

WEBVTT

1 00:00:02.509 --> 00:00:10.199 Thank you very much. Sorry I would like to introduce our next speakers for us.

2 00:00:10.199 --> 00:00:12.599 I'd like to introduce Marna Borgstrom,

3 00:00:12.599 --> 00:00:16.199 who served as chief executive officer of the Yale

4 00:00:16.199 --> 00:00:23.399 New Haven Hospital and Yale Health since 2005  
bulbs from received her undergraduate degree from Stanford University.

5 00:00:23.399 --> 00:00:35.399 She received her Masters of public health by the  
Yale University School of Public Health where she is also in our lecturer and  
from where she recently received the Distinguished

6 00:00:35.399 --> 00:00:39.929 Alumni Award. In 2018 we also have Vincent  
Petrini,

7 00:00:39.929 --> 00:00:46.250 senior vice president of Public Affairs at the  
Yale New Haven Health System.

8 00:00:46.250 --> 00:00:52.079 Between earned his master's degree in commu-  
nications from Northwestern University in 1993.

9 00:00:52.079 --> 00:00:54.509 In 2003, he joined Yale,

10 00:00:54.509 --> 00:00:58.890 New Haven Hospital and is currently responsi-  
ble for marketing,

11 00:00:58.890 --> 00:01:02.289 communications and government media and  
community relations.

12 00:01:02.289 --> 00:01:05.200 Thank you both for being here.

13 00:01:09.159 --> 00:01:10.450 Thank you, thank

14 00:01:10.450 --> 00:01:12.590 you, thank you very much,

15 00:01:12.590 --> 00:01:14.739 Daniel. For that kind introduction.

16 00:01:14.739 --> 00:01:19.890 And as we put this together and I was contacted  
about this,

17 00:01:19.890 --> 00:01:28.890 I thought that what Vin and I could do is tell  
you a little bit about the work that we've done,

18 00:01:28.890 --> 00:01:35.760 consistent with Dean Brown's introduction to  
partner at the statewide level and at the local level.

19 00:01:35.760 --> 00:01:39.670 Because, you know, this is certainly an unprece-  
dented pandemic.

20 00:01:39.670 --> 00:01:48.239 And it literally takes a village and then some  
to put together our best response.

21 00:01:48.239 --> 00:01:54.519 So I'll start by way of saying that several weeks ago,

22 00:01:54.519 --> 00:02:08.789 the Governor, Governor Lamont called me and said that he wanted to stand up a statewide task force that would look at the appropriate capacity,

23 00:02:08.789 --> 00:02:19.400 care and. Follow up for people in Connecticut with COVID-19 and he asked if I would Co chair that task force,

24 00:02:19.400 --> 00:02:31.900 which I was delighted to do and with colleagues who run Hartford Healthcare an new vans health which is in both Connecticut and in New York State.

25 00:02:31.900 --> 00:02:41.340 What we set out to do was understand the models that were out there as best we could.

26 00:02:41.340 --> 00:02:46.949 For how this pandemic could likely impact the state of Connecticut,

27 00:02:46.949 --> 00:02:53.069 Anna's most of you have probably seen there were wildly different projections.

28 00:02:53.069 --> 00:02:59.580 There were some projections that showed that instead of the.

29 00:02:59.580 --> 00:03:11.250 Then I guess it's 55 or 5800 beds that we have in the state of Connecticut that we were going to need close to 10 times that number of beds

30 00:03:11.250 --> 00:03:18.219 to deal with the number of people who are going to become seriously ill.

31 00:03:18.219 --> 00:03:26.300 With COVID-19 uhm, all the way down to models that showed a longer tail to this disease,

32 00:03:26.300 --> 00:03:29.620 but a far lesser slope of incidents,

33 00:03:29.620 --> 00:03:43.870 so getting our arms around the models which we did first by trying to understand the models and 2nd by looking at what our own experience was on a day

34 00:03:43.870 --> 00:03:46.250 by day by day basis,

35 00:03:46.250 --> 00:03:53.319 which has been very. Instructive the second thing that we did was given those models,

36 00:03:53.319 --> 00:03:58.889 try and understand not just where we could create additional inpatient capacity,

37 00:03:58.889 --> 00:04:02.599 but what that capacity needed to look like.

