Episode 23: New York Stories: Leading through COVID-19: Part 3, Collaboration, Innovation and Maintaining Wellness

Robert J. Min, MD, MBA
Sabiha Raoof, MD, FACR, FCCP
Michael Recht, MD
Judy Yee, MD, FACR
June 4, 2020

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Geoff: Hello and welcome to "Taking the Lead," a podcast from the Radiology Leadership Institute that profiles radiologists as leaders, seeking insight and inspiration from a variety of perspectives and experiences. I'm Geoff Rubin. In this third episode, dedicated to leadership through the COVID-19 crisis in New York City and recorded in mid-April 2020. We welcome back our four radiology leaders, Judy Yee, Chair of Radiology at Montefiore Health System in the Bronx. Michael Recht, Chair of Radiology at NYU Langone Health. Sabiha Raoof, Chair of Radiology, Chief Medical Officer, and Patient Safety Officer at Jamaica and Flushing Medical Centers in Queens. And Robert Min, Chair of Radiology, President of Weill Cornell Imaging at New York Presbyterian Health, and President and Chief Executive Officer of Weill Cornell Medicine's Physician Organization.

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Our last episode focused on the role that communications played in informing staff of rapidly changing conditions and maintaining cohesion during the crisis. We also heard how the leaders seize the moment of crisis to advance their programs through a wave of rapid innovation. Today's episode focuses on the value of both internal and external networks during times of crisis, the role of organizational culture in support of cross-departmental team work, the importance of wellness both for staff and for ourselves, and showing appreciation for extraordinary efforts. Our goal in creating the "Taking the Lead" podcast is to support your leadership journey.

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We pick up the conversation with a question regarding efforts to reach out and access the network beyond the leader's own institutions. As the initial epicenter for the pandemic in the United States, New York was simultaneously immersed

in the crisis. With the diversity of academic and community-based hospitals across the five boroughs, how did you leverage a regional network to address the challenges? And in particular, did radiology departments across this network coordinate with one another to raise the tide for all? Robert.

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Robert: I'd like to say yes, but my probe wouldn't be entirely accurate if I said that. I think that understandably the radiology department that we've communicated the most with and we've been most aligned with has been Columbia, but that's because they're partners with us. So Larry Schwartz is the Chair of Columbia and I obviously communicate on these things regularly, NYP leadership, likewise has been obviously a partner in how Weill Cornell does things. And that shouldn't be surprising in any way.

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One of the great things that occurred a few weeks ago now was SCARD invited all of us in New York, the chairs of the departments in New York to do a session on what we were doing here to face this challenge. And they had us each speak for a while and had it broadcast throughout the country, and that was fantastic. It was great to hear from the chairs of the other departments in New York. There were some real similarities in terms of our approaches, but there were some differences and there were things that for sure I incorporated when I heard them through that program.

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So, I would say that it's easy to assume that we would be naturally communicating and sharing broadly. You know, I think when you're in the middle of fighting this you don't always step back to think about how important and how valuable that would be. So, I'm grateful to SCARD for having done that, and having had the foresight to do that. And frankly, just like you're doing through RLI, I think these things are important to do for the obvious reason that you're asking that question. And you have to recognize that it doesn't always happen otherwise, so good for you, and good for others that are doing these sort of stuff.

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Geoff: Well, thank you for that acknowledgment Robert. With what all of you have been facing, these insights are so valuable for us to hear. Judy, did you seek to coordinate support beyond Montefiore?

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Judy: So I think that there were efforts to look at whether it might be possible. And looking at whether we could help each other to read cases if need be. That

turned out not to be necessary. Because as you know, imaging volumes significantly decreased, and this was across all health systems as elective surgeries were deferred, and/or clinical partners sort of shut down. Their sites or volumes significantly decreased. So there really wasn't that need. I think that there was great sharing of ideas of how to appropriately socially distance our radiologists. And that included, you know, developing to teams and to rotate them with some leading remotely and some on-site.

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There was also, how do you make best use of the radiologists who could be deployed. And, you know, at NYU they're doing a great program on family care where the radiologists are employed to help with communication to families of COVID patients where they cannot have on-site visitors. And we looked at that as a potential for monitor radiology, but that was already in place, and there were other staff already carrying that out from trainees to social worker staff to other staff, who were already carrying that out, so we did not have to fill that need.

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I have personally reached out to some of the other radiology chairs just to see how they were handling stocks of PPE. And, you know, what really wound up happening is that I found out that we were pretty much in the same boat. And a lot of the practices were fairly similar.

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Geoff: Michael.

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Michael: It's interesting. I know that there's been a collaboration between our program directors for our residency programs about what everybody's been doing. I think sharing best practices has been very helpful. We haven't had any formal meetings between the different chairs of the different academic departments. We did participate in a webinar together which was allowing us to hear what other departments were doing. We're making several phone calls, so we'll call people at individual sites, and say, "How are you handling that," to get best practices. There hasn't been a true organized collaborative effort across the academic institutions in New York that at least I've been part of.

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Geoff: So to the extent that there were deficits in some departments or needs, you know, maybe it was PPE, maybe it was personnel being unavailable, there was not a consideration about potentially needing or looking into sharing staff or to loaning resources that might have been prevalent in one center relative to

another. That's something that you haven't specifically been connected with or aware of.

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Michael: The answer to that is generally no, except for one activity that we've been very much involved in. And it's not just in New York, it's really a program that we are looking to see if there's a need for across the world. Several weeks ago, I was talking to a friend, Mike Tuite, he's the vice chair of ops at Wisconsin, and we were talking about what was going on in Wisconsin and what was going on in New York. And we were talking about the fact that although Wisconsin at that point was not seeing a surge, their volume was significantly down as well. And I was saying, "Boy, you know, what can we do to make radiologists feel helpful?" And when I turned off the phone, I said, boy, can all radiologists help people in other areas where radiologists might be in short supply, or especially, sub-specialty chest radiologists. And could we create what I've called an emergency COVID-19 cloud-based path system.

