naviHealth

Trials and Triumphs:

Finding hope during COVID-19

Dr. Kristofer Smith
President of Home-Based Medical Care
naviHealth

Introduction

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 medicine in over a decade.

These are his daily stories – uncut and untouched, as told from the front lines.

None of us had done the exact work ahead and we hoped we would be able to meet the clinical and emotional demands of our patients and their families.

Day 1

Opening Night

We stood anxiously around a newly built nursing station. The explosion of COVID-19 cases required a repurposing of space. This particular floor, which had until recently held an orthopedics ambulatory surgery service. For now, it'll serve patients who have tested positive for COVID-19 and can't yet go home or for patients who were beyond the reach of our medical care where we shift our focus only to comfort.

The room was bright, the shelves well stocked and there was adequate personal protective equipment, but the team assembled for the care of these patients was nervous. The group had been pulled from other parts of the healthcare system: there were neurosurgery physician assistants, orthopedic nurse practitioners, nurses from the operating room, personal care assistants who were billers and registrars, and the only doctor, me, hadn't taken care of an inpatient in 10 years.

None of us had done the exact work ahead and we hoped we would be able to meet the clinical and emotional demands of our patients and their families. We talked about the task at hand and why those in the room had volunteered. The desire to help was palpable and the willingness to be in an environment filled with risk of infection laudable. The intriguing dynamic at play is it's my job to lead this group, to understand their anxieties as well as their competencies and to set the tone for expectations while we're all together.

After a few more team building exercises the call came - our first patient, a transfer from another hospital, had arrived. In rolled the stretcher, pushed by two emergency medical technicians gowned, gloved and masked. They transferred the patient to hospital bed #109 and we got to work.

Day 2

Creating Connections

As our COVID-19 unit fills with mostly frail seniors, the most important challenge is becoming evident. Many of these patients have had no contact with their loved ones in days to weeks. The only contact they have had is with medical staff who are hidden behind gowns, masks, goggles and bouffants. Everyone looks the same, worse yet, the staff are constantly rotating in and out of units as surge plans go into place and physical human contact is mandated to be at a minimum.

All of this puts our elderly patients at high risk for deteriorating either from delirium or depression. Not to mention family members and friends often are left guessing as to how their loved ones are doing. The John A. Hartford Foundation, as part of their Age-Friendly Health System initiative, has argued that attention to mentation is critical for the success of elderly patients and we are seeing this in action.

On our unit, we are fortunate to have staff and leadership who are quick to act. Knowing how important seeing a familiar face can be, tablets were procured, and by day three, patients were having video visits. Since there were more patients than tablets and since many families don't have Wi-Fi, we procured cell phones for patients to call one another. Now throughout the unit, patients can be heard talking to those who love them. They can even take in a movie on YouTube or Netflix or virtually visit their family through video conferencing.

Our clinicians have also started to attend vigorously to mentation. We assess mental status each morning, but more importantly, we work to understand the patient's story. By asking a few questions, we have uncovered that our unit has authors, actors, train operators, uber drivers, barbers, home makers and construction workers. Patient share the foods they are most missing and, when we can, we order it in to make convalescing a little more familiar. Each day, we try to foster human connection in a time of disconnect. It galvanizes the staff and reassures patients and families. It is strange to notice, but the crisis has made us try to be more attentive to patient centeredness.

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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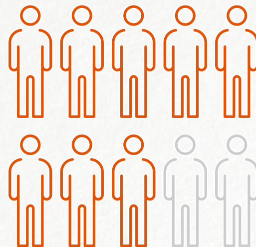
Did you know?

8 out of 10

COVID-19 deaths reported in the U.S. have beeen in adults 65 years and older (CDC)



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

Day 4

Final Moments

Everyone in the unit understood that we would bear witness to patients' final moments. For hundreds each day across the city, COVID-19 overwhelms fragile bodies and, sometimes, there is no more that can be done.

On our unit, we receive daily transfers of patients whose goals are now comfort only. For the staff on the unit, care of this type is new and uncomfortable. The questions are many: How will I know if someone is uncomfortable? Will I cause someone's death if I increase the narcotics? What do I tell the family? What happens when someone actually passes?

