

# GREATER NEW YORK HOSPITAL ASSOCIATION

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(SOUNDBITE OF INTRO MUSIC)

KATE BASTINELLI, HOST:

Welcome to *Perspectives*. I'm Kate Bastinelli from the Greater New York Hospital Association. I'm joined by my colleague, Andrew Dahl, GNYHA's Vice President of Emergency Preparedness and Response, who will be interviewing Svetlana Lipyanskaya, Chief Executive Officer of NYC Health and Hospitals/South Brooklyn Health and Daniel Collins, Senior Associate Director of Facilities. Please join us for a wide-ranging conversation on emergency preparedness, including the creation of a new, architecturally flexible hurricane proof hospital and various climate-based threats.

Let's get started.

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ANDREW DAHL:

In October 2012, Superstorm Sandy severely damaged much of the tri-state region. But it hit lower Manhattan and South Brooklyn particularly hard. South Brooklyn Health, located right on the coast of the Atlantic, sustained major damage. Since that time, your facility received federal funding to help repair the damage and build a more resilient facility designed to withstand powerful winds and major flooding should another storm threaten the region. As we enter coastal storm season here in the Northeast, it's a perfect time to talk about the innovations South Brooklyn Health made to protect against future severe weather events.

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DAHL:

Good morning. Thank you guys for joining us here today. Really, I'd like to get to know a little bit about you, your kind of day in and day role. So, if you could talk to me about your day job, or as we like to say, what are you doing on a blue-sky day here at South Brooklyn Health?

SVETLANA LIPYANSKAYA:

Well, Andrew, welcome to South Brooklyn Health. We're really excited to have you here. On a sunny day, we are building and opening a new facility. We are focusing on care, experience and running our hospital. And we're really focusing on going beyond our doors and reaching out to the community. We are a Community Hospital and we're incredibly proud of that. And that means that our job is to keep our community as healthy as possible and ideally in the community and not in the beds. And so, our focus is on ambulatory care, on primary care, on keeping folks healthy, active and out and about.



*GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.*

DAHL:

And when we think about all of the work that we're going to talk about that you guys have done, the community's kind of at the forefront. Hospitals are at the centerpiece of the community, and they look at times of emergencies to the hospitals to really help provide shelter and just comfort. And Mr. Collins, how about yourself? Your day-to-day job again when it's not a gray sky day and it's a blue-sky day?

DANIEL COLLINS:

Dealing with the construction on the campus, the design work too.

DAHL:

So Svetlana, can you tell me a little bit about the transformation that South Brooklyn Health has undergone during your tenure, really both on a clinical standpoint, but also a physical plant standpoint?

LIPYANSKA:

Sure, I mean, let's start with the fact that we used to be Coney Island Hospital and now we're South Brooklyn Health. Everything around here has changed and mostly the outlook. Our focus has always been on our community, on our patients. Now we're really looking forward. What does it mean for this facility 100 years from now, 50 years from now? How are we setting this campus up to be here, taking care of these folks, for generations to come? Our focus is sustainability, and so that's where we're really doing a lot of work, both today and going forward. In more sort of specific ways, how did this campus change? Well, I think the most obvious is the building of the Ruth Bader Ginsburg hospital. It's clear as day, it has changed the landscape of this neighborhood. So it's very hard to miss if you go down the Belt Parkway or Ocean Parkway, you see it right there. We brought in new programming, things that have not been here before. We opened a PCI lab. We brought robotic surgery. We've expanded our other surgical programs. We're in the middle of a master plan for ambulatory care, so really expanding access, I think that's the key. That's how we remain sustainable here. It's improve access for our folks in the community and we're really working to be the community hospital of choice. We're not looking to be a tertiary care center. We're looking to be the stabilizing force in this community by employing our community members and by really focusing on how do we keep folks as healthy as possible.

DAHL:

You mentioned driving down Ocean Parkway. I think I mentioned right before we started recording here, it really looks like a beacon, both physically and metaphorically, if you will. And it's really great to hear the improvement of services. This is such an impressive facility. Can you talk specifically about some of the major structural improvements that were, besides a brand new building, but maybe a little more specific?

