HERE COMES THE SUN

Northwell Health shares stories of challenges, changes, teamwork and outcomes to keep you inspired.

Northwell Health is New York's largest healthcare provider, serving New York City, Long Island and Westchester; it strives to improve the health of the communities it serves; and is committed to providing the highest quality clinical care. These words took on even more meaning when New York became the epicenter of the COVID-19 pandemic this past spring—impacting every location and every department across the system.

And that means each location and each department has a story which we are honored to feature. Jennifer Marchese, Associate Director, Patient Logistics at Staten Island University Hospital; Oliver Perez, Director of Support Services at North Shore University Hospital; and Mary McGinn, Director of Patient Throughput at Lenox Hill Hospital share their stories—the challenges, the changes, the teamwork and the inspiring moments.

PREPARED AND CONFIDENT

BY JENNIFER MARCHESE
Associate Director, Patient Logistics at Staten Island University Hospital

Jennifer Marchese is the Associate Director, Patient Logistics at Staten Island University Hospital, where she oversees a team of 96 patient transporters, who normally average 14,000-15,000 jobs a month.

Prior to the COVID-19 pandemic, Jennifer recognized the importance of centralizing the patient transport department. One year later the outcomes proved invaluable when faced with the massive rush of transport jobs due to a surge in patients.

The decentralized department performed approximately 150,000 jobs in 2018; after centralizing in 2019, the department performed an additional 20,000 jobs without hiring additional staff. The department had a clear vision and understanding of the new workflows, expectations, and impact on the hospital.

The newly organized department was less reactive, and the team adhered to the hospital's policies and procedures—keeping themselves and their patients safe. This was why the team was efficient during the height of the pandemic.

"We treat our team members as we would treat our family, and so keeping them safe was our number one goal. When we realized the serious impact the virus was having on our operations, and the level of exposure to our transporters, we educated them on the proper procedures for donning and docking PPE," Jennifer explains. "Then to reduce the level of possible transmission throughout the hospital, we trained the transporters to work in teams of two—a "non-COVID" transporter and a "COVID" transporter. The "COVID" person holds the wheelchair, stretcher, etc., while the "non-COVID" person touches doors, elevators, etc. We were able to use the assist function in TeleTracking to monitor the trips. To further enhance training, we developed a "COVID Transport Team," where specific team members received hands-on training from the management team on transferring COVID positive patients, as well as patients under investigation, through the facility. This team then trained the rest of the team through a shadowing program."

The assist function was just one way that TeleTracking was used. TeleTracking COVID attributes also provided the team with the visibility necessary to stay safe so transporters knew which patients were positive or under investigation. For example, the airborne contact indicators [patient coming in PUI], alerted the transporter to ask for an assist [two-person transport teams], and it was a reminder that they needed proper gear, special preparation, and needed to travel a different path through the building. In addition, TeleTracking was used to determine the total number of COVID-19 patients in the hospital, which helped in identifying and cohorting PUI's and positive patients. The team also created census reports by unit to determine how to best utilize space. This information was shared daily to communicate changes.

"We took a hard look at every part of our process. For example, we disinfected the rails on stretchers and wheelchairs before and after each use; we implemented huddles at the start of every shift to ensure all team members understood what happened and the information available to them. We also developed an elevator plan designating "COVID" and "non-COVID" elevators, working in tandem with Environmental Services, to establish standard cleaning protocols. We were always extremely truthful regarding the seriousness of the disease and the status of our organization. The bottom line —the team felt very prepared and very confident every time they came to work," Jennifer continues.

One very sad, very sobering task was transporting patients who passed away to the morgue. This task required three people— two "COVID" transporters and one "non-COVID" transporter to

log into the morgue book and touch surfaces along the route. The team could see in TeleTracking both when they needed to move a deceased patient, as well as how many patients passed away from COVID-19 each day. As the number of deceased patients increased, the hospital added trailers, which were added to TeleTracking as units. The use of the trailers also required the transport team to go through additional training on safe patient handling.