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And it started off as an idea that sounded, you know, maybe it was applying the sky idea, but I actually reached out to a couple of industry partners. In this case, I reached out to Visage and Nuance. And I said, is there something we could do to make this a reality? And so over the past couple of weeks, we've worked on developing a user-friendly, intuitive, secure system that would allow any radiology department, anywhere in the world to quickly upload cases in a secure way. And then another radiology department anywhere in the world that would be able to offer help could access those images, and then dictate reports that could be accessed by the hospital in need. And we actually sent out an email through SCARD, again, the Society of Chairs of Academic Radiology Departments to see if that made sense, and there was a lot of support.

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And so we actually helped form what we call RadUnited, R-A-D-U-N-I-T-E-D. We have a platform ready to go. And we've posted that on the RSNA community COVID page, and sent it out asking if there is such a need. We also go to websites of people who need help and offer help can be matched together. And if there is a need, this is a way that we can really help each other across radiology globally. And it's something that even if it turns out there isn't a need in COVID-19, and we'll see if there is. It's something that I think will be very valuable in the future for Global Teleradiology. Many of our academic institutions do global health, and maybe the COVID-19 pandemic cloud industry to work with us to create a system that will really be valuable hopefully in this pandemic if it's needed, but also long-term as we move

forward. I think it's another way of bringing people together and allowing us all to help each other when we have needs.

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Geoff: Yeah. That's really exciting, Michael. You mentioned that you posted in some community forums and asked if people saw the need, what's your initial feedback in that regard?

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Michael: I will tell you that right now we have 41 of our academic institutions in the states that have offered help. We haven't heard yet if there is such a need, so we need to give it a couple days, because we're trying to publicize it. You mentioned social media, so we've tweeted it out on the page. We have people who've said it's a great idea. Just I think yesterday, somebody posted, who is originally from Africa and he's gonna reach out and ask his colleagues in Africa if there is such a need. I don't anticipate much of a need in the United States or even Europe, but "The New York Times" had an editorial last week talking about how the pandemic and the global crisis is potentially going to get much worse when it reaches countries where there's not as developed a health care system.

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In some of the countries we do global health, there is already a chronic shortage of radiologists. And if they have to be used on floors or if they themselves get ill, there may be a significant shortage of people to interpret chest films, etc. I know that there's been an effort by some Iranian radiologists on a WhatsApp platform to help out with some of the chest examinations. I just don't know how large scale that will be, and we just have to wait to get this out and let people find out about it to see if there is such a need.

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Geoff: Yeah. These are early days unquestionably, but kudos for a terrific initiative. I can't help but think about Dan Mollura who we interviewed just a few months back here on the podcast who is the CEO of RAD-AID, and the network that RAD-AID has in reaching out to the developing world. I wonder if you've considered maybe partnerships there to really leverage the opportunity.

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Michael: You know, that's really a great idea. I haven't, but I think it's a great idea to reach out to RAD-AID. I haven't thought of that, and so that's a great idea. I know a lot of academic institutions send their residents for R attendings to global health. So a large number of our residents go for a couple week period of time with an attending. But they don't really do teleradiology. They're there

to do education, do some work flow, but it's always been hard to arrange teleradiology services. And this is a way of maybe enhancing the partnerships we've developed for RAD-AID as well to allow that to happen. So I think that's really a great idea.

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Geoff: Now I do wanna ask you some more maybe nuts and bolts, mundane characteristics about the plan and particularly within the U.S. A notion of setting up a platform for leveraging expertise across geographies is really appealing but, you know, both within the context of this new platform as well as some of the activities that you mentioned that your docs are taking on in the hospital. Have there been special accommodations considered for privileging and credentialing so that services can be provided and if billing is to be performed that it can be done and attributed to the providers who are doing the work?

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Michael: Yeah. That's a great question. And I think that was one of the first questions when I came up with, what about credentialing, and licensing, and malpractice? I can tell in New York, they've eliminated all of those restrictions. I don't know how long they will last. And I know that one of our senators introduced the bill nationally to eliminate some of those restrictions. I don't know that that bill has passed. I do think, however, that all this has to be done on a local basis. So what we're planning is having institutions match up with each other. I think each institution has to run this by their own legal department to see whether they would be covered for malpractice. The hospital that needs help has to find out how they can waive the credentialing and licensing to make it happen.

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I will say that when I first posted this in SCARD, a number of people were asking if we needed help in New York. And I had a number of my colleagues say we can do whatever is necessary to help you, which was a great feeling. We didn't need that help, but it was great to know that there really is this spirit among radiologists that we wanna help each other. And I will tell you that that's something I found always in radiology. I've always felt radiologists to be incredibly helpful to each other. So if you reach out and say you have a need, people really are willing to help out each other. And we really feel that we're a strong community. And I think that's a great thing to be part of.

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Geoff: Indeed it is. Sabiha, was networking a part of your experience?

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Sabiha: So if you look at what is around us, Geoff, Northwell is a huge network around us. We have the large academic centers in the city. Jamaica and Flushing are two community safety net hospitals that really don't belong to one of the bigger larger networks. So even though within the networks, that collaboration happened and there was a lot of transfer of cases within the Northwell system hospitals, within the Mount Sinai Hospitals, within the NYU Hospitals. We were kind of on our own. So what happened at one point, Geoff, I was telling you, for us, I think the apex was on April 7th, I very clearly remember that day. We had 150 vented patients in our hospitals, and we got a call from our oxygen supplier that we were in danger, because we had really maxed out what we could use.

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So at that day, my CEO and I was thinking like, what do we do now? Where do we look for help? I'm sure if you had asked help around our hospitals, knowing that they were going through a similar surge and knowing that they had similar issues like us, even if they had wanted to they would not have been able to help us. So, what we did is we sat there and we're like, "Can we call somebody in Upstate New York and see if they can help us?" So we called Albany Medical Center, and we said, "How does your census look like?" So Albany Medical Center is also a Level-1 trauma center. They have a capacity of 700 beds, but because they had cut their elective procedures that day, they had 450 patients in their hospital. And they said, "We have huge capacity, we can take your patients."