38 00:04:02.599 --> 00:04:11.349 An while. Many of the people who are watching this may have seen that there was a.

39 00:04:11.349 --> 00:04:24.500 National Guard 600 bed facility set up at the more Fieldhouse at Southern Connecticut State University and there are beds available at the Lannom.

40 00:04:24.500 --> 00:04:26.829 Center at the Payne Whitney gym.

41 00:04:26.829 --> 00:04:29.560 Uh, what we felt particularly for Yale,

42 00:04:29.560 --> 00:04:41.230 New Haven Hospital and in fact for all of our hospitals in the health system was that we could provide far better care for these patients given what we expected

43 00:04:41.230 --> 00:04:52.899 their needs were going to be by first turning every Nook and cranny that we could within the four walls of each of the hospitals into active patient care space,

44 00:04:52.899 --> 00:04:55.610 because these additional resources. Well,

45 00:04:55.610 --> 00:04:58.740 nice to have if the absolute worst happened,

46 00:04:58.740 --> 00:05:05.389 we're going to be very difficult to staff and very difficult to support with even basic needs.

47 00:05:05.389 --> 00:05:08.120 How were we going to toilet patients?

48 00:05:08.120 --> 00:05:12.029 How are we going to keep them fed etc etc.

49 00:05:12.029 --> 00:05:18.430 The other thing that we did with the statewide task force was looked at.

50 00:05:18.430 --> 00:05:24.769 The availability of Ventilators, an personal protective equipment and related equipment that we needed.

51 00:05:24.769 --> 00:05:27.490 How much of it we had,

52 00:05:27.490 --> 00:05:37.459 where it was an rather than looking at as a proprietary hospital by hospital or health system by health system issue.

53 00:05:37.459 --> 00:05:48.079 Figuring out how we could make sure that those resources were available in the organizations an where the patients needed them most.

54 00:05:48.079 --> 00:05:54.620 The last thing that we wanted to look at was load balancing patient demand.

55 00:05:54.620 --> 00:06:03.959 We all have seen that the patient demand was greatest initially in Greenwich and then in Stamford and in Danbury.

56 00:06:03.959 --> 00:06:12.360 It's sort of followed the Ark of the commuter lines in Connecticut coming out of New York State,

57 00:06:12.360 --> 00:06:18.970 and it was remarkable in some ways that it was relatively slow to get.

58 00:06:18.970 --> 00:06:22.819 Even to northern Fairfield County to Bridgeport and New Haven,

59 00:06:22.819 --> 00:06:26.569 while Greenwich is an example at one point.

60 00:06:26.569 --> 00:06:34.449 Had more than 50% of their capacity taken up by very seriously ill COVID-19 patients,

61 00:06:34.449 --> 00:06:39.670 as did Stamford Hospital. And So what we.

62 00:06:39.670 --> 00:06:49.649 Also set up in this process was a regional incident command center that was led by one of our own physicians,

63 00:06:49.649 --> 00:07:03.899 doctor Victor Morris, who started our initial Y axis program and the purpose of that was to keep incident commanders in each of the delivery networks actively involved in communicating

64 00:07:03.899 --> 00:07:07.699 with one another about what the demands were,

65 00:07:07.699 --> 00:07:10.069 what their needs were for,

66 00:07:10.069 --> 00:07:21.730 either staff. Equipment and or for patient movement and what we've done successfully is re balance and move patients so that when Stanford was particularly busy,

67 00:07:21.730 --> 00:07:26.009 they had increased their intensive care unit capacity by threefold,

68 00:07:26.009 --> 00:07:32.000 but had gotten to the point where they had five ventilators not in use.

69 00:07:32.000 --> 00:07:41.250 What we did was started moving patients to Bridgeport to New Haven and even to New London to take some pressure.

70 00:07:41.250 --> 00:07:45.339 Off of their critical ventilator and ICU capacity,

71 00:07:45.339 --> 00:07:55.050 what we're seeing now is that while the number of cases is still growing in the state of Connecticut,

72 00:07:55.050 --> 00:08:03.220 that curve has flattened dramatically instead of in the early days when we were seeing Fort.

73 00:08:31.990 --> 00:08:34.529 Rayshon in the northern part of the state.