In the first few days, we learn together. We review how to tell if a patient might be uncomfortable. We look for tachycardia, tachypnea, grimacing or groaning. We learn how to dose for breakthrough pain. We discuss the ethics of increasing morphine in patients who have inadequate respiratory effort already. And we role play how to talk to families.

Then, we get the call.

Patient in bed 129 is no longer breathing. A small group of us gown-up to go to the bedside. Anxiety is high.

“That patient reminded me of the grandfather who raised me,” sighs one of the clinicians. These moments are hard and sad and each clinician brings a lifetime of experiences with death to the bedside. We go to the room, the patient is indeed no longer breathing, a heartbeat cannot be auscultated. Time of death is announced at 1:25 p.m. We pause. We acknowledge the passing of someone who we never knew, but who was loved by others. We sit together and call the family. Tears on both ends of the phone. The family is grateful that the suffering is over and that people of kindness surrounded their loved one at the end.

Then, we keep moving. There are others who need our help.

Day 5

If Food is Love

If food is love, then we are all rich. As if channeling Tomie dePaola's memorable children's book Strega Nona, donations of food overflow our breakrooms. And much like the famous story, the currency is largely carbohydrates. The generosity has been so plentiful that for days we have had a grateful family who has wanted to buy the clinical staff lunch. Awkwardly, we have been unable to take them up on their offer as others beat them to it.

For breakfast, lunch and dinner we can chose from bagels, pastries, cookies, chocolates, barbeque, pizza, more pizza, pasta, gyros - and what has become the most sought-after delicacy - salads. It is hard for non-clinical folks to participate in the health care response, though clearly many would, so food has become a vehicle for contributing, for finding meaning during such an unusual time. We are thankful.

On the unit, too, food is love. Many patients have been in the hospital for days even weeks. The familiar is a memory. So, for those who will be with us a few days, we start with a simple question: what do you like to eat?

As a result of the coronavirus, many patients can't taste their foods, but many can. Ice cream is the most common request; orange juice says another. "McDonald's!" our patient with diabetes smiles hopefully. And without any prompting, the staff bring these little delights to our patients. It is done quietly, with no expectation for praise. And our patients are thankful - that is enough.

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Did you know?

ESTIMATED % REQUIRING

HOSPITALIZATION

31-70%

of adults **85 years old and older**

31-59%

of adults **65-84 years old**

Among adults with confirmed COVID-19 reported in the United States (CDC)

If food is love,
then we are all rich.

Day 6

We are More Alike My Friend

For once in these endless past few weeks, the sirens are a celebration. We look out of the 4th floor, east-facing windows and a flag flutters over a car-empty New York City avenue. The local fire company has heard that we are caring for COVID patients and they have turned out at 7 p.m. to celebrate our common purpose. I look at their faces, all good men and women, and they earnestly deliver an energetic thank you. The extended ladder truck has our flag high aloft. Spirited notes from a bagpipe livens the evening. Red and yellow lights whirl. Pedestrians stop and break into spontaneous applause.

The days are long, lots of patients don't do well and we are all risking contracting a frightening illness. Many of us haven't seen our families in weeks, not wanting to get anyone sick, especially our own. These 3-5 minutes nightly carry us onward. They refill our bucket. These moments also help us reconnect with that which unites us.

These days we all share being frightened, wanting to help, longing for hugs and family dinners. Maybe in these times when we seem to perseverate on that which divides us, we are remembering that we all fundamentally want the same things: to be safe, surrounded by those who love us, doing meaningful work, eating familiar foods and able to embrace each other.

Maybe Maya Angelou was right when she observed: "I note the obvious differences in the human family… but we are more alike my friend than we are unalike."

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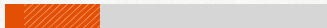
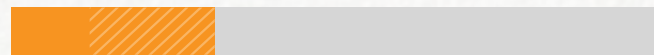
Did you know?

ESTIMATED % REQUIRING ADMISSION TO
INTENSIVE CARE UNIT

6-29%
of adults **85 years old and older**



11-31%
of adults **65-84 years old**



Among adults with confirmed COVID-19 reported in the United States (CDC)

Day 10

Syrup

Over and over again, we are receiving patients from other hospitals who are being described during sign out between teams as altered, delirious, demented, or just out of it. And when they arrive on the unit, they are indeed impaired. Their thoughts appear stuck in syrup, as if they are seeing the world through a semi-permeable veil.

