

Institutional Impact: Anesthesiology and the Covid 19 Crisis

Laureen L. Hill, MD, MBA
Group SVP-COO
NewYork Presbyterian/Columbia

Disclosures

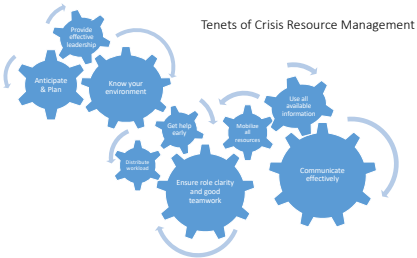
- I have no conflicts of interest to disclose *

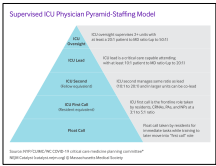
Learning Objectives

- Describe hospital vulnerabilities at the onset of the Covid-19 pandemic
- Outline steps taken to address capacity and resource challenges at one NYC hospital during Covid-19 surge
- Identify the institutional impact the anesthesiology department had in response to this acute crisis

Perspective

- *"The Chinese use two brush strokes to write the word 'crisis.' One brush stroke stands for danger; the other for opportunity. In a crisis, be aware of the danger--but recognize the opportunity."*
— John F. Kennedy





NEJM Catalyst

ICU Physician Staffing Model

ICU physician responsible for daily work at least a 20% patient care ratio up to 100%

ICU physician responsible for daily work at least a 20% patient care ratio up to 100%

ICU Nurse Staffing Model

ICU nurse responsible for daily work at least a 20% patient care ratio up to 100%

ICU nurse responsible for daily work at least a 20% patient care ratio up to 100%

ICU Respiratory Therapist Staffing Model

ICU respiratory therapist responsible for daily work at least a 20% patient care ratio up to 100%

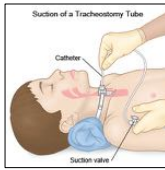
ICU respiratory therapist responsible for daily work at least a 20% patient care ratio up to 100%

ICU Pharmacist Staffing Model

ICU pharmacist responsible for daily work at least a 20% patient care ratio up to 100%

ICU pharmacist responsible for daily work at least a 20% patient care ratio up to 100%





Summary

- Anesthesiology departments possess unique and essential skills to respond to a hospital acute care crisis
- These skills are related to both core practice competencies and those extrapolated from traditional practice
- Perceived danger or opportunity? Is the department prepared?