"If we didn't have TeleTracking, our patient transporters would have been blind going into the rooms, and I couldn't imagine managing the volume, dealing with the delays, and matching the right patient with the right level of contact/PPE. A sign on the door is not the same as a detailed report," Jennifer adds. "We also wouldn't have been able to coordinate testing and transport the way that we did—patients didn't have to sit in hallways, and we were able to separate COVID and non-COVID patients in the testing areas. In addition, TeleTracking was invaluable at the beginning of March when every patient was considered PUI; once the test results were in, we were able to cohort patients appropriately. This information was marked in TeleTracking and the patient status was continuously updated. It was the biggest communication tool during shift change too."

While things were challenging, there were positive moments. The team celebrated every time a patient was discharged by playing "Here Comes the Sun" over the loudspeaker as the patient was transported down the hallway and our "1,000 COVID Discharge" countdown was celebrated with a "clap-out." The team also added clap-outs to their huddles as the number of cases decreased and COVID units started closing.

"I'm most proud that no one from the team has tested positive since they started moving patients through the hospital the second week of March. In addition, there was no turnover during this entire time. The entire team grew from this experience, they were called the 'Rock Stars' throughout the pandemic. If we get a second wave this fall, I am 100% confident that by implementing the same processes and trainings, we will be successful. We know the disease and we know the precautions," concludes Jennifer.

The Patient Transport team at Staten Island University Hospital had a clear vision and understanding of the new workflows, expectations, and impact on the hospital.

SYSTEMWIDE VISIBILITY

BY OLIVER PEREZ
Director of Support Services at North Shore University Hospital

Oliver Perez is the Director of Support Services at North Shore University Hospital, where he oversees a 225-person environmental services (EVS) team that turns over more than 4,500 beds a month and ensures the complete disinfection of the building. He also leads a 110-member patient transport team which typically handles over 1,000 requests each day. As COVID-19 unfolded, and the cleaning and sanitization procedures became increasingly complex, staff from other areas of the hospital offered their help thus increasing the team by an additional 50 people.

"The safety of every team member and every patient was our first priority. Every level of management wanted to be sure the team felt comfortable and secure. We worked with the nursing educators to train EVS staff on how to don and doff PPE," says Oliver. "The entire building also started using N95 masks, so we had an in-service training on how to use them—within a week and half, all employees were fitted with the proper version. In addition, we gave them face shields, glasses and disposable scrubs. A lot of thought went into the plans and it involved rapid change. We now have the processes in place to be more prepared if a second wave hits."

Typically, EVS staff are staged on units. However, as units were converted to COVID units, staff stationed in those areas were trained on new cleaning and sanitization processes with managers showing them how to clean the rooms which sent a powerful message of support.

New processes were also implemented, including designating specific elevators for COVID vs. non-COVID patients, and disinfecting them after each use. Everything was considered dirty, so everything—from doors and railings to staircases—

were continuously disinfected. In addition, units were provided with disinfecting wipes so they could clean their areas.

"The magnitude of what we were dealing with hit home when we considered turning our OR, cafeteria and auditorium into COVID units," continues Oliver. "I don't know how we could have possibly done this without TeleTracking. It made it possible to map out the entire hospital to see when and where to place patients. EVS, Patient Transport and Logistics are all connected, and we worked together very closely."

By monitoring TeleTracking, one could see which patients needed to go where, and that gave EVS a head start in converting units and allowed them to gauge how long it took to clean a COVID vs. non-COVID room. The team was also able to quantify delays through TeleTracking reports—pre-COVID and post-COVID—to determine the impact on EVS room cleans, how long it took patient transport, to move a patient, and the time it took to properly don and doff PPE. The reports generated from TeleTracking were shared with the entire EVS team and patient transport, which illustrated their impact on the hospital. Specifically, the reports break out metrics by shift, and by hour, and includes average response time for EVS, average clean time, and average turn time, as well as patient transports volume by hour, performance by employee and house-wide turn times.

"The ability to get very granular with the data is powerful. From a management perspective, we are able to explain to our team how their performance is tied to the overall performance of the hospital, and why it's important to respond to requests in a timely manner," explains Oliver. "These metrics also help our team learn how to work smarter. In addition, as we rapidly implemented these changes, we received great support from TeleTracking's Jim Branka, Outcomes Consultant, Rick Stevenson, Application Consultant, and Tom Perry, Product Manager. They were always available to help us optimize our solutions and answer any questions."