COLLINS:

That is the major structural improvement. It's one of the two that the FEMA project did for us and it did consolidate all of our critical services in two way resilient building. The infrastructure was added to the campus not only for the new building but for the existing buildings so that we are more resilient and more updated. Also, the perimeter flood wall around the campus, which gives us the first level of protection, in addition to what we needed for our critical services, but it also, aesthetically it's more pleasing than we thought it would be.

DAHL:

And there are plenty of studies out there that talk about the aesthetics and just the comfort of coming to a hospital, and that's part of the care. And so that's just a great move forward. And if I get this right, it's the first new public hospital building in 40 years, is that right?

COLLINS:

Yes, it is.

DAHL:

Again, what an accomplishment. Can you talk a little bit about the staff training and education that needs to happen, particularly around all of the new flood mitigation efforts, are there specifics? I can imagine life safety issues kind of come to play when you're instituting these mitigation efforts.

COLLINS:

Correct. What you're doing when we put the perimeter wall in is you're blocking any means of egress out of the campus. So we did have to design in and buy what there are ladders and stairs to go over the walls, our staff and also our partners and mitigation contractor need to be taught about what the different systems are, where the stuff is stored. We do annually have them come out, do an inspection of all the equipment, do tests on deployment of the different systems, and make sure that what we have is operational. If we have any repairs that need to be made or done, and that we're ready should we have to use it.

DAHL:

What's the kind of lead time that you need? You know, you're looking at a coastal storm coming up the coast, when do you start putting those mitigation efforts into place?

COLLINS:

With the design that we have now, which should be about three days prior to the actual event that we would need to deploy, you know, our staff and our vendor.

DAHL:

Back to you, Svetlana, talk about how South Brooklyn Health, the staff, the clinical folks, all gather around. What are you doing to prepare for a future coastal storm as we enter the height of the season?

LIPYANSKAYA:

Coastal storms are nothing new for us here. I think we're acutely aware of when the season starts and when it ends, and frankly it never really ends here. We're always in the state of preparedness. As I look down the road, I could see the beach. I mean, it's about 3/4 of a mile down, but there it is, clearest day. And so, I think Sandy very much taught us that it could happen at any time, not just during the coastal flooding season. And so we're always in a state of looking at our emergency preparedness plans, figuring out what our surge plans would be, how would we work with other facilities within our system. I think we're very lucky. We're part of a large system that we can leverage if we're ever in a situation where we need support. Not everybody has that. We really are very lucky that it is easy to access that support should we ever need it. So that's always part of our planning. But people are actually very, not even just resilient. People here jump into action. They're very good under pressure. I think we've learned that time and time again. Should an event happen, we've been through it before, we've practiced. So we really know how do we mobilize. Having this new building makes things a little bit easier, a lot easier really, because our key infrastructure is not on the ground floor anymore. It's on the 5th floor. It's not going to get wet. We're going to be able to continue to have power and water, right? And air and all the other things that we need to run a hospital. Our emergency department is not on the 1st floor anymore. It's on the 2nd floor. So, we'll be able to continue having all of our key services operational. That doesn't mean that we can just sort of relax and sit back and say, well, you know, if we get rain, we'll be fine. I think we're still, we're always going to be in a heightened state of preparedness. I could see the water, but folks in other facilities, even if you can't see it, you never know what's going to happen. Our climate is changing, our environment's changing. We all have to be prepared for things that maybe we wouldn't have been concerned about.

DAHL:

That's kind of a great segue into my next question, really asking about the changing climate and we continue to see these severe weather events, not just coastal storms, but things like extreme heat and extreme cold. And of most recent, as we saw in June and even here in the past couple of days, the air quality has been an issue. So are you preparing differently for those events and events that haven't happened yet at all?