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Within 10 minutes, Geoff, we had an agreement with them, and we transferred several of our vented patients to Albany Medical Center, and some of the other MedSurge. So they sent helicopters to take our vented patients, but with road transportation we sent some of our MedSurge patients to kind of decant the hospital and get some breathing space. So we got help outside of the downstate area. We looked in the Upstate New York to get that help.

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Geoff: Yeah. That's very resourceful. I will also just point out the getting breathing space, a very good turn of phrase there. You describe this mini crisis or maybe it was a maxi crisis in terms of oxygen capacity. It's interesting that the remedy was to send patients to Albany instead of getting oxygen transferred from Albany to you.

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Sabiha: Yeah.

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Geoff: Help us understand the decision making there.

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Sabiha: So it was a kind of a simultaneous process, because we did first look at oxygen supply and we reached out to the Department for Health, reached out everywhere with all the resources. Nobody could locate an oxygen trailer that could be sent to our hospital, because, again, every hospital was beyond capacity on what they were using. And we were promised that maybe a trailer will come from Texas. That didn't materialize. Everybody was trying to help us, but nobody could identify a trailer that could be sent to us. At which point we had no other choice, but to transfer the patients.

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Geoff: I see. And these trailers are...?

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Sabiha: Liquid oxygen.

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Geoff: I see. Yeah, to transfer liquid oxygen, okay. What about PPE? You mentioned, and we know that there was really a crisis in accessing PPE. And, I mean, I have the sense that all the health systems were trying to get their hands on it however they could, what were the strategies that you all used at that point knowing that everybody was trying to get their hands on whatever they could find to assure that you had the protective equipment available for your staff?

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Sabiha: Initially, we had some and the DOH was also sending some from the stockpile. But Medline is our supplier, and we made a decision very early on to write a huge check to Medline to get supplies at least for four weeks for the two hospitals, at least to have some breathing space there and then see what we can get from the stockpile. So that's how we very early on made that decision, and then we kept getting gowns and N-95s from the Department of Health which they were distributing to all hospitals. And then we also had a lot of donations from various organizations.

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We also got lucky not so much for PPE, but more for human resources. We got help from a group called International Medical Corps. It's a group out of Santa Monica, California. And they have responded to many disasters throughout the world basically. And so they came out here and they have been able to help us

with some of the human resources, sending us some doctors, volunteer doctors, nurses, EMTs, paramedics. That has been helpful. But for the PPE, we did get some local donations from physician groups and other organizations. But majority of it came either by purchasing from Medline or from the stockpile.

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Geoff: Very good, very good. We've talked about reaching out to other hospitals and to governmental stockpiles and relief organizations for PPE, and human resources. But beyond that, cooperation and charitable acts can come from surprising sources during a crisis. Are there examples of outreach or support, particularly amongst departments within your centers that surprised you?

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Sabiha: You know, Geoff, everybody was trying to do their part. For example, we have a cardiologist who had a friend in the hedge fund, and he reached out to him. He wrote a nice check for us. We have another physician, a GI physician over at Flushing. He got all his friends and family trying to make donations, and then he will come every week. Like, yesterday, he said, "I have 500 tyvek suits for the 2 hospitals." One time, he found that the patients who were here now without families and without anybody visiting them, their phones were dying out, they didn't have chargers. So he pushed chargers for all the patients.

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Everybody was trying to do everything that they could, even like our respiratory therapists, imagine normally they run...if they go up to like 35 ventilators we say, "Oh, my God this is a bad day," now they were running 90 ventilators with the same staff. And one weekend my respiratory therapist director told me that she was going to give one person off for that one weekend and kind of rotate them. And when she gave him the day off, he said I'll still come in and clean the ventilators so that the team still has some help. So it was beyond words to describe how people came out to help in every which way they could.

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Geoff: That is amazing. Michael, can you recall, were there any specific examples of outreach or support, particularly even from other departments at NYU that have surprised you?

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Michael: As I said before, I think the institution more than our department in particular has been the recipient of a huge amount of outreach by people in New

York, businesses, restaurants. I've been contacted by so many people about leads for PPE, and especially in the early days when there was real concern about PPE and whether we would have enough. People were calling me saying, "Look, I have a friend who knows somebody who has an in." At NYU we actually set up a separate email account and had people just to answer all of these offers to vet them and see which ones we would be able to participate in. And that's been a really great feeling.

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You know, I don't know that as a radiology department in all honesty we have not needed help, we've been able to be ones offering help to other departments. And that's a good feeling as well to be able to reach out to other people.

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Geoff: Yeah. There's nothing like being in a position to help others in need and delivering on that opportunity. Any other key partnerships within the hospital that have helped to propel your department forward?

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Michael: I will say that the one department that we've been working very, very closely with, and we're lucky, because I always say that I'm fortunate to have the best CIO in the world. We've been working with our IT department. Because, you know, one of the things we haven't talked a lot about is our plans for post-COVID. And as I said, we're planning on completely redesigning our entire workflow. And in order to do that, we have to take advantage of IT solutions. How do we do things remotely? How do we fill out all of our forms remotely? How do we schedule remotely? How do we allow patients to work remotely? And all of that has really been in combination with our IT department, even the virtual resident daily work list. That seemed like a very simple idea.

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I was talking to our PD, we were talking about we were gonna do it. So let's just do this. It's a great idea, right? I talked to my IT department, and what I didn't realize was the incredible amount of work they had to do, pulling out all the cases in the past, and breaking it down by section, pulling out all the MRNs, and accession numbers, and impressions so that each of our sections could choose the right cases. That seemed like a lot of work, but that was just the beginning. What they then had to do was they had to go out and they had to anonymize each and every one of these cases. So had to go through and say, "What do we do with branded material, what do we do just anonymizing?" And they had to keep across well, so that they would know for enduring materials once this pandemic is over what the answers to the cases were.

