

New York City Council

Committee on Hospitals

Hearing Testimony:

“Oversight: Examining the City's Support of NYC Hospitals
During the COVID-19 Pandemic”

Jenna Mandel-Ricci, Vice President, Regulatory and Professional Affairs

GREATER NEW YORK HOSPITAL ASSOCIATION

Introduction

Chair Rivera and members of the Committee on Hospitals, my name is Jenna Mandel-Ricci, Vice President, Regulatory and Professional Affairs at the Greater New York Hospital Association (GNYHA). GNYHA represents all hospitals in New York City, both not-for-profit and public, as well as hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island. GNYHA is proud to support the City's 55 hospitals and serve as a bridge between them and all levels of government on the COVID-19 pandemic response and other emergency preparedness issues. GNYHA and our members believe health care is a human right and do everything possible to make that a reality, including caring for every COVID-19 patient.

In addition to my normal role leading GNYHA's efforts on emergency preparedness and employee wellness, I serve as the Incident Commander for our COVID-19 response effort, which has tackled issues ranging from surge staffing and alternate care sites to supporting the emotional and mental health needs of our heroic health care workforce. Today I will discuss how hospitals across New York City worked with all levels of government during the initial stages of the pandemic and how we are working together to plan for future waves.

New York's response to the spring COVID-19 patient surge necessitated the largest deployment of health care resources in U.S. history. At the peak of the initial patient surge, there were 18,825 hospitalizations statewide (12,184 of which were in New York City).

Strong leadership, public health measures, and New Yorkers' continued adherence to mitigation efforts have kept infection rates low, especially compared to the rest of the country. Despite recent upticks, COVID-19 hospitalizations still remain low, with just under 1,250 statewide and fewer than 500 in New York City. To date, New York City hospitals have provided care for over 60,000 COVID-19 patients and will continue to do so for everyone who comes through their doors. During the most severe period of the pandemic, New York's health care system bent, but it did not break.

The Initial Patient Surge

In March, New York City hospitals and their dedicated caregivers were thrust into the epicenter of the COVID-19 pandemic and rose to the challenge in unimaginable and unforeseen ways. Hospitals worked around the clock to meet State-mandated increases of 50-100% in staffed inpatient bed capacity.

Surge Staffing

With early impact projections predicting tens of thousands of COVID-19 patients, GNYHA and hospitals worked with the City, State, and Federal governments to activate supplementary staffing resources and put strategies in place to add necessary flexibility to care for patients.

Hospitals and health systems redeployed existing staff from non-hospital facilities and brought in additional staff from staffing agencies and existing partnerships with other health systems across the country. Because the patient surge hit relatively late in the usual nursing and medical school

academic year, many institutions permitted early graduation. Many hospitals integrated these graduates into direct care teams under the supervision of licensed physicians. Others were deployed as scribes or provided updates to family members, freeing up more experienced providers to care for high-acuity COVID-19 patients.

New York City Emergency Management (NYCEM) developed a robust infrastructure to support out-of-state volunteers, including access to flights and hotel rooms. Hospitals also used the New York City Department of Health and Mental Hygiene's (DOHMH) Medical Reserve Corps (MRC) and New York State's Volunteer Portal to supplement their surge staffing efforts. According to late-May NYCEM data, health care organizations contracted approximately 2,000 MRC volunteers in response to COVID-19 needs.

The State and Federal governments issued waivers to allow the rapid credentialing of volunteers and staff with out-of-state licenses in order to facilitate hospitals' surge staffing. Additionally, the Department of Transportation (DOT) issued 12,000 parking permits specifically for health care workers. GNYHA worked closely with DOT to distribute the permits to all hospitals across New York City.

Equipment Surge

The initial patient surge also exponentially increased demand for personal protective equipment (PPE), ventilators, and other supplies. This was a particularly challenging issue given global supply chain contractions due to factory shutdowns in China earlier in 2020.

GNYHA worked with the City to establish a formal resource request process for hospitals and an allocation methodology based on the available supply of PPE. DOHMH and NYCEM began weekly supply deliveries to hospitals starting the week of March 23. These tremendously helpful deliveries were critical to every hospital as they worked to bolster their own supply chains.

GNYHA and our member hospitals worked with stakeholders, the City, and the State to acquire ventilators from State and Federal government stockpiles. Similar to PPE, GNYHA worked with DOHMH, NYCEM, and City Hall to develop an allocation methodology for ventilators.

Creation of Surge Space

To meet the rising volume of patients, hospitals converted existing beds to care for COVID-19 patients and created new beds using non-traditional spaces such as lobbies and conference rooms. Several hospitals also set up alternate care sites such as the Mount Sinai Field Hospital in Central Park and New York-Presbyterian's site at Baker Field. Hospitals and health systems collaborated closely with City agencies for additional supplies to support these spaces as well as necessary permitting.

Patient Load Balancing

Throughout the spring surge, hospitals and health systems used patient load balancing strategies in an effort to meet patient needs and relieve hospitals that were reaching capacity. Independent hospitals worked with day-to-day transfer partners and accessed beds available in the Veterans

Administration system. Health systems actively load balanced within their network hospitals, which involved frequent communication among site leadership and transfer center protocols and processes. These efforts resulted in the transfer of hundreds of patients throughout the surge.