74 00:08:34.529 --> 00:08:41.769 Additionally, as we brought more as we have brought more than later and personal protective equipment into the state,

75 00:08:41.769 --> 00:08:52.740 what we've done is we've made sure that that's gone where the Cove it positive patients are now are at any point in time not.

76 00:08:52.740 --> 00:08:56.889 Allocated because of hospital or system ownership of any resources.

77 00:08:56.889 --> 00:08:59.799 The Governor of the state of Connecticut.

78 00:08:59.799 --> 00:09:04.360 Governor Lamont has been a phenomenal partner in all of this.

79 00:09:04.360 --> 00:09:07.269 He's been available. He's asked great questions.

80 00:09:07.269 --> 00:09:16.809 He he's listened to the advice he's gotten and he has been ever present and completely available to us and working on this,

81 00:09:16.809 --> 00:09:21.789 and I think it's been in my 40 plus years in Healthcare.

82 00:09:21.789 --> 00:09:24.789 The strongest partnership that we've ever had.

83 00:09:24.789 --> 00:09:29.759 With the state and among the institutionally based health care providers,

84 00:09:29.759 --> 00:09:38.350 what we've done is taken that and blown it up in a microcosm in the city of New Haven,

85 00:09:38.350 --> 00:09:43.769 which is the obviously home base for Yale University Ann for Yale,

86 00:09:43.769 --> 00:09:51.009 New Haven Hospital and developed a similar partnership with the very new mayor of New Haven,

87 00:09:51.009 --> 00:09:55.179 who was inaugurated and put in office in January.

88 00:09:55.179 --> 00:10:00.149 Never really had a lot of experience in elected positions and then found.

89 00:10:00.149 --> 00:10:02.649 Himself leading the city through this covert crisis.

90 00:10:02.649 --> 00:10:10.759 So I now like to ask my colleague been Petrini to describe the work that we did in partnership with the city of New Haven then.

91 00:10:15.330 --> 00:10:18.120 I think Marner can you hear me OK,

92 00:10:18.120 --> 00:10:28.590 great so let me just take a few minutes and I think with Marta outlined here was really important because I think when we face a situation like this which

93 00:10:28.590 --> 00:10:33.129 is very uncertain and unprecedented as the Dean said at the on set,

94 00:10:33.129 --> 00:10:43.600 the need to connect with our elected officials on a regular basis and by regular I mean in this case daily basis with state and local officials is really really

95 00:10:43.600 --> 00:10:54.345 critical because. His constant information flow back and forth really leads to inform decision making an I think the good news here is that everyone is trying to have the

96 00:10:54.402 --> 00:10:58.879 same goal is trying to do the same thing for the patients that we serve.

97 00:10:58.879 --> 00:11:00.399 The community that we serve.

98 00:11:00.399 --> 00:11:04.370 But sometimes there's a lot of moving parts and things evolve rather quickly.

99 00:11:04.370 --> 00:11:07.419 So in New Haven is Martin mentioned the mayor was,

100 00:11:07.419 --> 00:11:11.690 I think, inaugurated just as this virus outbreak in the US was ramping up.

101 00:11:11.690 --> 00:11:17.389 So while he served in an aldermanic capacity for many years and we knew him in that regard.

102 00:11:17.389 --> 00:11:22.190 This was a pretty extraordinary challenge to take on for new elected official,

103 00:11:22.190 --> 00:11:24.029 but I have to say,

104 00:11:24.029 --> 00:11:29.570 just like a Governor, Lamont has been the mayor's been very hands-on and very engaging.

105 00:11:29.570 --> 00:11:31.779 Very involved from the on set,

106 00:11:31.779 --> 00:11:39.899 and I think it's been very helpful because I think when there's been this shared decision making it leads to better outcomes.

107 00:11:39.899 --> 00:11:49.559 Overall, I can give you a couple of examples early on when we were talking about the extent of the exposure in the community.

108 00:11:49.559 --> 00:11:51.929 Everyone was trying to do the right thing.

109 00:11:51.929 --> 00:12:00.809 The governor had issued a number of executive orders and the mayor called us on Friday night and said that he was about ready and wanted to give me a

110 00:12:00.809 --> 00:12:09.690 heads up that we have already to issue an order that would cap daycare slots at 10 or less children and wanted to let us know before it took place.

111 00:12:09.690 --> 00:12:11.759 We had a great conversation that night.