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Then they had to figure out how to reload the cases and create an educational path, so none of these cases were loaded into our normal production paths. And they had to find a way of allowing everybody to dictate these cases so that it really recreated the global environment. And they had to create daily work list for 30-plus rotations, because each work list is different depending on the rotation you're on and the year of residence. So the first year residents work list is very different than a fourth year residents', and they had to create 20 days for each of these rotations. And so it was a huge amount of work, and everybody has really pitched in to do that.

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When we first went live with all the remote workstations in the past year, when we started offering remote workstations to staff who wanted them, and somewhere about a quarter of our staff wanted to have that. Again, in Manhattan it's a little unique, so a lot of people didn't want to have a workstation in their apartment. It took up too much space. But before the surge hit, when we knew we were gonna have to prepare, I worked with our IT department and we said, "Boy, we need to order a significantly increased number of workstations." And there was a problem, because we couldn't get all the monitors right way, we couldn't get all of the computers. And our IT department figured out how to repurpose many of the office computers we had so that they could be repurposed as workstations. We were able to order monitors from a couple of different places. They had a shipment to everybody's house, so that people had them. They had to get tip sheets to get everybody up and running. And it was a huge effort that our IT department was able to do.

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We have Epic as our EMR, and we're working with our Epic team to really add to our radiology app to allow patients to schedule on their own, to fill out all the forms on their own. We're gonna be doing virtual telehealth screening visits so that we're trying to create the non-waiting room visit. So patients really never have to be in a waiting room. One of our staff, Satiris Katsopolis, came up with that moniker, I like it, to try to make it safe for both our patients as well as our staff. And so, all of that is really working in combination with our IT team to make this possible.

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Geoff: Yeah. That is a phenomenal amount that you've accomplished with the IT team. You know, for a lot of radiology practices, the IT that supports them is part of an institutional technology solutions IT department. And in the midst of this crisis, IT has had to deal with a lot of non-radiology issues to be able to

keep the hospitals running effectively and managing shortages, and such. Are you able to accomplish this because you have a separate IT organization for radiology, or how are you able to get all the attention that you've been getting from IT?

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Michael: Although we have people who are dedicated to radiology, they're all part of our Medical Center IT. And that's where I say I had the best CIO in the world. His name is Nader Mherabi. I have been working with him for several years. And Nader is somebody who really gets it. He understands our needs. We meet regularly. We've always met regularly. He is part and parcel of what we do, and without him we wouldn't be nearly as successful. And, you know, we've had several virtual meetings during this pandemic about how we're gonna advance our digital health platform. And he's just a great person to work with. And when we're able to align like this, it allows us to accomplish a lot. I have a great leader in RAD-IT. I've a couple great leaders, Dana Ostrow and Joe Hood. And I can't give them enough credit. They get it.

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One of the things that Nader said very early in our relationship, he said, "You tell me what and I'll figure out how." And that's how we work. I'm able to tell him what we need and then he is able to figure out with his team with Dana and Joe, how we can do it. And it's a really great partnership.

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Geoff: Wow, what a privilege. That's fantastic. Sabiha, you know, I want to return just briefly to your comment about having 80 or 85 people waiting to be admitted in the ED. In those circumstances, were you able to find beds for all of them, and how long were they needing to be housed in the ED, or was part of the strategy to transfer them to other hospitals?

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Sabiha: As I said, very, very quickly we were opening up new floors in the hospitals to move up these patients. But initially what was also the issue is that all the ER testing at that time even though our lab was approved for doing the testing, the test kits were all being diverted to the Department of Health lab, so we had no capability of testing in-house. And the results for the initial week or so when the results were being sent to the DOH labs, it was taking three, four days to get the results back. So it was even very difficult to cohort the patients not knowing whether they are positive or negative. And that was also creating that backup in the ER. But after the first week, DOH labs were turning up results within 24 hours and then things started getting better.

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But what we also did is there was an area in our ER where we had the medical gases and everything, so we converted that area into kind of an ICU area for ventilated patients, and we had our medical teams managing patients there. So even though they were in an ER area, they were being treated as ICU patients and being taken care of by our inpatient physicians. But during that first week or two, there was really no help to send patients anywhere, because all our neighboring hospitals were having a similar issue. But more into like two, three weeks in whenever we saw that our ventilation patient numbers were going up and we were constantly in touch with the Department of Health, they would help us, they would decant a couple of patients to one hospital or to other hospitals, finding where the bed capacity is and help us that way.

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Geoff: I've heard some folks state that the PPE crisis has been resolved in New York, do you agree with that?

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Sabiha: As I said, we have been getting supplies from the stockpile. We have gotten a lot on our own from our suppliers. I can't speak about my hospital. That's something that was extremely important for me to make sure that my staff and my providers on the frontlines have the PPE. So as I said, I round every day, the first question I ask everybody is about PPE. So our issues sometimes have been more like was it distributed properly rather than did we have the supplies? We did have a supply issue yesterday. We didn't have enough gowns, but, by the evening, we had really reached out to all our resources that we could. And we got in about 20,000 gowns last night. So, so far so good. The types of gowns and the types of masks have changed but we have had them all along.

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Geoff: Great. Judy, how have you been doing with PPE?

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Judy: I think that for us, the PPE shortage at the beginning might have been a little bit more significant, because of where we were located and the volume of patients that we were seeing was fairly large, but a large percentage of those patients were critically ill. We are, as I mentioned, located in the Bronx where we serve the underserved, and where our patients are prone to becoming more critically ill and faster. And so, you know, it's the comorbidities of hypertension and diabetes which all of our patients, a large African American and Hispanic populations have a lot of the comorbidities. And so it was tough because our patients were hit quickly and hit hard, and a lot of them were much sicker. And

so we had to deal with that. But, you know, I've always found that radiology chairs in New York are very willing to share information and to work together as needed.

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Geoff: And what about you, Michael? Are you confident that you have all the protective equipment that you and your staff need?

