  
NYC Health + Hospitals



## Disclosure

I have no financial interests or relationships to disclose.



## In Memory Of

**Your bravery  
and sacrifice**



**Our respect and  
endless gratitude**



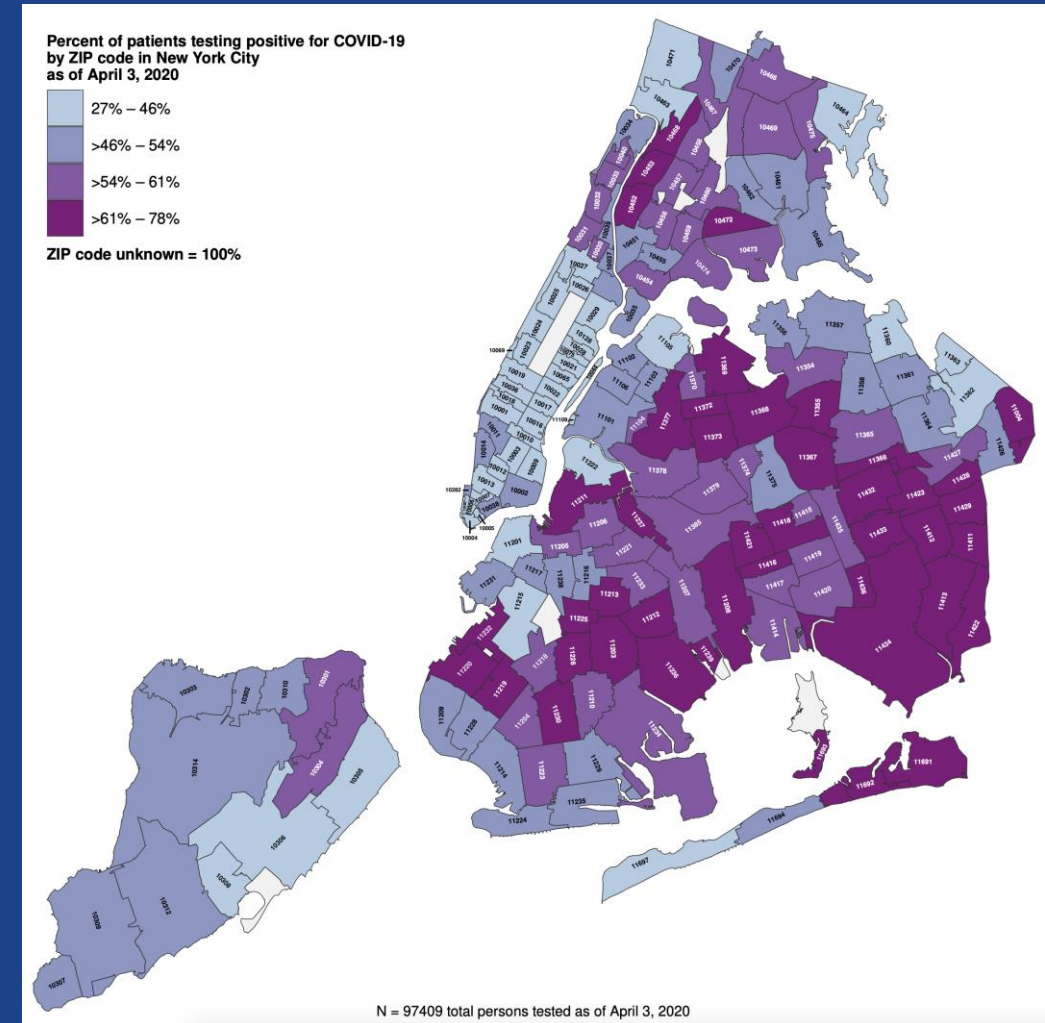
## Who we are – NYC Health + Hospitals

- Largest public healthcare system in United States
- 11 acute hospitals, 5 skilled nursing facilities, 70+ ambulatory clinics, insurance plan, correctional health services, home health agency
- 1.1 million patients
- NYC Care – guaranteed healthcare to all New Yorkers



