



# NYULH RADIOLOGY'S RESPONSE TO COVID-19



# RESEARCH

- **Phase 1 – Preparation**
  - Cancelled all human research exams
  - Checked helium levels MR scanners
  - Tasked managers of our core facilities with preparing contingency plans involving minimal/no staff
- **Phase 2 – Protect our team**
  - Shared centralized telework resources (VPN, videoconferencing access, etc)
  - All staff and faculty work remotely
- **Phase 3 – Maintain Community**
  - Daily research updates
  - Weekly Webex Townhall
  - Virtual coffee hours, social networking channels, targeted research group meeting
- **Phase 4 – Beat COVID-19**
  - Develop AI models for COVID-19 diagnosis and predictive analytics
  - 3D printing of face shields

# EDUCATION

- **Clinical Rotations**
  - Limited number of residents per attending and reading room
  - Created several new reading rooms to maintain social distancing
- **Conferences**
  - All done remotely
  - Released AUR core resident curriculum
- **Educational/research projects**
  - Teaching files
  - Rad-path cases for medical students
- **Re-deployment**
  - Several housestaff volunteered for medical services
- **Medical students**
  - None on clinical rotations
  - Virtual lectures

# CLINICAL

- **Outpatient Imaging**
  - **Phase 1**
    - Rescheduled all screening exams
    - Do 2 week blocks at a time and reschedule for June
    - Consolidate hours
  - **Phase 2**
    - Only schedule non-elective exams
    - Elective exams scheduled out several weeks
    - Closed several sites and further consolidated hours
  - **Phase 3**
    - Initiated several project improvements
    - Formed committee to brainstorm ideas about how to manage surge of imaging once pandemic defeated

# CLINICAL

- **Faculty**
  - **Social Distancing**
    - Remote reading
      - Limited on-site to skeleton staff
      - Distributed home workstations to faculty who did not have them
  - **Using time productively**
    - Bedside IR Services – central lines, thoracentesis, etc
    - Virtual employee screening
    - “Family Connect”
    - Medical Floors
    - Educational/research/operational projects
      - Each section developed 2-3 sectional projects with defined goals, e.g. protocol optimization /acceleration, orders, teaching files, etc
- **Staff –**
  - **Re-balancing and Re-deployment**
    - Calculated staff needed for expansion of beds
    - Outpatient staff retrained for portable radiography
    - Lists of outpatient staff who could fill in for hospital staff as needed
    - Non-essential staff placed in “labor pool” for redeployment

# TEAM MORALE

- **Communication and Transparency**
  - Daily Chair email updates
  - Virtual Townhalls
    - Faculty
    - Staff
    - Housestaff
  - Twice Daily operational meeting with managers of all sites , both hospital and outpatient
- **Wellness Activities**
  - Faculty and Staff need to feel engaged and contributing
    - Volunteer opportunities
    - Educational projects
    - Process Improvements