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Michael: Yeah. So I would tell you that we feel that we have all the protective equipment that we need, the PPE. Luckily, we've always had all that we've needed, but that comes with the caveat that we need to use it wisely and follow guidelines. So, as long as we follow the guidelines of the institution as set, we're perfectly fine. But if everybody would use a different mask on every patient or even every day, we would be in trouble.

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And so we've really publicized it. We have frequent quality calls where people from every one of our sites along with our quality leaders in the department, they've gone over the entire algorithms. We have people screening everybody at the doors. They have different PPE than people in other areas of the center. We've algorithms for when we have to do imaging of patients that are recently COVID positive or asymptomatic. And I think, again, it's communicating to everybody, letting them ask their questions, letting them voice their concerns. Let's be honest, everybody is scared during this period of time, everybody's personal health is in jeopardy, everybody's uncertain. And I think it's very important to let people express those concerns and those fears and to answer them as honestly and directly as we can. But, yes, I think we're fine at NYU with PPE, as long as we follow guidelines.

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Geoff: Excellent. Now, I'd like to switch gears a bit and discuss the influence of corporate culture on your ability to manage the crisis. Sabiha, corporate culture varies widely, how would you describe your organization's culture, and how has that culture either empowered or potentially hindered your response amidst the crisis?

[00:36:45]
Sabiha: As I said, Geoff, it is a very flat organization. We don't have layers and layers, so everybody is really hands-on from the very beginning of this crisis when we were planning for it and through it every day. So the entire administrative staff and us we have been here every single day for this last period, so that if there's any issue that comes up, if there are any needs that our

staff has we try to solve it right there and then. We are there. We're fully, fully engaged. The ease of reaching the administration, anybody and everybody in the hospital knows that all they have to do is come up to the fourth floor and the doors are open to them. The ease of engagement with our administration is something that everybody feels a bonus in this organization, and this is not just during this crisis but all along.

[00:37:32]
And because we know each other for such a long time, it's almost like a family atmosphere rather than a work environment where you may know of these people for a few years. We've been together for such a long time that we know that we can depend on each other during this crisis and get through it together. I think that that culture is what holds us all here.

[00:37:52]
Geoff: And that's a culture that you feel underlies both the high levels of administration at Jamaica and Flushing, but also within your Department of Radiology?

[00:38:06]
Sabiha: Yes. So in radiology, I think there are probably like two people who have left this department when they joined me, for personal reasons they moved out. There were two other people who left my department and within three months they were back in my department. Because we still function as a family, we try to help each other, or we try to accommodate each other's needs. Geoff, when I came here, I was a young mom with a 3-year-old and a 6-year-old, and my administration gave me the flexibility to do everything that I needed to do with my kids as long as I performed all my duties here in the department. And I try to provide that same kind of flexibility for all my people in the department, men and women, and whoever they want to be. Because, I think they feel that if they have a balance between their personal life and their professional life they are much happier. At the end, it turns out to be happier for me, because they want to stay here in this group.

[00:39:01]
Geoff: Yeah. That's a fantastic culture that you have built and supported. It's clear that the years have been important in nurturing that and providing such a strong foundation. During normal times, everybody plays their roles to keep the trains running on time, quality, and service maintained. What have you learned about your team through this crisis, and in particular, what behaviors have surprised you the most?

[00:39:35]

Sabiha: Yeah. So with this whole thing, our normal function, the way we were practicing, the way we were running rounds on the floors was kind of all disrupted, because everything happened so quickly. So, you know, normally when we have IDT multi-disciplinary rounds on the floors, we make sure that everybody goes to those rounds. And then with this, we had to say, "Okay, we can kind of take a step back and do what we can during this." Then, we do monitoring of our central lines. We do monitoring of our Foley catheters to make sure we don't have CAUTIs and CLABSIs on the floors. That had to go down. Our clinical documentation people are constantly reminding physicians that they need to change things in the documentation or improve their documentation. That had to stop. Because, now everybody was so inundated with what they were doing. The way they were documenting in charts we had to cut down on that, and thank God that CMS very quickly realized and they relaxed their rules on how to do that.

[00:40:33]
So we had to modify a lot of the ways that we were doing these things, but a surprising thing is that when you're used to doing something, then it becomes a part of the whole process. Like, my CEO and I were just joking yesterday. Every time we have to remind people about the Foleys and the CAUTIs and the CLABSIs. And, Geoff, with all this craziness and with the number of lines that these patients had and the number of Foley catheters these patients had, we were expecting our CAUTI and CLABSI numbers to go up. We have had zero CAUTIs and zero CLABSIs in this six-week period. It's just amazing how the staff has come through doing what needed to be done and yet maintain some level of quality still going through.

[00:41:15]
Geoff: Yeah, that's terrific. CAUTIs and CLABSIs, can you...

[00:41:19]
Sabiha: Oh, yes, Central Line-Associated Bloodstream Infections and Catheter-Associated Urinary Tract Infections.

[00:41:28]
Geoff: Thank you. That's very, very helpful. Judy, what have you learned about your team through this crisis?

[00:41:37]
Judy: What I've learned is that they really appreciate the constant communication. They appreciate the transparency and really the honest communication where you tell them what you're dealing with as the chair, and what you're hearing from the hospital leadership. I don't sugarcoat anything

that's coming from the hospital leadership. When I talk to the leaders of the department, I want them to understand exactly what we're dealing with. And when it was more dire at the beginning of this whole pandemic, I communicated that to them. At the same time, it was with knowing and strategizing with them how to be resilient.

[00:42:30]
I appreciate from them the same honesty and communication of what concerns are. I need that from the leaders of the department, and also from the entire faculty pool, is very important. And it's not just from the MDs. It's from all of the staff. And again, I go back to, you know, it's the clerks, it is the technologists, it is the nursing staff, and the PAs. Because I felt that to be a cohesive team, everybody has to be able to express their anxiety and their stressors. And we need to be able to support each other in all of this. And it's not having one or several sort of isolate and run away from the problem, but it's really bringing the team together, and those who are able to be here and to work to really be able to support each other. And then to look at how some of the off-site folks really would be able to help as well.

