

**ST. JOSEPH’S HEALTH SYSTEM’S RESPONSE TO
PEOPLE ISSUES DURING THE COVID PANDEMIC**

AUTHOR
WAYNE F. CASCIO

INTRODUCTION

As COVID ravaged the New York City Metropolitan Area in 2020, St. Joseph’s Health System responded to the challenge. St. Joseph’s, like so many other healthcare systems, faced many logistic, operational, and financial challenges. This report focuses on its response to some of the people-related issues – staff as well as patients – that the pandemic presented. In early 2020, the New York City Metropolitan Area served as the epicenter of the rapidly spreading coronavirus in the United States.

St. Joseph’s Health System has done an extraordinary job in confronting people-related challenges by developing and implementing innovative approaches to a variety of service-delivery issues. Its agile responses helped ensure that the community it serves would receive top-quality service while protecting the safety of patients and of the staff members who serve them.

ABOUT ST. JOSEPH’S HEALTH SYSTEM

St. Joseph’s Health System is a major academic medical organization that offers a comprehensive continuum of sophisticated diagnostic and treatment services. Sponsored by its founders, the Sisters of Charity of Saint Elizabeth since 1867, St. Joseph’s Health System is recognized as one of New Jersey’s – and the New York metropolitan area’s – most respected healthcare providers. It offers a comprehensive continuum of sophisticated diagnostic and treatment services at the following facilities: St. Joseph’s University Medical Center, a state-designated trauma center and St. Joseph’s Children’s Hospital (651 adult and pediatric beds) on the Paterson, NJ campus; St. Joseph’s Wayne Medical Center (229 beds), an acute-care community hospital on the Wayne, NJ campus; St. Joseph’s Healthcare and Rehab Center (151 beds) in Cedar Grove, NJ; Visiting Health Services of NJ, Totowa, NJ; and more than 30 North Jersey community-based facilities.¹

A major academic healthcare organization, St. Joseph’s is a regional clinical branch campus of New York Medical College, a member of the Touro College and University System, and it is also affiliated with Seton Hall School of Health and Medical Science and the University of New England School of Osteopathic Medicine. Three levels of medical education are available at St. Joseph’s: a pre-doctoral program for medical students in clinical clerkships,

post-graduate residency programs, and continuing medical education programs for medical staff and local physicians.²

Each year, *U.S. News & World Report* recognizes St. Joseph’s as a Best Hospital in the New York Metropolitan Area and among the Top Hospitals in the State of New Jersey. St. Joseph’s University Medical Center is a four-time recipient of the Magnet Award for Nursing Excellence and was awarded the prestigious Lantern Award™ by the Emergency Nurses Association, one of only 11 hospitals selected nationwide. Its physicians are routinely ranked as “Top Docs” by state publications, its clinical teams win numerous healthcare innovation awards, and *Becker’s Hospital Review* ranks it as one of the 150 Top Places to Work in Healthcare.³

Table 1 describes the mission, vision, and values of St. Joseph’s Health System. From 102 patients in the first year of operation to more than 1.6 million patient visits last year, St. Joseph’s continues to evolve as the leading health resource in the community and for the community. The hub of the multifaceted St. Joseph’s Health, St. Joseph’s University Medical Center is a member of an integrated System of components aligned to provide a comprehensive spectrum of services designed to heal the minds, bodies, and spirits of those in need.

With more than 1,300 members of its medical staff and nearly 5,100 employees, St. Joseph’s Health is the largest employer in Passaic County, NJ, the largest provider of charity care in New Jersey, and the health care provider of choice for the residents of the region. Serving close to 1,000 beds system-wide, St. Joseph’s Health continues to fulfill the Mission, Vision, and Values set forth by its founders and sponsors, the Sisters of Charity of Saint Elizabeth.⁴

TABLE 1: ST. JOSEPH’S MISSION, VISION, AND VALUES

Mission	St. Joseph’s Health is a healing ministry of the Catholic Church sponsored by the Sisters of Charity of Saint Elizabeth. We are committed to providing exceptional quality care which sustains and improves both individual and community health, with a special concern for those who are poor, vulnerable, and underserved.
Vision Statement	St. Joseph’s Health is the premier Catholic healthcare provider in New Jersey dedicated to improving the health of people and communities whom we serve. We will understand and respond to the needs of our communities, leverage the strengths of our system, provide a transformational healing presence, and collaborate with others who share our values.
Values	Our core values express our convictions and beliefs. We integrate and affirm these values in all that we do. Dignity - We believe that human life is sacred, and every person will be treated with respect.

¹ <https://www.stjosephshealth.org/about-st-josephs/about-st-josephs-healthcare-system/item/1352-presidents-message>.

² <https://www.stjosephshealth.org/about-st-josephs/about-st-josephs-healthcare-system/our-history>

³ <https://www.stjosephshealth.org/about-st-josephs>

⁴ <https://www.stjosephshealth.org/about-st-josephs/about-st-josephs-healthcare-system/item/1319-mission-vision-and-values>

<p>Charity - We embrace all who seek our help by bringing God's love and compassionate care.</p> <p>Justice - We advocate for the needs of all, especially the most vulnerable. We are committed to all our endeavors to be ethical, fair-minded, and honest.</p> <p>Excellence - We hold ourselves accountable to the highest possible standards of clinical and service quality.</p> <p>Stewardship - We use our resources, both human and financial, in a responsible manner with a special commitment for the care of those who are poor, vulnerable, and underserved.</p>
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COVID-19 IN NEW YORK CITY⁵

The first case relating to the COVID-19 pandemic was confirmed in New York City in March 2020 by a woman who had recently traveled to New York City from Iran, a country already seriously affected by the pandemic at the time. Nearly a month later, the metropolitan area was the worst-affected area in the country, with its medical infrastructure overtaxed.⁶ By the end of April, the city had more confirmed coronavirus cases (174,738) than China, the U.K., or Iran, and by the end of May, had more cases (203,249) than any country other than the United States.

