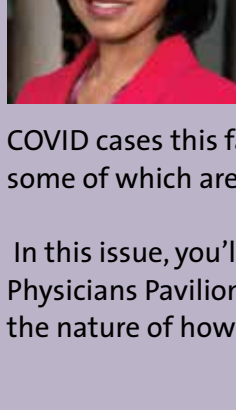


A Message from Dr. Kondamudi



— Vasantha Kondamudi, MD, Chief Medical Officer

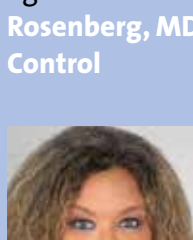
This year has been strenuous for all of us, but I'm incredibly proud of the way TBHC stepped up to the challenges presented by the COVID surge. We changed our workflows to accommodate our patient and staff needs and showed up to work on the frontlines day in and day out to bravely fulfill our duties.

We're looking forward to a brighter future. Should New York City experience an uptick in COVID cases this fall, we feel confident that we are ready, armed with so much knowledge and "lessons learned," some of which are shared below by the clinicians that were in the thick of the COVID care.

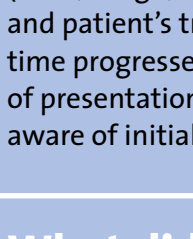
In this issue, you'll find stories that speak to our future beyond the virus. With the opening of a brand-new Physicians Pavilion, I'm excited to see what's to come. And finally, enjoy this all-digital issue of *CMO Update!* Even the nature of how we deliver news is changing and modernizing!

COVID-19: Lessons Learned A Q&A with Frontline Clinicians

What do you wish you knew clinically then that you know now?

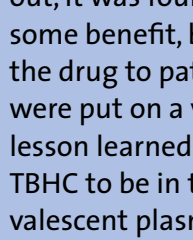


I just wish we knew more about the virus. There was such a scarcity of good information around: the positive information about potential treatments, how the virus progresses through the body, the damage it causes in the body. — Joshua Rosenberg, MD, Chair, Infection Control



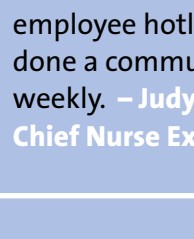
I wish I'd known the unpredictability of this disease and the variability in its presentation. At the beginning, prior to the outbreak, we were looking for very specific symptoms (fever, cough, flu-like symptoms), and patient's travel history. As the time progressed, it has a multitude of presentations that we were not aware of initially. It's a very tough

time to revisit. The main thing I wish I could've changed is saving the lives we weren't able to save. — Sylvie de Souza, MD, Chair, Emergency Medicine



Remdesivir was touted as possibly being a beneficial drug early on, but it was hard to acquire. Once we could get it, there were strict guidelines in place; we could only use it for patients who were on a ventilator. As more studies came out, it was found that there was some benefit, but only if you gave the drug to patients before they were put on a ventilator. Another lesson learned: I was excited for TBHC to be in the Mayo Clinic convalescent plasma study, so we were able to use it very early. However, in the early days, we didn't know that the beneficial convalescent plasma

requires titers of neutralizing antibodies—so not all convalescent plasma is effective. Going forward, we'll screen plasma for high titers of neutralizing antibodies, and we'll only use the most potent to treat our patients. — Leonard Berkowitz, MD, Chief, Infectious Diseases



Redeployment was a big task for everyone, including the people redeployed in terms of education. We could've used float staff going to different places doing different things. We also could've had an employee blog to see if people had questions or concerns. That could've been more interactive than the employee hotline, and we could've done a community WebEx meeting weekly. — Judy McLaughlin, DNP, Chief Nurse Executive

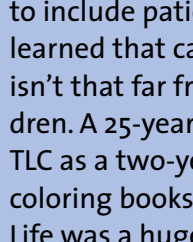
What did we get right?

