

Raja Flores: Hello, and welcome back to The Vitals, the Mount Sinai Health System's groundbreaking roundtable video podcast. I'm your host for this episode, Dr. Raja Flores, a thoracic surgeon here at Mount Sinai Hospital. On this episode, we're celebrating the opening of a new and advanced ICU at one of our hospitals, Mount Sinai Queens, located in the New York City neighborhood of Astoria, Queens.

The ICU was a coordinated effort between policymakers and folks here at Mount Sinai to improve community access to advanced high-quality care. To walk us through how they helped accomplish this for both Mount Sinai, the Queens community, and New Yorkers in general, we're joined by State Senator Michael Gianaris, who helped secure funding at the state level, and Dr.

Cameron Hernandez, the president and chief operating officer at Mount Sinai Queens. Gentlemen, welcome.[00:01:00]

Why ICU Care Evolved

Raja Flores: Dr. Hernandez, take us to the bedside. What does critical care demand today that it didn't 10, 15 years ago?

Cameron Hernandez: Well, especially in Queens, Mount Sinai Queens, the complexity. We did not have the complexity before, and nowadays, um, with the backing of the system, we've actually increased a lot more services at Queens so that we're not actually bringing patients into Manhattan anymore.

And by doing that, it has raised the level of complexity within the ICU, and that means, you know, really having, um, higher level of care of nurses, uh, to be able to do pre and post, you know, surgical procedures or bringing up patient-patients from the emergency room. You know, we built a cardiac catheterization lab, so now we're bringing in patients who have had major heart attacks, you know, otherwise known as STEMIs, um, up to the floors.

And so really, the nurses in the ICU really have to know all of the new technologies, have ECMO, um, you know, certain things for, uh, patients with higher complexity.

Queens ICU Access Gap

Raja Flores: Senator [00:02:00] Gianaris, when you think about Western Queens, what is it nowadays in, uh, healthcare, ICU care that made this such a priority?

Senator Michael Gianaris: I was born and raised there, so I've been in that neighborhood over five decades at this point.

Um, and it was always, uh, uh, a given, uh, that if something was wrong and you really wanted to get the best care, you'd end up across the river like we are today . Um, either, you know, Mount Sinai here, NYU Langone, Lenox Hill, HSS, you name it. The East Side of Manhattan happens to have some of the best hospitals around, and we're pretty close to it.

And so the, the notion was, something's wrong, if you can, um, get yourself to a hospital in Manhattan. Um, and we've always lamented that. Uh, it adds, you know, half hour or so to, um, to your, uh, before you get your care. Uh, and in fact, now with the, with the congestion pricing scheme, it adds potentially \$9 to your, to your effort to get, to get, uh, [00:03:00] healthcare.

Uh, and so we've always struggled to make the healthcare in, on the Queens side comparable, uh, and something that people would be comfortable, uh, availing themselves of. Uh, you know, when I was growing up, Elmhurst, which is still there, was like known as the trauma center. You get shot, you get taken to Elmhurst, right?

And so you really don't wanna go there if you can help it 'cause you're hopefully not getting shot. Um, and obviously there's good people working there doing, doing their best with the, with the resources they have. We had Astoria General, which is now of course Mount Sinai Queens, and there was Boulevard Hospital, where, where I was born, that went away a long time ago.

Um, and so I think once Mount Sinai took over, we really did see an effort to make it, um, something that people, uh, can go to. I've now had a situation where I've taken my mom there, I've taken my father there. Like we-- people in the neighborhood now don't, uh, aren't afraid to go to the local hospital. Um, and it's been a real asset.

And the better we can make it, the more we can provide the resources to, uh, continue to [00:04:00] make it a top-notch facility, the more that will happen.

Securing Six Million

Raja Flores: So you secured \$6 million in state funding. What made this the right move at the right time?

Senator Michael Gianaris: Well, it's a funny story, as Cam has heard me tell before. Um, I was at, I don't remember what the event was.

We were at some event together for the new building, I think. Yeah,

Cameron Hernandez: it was for the new building. Yeah. The opening of the new Crescent building.

Senator Michael Gianaris: Right, which is across the street from the main hospital building, and as I was sitting there looking at it, I said, "You know what, uh, Dr. Hernandez," I think I probably said Cam- Cam

at the time. Uh, I said, "It would be great to have a, a bridge connecting these two buildings so people who are traversing from one to the other don't have to cross a, a very busy street and put themselves at risk." And I think

Cameron Hernandez: you called it a complex. If it has a bridge-

Senator Michael Gianaris: It's

Cameron Hernandez: a complex ... it'll be like a complex.