## Epicenter of the epicenter

- New York City: over 118,000 cases and 10,800 deaths
- Our patients are disproportionately affected by COVID-19 pandemic and social distancing measures
- Elmhurst, Lincoln, Queens, Woodhull, Coney Island, Kings County



## ED COVID Action Team

- Small, nimble team with wide representation and expertise
- Formal representation in HICS and Central Office structures
- Twice daily calls
- 1-2 times weekly ED Council Updates
- Weekly e-mail updates
- Bilateral communication to identify key issues that informed goals



## H+H ED COVID Action Team

- Dave Silvestri, MD – Sr Director, NYC Health + Hospitals
- Shaw Natsui, MD – Director, NYC Health + Hospitals
- James Salway, MD – Director, NYC Health + Hospitals
- Stu Kessler, MD – Chief, NYC Health + Hospitals/Elmhurst
- Laura Iavicoli, MD – Associate Chief, NYC Health + Hospitals/Elmhurst
- Raj Gulati, MD – Chief, NYC Health + Hospitals/Bellevue
- Mike Bouton, MD – Chief Medical Informatics Officer, NYC Health + Hospitals
- Gus Agoritsas, MD – Associate CMO, NYC Health + Hospitals/Kings County
- Anjali Hulbanni, MD – Patient Safety Officer, NYC Health + Hospitals/Harlem
- Marc Kanter, MD – Associate Chief, NYC Health + Hospitals/Lincoln
- Karin Rhodes, MD – Professor of EM, Zucker School of Medicine Hofstra Northwell



