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AN UNPRECEDENTED TIME

White Plains Hospital was on the front lines of care during the COVID-19 pandemic. This is what it looked like from the inside.

BY MARISA IALLONARDO • PHOTOS BY CHARLES CHESSLER

The year had barely gotten underway when the preparations began. In early January, under the direction of Dr. Michael Palumbo, Executive Vice President and Chief Medical Officer at White Plains Hospital, a few key players started meeting once a week to stay on top of the novel coronavirus that had begun spreading in China. “It was very low-key, as was appropriate at the time,” recalls Dr. Palumbo.

One month later, as the virus started making its way to the U.S., the Hospital’s response also picked up. Those initial weekly meetings became more formalized, with additional people taking part, and discussions centered around the Hospital’s contingency plans and emergency management protocols.

“I won’t say that we were fully prepared, because what we went through was unprecedented.

We have gone through preparedness exercises with Ebola or with the measles when there were local outbreaks or the potential for local outbreaks, but we had never prepared for something of this magnitude,” says Dr. Rafael E. Torres, Director of Emergency Medicine at White Plains Hospital, explaining that preparations were very theoretical in those early weeks.

Then COVID-19 hit New Rochelle. And things got very real, very quickly.

Two physicians with privileges at White Plains Hospital were among those infected from that original pocket of cases. As the Hospital coordinated its response, the Emergency Department, already the busiest ED in Westchester, became even busier as more sick and scared patients arrived at White Plains Hospital. “It was really something that was striking at the heart of our community,” says Dr. Torres.

A Changing Hospital

As the virus began to spread locally, the Hospital came up against numerous challenges.

Testing was initially done at the state level, and there were a limited number of tests that could be administered to patients.

The need for personal protective equipment (PPE) skyrocketed—and though the Hospital never ran out, some of the traditional supply chains broke down, and alternative avenues, like turning to smaller companies for goods, needed to be explored.

As working from home became the norm outside of the Hospital, inside, all employees were deemed essential—and showed up to work every day. That made it even more crucial to ensure that the physicians, nurses, and the rest of the frontline workers felt safe coming to work.

“It was all hands on deck, and my laser-focus was on how do I protect my staff, so they could safely do what they know how to do best—which is take care of patients,” says Dr. Torres.

To fulfill the dual mission of staff safety and effective patient care, he explains, the Hospital put into place numerous layers of protection. One was a COVID-19 hotline, which enabled people to speak to someone directly about their symptoms and be directed on how they could be evaluated and treated safely, says Dr. Torres.

Early on, a nurse and nurse technician, in full PPE, were also stationed at the entrance to the ED waiting room to provide that same type of screening and determine the best course of action. That shifted in mid-March, when a Western Shelter—a large tent-like structure—was put up in the parking lot of the Emergency Department to accommodate that need. Screenings were done there without anyone even setting foot in the Hospital.

In the ED, two distinct zones were established for people exhibiting coronavirus symptoms: The original waiting-room space was repurposed for low-acuity patients who primarily just needed testing. Physical walls were then put up to create a second, separate and isolated, space for high-acuity patients, who were much sicker.

But those weren't the only architectural changes. Like other Hospitals in the state, White Plains Hospital was mandated to increase its capacity, which meant going from being able to care for 250 patients to 375.



And along with that increase, the Hospital was also tasked with ensuring these spaces were properly equipped.

“Our engineering team was quite amazing in how they were able to redesign entire units to create a negative-pressure environment to make it safe for the patients and the staff, so that we had the appropriate level of isolation for these patients,” says Dr. Palumbo. “We quickly went from a smattering of these specially designed rooms around the Hospital to entire units.” Pre-pandemic, there were 16 of these beds; at the peak, there were 82.

Plus, additional spaces were repurposed to better aid in the response, like the endoscopy suite. Says Dr. Palumbo of that change: “Not only did we take an outpatient procedural area and convert it into a fairly large intensive care unit, but we were able to make the entire area negative pressure, which involved breaking through exterior walls to create new ducting. Each of these was remarkable in and of itself—and they were accomplished in seemingly no time.”

Mobilizing against COVID-19 required massive coordination and sharing of resources throughout the entire Montefiore Health System, which includes White Plains Hospital and six other hospitals in the Hudson Valley region. The health system's collective efforts focused on surge capacity, distribution of PPE, access to ventilators and other lifesaving equipment, and staffing needs.