Yes. And we'll have one here, and I was like, "The city's not gonna give us a, a bridge," but, uh-

Senator Michael Gianaris: Well, we could work on that. But, but, uh, I thought the, the idea, you know, speaking of the, the stature of the hospital, I thought, I thought something like that would really create a, a campus feel more than it [00:05:00] already does, and, um, would also make it easier for people to move about the various buildings that, that comprise the Mount Sinai Queens.

And so, uh I offered, uh, because I'm the deputy leader of the Senate, I have the ability to move some resources around as, as needed, and I was talking to Cam about that, and he says, "That's great. That's a lot of hoops to jump through. We're not sure that's the best, uh, project on the, uh, to prioritize right now, but here is one that we really desperately need some help with."

And he said, "We're about 6 million short on the ICU we're trying to build." And I said, "Well, let's do that instead, and we can work on the bridge later."

Cameron Hernandez: Yep.

Partnership Powers Progress

Raja Flores: So Dr. Hernandez, how, uh, did this relationship, uh, with Senator Gianaris allow for this to happen? Uh, otherwise, it, nothing would've happened without this relationship between you two.

Cameron Hernandez: Exactly. So I mean, our relationship goes back and forth. We see each other out in the community, so it's really, you know, Mike and I have met each other at different functions. [00:06:00] Uh, he's opened me up to other parts of the community, um, and really made sure that Mount Sinai Queens is part of the community.

And, you know, once we had this conversation, it actually opened up a new line of funding that we had never tapped into at Queens. Typically, we're asking for capital dollars from the borough president and the Queens delegation of the city council or the city council itself. Um, and this was the first time that the, you know, potentially state funds would be coming directly to Mount Sinai Queens.

Mount Sinai Health System works on state funds, you know, but specifically from funds to come directly, um, to Mount Sinai Queens was a huge, uh, opening for us.

Raja Flores: So for both of you guys, was there a moment, a patient story, something that you said, "Wow, this has to change"?

Senator Michael Gianaris: Well, I think the, for me it came from the conversation I just referenced, and I think Cam and his team are more attuned to what the needs of, of...

I mean, there's been a lot of change in, in the Mount Sinai Queens already, um, and they have [00:07:00] been doing some amazing things. I found out when we did the, what we call the wall breaking for this ICU, that, uh, there was a discussion when the building was going up about whether to allow for this space to exist so that one day maybe it can grow into an ICU.

And so they have been, um, uh, engaging in this, in this growth for several years, uh, based on the needs that they see from, from patients and, um, and doctors and nurses and everybody that participates in that community. Uh, and so I take a, as, as I mentioned, I take a differential approach. I, I had a vision of a bridge.

He wanted to do an ICU. And I think, I think the ICU is probably more useful, um, at this point if, if there was a need for that. Uh, and I said, as I mentioned, my parents have, have kind of been through that hospital already, and the idea that they're gonna have this facility that we kinda saw the space for with private bathrooms in, in every room- Single

Cameron Hernandez: room with a bedroom-

Senator Michael Gianaris: I've experienced-

bathroom ... I've experienced the opposite. Yeah. Uh, and um, I, I know it's gonna be a real benefit to the people that are unfortunate [00:08:00] enough to have to be there.

Care Closer to Home

Raja Flores: So Senator, you've said in the past that Queens residents shouldn't have to travel to Manhattan for high-level care. Um, how do you see that, uh, changing now?

Uh, how does this care closer to home impact families?

Senator Michael Gianaris: In so many ways. I mean, first of all, these communities are changing, uh, very rapidly also, and it's important that the hospitals that service them keep track, or keep pace I should say. Uh, the city, and this goes way beyond just the healthcare conversation, but the city is built to move people into and out of Manhattan.

Uh, this, whether it's offices or hospitals or schools, there's some kind of assumption that everyone will want to be in the center, and then you can figure out how to get back home from there. Um, almost like we exist in the suburbs out in Queens and Brooklyn and the Bronx. Um, but now because of just the changing population dynamics, [00:09:00] gentrification, uh, unfortunately in some cases, uh, has made particularly the waterfront of Queens and

Brooklyn destinations in their own right, and you're seeing that manifest itself in different ways.

The governor's now promoting a new rail line that would service just Queens to Brooklyn. And, and if you take a look at the subway map ever- Yeah ... pretty much every single line moves into Manhattan. If you wanna get from Queens to Brooklyn, you're taking a train into Manhattan and back out the other side.

