The 2020 Executive Session, held virtually in Chicago on August 24, 2020, explored how health care leaders in New York City navigated the disruptions, constantly changing climate and intense stress to serve their diverse communities in urgent need of care. This executive summary shares lessons learned and practical future guidance for providing care and support to patients and employees while continuing to demonstrate community leadership in combating racial and social inequity.
EXECUTIVE SUMMARY

Even for health care leaders accustomed to confronting challenges, 2020 stands out as a uniquely challenging year. The COVID-19 pandemic, coupled with the widespread protests against social injustice and systemic racism in the wake of George Floyd’s death, created a turbulent environment that required agile, flexible leadership.

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Executive Session Participants

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MediSys Health Network and Jamaica Hospital Medical Center

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SBH Health System

Karen Johnson  
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MODERATOR  
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At the 2020 Executive Session, panelists discussed several key issues, including:

- How they prepared professionally and personally for the pandemic and its impact on their hospital and community.
- How they supported staff dealing with anxiety, fear and potential burnout in the midst of crisis.
- Strategies for stretching limited resources to meet tremendous needs.
- Steps hospitals can take to lead the way in addressing racial and social inequities and the resulting health care disparities.

**Grappling with a Year of Compounding Challenges**

Working hard and compassionately to overcome a complex combination of challenges is nothing new for the leadership and staff of MediSys Health Network and SBH Health. Located in Queens, the most culturally diverse of the 3,000 counties in the United States, MediSys’ network of two hospitals, ambulatory clinics and a skilled nursing facility takes full capitated risk on 158,000 individuals, and the system’s Jamaica Hospital Medical Center is the second busiest Level I trauma center in New York City.

SBH Health System is a long-established anchor institution in the Bronx, which consistently ranks as the least healthy county in New York State in the Robert Wood Johnson rankings. Pandemic or not, the mission-driven staff consistently focuses on providing community residents affected by poverty, structural racism and other challenging factors with optimal opportunity for health and well-being.

COVID-19 and the social unrest that roiled the country following the killing of George Floyd have amplified the challenges faced by both health systems. Moving forward, the lessons learned from their experiences managing the turbulence in 2020 can help health care leaders nationwide address challenges and embrace opportunities with new focus and valuable insight.

**Fluid Situations Demand Increased Agility**

One of the biggest challenges health care providers faced, especially in the first wave of the COVID-19 pandemic, was how quickly and frequently the situation and available information changed. The fluid circumstances and contradictory guidance from sources such as the Centers for Disease Control made it difficult to make informed decisions. The constant anxiety and fear exacerbated the uncertainty.

The leaders at MediSys and SBH moved straight into crisis response mode, recognizing the need to be highly adaptable and ready to transform practices and processes in a matter of days, rather than the months or years such changes might typically require.

They also tried their best to prepare for the unknowable. For example, based on the guidance of Eric Applebaum, Chief Marketing Officer at SBH, who had been following the coronavirus developments in China and Europe, the health system early on began to stockpile personal protective equipment (PPE) and track employee vacation plans in case they needed to be cancelled.

And just when the hospitals needed extra money for everything from equipment to people, the cancellation of non-emergent and elective surgeries intensified the lack of financial resources – in short supply in the best of times in safety-net health systems like theirs.
**Spotlight on Staffing**

The tremendous surge in patients forced hospitals to scramble for more space and more supplies. But without question, staffing was the foremost challenge — supporting current employees to keep them physically and emotionally healthy and safe, and rapidly recruiting and onboarding additional staff to meet urgently escalating needs.

**Caring for the caregivers**

Serving in the frontlines of the battle against the coronavirus from the very beginning took a high toll, personally and professionally, on health care workers. School closures added to the challenge, as team members struggled to juggle caring for their children and their patients. Minimizing the risk of burnout for employees working extremely long hours and dealing with previously unimaginable numbers of gravely ill and dying patients was a top priority for MediSys and SBH leadership.

Since health care workers tend to be stoic, anticipating the need for support and proactively providing it was — and continues to be — absolutely essential. Creating an environment of workforce empathy and compassion, where it was ok not to be ok, underscored this commitment.

The hospitals implemented a broad range of strategies to keep employees safe, give them peace of mind, and recognize their heroic efforts, including:

- Providing quarantine pay to ensure employees who were unable to work because they were sick or exposed to COVID-19 would continue to receive their regular pay and not have to worry about losing their jobs.
- Instituting telecommuting for all eligible employees and coordinating with IT to make sure remote employees had the equipment and support to be successful.
- Removing as many stressors as possible. This included providing CARE packages for all shifts, feeding employees while at work and sending them home with food for their families, covering the cost of parking, ride-shares, taxis, Citi Bikes, rental cars or other transportation when the subways weren’t reliable or safe to use, and covering the cost of hotel rooms for employees fearful of infecting their families.
- Creating quiet zones where employees could take a break and hang out, starting support hotlines, encouraging journaling and offering sound therapy.
- Welcoming support from the community, whether food deliveries, posting letters of thanks or partnering with volunteers. Furloughed airline and hotel employees approached MediSys to offer assistance, ultimately creating and staffing “first-class” lounges on-site that offered food, respite and people willing to lend a sympathetic ear.
- Insisting employees take time off once the crisis abated in order to disconnect and refortify themselves.
- Training the management team, using a train-the-trainer approach, to identify employees suffering in silence.
- Strategically placing behavioral health professionals in units to give employees an opportunity to talk about their experiences.