LIPYANSKAYA:

Well, look, I think the most important and valuable aspect of a hospital, any hospitals, is its staff, right? And so, I think the real question is, how do we build in that flexibility at a time when it's, you know, staffing short, it's short everywhere. So how do we create situations where if we are in an emergency setting and our staff, some of our staff can't get here? How do we make sure that we continue to operationalize, right? And so, I think the most important part of our emergency preparedness is having contingency planning for staffing. I feel like with this new building we have some protections, physical protections. But a hospital is basically only as good as its staff, and so that's where our biggest pride and our biggest vulnerability lies.

So that's where we're spending the most of our time, is really focusing on preparing our staff, coming up with contingency plans should we have difficulties getting folks in and out.

DAHL:

That makes a ton of sense. From a physical infrastructure standpoint, high heat events, really cold events, air quality events, how has that changed the actual engineering stance or posture here at South Brooklyn Health?

COLLINS:

You have to go through the, you know, the hazards of vulnerability and you identify what you believe to be, would be your issues, to try to design into different projects the infrastructure or the connections necessary, should you have to bring in outside equipment. But also, identify the proper partners you're going to have, you're going to need outside vendors and companies that you'll be able to bring in to give you the resources necessary. And we're able to leverage the FEMA money to harden the campus and also upgrade the infrastructure that will give us the extra capacity necessary should we run into high heat or other vulnerabilities. I mean it it's been quite the past 20 years. You had two hurricanes, you had six of the top 10 snowstorms have been in the last 20 years, so each season is challenging and brings itself a whole other set of problems that you need to face. But again, we have some very good people here.

DAHL:

Again, impressive just being this close to the coast, experiencing all these different hazards. You've talked a lot about this new building, Ruth Bader Ginsburg building, and I feel like that's just one piece of the puzzle. And that's kind of what I'm hearing from you. Are there other projects, other things that you're working on that is going to help improve the resiliency here?

COLLINS:

How do we further the existing infrastructure that was not touched by the new building? How do we make that more resilient? What can we do to make that more energy-efficient? And what improvements we can make and any sort of project that we do go into design, you want to look at what you can build into it that would give you the capability to deal with some sort of situations. So even, we talk about our problems we've had with the disasters, but one of the biggest disasters we also faced was COVID. How do we build into the different projects, the ability to handle a surge such as that?

DAHL:

And hospitals have become super flexible, been able to kind of surge and flex. And so Svetlana, if you could talk a little bit about how you think all the COVID lessons learned have translated to just being a more resilient and prepared hospital?

LIPYANSKAYA:

Absolutely, this building was sort of interesting. It was thought of post-Sandy but built during COVID. That's when the majority of the active work here happened, was during this disaster. And we really did take a lot of lessons from the surge. It is very hard. Like that's no news to anybody and we really try to build in as much flexibility as we could into the new building. I think that's very much a key. We have private rooms in the new building. We can turn them into ICU rooms if we need to. We can double up in some of them. Our ED is large and spacious. It has the ability to surge its capacity. We've made the units be able to become negative pressure. And those are all things that were really done as a result of COVID and needing to really surge up very, very quickly. That hadn't been an experience before. We've had to decant the whole hospital here, we basically had to run double the volume out of the same place and with no end in sight. So, flexibility is the name of the game, and you never know what's going to come. You don't know what the next situation is going to be. And if we are flexible in terms of how we can use our spaces, then we can respond to whatever it happens to be.

DAHL:

That's a great point. People think about climate change, they think about weather changes. But I think one thing we are seeing, and you can see it down south right now with malaria being not prevalent, but you know, there are incidents in Texas and Florida, and many speculate that that is a result of climate change. With hotter, wetter summers bringing mosquitoes up and some other infectious diseases, that we could see kind of a confluence of the two and increased things like respiratory diseases. I know the respiratory surge even last year with RSV was really major, was the RBG tower active at that point?

LIPYANSKAYA:

So, our first patient in the RBG building was May 7th of this year. So we've been open and operational for two very long months and it's going really, really well.

DAHL:

So, Mr. Collins, you've been at South Brooklyn Health for 25 years. And so, when you reflect back on the transformation of the campus, what are you most proud of?