112 00:12:11.759 --> 00:12:15.019 We talked about the fact that we might be significantly impacted.

113 00:12:15.019 --> 00:12:19.850 Our daycare at Yale, New Haven Hospital alone cared for about 140 children a day.

114 00:12:19.850 --> 00:12:26.580 And by capping it we would have lost access to that and access to healthcare workers that were on the front lines.

115 00:12:26.580 --> 00:12:31.480 And so we worked with actually Linda Mays and Walter Gilliam or great at the University.

116 00:12:31.480 --> 00:12:33.009 Kevin Myatt on our team.

117 00:12:33.009 --> 00:12:41.879 We spent the weekend working with the mayor back and forth to the point that Sunday night we were able to revise the executive order before it was issued.

118 00:12:41.879 --> 00:12:45.250 Put in language that exempted healthcare facilities in health care providers,

119 00:12:45.250 --> 00:12:50.039 which was also happen to be very consistent with what the governor had done.

120 00:12:50.039 --> 00:13:02.190 Earlier that week, so I think that that open two way communication was really helpful as we begin to shape policy.

121 00:13:02.190 --> 00:13:05.049 And we have actually a regular cadence with the city,

122 00:13:05.049 --> 00:13:12.490 you know, Martin, I every morning around 6:00 o'clock get an update from our incident command team that tells us really the number of in-house cases.

123 00:13:12.490 --> 00:13:14.490 A number of tests, the number of.

124 00:13:14.490 --> 00:13:16.200 Unfortunately, the number of related deaths,

125 00:13:16.200 --> 00:13:21.070 but also the discharge is it come out and we've been able to track that from Greenwich,

126 00:13:21.070 --> 00:13:25.360 which was really hard hit at the front in front end of this through Bridgeport,

127 00:13:25.360 --> 00:13:27.070 which is really impacted right now.

128 00:13:27.070 --> 00:13:34.950 Right into New Haven. At 9:30 we get together with all of our delivery networks are hospitals and they have the opportunity to update that information.

129 00:13:34.950 --> 00:13:38.629 About things like PP supply and raise any particular challenges we have,

130 00:13:38.629 --> 00:13:46.000 I get in a call at 10:15 with all the state agencies in the constitutional officers we hear what's going on around the state.

131 00:13:46.000 --> 00:13:52.759 What's going to happen that at that point in time and we share any issues that we might have during that meeting.

132 00:13:52.759 --> 00:13:57.980 And then at 1:00 o'clock we jump on a call with the mayor and his senior administration,

133 00:13:57.980 --> 00:14:06.960 including the chief of police that you fire in a number of emergency responders so that we can compare notes and talk about some of the special challenges.

134 00:14:06.960 --> 00:14:11.799 That happen in what they need from us and what we need from them.

135 00:14:11.799 --> 00:14:17.690 And then at 2:30 we doc back in with our own hospital Hicks briefing incident commanders night.

136 00:14:17.690 --> 00:14:28.070 You know we can relay information back to our our administrative leaders and that happens every day that happened Seven days a week and that's really important because as you

137 00:14:28.070 --> 00:14:31.870 know this this. This virus doesn't stop for weekends or Holidays.

138 00:14:31.870 --> 00:14:36.019 So we've been able to kind of sustain that level of communication.

139 00:14:36.019 --> 00:14:41.389 It's been instrumental. When the city at the very front end of this,

140 00:14:41.389 --> 00:14:44.110 we had a patient actually that lacked.

141 00:14:44.110 --> 00:14:55.340 The home setting was had been tested positive for Cove it and was being prepared for discharge in the patient eloped actually wound up.

142 00:14:55.340 --> 00:14:58.330 Going back to parts of the city in New Haven,

143 00:14:58.330 --> 00:15:04.909 there was great concern that this patient might be shedding virus and could impact other members of the community at that time.

144 00:15:04.909 --> 00:15:08.200 We work directly. It was a Sunday afternoon with Maritza Bond,

145 00:15:08.200 --> 00:15:11.190 who is the director of public health in the mayor.

