DR. ALFREDO ASTUA
CHIEF OF PULMONARY AND CRITICAL CARE MEDICINE, NYC HEALTH + HOSPITALS/ ELMHURST

My role: As coronavirus started ramping up in the U.S., we were getting ready for what we thought was going to happen. At that time, one of our colleagues became very scared of what COVID-19 might be, so he left. I took over his rotation in the medical ICU. That’s when the cases began.

A Frightening Moment: Acute Respiratory Distress Syndrome (ARDS) is a pulmonary condition we would perhaps see in two cases a month. One night, I received two ARDS patients and I thought it was likely COVID-19 because it just presented in such a strange way. The next day, I received four patients. That’s when I rang the bell and said something incredibly horrifying is going to occur here.

Signs of Hope: We’ve had many of these patients with this terrible virus who had to be intubated. Many thought most would die, but many have recovered. Some have actually walked out of the hospital and gone home to their families.

On a nightly basis, I gather all the nurses, my fellows, other doctors and the residents, and I share patient stories. I know everyone is tired and scared, so I tell them about the patients who went home to their families, just like we are going home to our families. I tell them that’s why we give every single ounce of strength we have to this fight - so we can make sure more of these patients go home.

Every worker in our hospital is a hero. It takes strength, dedication and courage of an entire team to be able to care of our patients. It really is a collaborative effort.

Lessons Learned: Aside from the medicine, one of the biggest things that I take home from this crisis is just how wonderful the human spirit really can be. We have great relationships at Elmhurst. The pandemic got us closer and made us see the need to work as a team to help our patients. COVID-19 not only attacks the lungs, but it attacks the kidneys, liver, central nervous system and GI system. We have to work as a team 100 percent of the time for 100 percent of the patients so that they have a fighting chance.

Managing Stress: This past weekend was the first day off I had in almost two months. What really has kept all of us going is each other. We’re not only colleagues here at the hospital, but we’re also friends.

When I go home to my wife Natalia and my daughters, Isabella, 9, and Sofia, 3, they’ve always been my support system. My wife says she’s my biggest fan and supports me in everything that I know I need to do for my community.

CONTINUED
SOCIAL WORKER PROVIDES CRITICAL SUPPORT TO FAMILIES OVERWHELMED BY CRISIS

SUN MCGUIRK, LCSW
SURGERY SOCIAL WORK SUPERVISOR,
NYC HEALTH + HOSPITALS/JACOBI

My Role: I am the direct care social worker on one of the COVID-19 units in the ICU and provide ongoing support for patients and families throughout the course of their ICU stay.

I work with the care team to determine a safe discharge plan for patients who have recovered and are ready to leave the hospital. Of course, we must always take into account the safety of both the patient and their family.

I also provide bereavement counseling to families – both during the end-of-life process and after a patient has passed on. So many families are overwhelmed by this crisis. I help them navigate hospital and community support – for death certificates, funeral arrangements, locating property. By assisting with these tasks, I also have an opportunity to provide continued emotional support.

Impact of COVID-19: When Jacobi became inundated with very critical patients, and we opened additional ICU units, I took on a direct care role. The most difficult part of the pandemic is the sheer volume of it. We’ve had such a large influx of patients.

That difficulty is also compounded by visitation suspension. We’re making sure we keep people safe. But we’re also assisting patients who aren’t able to have visitors and helping family members who aren’t able to visit. It’s a big concern for family members since they want to be here for their loved ones, especially considering how critical they are.

Tough Moments: There have been tough days with a lot of loss. To do our job well, we have to get to know the families, understand where they’re coming from. We have to learn more about our patients, get to know them as a person, know what their life was like before they were hospitalized. Knowing all of that, then sharing in their loss, has been difficult.

Why I’m on the Frontlines: Family is important to me. So, I want patients to be taken care of the way that I would want my family to be cared for.

I have to say that the families have been really appreciative. Even through the challenges that they are facing, they are expressing gratitude for the medical providers, social workers and all hospital staff. One family member sent an email after her brother passed to share how grateful she was for everything we did for him. She said her brother died with dignity. And that means a lot.

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LEADING FROM THE TRENCHES IN QUEENS

My Role: I have clinical and administrative oversight for the emergency services. During the peak, I chose to be in the clinical units every day to ensure I was leading from the trenches alongside my courageous and committed staff.

COVID-19 brought unprecedented challenges, as the borough of Queens became the epicenter of the epicenter. One of our most challenging tests came in our ability to respond to a protracted surge in cases and our successful effort to move patients safely to other hospitals in our system when we needed it most. Being part of a large, integrated health care system has been advantageous. We received additional staff to help us expand capacity to continue providing care, and the systemwide effort to level load allowed us to transfer patients to other NYC Health + Hospital facilities in order to manage overcrowding in the ED.