We had daily calls, communication groups, a daily digest, acquired iPads for connecting with patient's families. We reeducated people, and got our intercom systems in the patient rooms up and running again. We offered our employees virtual visits in case they weren't feeling well, as well as offered mental health support. We also took the opportunity to identify challenges and then developed action plans. For instance, we launched rounds that functioned as emotional caretaking, in which all the disciplines talked about their feelings, how it felt to be taking care of various patients and how it affected them personally. — Dr. McLaughlin



We learned a lot through experience. For instance, we realized, way before literature came out, that steroids did actually help. We also used

tocilizumab, which is an IL-6 monoclonal antibody, which we felt had some benefits. Research regarding that drug is still ongoing. We also learned what did not work, like the combination of Plaquenil (hydroxychloroquine) and Azithromycin. — John Zeibeq, MD, Attending Intensivist



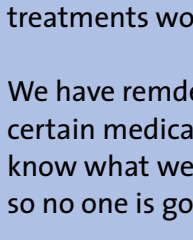
Usually, whenever there are viral outbreaks, it hits pediatrics hard. We were anticipating a huge surge in pediatric volume, but the opposite happened. So we expanded our care to include patients up to 25. We learned that caring for a 25-year-old isn't that far from caring for children. A 25-year-old needs the same TLC as a two-year-old; they wanted coloring books, little gifts, and Child Life was a huge help with that. We also saw a few patients with PMIS (Pediatric Multisystem Inflammatory

Syndrome) and ran an education campaign to recognize and treat it. We had around six patients diagnosed with it, and we were able to treat it with a multidisciplinary approach. But working with PPE is no joke, especially with young patients. It completely changes the dynamics of listening and hearing, and we had to learn to adapt. — Noah Kondamudi, MD, Chair, Pediatrics

We had daily meetings where we discussed a lot of things. Where are the patients? How many are in the morgue? How much PPE do we have? Who do we have to move? And it was such an interdepartmental effort: the work done by the ER staff, transportation staff, respiratory therapists, infection control and nursing, who all were treating patients and figuring out where to put people. It was an amazing, coordinated task that was very well done. — Dr. Berkowitz

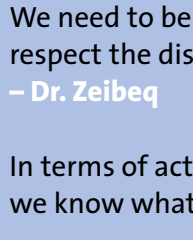
What COVID-necessary change would you like to keep post-pandemic?

Our various disciplines worked together very closely. We were all united for the same mission. There is a lot more understanding now, and there's a lot of pride in that. — Dr. McLaughlin



We have remdesivir, we know certain medications that work. We know what we're dealing with now, so no one is going to take it for

I'd like to keep the spirit of cooperation, the generosity that staff showed each other. People were genuinely nice and caring all the time, and petty small differences didn't turn into rivalry. And that's the way it should be all the time. — Dr. Rosenberg



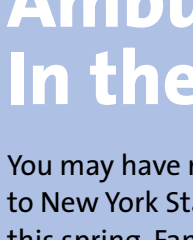
We were able to use technology, video conferencing and iPads to have patients maintain interaction with their family members. Moving forward, when we're faced with a highly contagious illness (COVID or otherwise), that's something we can do from the very beginning. — Dr. de Souza

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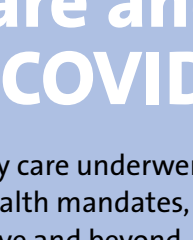
Looking forward, how do you feel better prepared if there's a second wave?

We get a listing every day of how much equipment we have, and it looks like we have a good level of supplies. The people in charge of getting all these things are really staying on top of everything and making sure we're prepared. Hopefully another surge doesn't come, but if it does, we'll be better prepared, as far as having PPE. And, we know more about what medical treatments work. — Dr. Berkowitz



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TBHC in the News

Our heroic efforts were commemorated in press outlets like *The New York Times*, among many others. Visit www.tbh.org/hospital-news and www.tbh.org/news/media-mentions to take a look back at the extraordinary media coverage TBHC garnered over the past few months.