Um, and so all of that is changing, and I think it's great that the healthcare approach is changing as well, to, um, build something that services these communities because it means if people are visiting loved ones, they don't have to, you know, go through a, an hour potentially commute just to go see them.

And in some cases, I'm sure people have not gone to visit loved ones, uh, because it was too far of a trip for them. And, and now having something local, uh, I mean, obviously there's the importance of getting care more quickly when you need it, uh, urgently. But, uh, the fact that once you're admitted, if [00:10:00] again, you're unfortunate enough to be in that situation, uh, the ability to have your loved ones get to you more easily is gonna make a huge difference.

Raja Flores: You know, it's interesting. It also translates to kids in high school. When kids from Queens go to Bronx Science, they can't go directly- No ... from Queens to the Bronx. Exactly. They have to go into Manhattan to get there.

From Eight to Twenty One

Raja Flores: Um, Dr. Hernandez, with this expansion of the ICU from eight patients to 21 patients, what does that mean for the day-to-day care for patients and doctors at, at Mount Sinai, Queens?

Cameron Hernandez: Yeah. I, you know, I'll just leave off where, where Mike was saying. You know, it's basically, um- Getting your care in your own backyard, right? So you're not having to schlep anywhere. It's right in your backyard. You're... And most importantly, you know, when you're in an ICU, the care that you need is not just from the nurses and the technicians and the doctors, it's from your family.

And so if your family isn't able to see you or a- uh, you know, having difficulty to come, you know, all the way into Manhattan to see you, and they're not at the bedside, they're not gonna actually [00:11:00] help get this person out of the

ICU and get them, you know, downstairs, you know, to the regular hospital or out of the hospital.

Um, so it's really important that by expanding from 8 to 21 beds, we're able to take care of more patients in their backyard. And, you know, going back just a wee bit, you were saying, uh, you know, a specific moment that changed everything for me and for what I would say Mount Sinai, Queens was COVID, in one, in one line.

I mean, COVID, you know, we were inundated, you know, and they- we needed ICU beds, and we were, you know, trying to take care of as many patients as we could. We were underwater in terms of the number of patients who were coming in. We couldn't treat them fast enough, and that was the point at- where I was like, "I wish this ICU were built.

We have this floor. Why don't we have it built? We would be able to take care of so many more patients." This new ICU, actually, the way we've built it is, God forbid, we ever have another pandemic, we can double up on all those rooms without having any issues with oxygen in the walls or plugs or for the dialysis machines.

Everything's doubled up and ready to go if we ever have to move in, uh, [00:12:00] an influx of beds. So theoretically, we could take care of, you know, 42 patients relatively quickly and, and staff, you know, as we staff up.

Senator Michael Gianaris: And, and history tells us it's a matter of time. You know, the hantavirus- Yeah. I know ... situation is getting scary, um, by the day.

Uh, but it also, it- it- it feeds on itself, and it's not, uh, I'm no- not as much of an expert in this stuff as you all are, but my understanding is better facilities attracts better doctors, which then- Exactly ... also means better care. And, uh, you know, the better the infrastructure is that's in place, it's not just the machines that are providing the better care for people.

You're gonna get better quality, um, service from the, the doctors and the nurses.

Raja Flores: Yeah, you know, in, in medicine, there's nothing more important than the human touch. And You touched on the families being there. In thoracic surgery, when we have patients recovering, the single most important thing are families being at the bedside to walk with the patients.

That decreases the incidence of pneumonia. It increases their [00:13:00] ability to get out of the hospital- Yep ... in, in a shorter period of time. Right. So that key element, keeping it local so that families are involved in the patient's recovery, is a big deal.

Designing a Smarter ICU

Raja Flores: And so Dr. Hernandez, it's not just a bigger ICU, but it's also a more advanced ICU.

Yeah. Can you expand on what other ability are we going to have with this ICU now?

Cameron Hernandez: Yeah, so one of the cool things that we actually built into this ICU, alongside the 21 beds, it was originally 22 beds, and we flipped one bedroom or one room to a procedure room. And so this ICU's not only going to help the ICU patients, it's gonna help, help the rest of the hospital.

You know, We Believe About Queens, we have three-bedded rooms with no bathroom, t- you know, uh, four-bedded rooms with no bathroom, and y- you can only imagine if a patient needs a procedure at the bedside, if you are a, you know, a proceduralist or you're putting in a line on someone, and you literally bend over, your backside is on the next patient, you know, sort of thing, and through the curtain.