"As difficult as the past few months have been, it has also been inspiring," says Oliver. "Much like Staten Island University Hospital, every time a COVID patient is discharged, we play songs throughout the building, and we clap and cheer. It's priceless! Throughout all of this, everyone was focused on one thing, and that was doing what was best for our patients," concludes Oliver.

FINDING BALANCE

BY MARY MCGINN
Director of Patient Throughput at Lenox Hill Hospital

Mary McGinn is the Director of Patient Throughput at Lenox Hill Hospital and is responsible for ensuring patients get to the right place at the right time, and that a patients' clinical requirements are met by the operational resources available.

When COVID-19 took hold in New York City in March, there was a great deal of emergency management, which was all handled very strategically. Teams were charged with creating surge plans, which were submitted by region and then sent to management—the plans had to be feasible and operationalized. That is the power and strength of being one of 19 hospitals in the Northwell Health system.

"We worked closely with IT to create virtual nursing stations to support the surge units both within the hospitals and outside," says Mary. "For example, a 35-bed surge unit was created in Greenwich Village to provide a safe place for people who couldn't immediately return to their own homes. And while we did not use the space, we did the planning and work to send patients to Manhattan Eye, Ear and Throat Hospital [MEETH] just in case."

While COVID-19 presented new challenges, the Lenox Hill team had experience working under difficult conditions having worked though Hurricane Sandy in 2012. In fact, the team opened nursing units that hadn't been used since Hurricane Sandy, and they did so by working closely with TeleTracking to digitally build nursing units and beds for real-time visibility into available capacity. For example, patient attributes to rule out COVID, or identify positive COVID patients, were added in TeleTracking.

"Lenox Hill has a very robust analytics team, and they analyzed the data and built additional COVID dashboards for ease of consumption. The trending information is very helpful," continues Mary. "The ability to stand up units very quickly was so important. For example, we needed more negative pressure rooms, and so the team moved patients' unit to unit, bed to bed in case they needed to be intubated, they were in the proper location. By using the patient attribute in TeleTracking, everyone knew when a negative pressure room was available."

Load balancing was also critical. Long Island Jewish Valley Stream and Forest Hills—sister hospitals at the epicenter of the pandemic—were overrun by an influx of COVID-positive patients, so Lenox Hill took transfers to keep the system from breaking under the weight of the surge. Knowing which beds were available made it possible to know where patients could be placed. The EDs triaged patients coming from other hospitals to assess how stable they were before moving them. Sufficient ICU capacity across Northwell Health was very important. At Lenox Hill, four units with 12 beds each were created by using space in the step-down and pediatric units—all of which were filled during the surge. The rooms were designed to enhance visualization. The large windows let staff see patients without having to go in to their rooms, thus reducing the amount of valuable PPE. There were also meetings every morning at 9 a.m. so that the teams could share information, educate themselves, adapt patient care techniques, etc.

"Some of the biggest wins in managing capacity were how nimble we were. I can't say enough about being part of a huge system—you don't have to worry about resources for one—we had the infrastructure and staff to support us," says Mary. "Nurses from units that were shut down stepped in. For example, a nurse filling in from another unit was always paired with a strong partner. Things were constantly flowing, and we were caring for and placing patients in the most appropriate beds."

"I could not imagine doing this without TeleTracking. Could you imagine doing this on paper? TeleTracking gave us the ability to share enterprise-wide our bed capacity, and that was so valuable," concludes Mary. "At the peak we had 340 COVID-19 patients and were taking in 20 patient transfers a day. We had just 10 days to stand up the remote units after the state mandated that hospitals had to increase capacity. Lenox Hill had one of the lowest mortality rates and that was due to the absolute best ICU team. They were in the rooms and never took time off. They are incredible, and I'm honored to be their leader."

We are honored to be partnering with health systems across the United States and helping them devise effective solutions to keep patients and staff safe—all while delivering the care that is needed and deserved. For more information about what TeleTracking and our clients are doing to combat COVID-19, visit www.teletracking.com/resources.