

*As the world steps back, healthcare professionals from around the globe are going above and beyond to serve those in need during this COVID-19 crisis. Dr. Kristofer Smith, naviHealth's President of Home-Based Medical Care, is one of these dedicated workers, tirelessly answering the call to volunteer for the cause despite not practicing acute care medicine in over a decade. These are his daily stories – uncut and untouched, as told from the front lines.*

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## **Day 3 - Cross discipline collegiality**



Siloes are one of the more surprising and often disappointing discoveries of working in health care. In normal times, too often different disciplines fail to come together as one team. Doctors from different disciplines look down on those in other fields, nurses and nurse practitioners (NPs) often have fraught working relationships and ambulatory practices and hospital priorities often clash.

But in a crisis, we see a return to the most basic desire in all clinicians – the desire to help.

As we have taken on more patients in this new COVID unit, spirits remain high. Providers across all disciplines help with the tasks at hand. NPs can be seen helping to clean soiled clothing and linens, doctors are feeding patients their lunches, physical therapists set up calls with patients, nurses are helping the environmental services staff keep the place clean.

Volunteers continue to show up as well. One day, an orthopedist who usually used the space for ambulatory surgery, offered his services. Then, it was a neurologist, then it was an idle ambulatory internist. They all want to help, if their services are needed.

Meanwhile the census grows, first six, then 11, then 17 until we hit a steady state of 22 patients on an average daily census. The morale is good as the staff see the team coalesce. While we are all still a bit uncomfortable as the work is not our usual and some of the

processes need to be smoothed out, the patients are doing well and we feel the satisfaction of doing our part.

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## **Day 8 - Tired**

We have been going for 12 days straight. The load has been climbing – we have an average census of 22 patients with around six admissions a day and, sadly, one death every 24 hours. We are getting tired.



The initial excitement of kicking off a new unit and volunteering on the front line has faded, replaced by the relentless and complex demands of our patients and the nagging stress of being out of one's comfort zone clinically. We watch as seemingly stable patients crumble in hours, requiring intubation and transfer uptown to a MICU. We wonder what we should have done differently.

As the simple patients are siphoned off to settings like the Javits Center, we are faced with complex hematologic, psychiatric, infectious and endocrinologic comorbidities. We are thankful for the quick and unwavering help from subspecialist colleagues uptown, many of who are readily available via video visits on telemedicine carts, but we hope we are doing enough.

As we acknowledge being drained physically and emotionally, there are signs of hope. In much of the city, the number of patients in the ICUs have stabilized. The most extreme scenarios of putting patients in field hospitals in churches and sports arenas are seemingly going to be unnecessary. The patients, too, are fighting through.

A patient who early on in our work became septic and had to return to the hospital uptown, came back to us. We were surprised and relieved. We had thought for sure he would not make it. He was overjoyed to be back. He buoyed us by reflecting back to us that our attention to his needs had been appreciated and that he felt cared for in an almost loving way that was too often missing from his many prior hospitalizations. His improvement, and others, steady us for the days ahead. That, as well as donations of chocolate, ice cream and the promise of a day off.

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