“As a pediatrician, physician and CEO, I’m used to following some sort of guidelines that drive what I do. Because of the rapidity and severity of the virus, it was hard to actually develop single plans. It forced us to keep up on everything as quickly as possible.”

*David Perlstein*

“They saw a lot of torment firsthand... these things leave a lasting imprint. We’re keeping a close eye on what they may need, and what they’re able to articulate.’

*Trina Cornet*

Source: National Academy of Medicine
• Encouraging management to round daily to keep in close touch with employees and alert to any potential issues.
• Transferring patients to hospitals as far away as Albany to decrease the number of ventilated patients staff members were responsible for caring for.
• Publishing a heroes blog to highlight individuals or teams that went above and beyond in treating patients.

The thought leaders recognize that the road ahead will be rocky for many staff members. The employees face a heightened risk of PTSD, especially during COVID-19 positivity spikes. Even in non-pandemic times, health care workers are more likely to experience burnout. Continuing to implement these strategies as appropriate can provide much-needed support to employees.

Keeping a close, compassionate eye on employees will also be important. The COVID-19 experience may express itself in disruptive behavior or other changes. Managers need to be mindful of and sensitive to triggers that staff may be reacting to and perhaps handle discipline differently than pre-COVID.

Hospital leaders also need to be cognizant of anxiety that employees who switched to working remotely may experience on returning to the workplace. Many have concerns about how and when it feels safe to return, requiring hospitals to clearly communicate all steps being taken to ensure a safe workplace.

Expanding the staffing ranks

For the first five weeks of the pandemic, intensive care physicians at MediSys’ Flushing and Jamaica hospitals worked 14-hour shifts, without relief. Hospitals faced intense pressure to find qualified critical care staff to bolster their exhausted caregivers, whose ranks were further decimated by colleagues who were ill or quarantined themselves.

Here are some of the strategies the SBH and MediSys leaders used to alleviate staff shortages:

• Deploying non-critical care staff in areas as needed. MediSys had ambulatory physicians working in in-patient units, surgeons managing the Emergency Department and gastroenterologists running in-patient floors. SBH had dental residents who volunteered to administer COVID tests.
• Creating a staffing portal to efficiently track deficit areas and reassign surplus staff to areas as needed.
• Capitalizing on staffing tools and resources from ASHHRA and the Greater NY Chapter.
• Partnering with city, state, private and professional organizations, such as the American College of Chest Physicians, to recruit volunteers, including physicians and ancillary staff.
• Collaborating with HR and professional development teams to recruit and onboard additional RNs as per diems.
• Streamlining onboarding process to make it quick and easy for new staff to seamlessly join hospital teams.
• Partnering with unions to increase nurses’ pay to attract additional nurses.

Reviewing and enhancing staffing policies and procedures as part of an overall emergency gestion plan will likely be necessary.

“We didn’t wait for people to pull – we pushed it on them. If you wait for health care people to come for help, you’re going to hear crickets. So we just assumed people were suffering.”

David Perlstein

“Behavioral change is a journey, it’s not something that can happen overnight.”

Alison Bodor

“People are realizing they have privilege they didn’t know they had. They want to use this voice and energy to engender change.”

Alison Bodor
response plan helps ensure staffing shortages don’t compromise surge capacity. However, recruiting and retaining qualified employees is an ongoing challenge for all health care organizations, even when not in the midst of a pandemic. Strategies such as building staffing portals, strengthening partnerships with government and private organizations, and cross-training staff can help attract employees and fill needs in all areas.

## Communicate Frequently and Transparently

When the first wave of COVID-19 swept New York City, information and guidance from the CDC, government and other sources came so voluminously and changed so rapidly that hospital leaders struggled to keep pace themselves.

The camaraderie was heartwarming. Everybody came together – working beyond their job descriptions, helping wherever help was needed.”

*Sabiba Raoof*

But even then, they recognized how critical it was to keep their employees consistently updated.

Communicating frequently in a unified, transparent, reliable voice was essential. At the height of the crisis, SBH provided morning, afternoon and evening updates to all employees. The CMO and COO created daily or weekly summaries of the latest developments.

MediSys also focused on frequent communications, including numerous videos from CEO Bruce Flanz to share information with employees about the latest developments and the ways the organization was working to support staff.

### Tackling Health Care Disparities

George Floyd’s death in May sparked a national and global consciousness-awakening about systemic racism, racial inequities and social injustice. It also triggered conversation about health care disparities, reinforced by the disproportionate toll COVID-19 has taken in communities of color.