Government-Supported Alternate Care Sites

Anticipating tens of thousands of COVID-19 patients, the City, State, and Federal governments worked to rapidly set up Alternate Care Sites (ACS) to relieve pressure on hospitals. Setting up these sites was complicated given the intense resources needed to care for COVID-19 patients and extensive collaboration among hospitals and government. With the introduction of Northwell Health as a clinical management team, the Javits Center played an important role in caring for COVID-19 patients during the recuperation phase, freeing up critical in-hospital space for more acute patients.

Preparing for Future Waves

With the fall upon us and cases on the rise in Europe and across most of the United States, hospitals, the City, and the State are all preparing for an increase in cases and hospitalizations. We must all underscore the importance of adherence to public health guidance such as wearing masks, social distancing, proper hand hygiene, and avoiding unnecessary travel. Hospitals continue to work with the City and the State on addressing micro-clusters as they appear. This strategy is critical to keeping infection rates low and blunting a potential second wave. It is vital that hospitals retain their ability to meet the needs of *all* patients in the face of the ongoing pandemic coupled with flu season.

Testing, Public Health Measures, and Supplies

The City, State, and hospitals are all working to expand their testing capacity to better understand where the virus is and how quickly it spreads. The recent upticks in cases in Brooklyn and Queens, and a slow increase in the citywide positivity rate, have made expanded testing crucial. It allows public health officials to target problematic areas with increased surveillance and public health measures to reduce transmission.

Over the summer, New York State issued an emergency regulation requiring all hospitals to develop and maintain a 90-day stockpile of PPE products. GNYHA has been working to support members' efforts to meet this regulation. New York City's newly established PPE and ventilator stockpiles are an important complement to this efforts. These stockpiles will serve as an emergency resource for health care facilities and organizations across New York City during future patient surges. In collaboration with New York City agencies, GNYHA has shared communications with members and hosted webinars to inform members of these resources.

Surge Planning

Prior to COVID-19, hospitals and health systems already maintained robust patient surge plans, and they learned a great deal from the spring patient surge. Over the last several months, hospitals have been updating and improving their surge plans, with an emphasis on the maintenance of normal operations while also meeting the needs of COVID-19 patients. Hospitals

plan to use phased surge plans that allow them to add beds as needed. Many have also developed detailed redeployment plans that would pull non-hospital-based staff into appropriate hospital roles during later phases of a patient surge as part of their “dimmer switch” strategy.

GNYHA has been working with members and City agencies over the last several months to advance patient load balancing strategies designed to prevent a single hospital or health system from shouldering a disproportionate burden of patients. These methods include:

- Development of a Hospital Surge Indicator that will be collected daily and used by FDNY EMS to inform ambulance destination decisions
- Formalizing and supporting processes to facilitate patient transfers
- Ensuring safe discharge options for recovering COVID-19 patients

Fatality Management

Fatality management was a particularly challenging aspect of the initial COVID-19 patient surge. GNYHA has been working closely with the Office of Chief Medical Examiner, NYCEM, DOHMH, and NYC Health + Hospitals to improve fatality management planning. These include weekly interagency coordination calls; a requirement that all hospitals update their fatality management plans; maintenance of 120 refrigerated trailers to supplement in-hospital morgue space; and creation of a document and resource hub on the GNYHA website that contains all fatality management-related guidance and resources.

Supporting the Health Care Workforce

GNYHA and our member hospitals are committed to the health and wellbeing of the staff at the heart of every hospital. During the spring patient surge, many members expanded existing programming to meet the physical and emotional needs of their staff. In the months since the surge, there has been an emphasis on meeting the ongoing emotional and mental health needs of staff, many of whom are experiencing stress and anxiety personally and professionally. GNYHA is supporting these efforts by regularly convening a Clinician Wellbeing Advisory Group and helping to develop the mental health training initiative HERO-NY with City Hall, NYC Health + Hospitals, the Veterans Administration, and the U.S. Department of Defense. We have also partnered with the American Medical Association to offer the “COVID-19 Caregivers Coping with COVID” survey to members to help them understand workforce impacts and needs.

Protecting Medicaid and Safety Net Hospitals

Hospitals are fighting for their very survival due to the combined cost of the pandemic response and a severe revenue losses due to lower patient volume, fewer elective surgeries, a greater reliance on government payers such as Medicare and Medicaid (neither of which cover the cost of care), and current and potential Medicaid cuts. During the patient surge, the combination of reduced revenue and increased expenses reduced hospital operating margins from a positive 1% to -50%. Because of the pandemic, every hospital in New York State will lose money this year.

Some are contemplating layoffs, which will reduce readiness for a future patient surge. There is a significant risk that hospital revenues will not return to their pre-COVID-19 levels.

GNYHA, like the City and State, is advocating in Washington, DC for future relief packages to include state and local funding to protect New York's health care system. The Federal government has failed thus far to provide the City and State with the necessary funding to cover the massive deficits they incurred from crashing tax revenue and the costs of the pandemic response. As a result, the State may not be able to continue providing \$800 million in direct subsidies to safety net hospitals, and may be forced to slash the Medicaid budget by 20-30%. It is imperative that we work together to ensure that the City, State, and our hospitals are made whole.

Vaccine Distribution and Administration

GNYHA and our member hospitals are working with the City and State to develop and implement vaccine distribution and administration plans, including:

- Vaccine storage and distribution
- Vaccine prioritization
- Public outreach and education

Conclusion

Thank you for the opportunity to testify before the City Council on this issue. No matter what happens, New York hospitals will continue their mission of providing the highest-quality care when patients are in need. GNYHA is proud to help them achieve this goal and will continue to act as a bridge between them and all levels of government throughout the pandemic and beyond.

I am happy to answer any questions you may have.