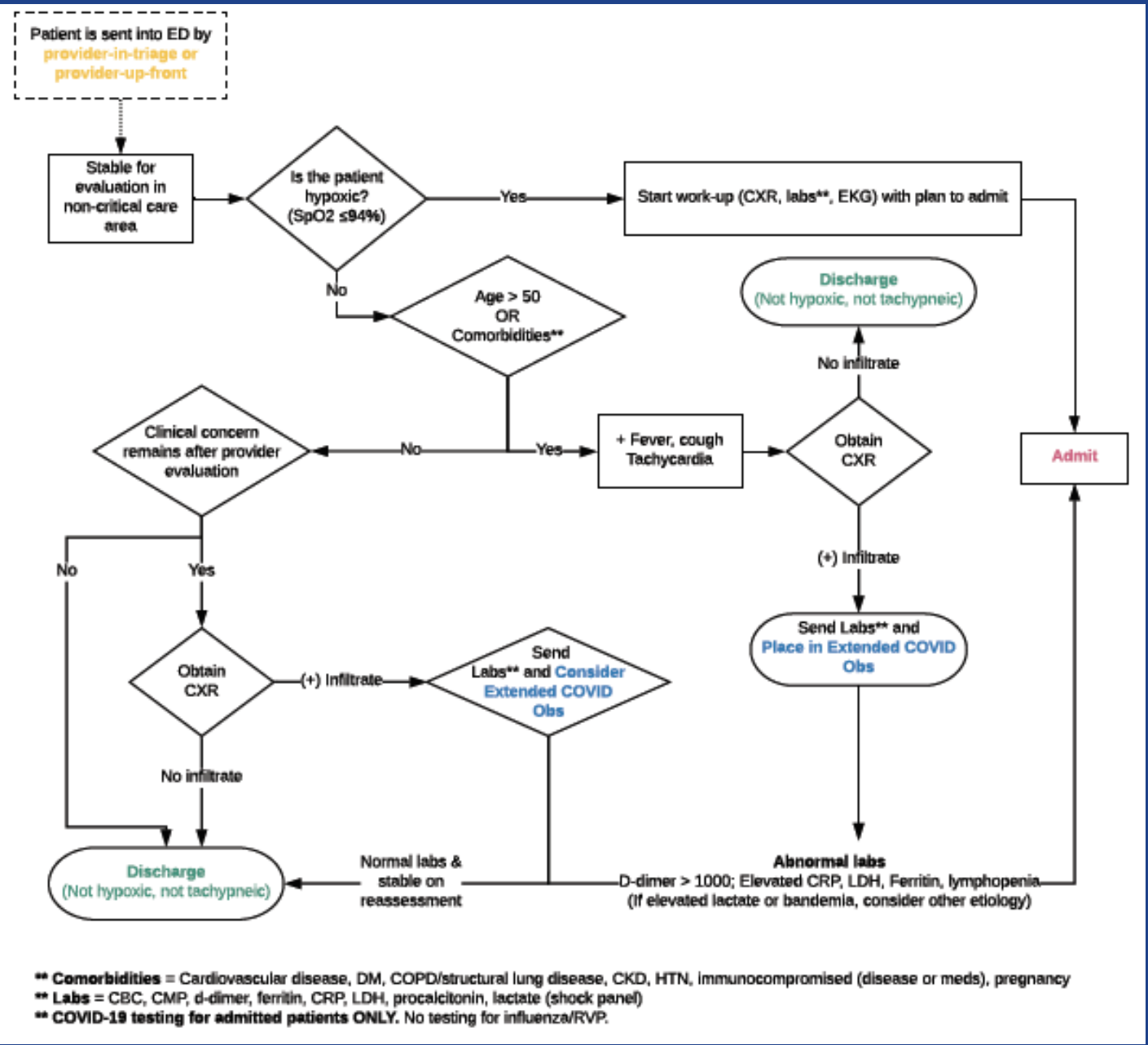
## Goals

1. Decant volume from within EDs
2. Prevent and minimize quarantine on existing ED staff
3. Expand staffing model outside existing staffing model to meet surge demand
4. Free up new and existing ED space to care for patients
5. Protect supply of vital equipment
6. Minimize burden surrounding reporting and communication

