

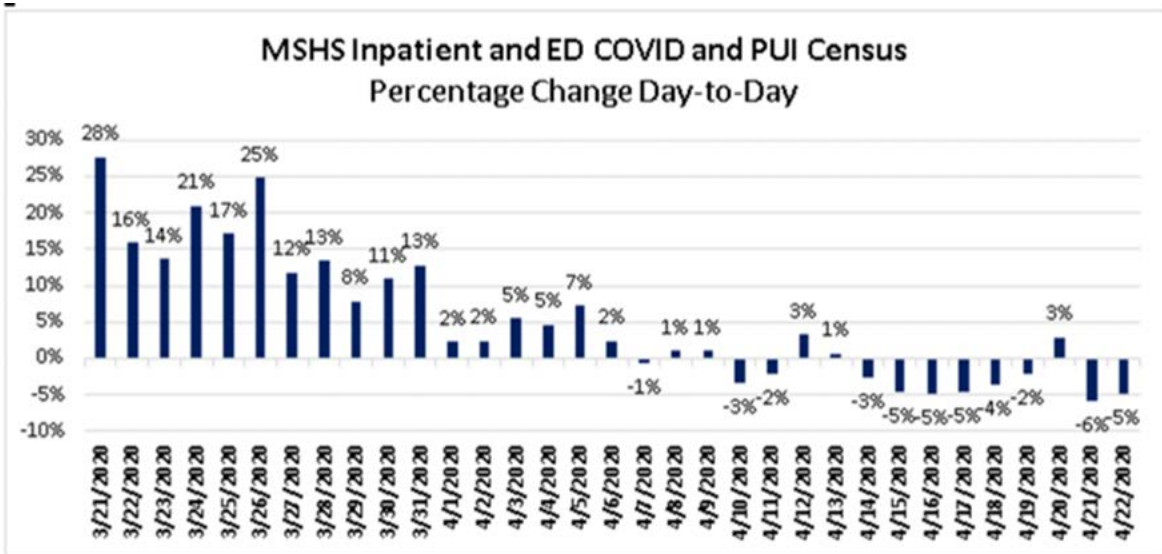
COVID-19: Health System Updates

April 23 2020, Thursday

Our Director of Decision Support, Doran Ricks, sent over some interesting information. If you include all the COVID-19 patients that are still in our hospitals, we have cared for 6,690 inpatients since the pandemic arrived in our region. Of those patients, 1,034 have been on ventilators. We have also cared for an additional 4,355 patients in our emergency rooms who did not need to be admitted. The age breakdown is as follows.

Age	Percent
0-20	1.6
21-39	15
40-59	29
60-79	38
80+	16

Another colleague, Julie Swain, wrote to me and suggested that I share with you the percentage change in our inpatient census each day. Here is a graph of that, going back a month. It tells quite a story.



As of yesterday afternoon, we had 1,432 COVID-19-positive patients in our hospitals. That is a 5 percent drop from the day before. It included 385 patients in our ICUs. We had another 123 inpatients under investigation (PUIs).

COVID-19 Tracing Program

The Governor announced yesterday that with the help of former Mayor Michael Bloomberg, New York will launch a COVID-19 contact-tracing program together with New Jersey and Connecticut. The program aims to control the rate of infection in the region by tracking, tracing, and isolating people who may be infected with COVID-19, which will help us begin to reopen safely. You can learn more about the program [here](#).

Final Thought

This comes to us from David Greenwald, the Director of Clinical Gastroenterology and Endoscopy at The Mount Sinai Hospital. It captures what we have seen all around our Health System of late and it fills me with pride to be a part of this extraordinary Mount Sinai family.

Thoughts on COVID 19 care

It began just five weeks ago in one part of the hospital system with thoughts of how to reconfigure the Gastroenterology Division at The Mount Sinai Hospital to effectively care for patients with GI disease, both inpatients and outpatients, while planning for a maximal response to COVID-19, as a clear increase in infected patients grew in the hospital setting. This effort occurred in parallel throughout other Divisions and Departments within the hospital and throughout the medical community around New York City. We asked people to move to new roles, take on different responsibilities and, in many cases, completely change their routine in an instant. They would need to learn new information and new skills. And yes, this included everyone—nurses, nurse practitioners, fellows, attendings both based within and outside the hospital system, and so many more. Would everyone respond? Would everyone willingly participate? The response was immediate and overwhelmingly, “Sure, whatever is needed,” and, “Yes, just let us know where and when.”

Physicians typically working in procedure-based settings are now caring for inpatients. Specialists are staffing phone lines to help those in other specialties deliver focused care in other ways. The spirit of cooperation and unity of purpose is palpable and real.

As an example, the GI Fellows are an exemplary group in every way. They are now shining like never before. Each has taken on their new responsibilities with a sense of purpose and dedication that is unparalleled. They are comforting the sick, both medically and spiritually, in every way possible. We hear stories of physicians picking up supplies at their local pharmacies to support patients unable to get their own supplies in these difficult times. We see physicians thinking through the science of treatments being offered, developing novel concepts for research, and suggesting new pathways forward, all at the same time they are confronting fears of their

own vulnerability and that of their families and loved ones. This is all happening in real time—we are watching information become available and reacting immediately in an unprecedented way.

At our core, we are all physicians eager to help in this new struggle against a vicious and seemingly unyielding foe; watching consummate professionals step up and be so ready to do their part is incredible to see. Daily check-ins now bring responses like, “This is so great to be able to help,” and, “We are honored to be part of the team.” We are truly in this COVID-19 mission together.

Indeed, it’s teamwork here that is the common theme. So many people coming together to provide excellent care in every way. We all support and depend on each other—respiratory therapists, nurses, housekeeping and linen services, lab technicians, food services, radiology personnel, security, physician assistants, nurse practitioners, physicians—the list inevitably is incomplete, so best just to recognize everyone globally for their dedication and commitment.

Each night at 7 pm, the roar from the apartments and streets of New York City rises to an almost incomprehensible level. They are cheering on the health care professionals who are doing what they do every day—caring for the sick with true professionalism and dedication. The cheering reminds others around them of the critical task we are all fulfilling in healing others; we as a caregiving community should reflect on what an incredible opportunity we have to help so many around us.

Why do we do this? We all entered health care to make the world a better place. Times like this reinforce that mission and reaffirm why we chose this calling in the first place.