

COMMENTARY

FIERCE ADVOCATES FOR BUILDING ALL-HAZARDS RESURGENCE AND RESILIENCE: NYC HEALTH + HOSPITALS' COVID-19 EXPERIENCES APPLIED

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“**N**IHIL TIMENDUM EST” is Latin for “fear nothing.” It is the aspirational goal of individuals and organizations that is often brought on by our fears of change. In the field of health security, change may be spurred by rapid, unexpected occurrences such as terrorist incidents or it can result from protracted disasters such as climate disruption. Often, we fear the uncertainty that change yields, rather than the actual effects of the incident itself. If the year 2020 has offered us no other opportunity, it is the chance to embrace transformative change.

The highly predictable advent of novel coronavirus disease 2019 (COVID-19), which researchers and practitioners alike have agreed was a longstanding, plausible hazard,¹ coupled with civil unrest due to chronic injustices and the concurrent commencement of the 2020 Atlantic hurricane season, prompted New York City (NYC) Health + Hospitals, the largest municipal healthcare delivery system in the United States, to rethink its approach to all-hazards emergency management. No strangers to such work, this year has simply been different. The questions became, not merely how would NYC Health + Hospitals respond to and recover from these unprecedented changes, but rather, *how would we leverage these opportunities to transform our health*

*system as a whole? To what extent are we capable of organizing ourselves to increase our capacity for learning from current disasters for better future protection and to improve risk reduction measures?*² *How can our health system adapt to and recover stronger from these shocks and stresses?*

Peter Drucker has taught us that “entrepreneurs search for change, respond to it, and exploit it as an opportunity.”³ Notably, municipal entities are not often cited as entrepreneurial. Stereotypes abound, with descriptions such as “bureaucratic,” “red tape,” “rusty,” “bloated,” and “stale,” becoming the norm. Yet, our vision is rather contrarian. That is, we seek to exploit the natural, technological, and intentional incidents that impact us as opportunities for organizational change.

PREPARING FOR RESURGENCE OF COVID-19

Our response to COVID-19 and our planning for its resurgence is ongoing. Under the umbrella of Central Office Emergency Management, the System-Wide Special Pathogens Program is preparing for the resurgence of COVID-19 and ensuring each clinical care site has the

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operational, engineering, and administrative controls in place to prevent its spread. We are also working to stop the spread of the virus through the NYC Test & Trace Corps, an unprecedented contract tracing effort being led by NYC Health + Hospitals and in collaboration with multiple city agencies, including NYC Department of Health and Mental Hygiene.

To safely operate under the threat of COVID-19, clinical care sites must adapt and create new processes to ensure the safety of patients, visitors, employees, and anyone else walking through its doors. This requires changes to engineering controls (eg, installation of physical barriers like Plexiglas, point-of-entry health assessments and screenings); administrative controls (eg, teleworking to reduce total number of employees in congregate settings; screening, testing, and symptom monitoring processes for employees and patients); environmental controls (eg, cleaning and disinfecting); and social distancing strategies (markings or signage to ensure patients keep 6-foot distance in waiting rooms, restructuring the patient rounding process to limit the number of providers seeing a patient at once).

The System-Wide Special Pathogens Program supports the NYC Test & Trace Corps, which employs a 3-pronged approach to prevent the resurgence of COVID-19 by (1) providing diagnostic testing to all New Yorkers, free of charge, at over 150 testing locations throughout the city; (2) performing contact tracing for all positive cases and soliciting information on contacts that may have been exposed; and (3) offering wrap-around services, such as free hotel rooms to safely isolate or quarantine, healthcare and mental health services, meals and medication, as needed, to both the confirmed case of COVID-19 and all exposed contacts. The System-Wide Special Pathogens Program leads the health and safety program and related training of the Enhanced Investigations Unit of the NYC Test & Trace Corps, which ensures that community engagement specialists are trained as contact tracers. The program provides support to the isolation/quarantine hotels by conducting environmental walkthroughs and COVID-19 in-service trainings to staff.

RESILIENCE OVER TRADITIONAL RECOVERY PARADIGM

Simultaneously, we are working to ensure that our health system and the communities we serve emerge more resilient than before. Building Back Better is an approach to reduce vulnerability to future disasters while fostering community resilience to physical, social, environmental, and economic vulnerabilities and shocks.⁴ At NYC Health + Hospitals, Central Office Emergency Management is employing 3 strategies to build back better.

Leverage the Response to Prepare for Future Disasters

Many just-in-time processes were implemented to address gaps in available special pathogens and pandemic response

plans as well as needs that were not anticipated. For example, to build surge capacity to treat the unprecedented number of New Yorkers with COVID-19, NYC Health + Hospitals opened a temporary 350-bed acute care hospital on Roosevelt Island. The Roosevelt Island Medical Center, located on the campus of our Coler post-acute care site, was identified, outfitted, staffed, and opened for patients within days. It remains a vivid example of what is possible.

We provided free hotel stays to New Yorkers who had COVID-19 and did not have a place to isolate. Transportation to and from these hotels—as well as food, social services, and wellness checks—were also arranged to further ensure their successful isolation. We view this as part of our comprehensive wellness services for all.

In addition to that, we established a psychosocial support program for staff and provided groceries, laundry service, a change of clothes, and taxis to travel to and from work. Through the generosity of Bloomberg Philanthropies and World Central Kitchen, we ensured fresh daily meals for the 30,000 healthcare workers on the frontlines of the COVID-19 pandemic at our 11 acute care hospitals and 5 post-acute long-term care facilities across the city's 5 boroughs.

We continue to evaluate these and many other advances for service integration into existing emergency operations plans for ready use during the next emergency, whether that event is an infectious disease outbreak, natural disaster, or intentional incident.

Sustain Gains Made During Routine Operations

COVID-19 forced NYC Health + Hospitals to adapt our operations and implement long-overdue business process innovations. For example, we implemented widespread telecommuting for all staff whose work could be performed remotely and who do not provide direct patient or support services. Prior to COVID-19, we used paper time-sheets. With myriad staff operating remotely, and to ensure timely payroll processing, we transitioned to an electronic time recording form. These, and other similar operational process modernizations, are elements of our broader improvements for permanent adoption to ensure that we recover as a stronger, more efficient health system post-COVID-19.⁵

Build Back Equitably and Inclusively

Economic, social, and health disparities have impacted how people experience the COVID-19 pandemic. COVID-19 has disproportionately affected Hispanics and Blacks in New York City, according to a growing body of evidence.⁶⁻⁸ Among NYC Health + Hospitals' patients, Hispanics were more likely to test positive and Blacks were more likely to test positive and be hospitalized than any other ethnic/racial

groups.⁹ These same disparities will also impact how people recover from the disease.

Recovery efforts must attempt to reduce our societal vulnerabilities and inequities in advance of the next disaster. This means direct relief programs must focus on individuals and communities that have been hit the hardest and policy changes that address structural inequities, such as universal earned sick leave and mass decarceration.¹⁰ Within our health system, health equity will be an explicit consideration in our emergency planning. In future incidents, we plan to appoint an equity officer in our incident command structure, whose role will be to address the equity implications of our emergency response and recovery operations.

We have a long road to recovery. We cannot merely “re-open” our country or the global economy, nor can we return to normal as we knew it. We can, however, turn these concurrent emergencies into opportunities to strengthen our public health and healthcare systems and our communities. We will eventually reach a new normal, but we must tirelessly exploit the opportunities with us now to ensure a better, more resilient, and more equitable tomorrow.

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