Ambulatory Care and Family Medicine: In the Time of COVID and Beyond

You may have noticed that ambulatory care underwent some changes in the midst of the COVID-19 surge. Due to New York State's Department of Health mandates, all TBHC clinics were required to immediately shut down this spring. Family Medicine went above and beyond, quickly moving all residents and staff out of their clinic and converting into what was essentially a second Employee Health Services office, as well as a COVID-19 testing and antibody site.

In May, we reopened our ambulatory care sites once again with proper social distancing protocols, temperature checks and PPE for all personnel. With a hybrid model of video and in-person visits, our ambulatory patient volume steadily increased. Currently, TBHC's Family Medicine sees about 80 percent of its pre-pandemic volume.

Once elective surgeries were allowed, TBHC faced a backlog—there was a lot of pent-up demand for different procedures, and a whole set of new CDC guidelines that we needed to adhere to, as well as all patients and staff required to be tested for COVID-19. Family Medicine, again, played a pivotal role in ramping up volume very quickly by taking on COVID-19 testing for endoscopies, dental procedures and biopsies, and clearing patients for surgery in pre-surgical testing. TBHC adapted to this brand-new workflow with great results for all our patients.

Telehealth: Welcome to the Future!



Recognizing the deep inequities created by the pandemic, as well as the healthcare challenges facing vulnerable patients, the TD Bank, America's Most Charitable giving arm of TD Bank, America's Most Convenient Bank, gave The Brooklyn Hospital Center (TBHC) a \$100,000 grant to support the hospital's efforts to provide options for virtual telemedicine care.

"The incredible leadership, generosity and vision of TD Bank allows us to reach our goal of leaving no one behind," says Deborah Niederhoffer, Vice President, The Brooklyn Hospital Foundation & Chief Development Officer. "Thanks to TD Bank's support, patients can now conveniently access a variety of medical specialties from the comfort of their home or workplace. This is especially important for patients who experience financial hardships, limited mobility and other barriers to accessing in-person medical care."

"We are extremely grateful to MetroNaps/Restworks for their ongoing support and generosity. As we continue the fight against coronavirus, we want to ensure that our physicians and staff feel connected and supported," says Jessie Van Daele, PhD, TBHC's Director of Clinical Research.

The sleep pods are designed to induce power naps for the hardworking hospital staff, especially those suffering from PTSD, insomnia and depression due to

the stress brought on by the current pandemic. This commitment from this industry partner allows us to continue our mission, while maintaining the health and safety of our staff, and to all those with whom we come into contact.

"Kind and caring gestures from our friends and neighbors—such as this thoughtful gift—have lifted the spirits of our entire hospital. We thank MetroNaps/Restworks for supporting our healthcare heroes," says Deborah Niederhoffer, Vice President, The Brooklyn Hospital Foundation & Chief Development Officer.

Pods are available to all residents and attendings. There is no time restriction of when they can be used or how long each session can be. They are located at:

- B-1014 (pulmonary fellow office)
- WI-B83 (EM resident lounge)
- NY-415 (IM resident lounge)

The Physicians Pavilion is officially open!



As of July 31, the Maynard Building officially closed! We're fully operational at our new Physicians Pavilion, where many of the Maynard practices relocated (some moved to the main hospital, too, like Family Medicine).

- Infectious Diseases
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/Gynecology (OB/GYN)
- Orthopaedic Surgery/Sports Medicine
- Pain Management
- Pediatric Specialties (Cardiology, Oncology, Gastroenterology, Hematology/Oncology, Nephrology, Neurology, Rheumatology, Pediatric Surgery)
- Plastic Surgery
- Podiatry
- Pulmonary/Critical Care
- Rheumatology
- Thoracic Surgery
- Urology

Just like the main hospital, the Physicians Pavilion is following safety guidelines, including social distancing, temperature checks, and mandatory masks for all patients and staff.