Uh, [00:14:00] or everyone can hear everything you're doing. So with this, we'll be a- actually be able to take patients up from the floors, come up, get their procedure done, put in a, a deep line or an IV or a special IV and, you know, with the, with the C-arm and fluoroscopy, and then bring them back downstairs. So it'll be bas- uh, you know, better patient experience, um, for not just the ICU, but for the whole floor, uh, for the whole hospital.

And then, you know, i- specifically in the ICU, we're gonna have- Again, we're gonna have single rooms with a bathroom. We're gonna have a space where the family can actually sleep. Um, and we even thought about even the lighting. So, you know, the lighting can be so, uh, dire when you're lying in that bed, you know?

As you, as you know, you turn that light on and it's like whomp, like this, you know? Like, the patient's, like, awake, you know? And, and if they're intubated and you're, you know, putting this light on them. So we have ways of dimming the lights. We have ways that the lights even where the family members are, are

lying, they can turn on a light so they can read and be, you know, have a wee bit of an experience as opposed to, you know, while they're sitting at [00:15:00] their loved one's side.

So we've put all these small things that, you know, don't sound like they make a big difference, but they make a huge difference when it comes to the, like you said, the touch. Huge difference. Yeah, so.

Senator Michael Gianaris: Can we stick with that a second? What do you mean the family can sleep there? What ...

Cameron Hernandez: So we, we actually put, uh, uh, special recliners on the side in an, in the area so that pa- families can sleep over

Senator Michael Gianaris: if they need to.

Is this, is this the thing I slept in when my baby was born?

Cameron Hernandez: Yeah. What was that? Exactly. These are better ones.

Senator Michael Gianaris: Thank you. Those are not very comfortable.

Raja Flores: Those little details are so important- Yeah ... for patients. Senator, from a policymaker's perspective, um, how important is it that these public dollars don't just go to more care, but better care?

Senator Michael Gianaris: Uh, uh, we touched on that throughout this conversation. Um, we're, we're privileged in a sense, right? Because some of the best hospitals anywhere happen to be on this side of the river. Um, and so you, you say, "Wow, we're so close to this great care in, in Manhattan." But for all the reasons we've discussed, if we can get that same quality on our [00:16:00] side- All the benefits that we've talked about during this conversation, uh, will accrue to people who live in Queens.

And you always feel, or at least I think it's changed a great deal since I was a kid, but you always would feel like the, the little brother if you're the Queens person, right? Right. You're... Or even if you're the Brooklyn person, and you're hanging out in Manhattan, or if you work into Manhattan, and you say, "Oh, I gotta go home to Queens," everyone kind of used to look at you funny.

But that's not the case anymore. Now it's, it's a place people go, and people wanna live, and people wanna go, uh, out to dinner. And, and, um, part of that,

uh, growth, part of that evolution is to have the infrastructure in place, like great hospitals, uh, that would make people more comfortable doing that.

Reducing Transfers and Boarding

Raja Flores: Dr.

Hernandez, do you think that this change will, um, result in lesser ER visits or less interhospital transfers, um-

Cameron Hernandez: Yeah. So that's been the goal of ours at, at Queens. We've really taken a look at... So for years, Mount Sinai Queens, part of the health system was what I would call a throughput hospital. Patients would [00:17:00] show up in our emergency room, they'd get assessed, they'd be packaged up and sent to Manhattan.

Um, and so over the last seven years, you know, as the executive director and now the president, um, I've been able to convince the system to, "Hey, let's work on getting some of the doctors, the premier doctors from Manhattan, and come out and work here." And so that way, that way we can do, again, the procedures here, we can keep the patients here so that we're not, you know, for lack of a better word, bogging down the main campus, which is a quaternary center where they should be doing, you know, more transplants and more cardiac surgery.

And those are the things that we'll never do in a, in a, you know, hospital in the community. Um, so, you know, that's one of the things in terms of the transfers. So it's really cut down on transfers a lot. And then the other one that you talked about was congestion in the, basically we're, in the ED, the emergency room.

Um, by having this ICU, we will be able to get more patients out of the ED. You know, the worst thing you want is to be what we call a boarder in the ED, where you're, you're admitted to the [00:18:00] hospital, but you're not in the right floor with the right type of nurses who know how to take care of your diabetes or how to, you know, do things.

You're sitting out in the emergency room, and the ED nurses are having to take care of you, and they're not used to the long-term things. And sometimes you can sit there for, you know, three, four days in worst case scenarios. By having more rooms, by having more beds, we'll actually be able to get more patients up.

