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Preparing for a Possible Second COVID-19 Surge:

Q&A with President and CEO Dr. Mitch Katz

Though COVID-19 positive cases are increasing around New York City, President and CEO Dr. Mitch Katz says we are unlikely to see a surge as experienced earlier this year in March.While the increase in new cases is cause for concern, health system leaders, staff and facilities have learned valuable lessons from the first peak of the pandemic, Dr. Katz said, and those lessons have allowed teams to better prepare for worst case scenarios.

Some of those preparations include: developing a three-level staffing plan, better capability to monitor patients remotely, purchasing more ventilators, stockpiling on PPE equipment, and implementing a new protocol for patient transfers.

In this Q&A, Dr. Katz discusses the current state of the pandemic, how our health system has evolved to meet challenges and continue providing high quality care to patients.

News coverage on our COVID-19 preparations

- AP Story and Photo Slideshow
- WCBS-NY: Preparing for a Second Wave

Q: Do you believe the increase in COVID-19 cases will lead to a second wave?

MK: I am concerned about the increase in the number of cases of COVID we're seeing in New York. We had gotten down at one point to as few as 220 new cases a day and now we're at about, depending on the day, hovering around 500. There have been some very small increases, but we have not seen a corresponding increase in hospitalizations.

Nationally, people are reporting that there are fewer hospitalizations than we saw in March and April. That's assumed to be a variety of factors: the idea that steroids, like dexamethasone, and treatments, like Remdesivir and convalescent plasma, have some effect; that we're better at caring for patients now through the use of anti-coagulation; and maybe also that because of the wearing of masks, not as many people are infected.

Because of this, I don't believe we will have a surge like what we had in February and March. But I do worry that cases will grow, and that there will be more hospitalizations. And sadly, there will be some deaths.

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NYC hospitals prepared for COVID resurgence

Q: How is the health system preparing for staffing needs in a possible second wave?

MK: We currently have a three-level plan for how we would staff if we did see increases in hospitalizations similar to what we experienced in March and April.

At level one, we focus on what we can do with existing staffing. Level two would require that we suspend elective surgeries and pull people into the hospital from clinics and other out-patient responsibilities. In level three, an extreme level, we would do all these things and use registry contracts and hope to get help from the Department of Defense as we did last time.

While it's my job to prepare for the worst, I can't see how we could ever have the same situation as we did in March and April. We now have testing and contact tracing through the Test and Trace Corps, which is 5,000 people who are currently working to keep people with COVID-19 or exposure to confirmed cases isolated and quarantined. We have so much more now. But, we're preparing for that possibility anyway.

Q: Does the health system have enough ventilators and PPE for a possible surge?

MK: We purchased full service ventilators that exceed in numbers the ones that we used even in the worst of the surge. We now have a sufficient number and returned the ventilators that we borrowed from the federal and state caches. We don't anticipate needing additional ventilators.

We also have a three-month supply of different PPE equipment, and we will stay three months ahead at all times. In general, the supply chains have prepared themselves.

Q: What are some lessons learned and how have we responded?

MK: One thing we learned is that we need much better capability to monitor patients in rooms remotely. The old hospital model is that a patient rings a bell, a nurse walks down a long hall, knocks on the door and says, 'Can I help you?' That's obviously not a modern technological state. So, we are putting cameras and microphones rooms that will allow a nurse to ask a patient what they need without entering. It's more efficient, even if a patient doesn't have COVID-19, because you can bring what's needed, instead of walking back and forth.

We're adding glass doors and windows to rooms so that patients can be observed without entering the room. We also added "Just-in-Time" training resources to our intranet.

The other big thing we learned is that we survived by transporting patients across our system. But the problem was because the surge hit us so fast, hospitals filled, and we

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would have to move patients from the ED because those patients didn't yet have a bed.

Our new protocol is that we're going to be transferring non-ICU and stabilized ICU patients and always keeping beds available for the patients who come through the ED.

Q: How has the health system shifted priorities for facilities that had more COVID-19 patients?

MK: In round one, we grew at every hospital as we needed to. Now with planning, we're going to preferentially grow at our trauma hospitals. Because the trauma hospitals have much more in the way of 24-hour resources, we will grow the additional ICUs at the trauma centers. We think that that will be a stronger model.

We also added oxygen outlets so that we can, in fact, have full use of the room. Those were some of the big lessons that we learned the first time that will prepare us if there is a second wave to handle the patients that we need to.

Q: What are the major differences in the pandemic peak in the spring compared to now?

MK: Even though cases are increasing, hospitalizations and deaths are not in an equal amount, and it's believed that this is partly because COVID-19 positive cases are now generally younger.

But one of the most astounding statistics is that 40 percent of the deaths due to COVID-19 were associated with nursing homes in round one. That's just horrifying. We are much, much better at protecting our nursing home patients.

We do weekly tests for people, both staff and patients. We have very robust cohorting, no sharing of staff, if somebody is positive. Because of our efforts, we've been able to go weeks without a single case in several of our nursing homes.

So, it's a very different environment. That's another major reason things don't look as grim despite the growth in cases.