Yet, strangely, when we call their loved ones, we hear about a totally different person. One patient performed at a jazz club three months ago, another holds a job often working six days a week picking up extra shifts and another runs a greeting card company. At the bedside, these same patients initially range from obtunded to, at best, fuzzy. We all think that their families and friends have missed slowly progressing Alzheimer's or damage done by drugs or alcohol.

Despite our skepticism, we do our best to work with the patients to continue orienting them to person, place and

time. We hand out clocks, give newspapers and arrange for phone calls with familiar voices. They watch familiar shows and movies on donated tablets. And slowly, the fog lifts.

Soon, they start to remember where they are. The next day, they remember a name of a loved one. The next day, they remember the phone number of their primary care doctor. And finally, humor returns.

When I was a trainee at a city hospital, there was a Dunkin Donuts in the basement. We all used to laugh that we knew a patient was ready for discharge when they had the “Dunkin Donut sign”—they were well enough to leave the floor and get themselves a cup of coffee at Dunkin Donuts. For our patients today, when they start telling jokes, we know that they are close to being themselves and safe to leave our care.

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Day 12

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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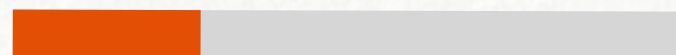
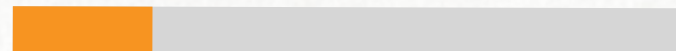
Did you know?

ESTIMATED %
WHO PASSED

10-27%
of adults **85 years old and older**



4-11%
of adults **65-84 years old**



Among adults with confirmed COVID-19 reported in the United States (CDC)

We know this calamity will further highlight that, as a nation, we are failing whole communities.

Day 15

We Must Do Better

In his book "Just Mercy," Bryan Stevenson writes, "I've come to believe that the true measure of our commitment to justice, the character of our society, our commitment to the rule of law, fairness and equality cannot be measured by how we treat the rich, the powerful, the privileged and the respected among us. The true measure of our character is how we treat the poor, the disfavored, the accused, the incarcerated, and the condemned."

This powerful statement from a remarkable leader follows me as I work.

Over the course of the weeks, we notice some surprises in our patients. We are diagnosing many patients with new ailments, unrelated to COVID 19. Numerous patients find out they have diabetes, heart failure, anemia, or kidney disease. Most of the patients are surprised with our findings.

Probing deeper, we realize that many of our patients haven't seen a doctor in years. They lack insurance, can't

get time off from work, have Medicaid but no one will see them, have cognitive impairment, are illiterate…the list goes on. Our ward fills with patients whose chronological age is 55, but they look 10 years older. Even worse, we know that many of those that have already succumbed to the virus fell because of the pitiless assault on weakened bodies.

We struggle to get patients home as many live in shelters that will no longer take them, have lost their insurance after they were laid off, or have too many people living together in a small apartment. We do what we can. We give patients 30 days of their chronic medications, provide them phone numbers to free clinics we know to be overwhelmed and get them temporary housing supported by the city.

But it all seems inadequate.

Even as I drive home, on mostly empty streets, I notice that many of those who are outside are clearly homeless. They have little hope of evading this virus. We know this calamity will further highlight that, as a nation, we are failing whole communities. I hope we can come together so that next time we are better ready to help those who need it most.

Kristofer Smith, MD, MPP

As President of naviHealth's home-based medical care division, Dr. Kristofer Smith, MD, MPP leads the efforts as we establish a national network of home-based medical care practices — overseeing the clinical model design, operations, quality and strategy for our growing business.

Working with such organizations as the American College of Physicians, the Center to Advance Palliative Care, the Coalition to Transform Advanced Care and the American Academy of Home Care Medicine, Dr. Smith understands the importance of senior health care reform.

Dr. Smith has received degrees from Princeton University, Harvard University and Boston University School of Medicine. He is board certified in internal medicine, hospice and palliative care. His clinical work has always been as a house calls provider to the frail elderly.

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For more on naviHealth's response during COVID-19, please click here.

Statistics sourced from the Centers of Disease Control and Prevention (CDC).

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