146 00:15:11.190 --> 00:15:14.179 New Haven police were able to within a few hours,

147 00:15:14.179 --> 00:15:17.169 track down this patient. We actually found him in Milford,

148 00:15:17.169 --> 00:15:26.139 were able to quarantine him at a local hotel and work with the Milford public health director to make sure that that patient was not in a position to expose

149 00:15:26.139 --> 00:15:28.600 others. To raise the issue of challenging populations,



150 00:15:28.600 --> 00:15:35.870 and if those were on domiciled and need to be discharged from the hospital from the emergency room or an inpatient setting.

151 00:15:35.870 --> 00:15:37.659 How do we do that?

152 00:15:37.659 --> 00:15:39.450 How do we manage that?

153 00:15:39.450 --> 00:15:41.960 So the mayor tapped into his team?

154 00:15:41.960 --> 00:15:52.340 They activated career high school which is in between our two campuses and set up work with the Red Cross and set up about 50 beds in the gym.

155 00:15:52.340 --> 00:16:01.649 At Karere. They had a challenge around staffing so we had long conversations over a period of a couple days about how we could staff this.

156 00:16:01.649 --> 00:16:07.269 We talked about bringing in the National Guard in the medical reserve core.

157 00:16:07.269 --> 00:16:13.570 The mayor was able to connect with the governor's results out and we were able to staff that with several retirees.

158 00:16:13.570 --> 00:16:22.570 With clinical backgrounds that volunteer raise their hand to come in and it was really important because now even though we only have two to four patients there at any

159 00:16:22.570 --> 00:16:29.769 given time, those are patients that would have normally been discharged back to the community and could have potentially impacted others in the community.

160 00:16:29.769 --> 00:16:34.870 So you know, there's a lot of moving parts when it comes to this type of situation.

161 00:16:34.870 --> 00:16:37.860 There's no playbook that you can follow.

162 00:16:37.860 --> 00:16:43.490 Given the nature of this pandemic 'cause we're still learning about it as we move forward,

163 00:16:43.490 --> 00:16:49.480 so I think being in constant communication both at the state in the city level is important.

164 00:16:49.480 --> 00:16:52.639 We we actually work with our colleagues at Yale,

165 00:16:52.639 --> 00:16:55.809 Rich, Jacob and Lauren Zach are very well coordinated.

166 00:16:55.809 --> 00:17:06.369 Our efforts and enrich has been very involved with the state and the federal delegations coordinating all the information that we need to back and forth participating in town Hall

167 00:17:06.369 --> 00:17:09.789 meetings with Senator Blumenthal and Murphy and Rosa Delaura.

168 00:17:09.789 --> 00:17:20.500 And others has been important as well so is this is the virus continues to evolve and the challenge continues to persist and we see that impact here in New

169 00:17:20.500 --> 00:17:31.210 Haven I think the communication between our organizations and our elected officials the community representatives of public health director's governor's office is Mars already pointed out has been really instrumental

170 00:17:31.210 --> 00:17:41.319 to being able to drive not just actionable information and be able to make operational decision but begin to set the stage I think for long term.

171 00:17:41.319 --> 00:17:46.940 Policy considerations, which I think coming out of this is going to be really important as well.

172 00:17:46.940 --> 00:17:50.009 So there's a lot that continues to go on,

173 00:17:50.009 --> 00:17:53.420 you know, we've we've been very transparent as an organization,

174 00:17:53.420 --> 00:17:55.809 we had a small outbreak at Grimes,

175 00:17:55.809 --> 00:18:00.920 for example, we immediately worked with the Department of Public health here in New Haven.

176 00:18:00.920 --> 00:18:03.309 Worked with Maritza bond to make sure,

177 00:18:03.309 --> 00:18:06.039 and we cord that we were sharing information.

178 00:18:06.039 --> 00:18:11.490 There was an outbreak at Bella Vista senior housing area with 2000 residents in New Haven.

179 00:18:11.490 --> 00:18:16.950 We worked with Fairhaven Community Health Center and the city to try to address those issues,

180 00:18:16.950 --> 00:18:19.730 but. Ultimately, at the end of the day,

181 00:18:19.730 --> 00:18:27.430 I think it really just comes down to basic and in regular communication cadence between our organizations and those who are serving the community as well.

182 00:18:28.769 --> 00:18:30.759 That's great, thank you so much.

183 00:18:30.759 --> 00:18:37.715 Then an, uh, we're going to turn it back to Daniel and Yaacov to continue your agenda.