TRANSFERRING PATIENTS, WITH SPEED AND SAFETY

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My role: I was tasked to build and lead the Community Care Central Processing team to help transfer patients with COVID-19 in our 11 acute facilities.

Transporting and tracking patients is a big feat, and few of us on the team have worked on transportation projects before. Things moved quickly, and we worked fast. I learned new processes and put infrastructure together pretty much overnight. We created a database to track patients we transport, and we had to learn how to order ambulettes through hundreds of our vendors. I trained myself, and then I trained my team. I couldn’t have done this without them, and I’m so thankful for them.

Together, we moved patients between facilities and also hotels. Some of the patients were mothers with infants who were kicked out of their homes because of their COVID-19 status and had no place to go. I remember one individual who expressed gratitude for our work, because he tested positive for COVID-19 but didn’t want to go home and possibly infect his wife and three kids. He was so grateful.

Impact of COVID-19: Our team was first focused on working with hospital leadership to identify and transfer patients to our new temporary hospital, the Roosevelt Island Medical Center (RIMC). We help hospitals decrease patient volume and ensure a better staff to patient ratio. As we transfer patients, facilities are able to open more ICU beds.

Between the end March through April, the team transferred hundreds of patients safely to RIMC. When you think of those numbers, it’s like emptying out an entire hospital.

The team is now working with the Community Care nursing team to screen and transfer patients to hotels where they can safely separate with the help of the health system. To date, we have transferred more than 150 patients to our two hotels in Queens. The Central Processing team is now taking referrals daily not just from NYC Health + Hospital facilities, but also from community-based organizations, testing sites, the COVID-19 Hotline and other hospital systems in New York.

Why I’m on the frontlines: There’s a reason why I choose to be in healthcare. I want to help people, and people who have worked closely with me know that I’m always looking to contribute. I’m not clinical myself but administrators also play a crucial role especially during the crisis like this.