Thank you very much. Sorry I would like to introduce our next speakers for us.

I’d like to introduce Marna Borgstrom, who served as chief executive officer of the Yale New Haven Hospital and Yale Health since 2005. She received her undergraduate degree from Stanford University.

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 Alumni Award. In 2018 we also have Vincent Petrini, senior vice president of Public Affairs at the Yale New Haven Health System.

Between earned his master’s degree in communications from Northwestern University in 1993.

In 2003, he joined Yale, New Haven Hospital and is currently responsible for marketing.

Communications and government media and community relations.

Thank you both for being here.

Thank you, thank you very much, Daniel. For that kind introduction.

And as we put this together and I was contacted about this,

I thought that what Vin and I could do is tell you a little bit about the work that we’ve done,

consistent with Dean Brown’s introduction to partner at the statewide level and at the local level.

Because, you know, this is certainly an unprecedented pandemic.

And it literally takes a village and then some to put together our best response.
So I’ll start by way of saying that several weeks ago, 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.

Follow up for people in Connecticut with COVID-19 and he asked if I would Co chair that task force, which I was delighted to do and with colleagues who run Hartford Healthcare and New Vans Health which is in both Connecticut and in New York State.

What we set out to do was understand the models that were out there as best we could.

For how this pandemic could likely impact the state of Connecticut,

Anna’s most of you have probably seen there were wildly different projections.

There were some projections that showed that instead of the.

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 to deal with the number of people who are going to become seriously ill.

With COVID-19 uhm, all the way down to models that showed a longer tail to this disease, but a far lesser slope of incidents.

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 by day basis.

Instructive the second thing that we did was given those models, try and understand not just where we could create additional inpatient capacity.

but what that capacity needed to look like. Many of the people who are watching this may have seen that there was a.
National Guard 600 bed facility set up at the more Fieldhouse at Southern Connecticut State University and there are beds available at the Lannom.

Uh, what we felt particularly for Yale, 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 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,

because these additional resources. Well, nice to have if the absolute worst happened, we’re going to be very difficult to staff and very difficult to support with even basic needs.

How were we going to toilet patients? How are we going to keep them fed etc etc.

The other thing that we did with the statewide task force was looked at. The availability of Ventilators, an personal protective equipment and related equipment that we needed.

How much of it we had,

where it was an rather than looking at as as a proprietary hospital by hospital or health system by health system issue.

Figuring out how we could make sure that those resources were available in the organizations an where the patients needed them most.

The last thing that we wanted to look at was load balancing patient demand.

We all have seen that the patient demand was greatest initially in Greenwich and then in Stamford and in Danbury.

It’s sort of followed the Ark of the commuter lines in Connecticut coming out of New York State,

and it was remarkable in some ways that it was relatively slow to get.
Even to northern Fairfield County to Bridgeport and New Haven, while Greenwich is an example at one point. Had more than 50% of their capacity taken up by very seriously ill COVID-19 patients, as did Stamford Hospital. And so what we also set up in this process was a regional incident command center that was led by one of our own physicians, 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 with one another about what the demands were, what their needs were for, either staff, equipment, or for patient movement and what we’ve done successfully is re-balance and move patients so that when Stanford was particularly busy, they had increased their intensive care unit capacity by threefold, but had gotten to the point where they had five ventilators not in use. What we did was started moving patients to Bridgeport to New Haven and even to New London to take some pressure off of their critical ventilator and ICU capacity, what we’re seeing now is that while the number of cases is still growing in the state of Connecticut, that curve has flattened dramatically instead of in the early days when we were seeing Fort. Rayshon in the northern part of the state. Additionally, as we brought more as we have brought more than later and personal protective equipment into the state, 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. Allocated because of hospital or system ownership of any resources. The Governor of the state of Connecticut.
Governor Lamont has been a phenomenal partner in all of this. He’s been available. He’s asked great questions. He’s listened to the advice he’s gotten and he has been ever present and completely available to us and working on this, and I think it’s been in my 40 plus years in Healthcare.

The strongest partnership that we’ve ever had. With the state and among the institutionally based health care providers,

what we’ve done is taken that and blown it up in a microcosm in the city of New Haven,

which is the obviously home base for Yale University.

New Haven Hospital and developed a similar partnership with the very new mayor of New Haven,

who was inaugurated and put in office in January.

Never really had a lot of experience in elected positions and then found.

Himself leading the city through this covert crisis.