A Changing Staff

Every Hospital employee—not only clinical staff—came together to support and care for patients, and one another, in the midst of this pandemic. “There's no department that has been excepted in what the needs were and how they responded to that challenge,” says Dr. Palumbo.

For many, that included taking on entirely different roles. Medical assistants were quickly trained to work as respiratory technicians. With nonessential surgeries halted and outpatient services suspended, many physicians shifted gears—from surgeons who helped



prone (or turn) patients on ventilators to office-based internists who served as Hospitalists caring for inpatients.

It was similar for nurses. Many quickly stepped up to work in critical care. Shifts also changed, with some nurses who originally worked days now working nights, and others who worked eight-hour shifts now on 12-hour rotations. Training happened fast—some was done online, but most came from their fellow colleagues.

“They stepped up, conquered their fear, and reached within the depths of themselves to be the best possible nurses that they could be in this situation,” says Leigh Anne McMahon, Senior Vice President and Chief Nursing Officer.

And since visitors were not allowed, that also meant physicians and nurses served as a point of comfort for patients who weren’t able to be with their family members—whether that was discussing last wishes, helping to FaceTime with loved ones, or simply holding their hands.

Though morale remained high throughout, the situation was still a tremendously difficult one. “For those of us who went into healthcare, and particularly frontline healthcare, we believe this is our calling,” explains Dr. Palumbo. “You hear people saying, ‘This is what I signed up for.’ And it is. But that doesn’t mean it’s not frightening when you’re confronted with it.”

Medical training offered some preparation, as did an innate sense of dedication and desire to help. “I have no doubt, however, that there is very significant residual stress,” says Dr. Palumbo. To that end, the Hospital is addressing those concerns head-on, providing staff members with multiple levels of support, including one-on-one and group counseling.

The Bright Spots

Despite the challenges, there were bright spots to be found, as well. The community gave a huge show of support—from donations of

food and PPE to cheers every Thursday night at 7 pm. “That outpouring from the community really helped to keep everyone a little stronger,” says McMahon.

The staff also worked to keep spirits up. They added informal, smiling photos of themselves to the outside of their PPE, so that the patients—and fellow frontliners—could see who they were underneath their masks and shields.

Another crucial upside? Testing. The Hospital quickly set up testing centers in the parking lots of Scarsdale Medical Group and Armonk Medical & Wellness, where patients could be checked right from their cars, saving them a trip to the ED and reducing the chance of these individuals infecting others.

Antibody testing was also performed on 2,600 Hospital employees—and only about 10% were exposed to COVID-19, which is lower than the percentage seen in the general population. And, thanks to contact tracing done at the Hospital level, it was determined that many of those exposures likely happened outside the Hospital.

Then there were those truly joyful moments: when a COVID-19 patient was well enough to leave. As of the beginning of August, White Plains Hospital has discharged nearly 1,300 COVID-19 patients. To recognize the impact and keep spirits up for staff, cheering staff members would line the hallways, and each patient was given a butterfly cut-out, with a similar one added to a wall in the Hospital to mark the milestone.

Looking Ahead

As Westchester and New York State come out of the pandemic, White Plains Hospital, like so many others, has made some lasting changes.

Between the end of March and the end of June, the Hospital has conducted more than 25,000 tele-visits—something only available on a limited basis prior to the pandemic. Though there were some hurdles, like ensuring there were enough cameras and computers, Dr. Palumbo calls the change “a good thing to come out of a really dire situation.”

Plus, additional training and courses to keep up with advanced skills will be offered for nurses and built into their practices, says McMahon.

Ultimately, this devastating time provided critical takeaways: “There were so many lessons we learned about how to surge up to a larger capacity, how to create ICUs, how to train people differently. All of that is in our playbook now—and we can take that out in a second’s notice if we need it,” says Dr. Palumbo, who stresses how crucial teamwork was.

“Early on, I called upon all my physicians, nurses, and other

essential staff members to participate in building something innovative and sustainable that worked for all staff members and would best serve our community,” Dr. Palumbo explains. “It was really awe-inspiring to have so many like-minded yet diverse leaders working together, rowing in the same direction, with one common goal of trying to address this pandemic all together.” •



Helping patients conquer COVID-19 was a team effort throughout the Hospital.