As safety-net institutions, SBH and MediSys have been working diligently to address these disparities for decades. The leaders agree that the intentional diversity within their organizations, which reflects the diversity in their communities, strengthens their ability to be change agents. They also note that the commitment to diversity must start at the top and be consistently integrated into culture, patient care and community action.

Most employees at SBH are Bronx residents, which makes their dedication to providing quality care and service an extremely personal crusade. In addition, it helps ensure patients have the opportunity to see themselves reflected in those providing care for them, a vital step in eliminating health care disparities.

The ability to deliver care also depends on communicating clearly and compassionately.

“We had to make sure we had integrated communication so we spoke in one unified and transparent voice to the employees to let them know what was going on.”

*Karen Johnson*

“We strongly believe the diversity within our organization has enabled us to position ourselves for a time like this. Certainly we actively engaged in conversation in the years before it was “chic” to be concerned about diversity. Diversity is our strength—it has shaped how we move forward.”

*Trina Cornet*
The whole climate of COVID not only opened up and exposed the fragility in terms of health inequities, but it exposed the structural racism in terms of racial inequity and inequality.”

Karen Johnson

“We have a very culturally rich and ethnically diverse patient population… We feel that the work we do every day is very meaningful.”

Sabiha Raoof

The hospital leaders observed that solving the myriad problems contributing to health care disparities requires asking questions, listening carefully, acting intentionally and recognizing that changing the trajectory is a process that requires ongoing commitment.

Build on Experience and Knowledge

The ability to lead flexibly and effectively during difficult times doesn’t emerge from a vacuum. Rather, it requires building on and adapting existing experience, knowledge and culture. For close to three decades, MediSys has been sending clinical teams around the country and the Americas to help other communities in need. Working closely in areas devastated by hurricanes, earthquakes and other disasters has enabled the staff not only to share their skills but to enhance their own knowledge about emergency management and response.

“We don’t have financial assets – our greatest asset is our workforce. The average longevity of our team members is 25 years, which shows how mission-driven we are. This really enabled us to provide the services to our community which we’ve been committed to for decades.”

Bruce Flanz

A month before the pandemic hit full force, MediSys’ Vice Presidents of Psychiatry had been in Puerto Rico helping people deal with the aftermath of the earthquake there. She was able to use that experience to help her own colleagues in New York cope more effectively with the challenges of COVID-19.

Recruiting mission-driven staff members and creating a supportive culture that encourages longevity, commitment and teamwork also delivers dividends during crises. Staff members with a high level of engagement and commitment are willing to do the jobs they’re trained for – and also to volunteer to take on responsibilities beyond their usual roles. They’re willing to work together with their colleagues, wherever help is needed.
1. When dealing with the unknown, rely on what — and who — you do know.
   Leverage the knowledge and experience of your leaders and employees to deliver the best possible care even as circumstances constantly change.

2. Don’t rehearse the panic but be prepared.
   Have an emergency response plan, recognize it may need to be adapted, pay close attention to external challenges and internal needs, and be ready to roll with whatever comes.

3. Hire, engage and support great staff.
   Your team is your most valuable asset. Recruit highly qualified employees who share your organization’s mission, commitment to the community and dedication to patient care. Allow them to do what they do best.

4. Put employee well-being front and center.
   Anticipate stressors, identify needs and proactively provide a variety of support. Show your staff regularly how much you value them in actions as well as words.

5. Communicate with timeliness and honesty.
   Knowledge is empowering and critical to alleviating anxiety and mitigating fear. The faster a situation is changing, the greater the need for frequent communication via multiple channels.

6. Demonstrate your care for your community through concrete action.
   Make sure the patients you treat see themselves in the diversity of your staff. Focus on delivering the quality care every patient deserves, but expand your vision of service beyond health care. Look at the larger landscape of social determinants affecting access and equity of care, and determine specific steps your organization can take to drive change.
Founded in 1964, the American Society for Health Care Human Resources Administration (ASHHRA) is a professional membership group of the American Hospital Association (AHA) and has approximately 2,000 members nationwide.

ASHHRA leads the way to advance health care HR professionals to become more effective, valued and credible leaders in health care human resources. As the foremost resource for health care human resources, ASHHRA provides timely and critical support through research, learning and knowledge sharing, professional development, products and resources, and opportunities for networking and collaboration. ASHHRA offers the only certification distinguishing health care human resources professionals, the Certified in Healthcare Human Resources (CHHR).

**MISSION**
To advance health care through the support and development of a knowledgeable and connected network of human resources professionals by providing innovative resources, tools, and strategies.

**VISION**
An inspired community of health care human resources professionals that reaches its highest potential as a catalyst for positive change in an evolving health care landscape.

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Evidenced in visionary thinking, innovative programs and services, and a passion for excellence

**COLLABORATION:**
Evidenced in mutual respect and multiple insights exchanged in an inclusive professional environment.