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.

I think Marner can you hear me OK,

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

is very uncertain and unprecedented as the Dean said at the on set,

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 critical because. His constant information flow back and forth really leads to inform decision making and I think the good news here is that everyone is trying to have the
same goal is trying to do the same thing for the patients that we serve.
The community that we serve.
But sometimes there’s a lot of moving parts and things evolve rather quickly.
So in New Haven is Martin mentioned the mayor was,
I think, inaugurated just as this virus outbreak in the US was ramping up.
So while he served in an aldermanic capacity for many years and we knew him in that regard.
This was a pretty extraordinary challenge to take on for new elected official,
but I have to say,
just like a Governor, Lamont has been the mayor’s been very hands-on and very engaging.
Very involved from the on set,
and I think it’s been very helpful because I think when there’s been this shared decision making it leads to better outcomes.
Overall, I can give you a couple of examples early on when we were talking about the extent of the exposure in the community.
Everyone was trying to do the right thing.
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 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.
We had a great conversation that night.
We talked about the fact that we might be significantly impacted.
Our daycare at Yale, New Haven Hospital alone cared for about 140 children a day.
And by capping it we would have lost access to that and access to healthcare workers that were on the front lines.
And so we worked with actually Linda Mays and Walter Gilliam or great at the University.

Kevin Myatt on our team.

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.

Put in language that exempted healthcare facilities in health care providers,

which was also happen to be very consistent with what the governor had done.

Earlier that week, so I think that that open two way communication was really helpful as we begin to shape policy.

And we have actually a regular cadence with the city,

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.

A number of tests, the number of.

Unfortunately, the number of related deaths,

but also the discharge is it come out and we’ve been able to track that from Greenwich,

which was really hard hit at the front in front end of this through Bridgeport,

which is really impacted right now.

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.

About things like PP supply and raise any particular challenges we have,

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.

What’s going to happen that at that point in time and we share any issues that we might have during that meeting.

And then at 1:00 o’clock we jump on a call with the mayor and his senior administration,
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.

That happen in what they need from us and what we need from them.

And then at 2:30 we doc back in with our own hospital Hicks briefing incident commanders night.

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 know this this. This virus doesn’t stop for weekends or Holidays.

So we’ve been able to kind of sustain that level of communication.

It’s been instrumental. When the city at the very front end of this,

we had a patient actually that lacked.

The home setting was had been tested positive for Cove it and was being prepared for discharge in the patient eloped actually wound up.

Going back to parts of the city in New Haven, there was great concern that this patient might be shedding virus and could impact other members of the community at that time.

We work directly. It was a Sunday afternoon with Maritza Bond,

who is the director of public health in the mayor.

New Haven police were able to within a few hours,

track down this patient. We actually found him in Milford,

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

others. To raise the issue of challenging pop-
and if those were on domiciled and need to be discharged from the hospital from the emergency room or an inpatient setting.

How do we do that?

How do we manage that?

So the mayor tapped into his team?

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.

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.

We talked about bringing in the National Guard in the medical reserve core.

The mayor was able to connect with the governor’s results out and we were able to staff that with several retirees.

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 given time, those are patients that would have normally been discharged back to the community and could have potentially impacted others in the community.

So you know, there’s a lot of moving parts when it comes to this type of situation.

There’s no playbook that you can follow.

Given the nature of this pandemic ’cause we’re still learning about it as we move forward,

so I think being in constant communication both at the state in the city level is important.

We actually work with our colleagues at Yale,

Rich, Jacob and Lauren Zach are very well coordinated.

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

meetings with Senator Blumenthal and Murphy and Rosa Delaura.
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 Haven. I think the communication between our organizations and our elected officials the community representatives of public health directors governor’s office is Mars already pointed out has been really instrumental.

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.

Policy considerations, which I think coming out of this is going to be really important as well.

So there’s a lot that continues to go on, you know, we’ve been very transparent as an organization, we had a small outbreak at Grimes, for example, we immediately worked with the Department of Public health here in New Haven.

Worked with Maritza bond to make sure, and we cord that we were sharing information. There was an outbreak at Bella Vista senior housing area with 2000 residents in New Haven.

We worked with Fairhaven Community Health Center and the city to try to address those issues, but. Ultimately, at the end of the day, 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.

That’s great, thank you so much. Then an, uh, we’re going to turn it back to Daniel and Yaacov to continue your agenda.