

# Covid-19 Spring Surge 2020: The Bellevue Experience

Susan E. Cohen MD FAAHPM

Director, Palliative Care, Bellevue Hospital

Associate Professor, NYU Grossman School of Medicine

Fellowship Director, Hospice and Palliative Medicine



## Disclaimer

- No disclosures to report



# The Context

- Oldest public hospital
- 11 hospital system, 5 nursing homes
- Diverse patients, many uninsured or underinsured
- History of pandemic/epidemic response, and recent emergency responses (Yellow Fever, HIV, Hurricane Sandy, Ebola)
- Patients with past histories of trauma, poor access to care, cultural and linguistic barriers/challenges, inequities in care



## The Context

- FORCE yourself to remember spring 2020:
  - PPE availability
  - Tests took 4-5 days to result, only for those hospitalized
  - Wore masks only in rooms if Covid confirmed/suspected patients. Hospital mask mandate not until May 2020!
  - NYC was first in US to experience the surge to this extent
  - No treatment, No vaccine, Unclear if droplet vs airborne





## Planning, Timing, Changes

- Tsunami analogy
- Spoke to colleagues in Seattle, procured surge plans and NYS guidelines
- It DID NOT MATTER!
- Value of planning
- Value of adapting



## In Person vs telehealth response

- Setting matters
- Limited information in EMR early in surge
- 20-40 transfers into Bellevue daily
- Never event: getting call with update and call about death within minutes of each other due to limited in-real-time data in EMR
- Rounded in ICU, saw patient then made calls
- NYC H+H had telephone response teams to contact families

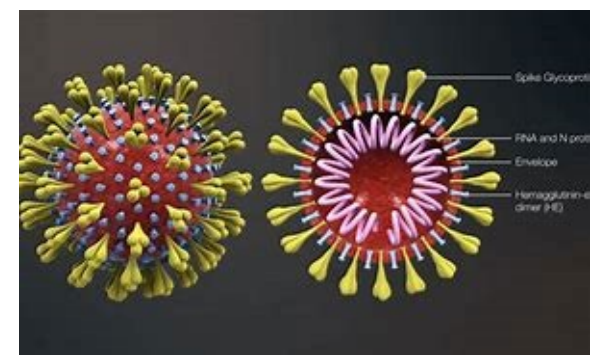




## Bellevue Palliative Care Surge Response

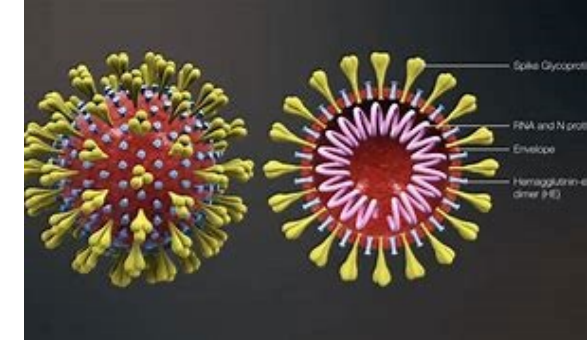
- Rapidly incorporated **in-person volunteers** onto the palliative care team, had brief training then close team mentorship
- Increased from 1 team to 3 teams, Census 4 x usual
- Fellows took on leadership roles
- Embedded palliative teams with ICU teams
- 7 day/week in house daytime coverage for 5 weeks
- Volunteers were child and adolescent psychiatry, community based psychiatrists, 2 palliative care providers, 1 internist





## Bellevue Palliative Care Surge Response

- LEVEL LOADING: Bellevue functioned to off load volume from other hospitals in system, ECMO referral center
- Palliative care team roles included medical updates as well as support and care planning and goals/values discussion
- Previously healthy, goals were for life sustaining treatment
- Support for teams struggling with ethical issue, moral distress, perception and fear of resource limitations
- Team distress and emotions



# Bellevue Palliative Care Surge Response

- Provided support for teams while being mindful of our own team wellness
- Wellness Work – Wellness coordinator at NYU and trained health and wellness coach, mediation and Yoga instructor
- Bi-weekly team sessions, separate sessions for fellows, volunteers
- Hospital wide H3= Helping Healers Heal, respite room, food, scrubs, gifts/letters
- Each team member had different trajectory of fear, grief, anger and gratitude
- Role of racism, hate, inequity, trauma, all impacted team and patients



## Summary



- History and culture of Bellevue and NYC H+H helped prepare for surge
- Ability to adapt and shift was critical
- Each setting is unique, response needs to be unique too
- Prior team wellness and resilience work was important foundation



# For Audie

*Who made the  
ultimate sacrifice  
on April 13th, 2020*

*This pin represents hope and is a  
testament to the human spirit of every  
selfless hero in the fight against  
COVID-19.*

