

MOBILIZING CRISIS MANAGEMENT IN NEW YORK CITY AMID THE FIRST COVID-19 OUTBREAK

Amid the chaos of New York City's first coronavirus outbreak, Huron worked with local officials and multiple health systems to build and operationalize citywide COVID-19 testing, staffing and suppression strategies.

CHALLENGE

As the first wave of COVID-19 gripped New York City (NYC), the mayor's office of NYC engaged Huron to provide crisis management services to combat the outbreak. Leaders focused on establishing a citywide plan that could potentially slow the spread of the virus through rapid scaling of testing and awareness, while also preparing health systems to adequately staff their facilities to care for COVID-19 patients.

APPROACH

Huron worked with the New York City mayor's office, related government agencies, New York City Health + Hospitals, nursing homes and agency congregate settings to develop and execute COVID-19 testing operations and COVID-19 suppression strategies. The teams also coordinated with facilities and nursing homes on clinical staffing needs as they prepared to treat the surge of COVID-19 patients. Efforts included the following:

Develop COVID-19 testing strategies in support of overall suppression plans. Huron and officials from New York City worked together to identify and develop strategies that would increase and streamline citywide COVID-19 testing as well as facilitate testing of high-priority cohorts (e.g., teachers and city employees). Plans included securing partnerships with payors, providers, private higher education organizations and other organizations.

RESULTS

- Set up and mobilized over 35 COVID-19 pop-up and 15 field-testing sites, executing over 10,000 tests per week
- Ran the mobile command center for high-priority, at-risk populations in congregate settings for multiple locations
- Assessed lab capabilities to ensure efficient turnaround for COVID-19 testing for over 8 reference labs and 11 hospital systems
- Coordinated 1,000+ professionals placed at over 11 hospital systems and 150 nursing homes to ensure adequate crisis staffing and prevent overspending
- Developed suppression strategy focused on high-risk populations of more than 4M vulnerable people

Huron also provided recommendations for leading practices, compliance and testing capacity tools to project testing supplies related to reopening of services for non-COVID-19 care, and supported planning for a surveillance and suppression testing strategy necessary for reopening across the broader economy in addition to the healthcare sector.

Overall, support of the city has included development of communication plans, program implementation plans, overall project management, financial modeling and data analytics support.

Increase lab testing capacity and establish sufficient personal protective equipment (PPE) levels. During the city's initial COVID-19 response, the Huron team assisted the city in coordinating with 11 health systems to assess PPE inventory levels, project gaps in inventory, and prepare to share and source materials to meet expected needs.

Huron also helped the mayor's office assess lab capacity and testing methods for efficient turnaround of COVID-19 test results. To increase testing capacity and inform citywide planning, Huron's lab and clinical care experts assessed hospital laboratories across independent hospitals and systems in NYC.

The assessment reviewed key details like location, lab equipment, reagents and test collection PPE needs. This information was used to identify baseline capacity and establish a dashboard for continuous monitoring that detailed test capacity at each site, volumes of patients being tested, test kits remaining, and testing reagents on hand. Additionally, a model was developed to project multi-scenario staffing, supply and capacity needs, and the costs of each scenario.

The Huron team provided recommendations to the mayor's office on reference lab testing methodologies, capacity, specimen collection and expansion; site-specific operating procedures and staffing models for testing; and resource needs based on many variables.

Coordinate and manage increased demand for clinical staffing needs across New York City.

Surges in the need for COVID-19 testing and treatment in the early months of the coronavirus outbreak created a complex clinical staffing challenge. While there was increased demand for clinical positions, where and when staff would be needed most to care for patients safely and adequately was constantly changing.

During the height of NYC's COVID-19 inpatient surge, Huron assessed and provided recommendations for crisis clinical staffing across hospitals and nursing homes. Through the establishment of a centralized clinical command center, Huron helped to continually right-size all clinical staff levels. The Huron team triaged requests for staffing, deployed staff according to a crisis staffing prioritization matrix, and maintained timecards and reporting for all temporary staff. Given the premium pay rates associated with staffing in crisis, this work was essential to maintaining budget efficiency and accountability.

Process flows were designed and implemented for several organizations to collaborate on placement of physicians, advanced practice providers, nursing staff, clinical support technicians and therapists. Additionally, the Huron team facilitated approval from health agency experts on minimum criteria for nursing placement within intensive care units, emergency departments, medical-surgical units and long-term care facilities.

Operationalize mobile van, community and pop-up testing. Being able to quickly test, quarantine and treat high-priority populations is essential for containing the spread of infection. Areas known as "desert zones" have high-risk populations but little to no testing capability. Aligning with the city's suppression strategy, Huron worked with local officials to develop, implement and scale mobile testing facilities throughout desert zones.

A mobile van command center was established to identify high-priority, at-risk populations in congregate settings (e.g., domestic violence shelters, juvenile detention centers and homeless shelters) for mobile van testing. Huron then worked with vendors to deploy the testing on an agreed-upon frequency, ensuring the safety and confidentiality of those populations.

Huron assisted the city in managing supply chain, inventory management, personal protective equipment, security and environmental services for all sites.

Create a hotel and field hospital feasibility model.

Dedicated to exploring all options, Huron worked at the request of the city to develop a hotel and field hospital model for increased care and testing. After reviewing cost projections for converting hotels into functioning hospitals, the city ultimately decided to forgo implementation in favor of fully investing in its other initiatives.



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