[00:43:28]
So it's an evolving process, but I've appreciated those who have been very honest with me, and I to them. And I think that that increases the trust and the bond to help you with getting through a crisis like this. Because at the end of the day, you know, you're left with your team and you have to be able to work together. There has to be clear, respectful communication, and I think that has served us well.

[00:43:57]
Geoff: Are there any behaviors in particular that you've observed that surprise you the most, good or bad?

[00:44:07]
Judy: Yeah. And I've said this which I think is that, you know, the pandemic is a crisis that none of us have experienced. And I hope that we don't experience again in our lifetime. However, it did bring out the best in a lot of the staff, but I would say that it did bring out the worst in some of the staff. Where there was just complete non-communication or lack of complete communication that then would lead us to perhaps go down and do something that we probably shouldn't have done or delayed action. And so, you know, I have asked our staff including faculty really to be clear in communication and if you need reasonable accommodation or don't wanna be deployed for example, be clear, open to the discussion, and really be honest and truthful. And then I can help with solving the problem.

[00:45:08]
Geoff: During times of crisis, when staff are asked to give so much of themselves, it is more important than ever to ensure not only their safety but their well-being as well, how have you fostered wellness among your staff through this COVID-19 response? Robert.

[00:45:27]
Robert: We've always emphasized wellness, both mental and physical well-being, and the dialog that we've had but the continued thoughts and ideas that have come out of those meetings has really been extraordinary. And it's something that we still continue although they've evolved. Initially, it was a lot of my speaking frankly and keeping people updated on what was going on. The last several of these have now been really as much hearing from everyone out there and hearing about their experiences, and what they've gone through. It's been an incredibly strong bonding experience that has taken a department that I think was already close and just made us all closer. So, it's been pretty powerful in that way.

[00:46:24]
Geoff: So providing a platform for these open discussions has provided an avenue for folks to express themselves and share what they have been going through.

[00:46:37]
Robert: There's a lot of sharing. We have a variety of photo contests that I think a lot of people have where they share lot of the great things that have been going on. And some of those are just people that are very proud to have participated in the redeployments and how we've done that in a positive way. Other things are just, you know, sharing photos of a couple of our chief residents bringing ice cream around for all the people that we've redeployed and just sharing those photos. We have a lot of virtual wellness activities that are shared, where people are invited to. I know Friday evening I just got an invite to a breast imaging virtual yoga session. And I think these communications happen sometimes in a formal way, but I think some of the informal ones that I just described are just as powerful in terms of just promoting a sense of well-being and alleviating a lot of the anxieties that are caused not just by the fear of COVID-19 but really being alone, you know, I think the isolation, and the quarantining has been just as challenging for a lot of people as has the fear of getting sick.

[00:47:52]
Geoff: So true. Sabiha, what has been your approach to wellness?

[00:47:57]
Sabiha: Yes, Geoff, so very, very quickly we realized that this whole crisis was taking a toll on our employees. Even during normal days, we have a very large focus on the wellness of our staff. We have a wellness retreat for our staff every year where one of our family medicine physicians is a trainer for providing wellness. We do a retreat with her and we send different stuff every year to her. We have Schwartz Rounds, I'm not sure if you're aware of the Schwartz Rounds.

[00:48:30]
Geoff: No.

[00:48:31]
Sabiha: Schwartz was a lawyer who had lung cancer and he eventually passed. He was just in his 40s, but because of the care that he got at the end of his life, he was very, very impressed and touched by the way his providers had given him care. And he initially started it, but then his family and everybody started these Schwartz Rounds, which now globally they are done to provide a forum for health care providers to talk about difficult emotional situations. You connect with your patients. You have these emotional experiences that are difficult to deal with if you're alone. And we shared them in the group. It's a wonderful forum, and we do that for our employees on both campuses. And it's attended by like over 200, 250 employees every time we do it. We really have yoga classes and all things for the wellness of our employees.

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But when this crisis happened, we really knew that we needed to do something. So what our behavioral medicine physicians did is, they opened up a wellness line. So from 12:00 to 1 p.m. every day there's a line that the employees can call and speak to somebody. If they want to have one-to-one sessions with somebody, we give them that opportunity. So we have already started something for the wellness of our employees, because it has been emotionally draining for everyone. And going forward, we definitely are going to plan something much larger when people have more time to start focusing on themselves.

[00:50:05]
Geoff: Robert, with so many folks stepping up as you described, what steps have you and the other leaders taken to show appreciation to your staff during these difficult days?

[00:50:18]

Robert: First and foremost, I think people, may not sound like a lot, but goes back to the general principles I talked about early on is when people know that we are doing everything we can to acknowledge what is being asked of them, and acknowledge the anxieties, and also making every best effort to protect them. One of the first things I talked about was addressing those, and addressing the known PPE shortages and challenges. I think that in itself really does help people. Subsequent to that, we've given out small financial bonuses for those that have been on the frontlines, not just physicians. The vast majority of those have been the non-physicians who have provided their services without hesitating. So we've been able to do that in acknowledgement of the services they provided.

[00:51:27]
We're very fortunate here that despite the tremendous financial challenges that we've faced and will continue to face in terms of the decline in receipts, and frankly, the additional expenses that we've incurred during this pandemic. We've made it a priority to make sure that everyone on the frontlines, everyone in the clinical areas is going to continue to get paid. That has not been the case, unfortunately, in a lot of health care facilities. I think when people see that we're doing everything we can to even pay attention to that, it's certainly appreciated.

[00:52:15]
New York, like a lot of places in the country at 7 p.m., it's pretty crazy out there if you listen on the streets. That means a lot to our health care workers just in terms of here are the public even beyond what we've done, here is institutional leadership, the fact that the public has really appreciated what healthcare workers have done and are doing goes a long way. You know, I've often told our faculty that it's amazing to me, because I think many of us that have been in health care and been in medicine for decades, I think things have changed over the last couple of decades in terms of how health care providers and certainly physicians have been viewed by the public.

