



Testimony of the New York State Department of Health

Senate Standing Committee on Health

Senate Standing Committee on Investigations and Government Operations

Senate Administrative Regulations Review Commission

Assembly Standing Committee on Health

Assembly Standing Committee on Oversight, Analysis and Investigation

Assembly Administrative Regulations Review Commission

COVID-19 and Hospitals

Wednesday, August 12th, 2020

Good morning Members of the New York State Senate Committees on Health, Investigations and Government Operations, and Administrative Regulations Review Commission, and Assembly Committees on Health, Oversight Analysis and Investigation, and Administrative Regulations Review Commission. Thank you for the opportunity to speak before you today.

This morning I want to talk about the central role our hospitals played in this unprecedented emergency. As a physician and intensivist, I spent decades working in these facilities, including two New York City hospitals.

An intensivist cares for critically ill patients—in my case it was children. In that position, the clock on the wall is working against you; it never stops for you to get your bearings or to try something again. And that’s exactly what happened, on a scale that was previously unimaginable, when COVID-19 besieged New York hospitals.

From the arrival of the first laboratory confirmed case in New York State on March 1st, the number of cases rose exponentially, with the number of cases doubling overnight on both March 5th and March 6th. New York hospitals had long been preparing for this. Since 2009, the New York State Department of Health has regularly staged practice drills for H1N1-type pandemics. We know now that our scenarios and exercises could not fully anticipate the symptoms and bodily damage inflicted by COVID-19, or a transmission pathway as devious as this disease’s. Those drills also could not have fully anticipated the enormity of the strain on our healthcare system and public health system that a pandemic of this scope, swift onset, unique nature, and infectiousness could bring. Nor did we predict in those drills that states would be responding to such devastation without any coordinated system of federal support, intervention, and detection.

The first challenge we recognized as New York’s COVID-19 surge began was that our 53,000 statewide licensed bed capacity needed to be drastically increased to meet a demand that some statistical models placed as high as 140,000 beds. These existing 53,000 licensed beds

were dispersed across a vast healthcare system consisting of 23 public and 200 private hospitals, each with their own operations policies and systems.

On March 23rd, we issued a directive requiring each hospital to double its licensed bed capacity. New York hospitals rose to the challenge. We directed hospitals statewide to cancel all elective surgeries in order to make available as many hospital beds as possible to treat COVID-19 patients.

Initially, models predicted significantly larger inpatient facility needs. The initial estimates were that New York State would need 140,000 hospital beds by the end of April. We worked with the Army Corp of Engineers, the Department of Defense, and the National Guard to erect and staff alternate care facilities like the Javits and the Comfort. 1,095 patients were treated at the Javits during the duration of its operations. The Comfort, where 182 patients were treated, was operated by the US. Navy Medical Corps, and they established the patient admission criteria. Javits and the USNS Comfort were originally limited to non-COVID-19 patients based on a decision by the federal entities that were staffing these alternate case sites, but by April 3rd in the case of Javits and April 6th on the Comfort, we had successfully pushed to get them to accept COVID-19 patients, adapting to the needs of hospitals increasingly stressed by the rapidly growing COVID-19 patient census.

In addition, the State aggressively worked to established other alternate patient care sites in estimated high impact areas, including the Brooklyn Center with 280 beds, and the South Beach Psychiatric Center in Staten Island managed by Northwell, with 260 beds. Additional sites, constructed but never activated, included SUNY Stonybrook (1028 beds), SUNY Old Westbury (1024 beds), and the Westchester Convention Center (110 beds). Building this capacity was an extraordinary effort, and we were ready to treat thousands of additional COVID-19 patients if it became necessary. Bending the curve was an even more remarkable effort by New Yorkers that alleviated the need to open these sites.

We began ordering PPE, ventilators and supplies to be sure we could restock our hospitals if the supply chain failed them. We set up staffing portals and asked for health care

workers to sign up to help in the battle against COVID-19. When the supply of medications needed to care for the most critically ill COVID-19 patients in ICUs ran low due to extreme demand and supply chain issues, the State identified those hospitals with the most urgent needs and worked with pharmaceutical wholesalers to ensure that New York hospitals were prioritized, which resulted in larger and more frequent distribution of these medications into the State.

The Governor issued Executive Orders to expand scope of practice and limit restrictions so that more healthcare providers could provide care to more people, as the hospital emergency departments and inpatient beds quickly filled. However, these numbers and policy decisions cannot effectively characterize the experience of physicians and other health care professionals living through COVID-19 inside these hospitals.

At every hospital, in every ward, on every floor, in every hallway, and on every gurney, health care workers were making critical decisions, focused solely on saving the patient in front of them. And maybe twenty minutes later, doing it again for the next patient. After their shift, those who weren't dropping from exhaustion and fear, may have conferred with frontline colleagues at other hospitals, or connected on social media with an ER physician across the globe, looking for ways to help the seemingly endless stream of patients they would see the following day.