Why I’m on the Frontlines: The Emergency Department is the front door to the hospital, so I did not choose this fight. This fight chose me.

This is my calling, and the preservation of life and human dignity is integral to this calling. Because success is dependent on our collective effort, it has been encouraging to see the different disciplines collaborate and share best practices and resources.

Managing stress: The first thing I had to do was to face my personal sense of vulnerability. I found solace in my faith and reassurance in a well-known Psalms: chapter 23 verse 4, “Even though I walk through the valley of the shadow of death, I will fear no evil, for You are with me…” This grounded me every day.

My family, especially my wife, has been a pillar of strength through this challenging time. I also work with an incredible team of leaders and staff in the ED. We support, encourage and care for one another.

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HELPING STAFF COPE WITH TRAUMA

Samantha Warner, LCSW
Associate Director of Mental Health Services/
Helping Healers Heal (H3) Coordinator,
NYC Health + Hospitals/Elmhurst

My Role: I supervise our Helping Healers Heal (H3) program and work with patients who have Substance Use Disorders. One of my main priorities now is to make sure our amazing staff feels supported. I helped set up our respite room where staff can take breaks from patient care areas, the H3 debriefings with staff and coordinate wellness rounds to check on staff in each department.

I work with social workers and also with peer support champions, who are colleagues from every department trained to provide emotional support to staff. We ask staff how they are feeling and if they’re taking care of themselves. When we do speak, we let the person decide how they would like to spend our time together. It’s not therapy. We’re here to support them and to let them know that they’re not alone, so we talk through feelings.

That’s what I do, anytime and anywhere I’m needed. This is a unique situation we’re facing and it’s a lot to bear. Nobody should feel like they can’t or shouldn’t reach out to talk.

Impact of COVID-19: I’m working with the Caring Connections program, led by Jodi Romano at Elmhurst. We use iPads to reconnect COVID-19 patients with their family, and for some it may be the last time they speak. Helping make that connection has been one of the most rewarding things I’ve ever done.

I’m not always in the respite room but I check-in and talk to people. On one occasion, an ICU nurse came to talk and she confided that what was happening was like nothing she had ever seen before. We spoke briefly to help her recharge before heading back out to work. As she was leaving, tears filled her eyes and she said thank you.

Many nurses and staff say they feel there are few people who can relate. Even talking to family is difficult because they can’t comprehend the experience. That’s when it hit home for me that this helps, and it’s my contribution. I’m so proud of the work we do.

Why I’m on the frontlines: It’s heart wrenching when you hear what’s going on from rapid response teams and knowing that so many people have lost family members, friends and loves ones. I wanted to help anyway I could. I work in healthcare to help people, and that’s a major part of who I am. So, I’m doing what I can to help my community.

Managing Stress: I feel positive every time I hear music playing over loud speakers in the hospital. When I do, I know someone has been discharged. It’s a shining light.
FROM FINANCE TO THE COVID-19 FRONTLINES

ALFIA ANDREU
COORDINATING MANAGER/UNIT CLERK,
NYC HEALTH + HOSPITALS/HARLEM

My Role: I’m a Coordinating Manager in Finance, and I help patients discuss bills, their accounts and making payments. But when COVID-19 began, I quickly recognized and felt the need to do more. So, I geared up with PPE and began to serve meals to our patients. This led to talking with them and understanding their concerns, fears, and wants. Their most pressing concern was not being able to talk or see their loved ones or just a familiar face.

I decided that it would be my mission to connect with our patients and to get them connected with loved ones using iPads, Skype and Facetime video calls. I make it a priority daily to go by their bedsides, greet them by name, ask if they need anything, assist with what I can and pray. Above all, I hold their hands and give reassurance of a better day.

Why I’m on the Frontlines: It is my duty to be here for others. I take this service seriously as an individual, and as a member of this community. I want every patient, visitor, and colleague who are part of the Harlem Hospital family to know that I care. I show I care with action, because behavior is a true testament to my compassion, consideration and sincerity. In the words of Maya Angelou “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Due to these overwhelming and precarious times, as a leading institution of healthcare we have had to take extraordinary measures of precaution to limit unnecessary exposure. Because of this, family and friends are not allowed to visit many of our patients. As a result, they feel alone and abandoned. I want them to know, feel and remember that someone was there with them every day physically, emotionally, and spiritually.

I’m here on the frontlines to provide comfort and a helping hand to all those around me. I want everyone to know that we are no longer strangers or co-workers, but comrades who survived and thrived during an unfortunate event in human history.

Managing Stress: My most pleasing coping mechanism is talking with friends and family, who are super encouraging. My strength is renewed daily because, I know that through it all, I will never have to stand alone.

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