So by moving the current e- eight ICU beds, that's gonna free us up with eight more telemetry beds. And telemetry patients, the patients who need monitors, are the ones who are sitting in, down in the emergency room every morning when I come in because we don't have enough of those beds. So the ICU is creating capacity for ICU, and it's creating capacity for the telemetry unit also.

Raja Flores: Ultimately, what do you want Mount Sinai patients, Queens residents, Astoria residents, um, just everyday New Yorkers to take home from this?

Cameron Hernandez: I want them to know that living in Queens- And being part of the [00:19:00] community doesn't mean you should have lesser. And that, um, one of the things that we just achieved at Mount Sinai Queens, and I'm a little...

I like to have fun with the rest of the health system, but we were the first one to get Leapfrog A, which is a quality metric across the country, and we did it in Queens first. Um, so I want people to know, you know, back historically, and Mike said it nicely, but what the community used to say before it became Mount Sinai Queens is you walked in and you were rolled out And to break down that barrier has taken 26 years of, of the, you know, the work of Mount Sinai Queens.

And I f- really feel we're at the precipice where the community is now coming to us, as opposed to saying, "Oh, maybe I should go to Manhattan. Maybe I should c- ... You know, w- do I really wanna go to Queens?" No. They're coming to Queens, and I'm hearing it from the community, from everyone, saying, "No, I'm bringing my mother there.

You know, I- I'm on my way," you know, sort of thing. "My mother's coming [00:20:00] in. Can you help out?" You know, sort of thing. So I want the community to know that we have a top-level hospital in Queens.

Senator Michael Gianaris: And we, and we, uh, part of this is gonna happen just by experience and word of mouth, which is why- Yeah ... this is so important.

As people experience the new ICU, once it's c- once it's finished, and as people experience Mount Sinai Queens, they'll, they'll have that, that conversation with their neighbors and friends, and people are always talking about- Yeah ... where do you go to do what. And, like, my, my mom, I mentioned she had a blood

pressure problem last year, and the doctor we were talking to was in the old school of thinking.

He's like, "Oh, you gotta go to NYU Langone. You gotta take her there right away." And we went there, and it's a fine hospital, no question, but the experience at Mount Sinai Queens was just better. Um, I mean, it was, it was very crowded in there. It w- took a while to get her seen, because we were not in our community hospital.

Um, and so now I tell that story to people, and so they'll be more comfortable- Yeah ... you know, using Mount Sinai Queens. And, um, I feel like I should say a word in defense of Elmhurst. They're good people, 'cause I've- Yeah, they are ... I've ment- I've brought them up a couple times- I know that ... and, and we ask a lot of them, and they take [00:21:00] on some really tough cases.

But, um, just the, the reputation of all the Queens hospitals relative to Manhattan used to be very different. Yes. Um, and so hopefully we're, we're beginning to see that turn around.

Raja Flores: Yeah, I mean, I personally saw the transformation from Astoria General with that narrative to Mount Sinai Queens grade A care.

Yeah. Uh, i- it's been incredible. That's it for my questions. Is there anything else any of you wanted to say?

Legacy and Farewell

Senator Michael Gianaris: I mean, I would just say this is, uh, my last year in the Senate, so I'm, I'm stepping out. And so this is a great way to, to, to say goodbye, is to, to make this huge investment in my, in my own community, which is gonna benefit...

I mean, it'll certainly benefit Mount Sinai, but it'll benefit the people who use it, more importantly. And those are my family members. Those are my neighbors. Those are, uh, the people who are new to Queens. But it's going to transform the way people get healthcare in our part of the city. I'm really proud of that.

Cameron Hernandez: And I just wanna say, you know, thank you from the bottom of my heart. Um, we don't want you to go. So, uh, I will be, uh, chaining you to the [00:22:00] door, or- But, uh, yeah, what you've done for the

community is, you know- completely self-evident. You know, this ICU will be, you know, one of your legacies for, for the community, so thank you for that.

Thank

Senator Michael Gianaris: you. Thank you.

Raja Flores: That's all for this episode of The Vitals. I'm your guest host, Dr. Raja Flores. Subscribe to The Vitals and the Mount Sinai Health System's other video podcast programming on YouTube, Apple Podcasts, Spotify or wherever you get your podcasts. To learn more about Mount Sinai's work in Queens or to book an appointment with a Mount Sinai expert, scan the QR code on your screen or click the link in the description below.

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