In the meantime, for some hospitals there was help nearby, but no way to access it. For instance, during the third week in March, Elmhurst Hospital was inundated with patients at a time when other hospitals had capacity but there was no system in place to immediately share the load. We needed to create a way to make this overtaxed system work efficiently to save lives, improve patient outcomes, and alleviate the stress on frontline workers.

On March 30th, Governor Cuomo announced a new hospital central coordinating team, the NYS Hospital Capacity Coordination Center (the Center), to facilitate a more coordinated and strategic approach among the State's healthcare systems and hospitals to combat the COVID-19 pandemic. We collected data daily from hospitals and built real time dashboards with warning signals to track COVID-19 hospitalizations by hospital, hospital system, county, and region of

the State, and inform the work of the Center. I personally spoke to heads of New York hospitals daily and the associations multiple times every week, as well with as doctors and scientists.

The Center, working in collaboration with the Greater New York Hospital Association, the Healthcare Association of New York State and New York City Health + Hospitals, facilitated nearly 1,450 patients transfers from hospitals nearing or at capacity to other hospitals and alternate care sites, including Javits and the USNS Comfort. The Center had 350 ambulances, brought in from all over the country, and other resources at its disposal which were used day and night to facilitate these transfers. The Center had a hotline phone number that was answered 24/7 and available to every hospital leadership team in New York State. Any hospital could call with any issue at any time – needs to transfer patients, staffing needs, and supplies/equipment requests. The Coordination Center proactively reached out to hospitals as they were approaching capacity to offer to facilitate patients transfers to other hospitals to balance the load.

We provided hospitals with nearly 24 million pieces of PPE, deployed over 2,600 ventilators to hospitals, and allocated life-saving medications, including the provision of Remdesivir to hospitals throughout the State for the treatment of nearly 20,000 COVID-19 positive patients.

Against this backdrop, New York hospitals treated and saved the lives of an astonishing number of critically ill patients. During the 72-hour peak of the surge between April 11th and April 13th, 18,825 COVID-19 positive patients were in the hospital, 5,225 COVID-19 positive patients were in the ICU and 4,449 COVID-19 positive patients were intubated.

In further recognition of the pressures that the pandemic has placed on hospital infrastructure and the concerns of many pregnant individuals across New York State, Governor Cuomo directed the New York State Council on Women and Girls to convene a task force to address the impact of COVID-19 on maternal care and examine the best approach to provide mothers a safe alternative, when appropriate, to already stressed hospitals amid the ongoing COVID-19 pandemic. Early on in the COVID-19 crisis, the Department took several steps to ensure access to maternal care during pandemic, including expanding access to telehealth and

telephonic visits, expanding access to midwives, authorizing obstetrician-gynecologists and midwives from other states to practice in New York to improve surge capacity, designating reproductive health services as essential, and directing hospitals to ensure that a support person is allowed to be with a birthing person for the duration of the hospital stay. The Task Force put forth a robust set of recommendations to ensure access to appropriate maternal healthcare and delivery services during the COVID-19 pandemic.

When we got past the worst of the surge, rather than plateauing, we began heading “down the mountain,” thanks to the cooperation of every New Yorker. Last week, we averaged fewer than 600 new COVID-19 positive hospital patients per day—the lowest it has been since early March. In fact, the number of individuals intubated, which peaked at 4,449, is now down to 60. ICU admissions are down to 120. Also, at the peak on April 12th, four months ago today, we had 18,825 COVID-19 related hospitalizations. Today, in a state of nearly 20 million people, only 540 individuals are hospitalized because of COVID-19. This is tremendous progress by any measure, especially when we see what is happening in states throughout the country. But we are not done yet, and we must remain vigilant.

As we got a solid grip on the outbreak, we began the important work to refine and learn from managing this crisis and prepare for the next.

We are requiring all New York State hospitals to build a 90-day supply of PPE by September 30th, based on each hospital’s burn rate (or level of usage) during the peak of the COVID19 surge, to prepare for a possible second wave of coronavirus hospitalizations.

The Department’s work to support New York’s hospital and health care systems is not at all separate from our work to build New York State’s contact tracing system, require masks and social distancing, and work tirelessly to protect public health across New York State.

The Department is working to institutionalize the pandemic response operations deployed during the COVID -19 public health emergency to date as part of preparedness for a potential

resurgence of COVID-19 or other future pandemics. This work is focused on five major COVID-19 operations including: testing, contact tracing, hospital surge and flex, supply chain management, and personnel. These operations and more are integral to ensure we maintain New York State's progress in containing the pandemic.

As too many other states are tragically learning now, New York learned in March and April that what happens in the community has a real and direct impact on the challenges faced by our hospital system. It is in partnership with every New Yorker that we brought the curve down. It is the responsibility of every New Yorker to keep it down.

Thank you for the opportunity to provide this information.