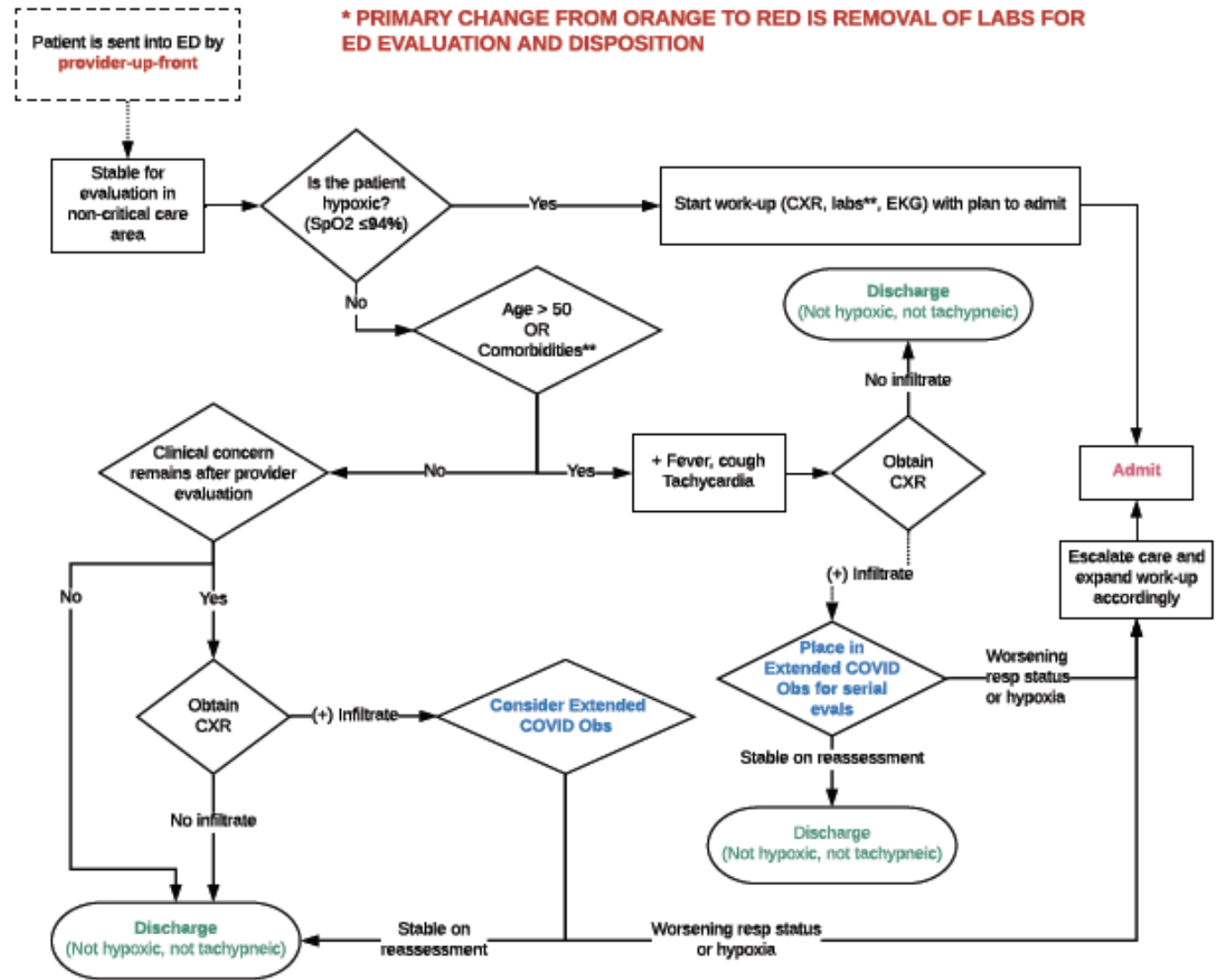




# Yellow Surge

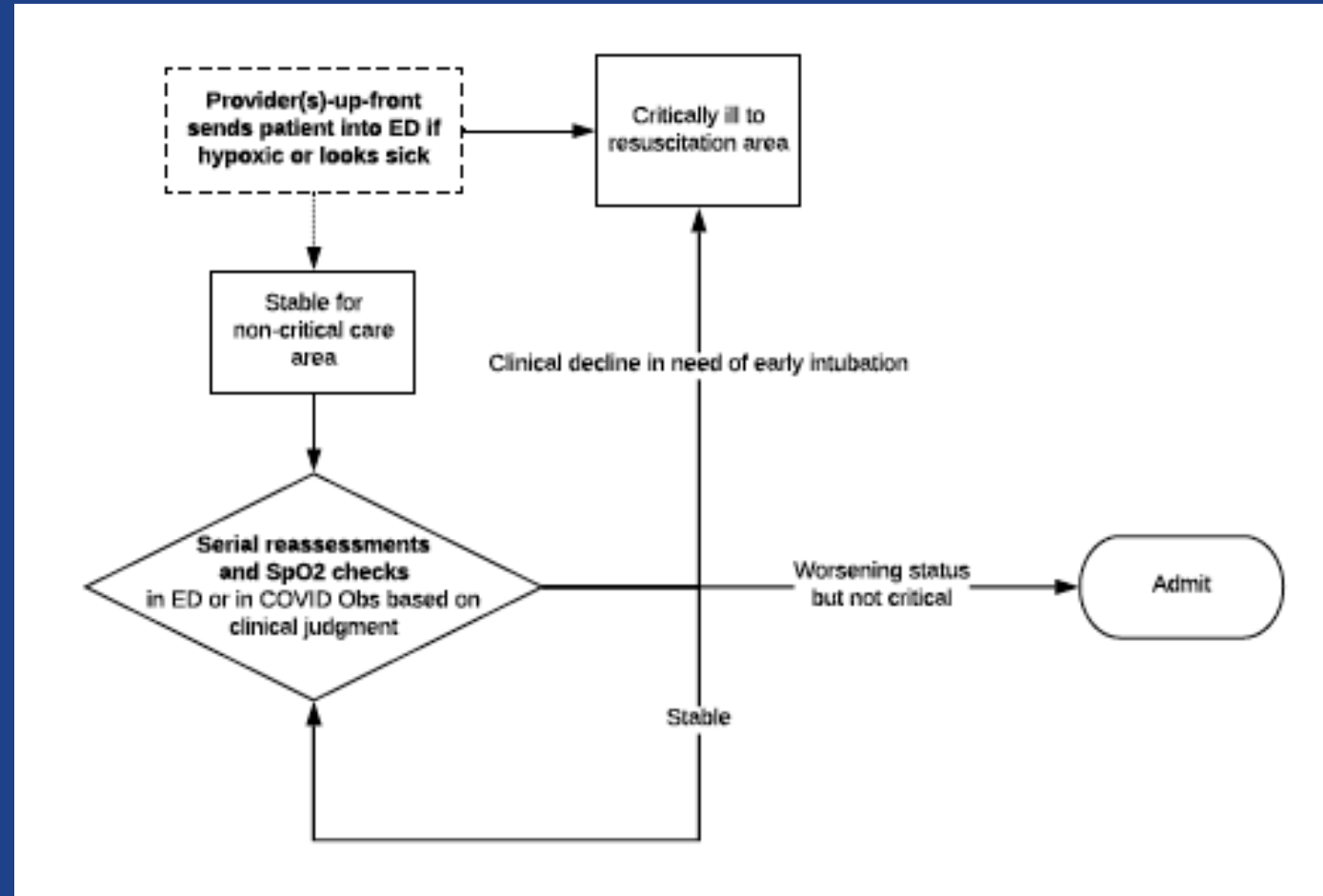


# Red Surge

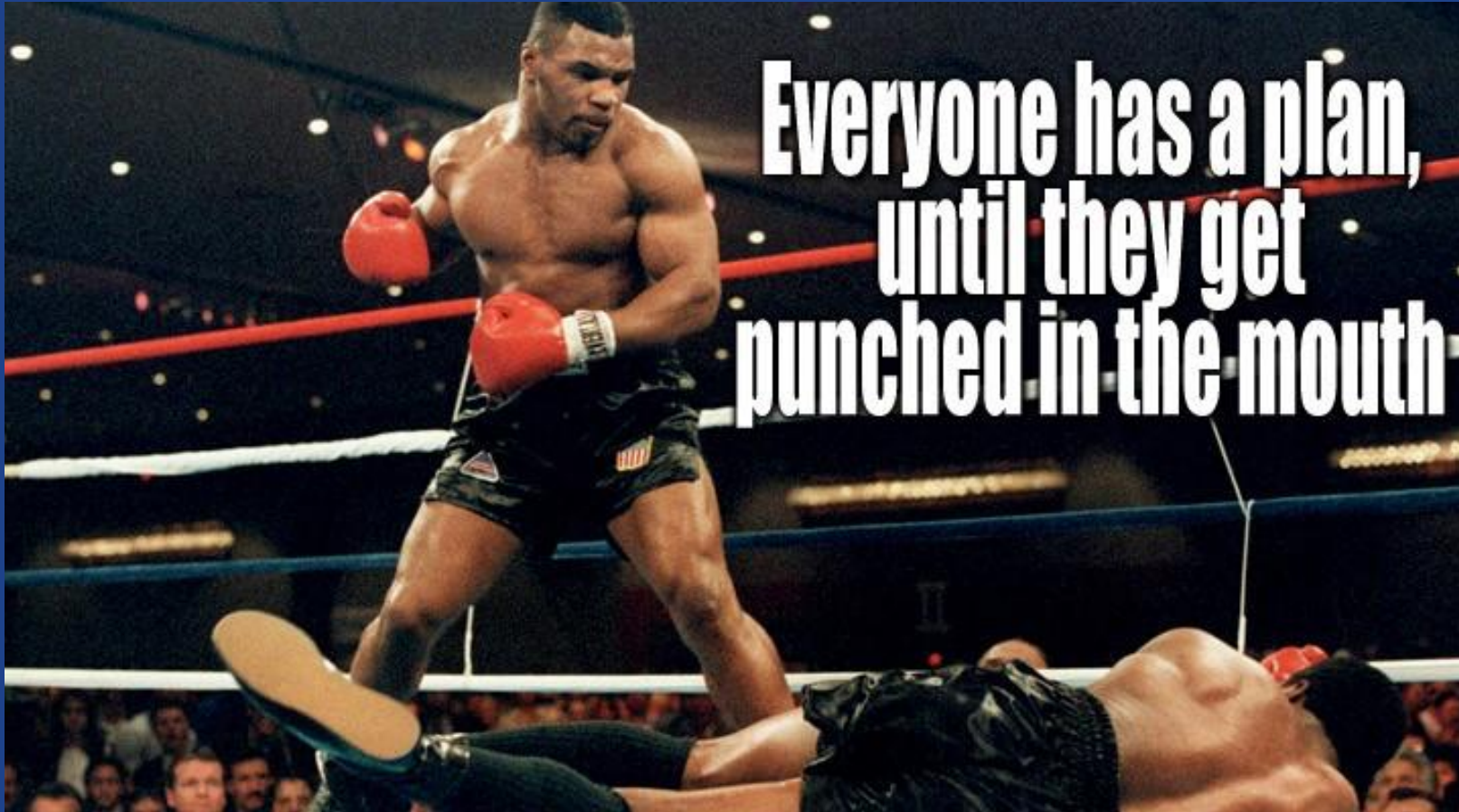


\*\* Comorbidities = Cardiovascular disease, DM, COPD/structural lung disease, CKD, HTN, immunocompromised (disease or meds), pregnancy  