COLLINS:

We've been able to not only make the place more resilient, we've also been able to make it more patient and employee friendly. Each of the projects that we've done, I mean the new building we talked about, the resiliency, the ability to adapt to any changes, but also the feel, the look, the aesthetics of the building are wonderful. The light that we're able to have in patient care areas is really something that everybody comments on, and it's amazing, the views. The project really did the whole campus. So, we made the campus more resilient, but also the circulation on the campus is easier. You know, it's a much cleaner, much nicer environment.

LIPYANSKAYA:

So, I certainly haven't been here for 25 years. I actually joined January second of 2020 and forever it's always going to be whenever anybody asks me when I came to at that time, Coney Island Hospital, which is January second of 2020. But I lived in and around this community. I grew up in this community, and I could tell you how much this campus has transformed. And I think part of it is the fact that we have the new infrastructure, part of it is just to focus on the employee and the patient. It's a very friendly place to come to from my point of view. Excellent care and good quality, that's got to be the baseline. It's what makes this place special, is the empathy, the friendliness, the community feel of it. And in some sense, that's always been here, but it is just more than it ever was when I was a kid using these services.

DAHL:

It's really great you talk about the employees. We think about patient-centered care and all of the improvements that it's doing to patients. But you also need to enable your employees. And I'm curious, have your employees received the new space, the new wayfinding, what's been the reaction?

LIPYANSKAYA:

I'm glad you're bringing up the employees and keep on circling back to them. I think they're the centerpiece of everything. Part of what we've done over the last several years is really focused on employee wellness. If you have satisfied employees, you're going to have happy patients. I think the two things are linked together. The employees have been incredibly receptive to the new space and part of the reason for that is over the last two years, we've spent a tremendous amount of time prepping for the move, and that means going over every single workflow, figuring out how we are going to function in the space, getting everybody trained and on board with what was going to happen in the new facility. So, by the time that they moved, the move itself was the easiest part, really. I mean, it was a very long night, but it, in a sense, was the easiest part of the whole process, because everybody was really ready. That's the key, they went into that space, they saw how our patients were reacting to it. And I think everybody's really proud. I mean, we're proud to be part of South Brooklyn Health. I'm proud to be part of South Brooklyn Health.

DAHL:

We talk about resilience and I think that everybody has their own definition of resilience, and we're really hit on about how culture plays a piece, how infrastructure plays a piece, and that's all about day-to-day resilience, which really helps set you up for when a disaster or an emergency happens. If I could ask you very pointedly, what's the proudest moment in this whole transformation that you have?

LIPYANSKAYA:

Seeing our first patient hit the rooms in the RBG building. Seeing how happy that gentleman was, and more than that, how proud he was that this was a place he was getting care. We serve an incredibly diverse patient population. We serve folks who have all the means in the world and some who have no means at all. And our patients deserve the same level of care as any other person in the world. Or as any other person in this

country, regardless of what means they have. And so, seeing this gentleman who was not necessarily a person of many means, in the private room, in this brand-new facility, and acknowledging that he and we and our patients are deserving of getting that level of service, and that level of care. For me, that was an incredibly proud moment.

DAHL:

I'm a bit speechless because when it's about the patient and the situation you described, you couldn't be more proud if you tried. So I want to move on to, if you could give one piece of advice to facilities experiencing all these environmental challenges, what would it be?

LIPYANSKAYA:

I think very often dollars come after events. They don't come before events. A lot of facilities prep as much as they can, knowing their financial limitations. It's not always that you get to build a brand new building. I wish it was, but it isn't. So really, what is it that we all can do to prep within our existing environments? You know, I've talked a lot about our people. I think that's what it is. It's building flexibility and resilience within your staff. It's building a team environment. It's really empowering people at every level of the organization to have a voice. Because very often solutions don't come from the C-Suite. But if we don't empower our staff to vocalize their ideas, their views, I think it becomes very hard for them, and culturally it becomes a very difficult thing to do. We need to continue to harden our infrastructure, but we really need to harden and build our staff. Because that's where the ultimate day-of solutions are going to come from.

(SOUNDBITE OF MUSIC)

BASTINELLI

Thank you for joining us today. Until next time, this has been *Perspectives*.