[00:53:06]
I think that one of the real positives that has come up from this crisis is that the people think about health care workers and certainly physicians in a much shinier way than they did. You know, how I think that the value that we have in the eyes of the public has gone up tremendously. And I think that's a real positive. I just had one of my departmental Zooms this morning, and I call upon a dozen people to share their thoughts. One of the people that I called upon, she happens to be one of our nurse practitioners, spoke to that. And I didn't know this, because she had been COVID positive, and she'd been out for the last couple weeks.

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And she'd just came back today, and she said to me although she was amazed at the 7 p.m. show of appreciation for our health care workers throughout the city. She said that it hurt her in some ways to hear that, because she wanted to be here with her colleagues. And she is really thankful that she can be here, is here today to help do everything she could to help, not just take care of the patients, but also relieve her colleagues who've been fighting this for many, many weeks without a break. Things like that are just phenomenal to hear, and I just heard that this morning.

[00:54:42]
Geoff: Yeah. It's always inspiring to hear those sentiments from folks that are so giving of themselves. How about you, Judy, what steps have you taken to show appreciation to your staff during these difficult days?

[00:55:00]
Judy: So that is a great question. Because I think that we definitely show appreciation for the physician staff, but really we appreciate our frontline clerks, our technologists, our nurses, and our PAs. And to do that, we complement what the health system has already done. I wanna tell you that I am so impressed by how the health system has stepped up and really listened to some of the suggestions during our chairs calls, which was to help provide free meals, so right now the health system, all three meals are at no cost to all staff for the entire month of April. They have provided no cost car rentals and no cost childcare through our medical students, has been very helpful. Hotel nights at no cost to frontline workers who don't wanna go home, because they have been working in the ICU or the emergency room, and don't want to expose their families and children potentially.

[00:56:15]
So that has been a great way I think to take care of the staff. Additionally, in radiology, we have provided additional meals. So we have done bagel breakfasts, and we're doing pizza lunches, and we're doing dinners also for the staff. Each one I try to attend some of them, can't get to all, but I have attended some to personally thank the staff myself, using social distancing obviously. So it's much harder, because you can't have a group of even 10, right? So I typically have to go to multiple areas and try to do that.

[00:56:56]
They love, I think, seeing the leaders in the department reach out to them. I've asked all my division leads to personally thank all the frontline staff themselves, because they want to hear the leaders that they see and they work

with on a daily basis as well. And I think knowing that we as the physician leaders absolutely support and we're there for them when they need them, has been critical. And we will continue rolling through, I think, just providing additional meals seems to draw together the staff, and they really appreciate it.

[00:57:33]
Geoff: Sabiha.

[00:57:35]
Sabiha: During our meetings, we really start all our meetings by appreciating our staff. I walk around not just within my radiology department but I walk around the hospital where I can see physicians, nurses, frontline staff so I can personally thank them for what they are doing. We also kind of try to adjust a little bit of when they are working overtime on what we pay them. Being a safety net hospital, we cannot always thank them by giving them monetary incentives but a lot of the hospitals around us are, so we are in the discussions of what we can afford and what we can do for our employees.

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And believe me, the communities have been unbelievable even though we have kind of purchased lunches and provided lunches for the ER so that they don't go hungry, because they're in their PPE all day. The communities around us have been just outstanding and amazing. There's not been a day when there is not outpouring of love, and thank you notes, and getting food for our employees. Even we had the entire fire department come out to both our hospitals and thank our staff. So I think the staff really feels that everybody is appreciating the hard work that they are doing, because we do go around thanking them, every message starts with that.

[00:58:54]
Geoff: Yeah, marvelous. Now, Michael, what steps have you taken to show appreciation to your staff, particularly those that are stepping up and volunteering as they have been?

[00:59:07]
Michael: So that's an interesting question. First of all, you know, we have a director of wellness in our department, Leah Zorin. She's done a really great job of reaching out. So very early on, she reached out to some of the restaurant chains who were interested in donating food. And we were able to get food donated to our offices. So the people who were coming on-site, had free lunches for a period of time. She reached out and, you know, New York City bikes has a free program for health care workers. And she found out about that, in Manhattan obviously getting to work is one of the big challenges. Because

most people don't drive if they live in Manhattan, and taking the subway or taking public transportation is something that people aren't too anxious to do. And so she was able to find out that this program offered free memberships, and we were able to distribute it. So we've done things like that and she's been a great leader in finding out about some of those activities.

[01:00:04]
But we've also tried to acknowledge everybody who's volunteered. So in my daily newsletters, I call out the people who volunteered. I talk about how much they've been appreciated, how much the dean and the ELG knows about them. And I think they like that. So just today for example the family connect program was featured on the today show. And radiology was mentioned, and Myles Taffel, who is our associate section of body, who has been leading that program for us was called out on national television. And we will distribute that clip to everybody in the department. So people realize that what they're doing is appreciated not just by our department, but by everybody.

[01:00:43]
The other thing that's been very important in New York is there's the 7:00 applause that goes on. And I think people really appreciate that when they're walking home or getting home from work. And the other thing that's been happening is you probably have seen it that people are doing a lot of chalk messages on the sidewalks in front of the hospital. And I think people see that and they realize that people are appreciating what we do as physicians and health care workers. And it's not just our faculty. It's our staff as well. And I've tried to really call out our staff on every occasion, and talk to our faculty about calling out our staff because they're also going into the hospital. Many of them, again, who work traditionally at outpatient centers, are now working in our hospitals taking care of COVID positive patients. So I think it's really important to acknowledge all of that.

[01:01:29]
I will also say that we have been hit and felt personally the effects of COVID. So unfortunately, we've had spouses of some of our faculty and staff who've succumbed to COVID-19. And so I think living in New York we feel the pandemic and its effects really very acutely, and so we felt it everywhere.

[01:01:55]
Geoff: Yeah. If you would indulge me for just a couple more moments, I'm interested in what you're doing to take care of yourself? And if there is any routines that you have changed that have helped you to keep centered and energized through all of this? Robert, perhaps you can start us off.