 \*\* Labs = CBC, CMP, d-dimer, ferritin, CRP, LDH, procalcitonin, lactate (shock panel)  
 \*\* COVID-19 testing for admitted patients ONLY. No testing for influenza/RVP.

# Black Surge

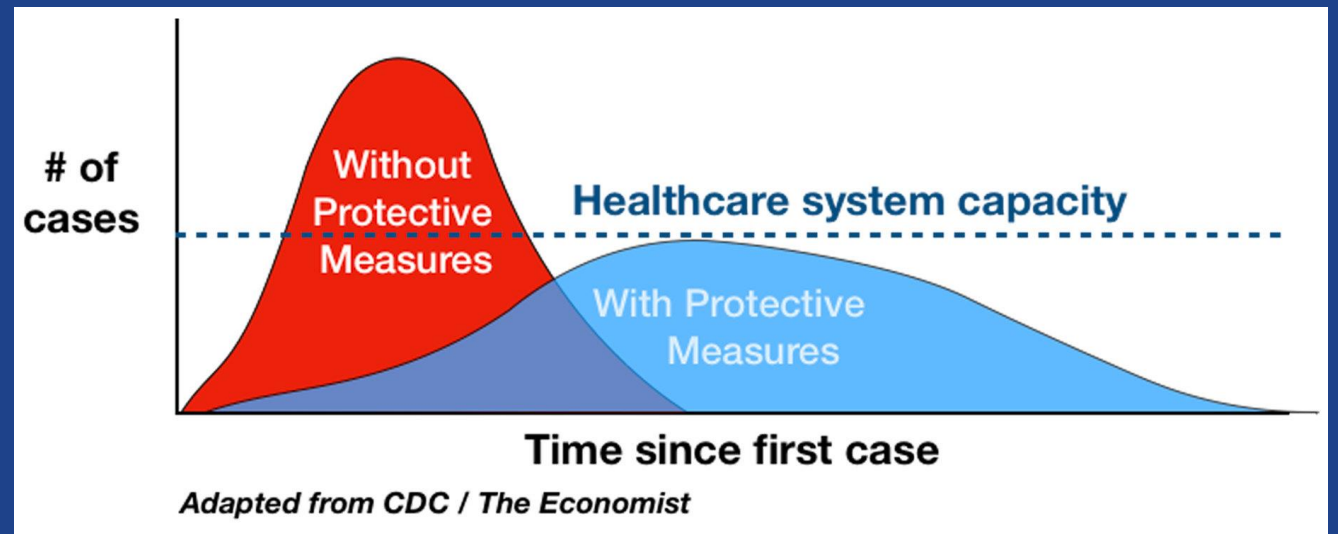


## Planning versus adapting



# Flattening the COVID-19 Surge

- Streamlined transfer process to allow for high volume, batch transfers
- Data driven
  - # of boarding admissions
  - Med/surg occupancy %
  - ICU surge level
  - # of vented patients in hospital
- 700+ patients moved across the system
  - 500+ med/surg
  - 150+ ICU



# Thank you for what you do



**THANK YOU**  
DOCTORS AND NURSES  
#COVID19

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