[01:02:12]
Robert: Sure. You know I mentioned I've been working a lot of hours. By the way, I don't think that my faculty would think any differently if I did a lot of my work remotely, but I do think it's important. I come to work every day, I make sure that I do that regularly. I think it does hopefully send a message that I am here with them, not just advising from somewhere else. There are effective ways to do that too obviously, but this is what I have chosen. Now, those that know me, know that I am a huge fan of mental and physical well-being. It's something that we speak a lot about as a department, particularly with my trainees. I am super close to our residents. We emphasize this, a lot, and the importance of this, and we have for years and years and years. And I try to live that.

[01:03:12]
I use a variety of things for mental and physical fitness. I would say although I've always made it a priority during the past several weeks, I'm probably fitter than I've been in quite a while. So I take every opportunity to do that. For better or for worse, I make crazy ways of thinking and to motivate myself. So I work out a lot, because, at least in general, I think viruses don't like heat so that's one reason. Two, I figure if I do get sick I want a lot of reserve, quite a plenty of reserve, make sure I can fight it. And I also realize that if I work out really hard, and I could make it through that that I can't possibly be sick so I'm keeping my family safe and not exposed. So, everyone has their own things that they do for motivation that's kept me on top of things. And I think it's the way that I cope with a lot of the stressors. So I've paid attention to it. I've tried to. I think it's important. I try to emphasize that with everyone here not to forget about themselves. So, again, thank you for asking. I think that's super important. That's a great message that you can get out there.

[01:04:37]
Geoff: Kudos, that's fantastic. Judy, how about you?

[01:04:41]
Judy: You know, it's interesting, because I get asked that question a lot because I'm here in the hospital a lot. And people keep asking me, "Don't you take off?" I think I try to maintain balance in everything I do. And so when I'm at work and I see the stress that the faculty and the staff go through, I'm their leader. So I try to reflect that balance. And when I do that and even verbalizing a calming message, a supportive message, it calms me. And I find that I support myself that way as well.

[01:05:25]

So it's having that ability to not get as stressed I think. That's not to say that I don't ever get stressed, because I do. But when I go home, I try to leave it behind, and that's where I do spend time with the family. And it's not going out obviously, but it's really sort of relaxing at home and talking about their day, and what we can do together, and looking at the future. And what I've found is that having more thoughtful talks and discussions with my daughter has been very helpful.

[01:06:02]
Geoff: Yes. Just that shift to focus to something more normalizing can be so beneficial. Sabiha, what about you?

[01:06:11]
Sabiha: So, pre-COVID days my whole family were exercise freaks, so I would exercise, I would go to the gym every day. All that is gone. And because of this, the days were so long. We would be in the hospital from very early in the morning to late at night. So for almost a month, nothing happened. For the last couple of weeks, I've been trying to at least get like an hour of just walking or doing something at home, or exercising at home, something to break the routine. And my husband has been going out every morning to run in the park, so some semblance of normalcy coming back.

[01:07:01]
Geoff: That concludes Episode 3 of our series. My thanks go to all four of our leaders, Judy Yee, Michael Recht, Sabiha Raoof, and Robert Min who made time during the peak of the pandemic to share their experiences with our community. Today, we heard how collaborative cultures supported remarkable teamwork across institutional departments including the partnership between IT and radiology at NYU to rapidly create remote reading capabilities despite limited availability of key workstation components, and to redesign workflows to protect patients and staff by allowing physical distancing.

[01:07:40]
We also heard about the generosity of community partnerships to access personal protective equipment during times of shortage, and of cooperation between hospitals when Jamaica hospital experienced an oxygen shortage and Albany hospital stepped up to accept oxygen-dependent patients and transfer to assure that Jamaica did not run out. We also heard of the camaraderie of radiology chair networks, particularly SCARD, The Society of Chairs of Academic Radiology Departments for bringing leaders together to share ideas and best practices.

[01:08:16]

We heard uplifting stories of sacrifice by staff working overtime to keep up with extraordinary clinical demands and the work of our leaders to recognize those efforts and assure that staff were supported in the spirit of wellness to ease their burdens. Finally, we heard how the leaders themselves despite unpredictable disruptions throughout the crisis made sure that they found time for physical exercise and mental rejuvenation to ensure their effectiveness throughout the crisis.

[01:08:48]
Please join me next week for the fourth and final episode of our series when the leaders reflect on their leadership styles and the influence of those styles on managing the crisis. They explore how they managed family relationships during the crisis. Assess the financial impact of the crisis. Finally, we look to the future and discuss critical steps for transitioning back to normal operations and explore the changes resulting from the crisis that might endure post-COVID.

[01:09:20]
As we close this episode of the RLI's "Taking the Lead" podcast, I want to once again thank our sponsor, the executive MBA/MS in Health Care Leadership program at Cornell University. Cornell offers a two-year dual degree executive MBA/MS in health care leadership designed for high achieving professionals aspiring to leadership in the healthcare arena. The Saturday, Sunday format on alternating weekends in New York City allows professionals to continue working full time while pursuing the program. To learn more, please be sure to check out the link that will be available on the page for this episode.

[01:10:00]
If you've enjoyed this podcast, I invite you to do three easy things. Subscribe to the series, so you need never miss an episode, share the link, so your peers can listen too, and like or rate every episode so more people will discover it. "Taking the Lead" is a production of the radiology leadership institute and the American College of Radiology.

[01:10:24]
Special thanks go to Anne Marie Pascoe, Senior Director of the RLI, and Co-producer of this podcast, to Peg Helminski for production support, Linda Sowers for our marketing, Bryan Russell for technical support, and Shane Yoder for our theme music.

[01:10:40]
Finally, thank you our audience for listening and for your interest in radiology leadership. I'm your host Geoff Rubin from Duke University. We welcome your

feedback, questions, and ideas for future conversations. You can reach me on Twitter @GeoffRubin or using the #rlitakingthelead. Alternatively, send us an email at rli@acr.org. I look forward to you joining me next time on, "Taking the Lead."

[01:11:13]
[Music]