On March 20, the Governor's office issued an executive order closing down non-essential businesses. The city's public transportation system remained open but experienced crowding due to reduced transit service and an increase of homeless persons seeking shelter on the subway.

By April, hundreds of thousands of New Yorkers were out of work with lost tax revenues estimated to run into the billions. Low-income jobs in the retail, transportation, and restaurant sectors were especially affected. Experts estimated that the drop in income, sales tax, and tourism revenues (including hotel-tax revenue) cost the city up to \$10 billion.⁷ The Governor said the state's unemployment system collapsed following a surge in claims, and it will require federal assistance to maintain basic services.⁸

As of July 23, 2020, the ongoing pandemic ranks as the deadliest disaster by death toll (18,801) in the history of New York City. Against this backdrop, and at great personal risk, healthcare providers performed heroically to save as many patients as they could.

As Cascio, Garman, and Stacey wrote,⁹ "The U.S. President recently compared the COVID-19 pandemic to war – and, indeed, reports from the frontlines suggest many parallels. Foremost among these may be the toll on the human psyche from prolonged exposure to danger and death. Stories are emerging of clinicians being ordered to work without adequate personal protective equipment, and watching fellow clinicians fall victim to the virus as they care for others. Moral risks are abundant as well, particularly in situations that challenge healthcare workers' values and professional training. For example, some must make extraordinarily difficult decisions about who should be prioritized if there are not enough ventilators for everyone who needs one.

FIGURE 1: AN EXHAUSTED HEALTHCARE WORKER



Before the COVID response even began, the U.S. was facing an epidemic of burnout among its healthcare providers. Recent national surveys suggest that base rates for burnout were running as high as 35% for nurses and 44% for physicians. Providers who began this crisis already feeling depleted may be at even greater risk for deterioration to their well-being, and these effects could last far longer than the surge itself. Research on clinicians in China from January and February of [2020] reported significant numbers experiencing symptoms of anxiety, depression, and insomnia – symptoms consistent with a post-traumatic stress response." St. Joseph's Health System addressed stress, burnout, and 11 other people-related service-delivery issues. The next section describes responses to each of these in greater detail.

⁵ Material in this section comes from "COVID-19 pandemic in New York City". Wikipedia. Available at https://en.wikipedia.org/wiki/COVID-19_pandemic_in_New_York_City

⁶ Goldstein, J., & McKinley, J. (March 1, 2020). "Coronavirus in N.Y.: Manhattan Woman Is First Confirmed Case in State". The New York Times. p. A24. See also "New York City, U.S. Epicenter, Braces For Peak". NPR. March 24, 2020.

⁷ Hansen, S. (April 15, 2020). "Coronavirus Crisis Has Cost NYC Up To \$10 Billion: 'Basic Services' At Risk As De Blasio Pleads For More Federal Aid". Forbes. See also Lucking, L. (April 15, 2020). "Coronavirus likely to cost New York City up to \$10 billion in lost revenue". MarketWatch.

⁸ Lovelace, B., Jr. (April 21, 2020). New York State's unemployment system 'collapsed' following a surge in claims, Gov. Cuomo says. Available at www.cnbc.com/2020/04/21/new-york-states-unemployment-system-collapsed-following-a-surge-in-claims-gov-cuomo-says.html

⁹ Cascio, W. F., Garman, A., & Stacey, R. (2020, May 5). Opinion: Front-line healthcare workers deserve hazard pay. Health Leaders. Available at <https://www.healthleadersmedia.com/covid-19/opinion-front-line-healthcare-workers-deserve-hazard-pay>

SUCCESSION PLANNING

The General Counsel identified succession planning early on as a priority. If a senior leader was infected, there needed to be guidelines on how to proceed. A succession plan was implemented at all senior levels within St. Joseph’s Health System (SJHS) as part of the hospital’s Emergency Preparedness Plan. This approach quickly showed benefit, as the first COVID-19 patient in the system was a clinical leader.

USE OF TECHNOLOGY FOR DATA ANALYTICS AND REPORTING

The state of New Jersey retained a consulting firm (McKinsey & Co.) to develop analytics and visualization by means of a daily dashboard or “scorecard” that illustrated key metrics across 61 hospitals. These included metrics such as the positivity rate from COVID tests, the rate of transmission, hospital admissions, and the number of bodies in morgues. Chief Operating Officers were required to update their daily dashboards by 10 pm each evening so that the dashboards could be refreshed the following day. SJHS supplemented these tools with additional internal data-reporting tools.

Key metrics emphasized in this analytics system evolved throughout the crisis. This was due to changes in the environment and recognition of patterns and relationships in the data. For example, after some observation of trends, the positivity rate of tests was identified as a leading indicator of ICU patient volume.

USE OF TELEMEDICINE VISITS

Initially, the usage of telemedicine was very high due to the necessity for physical distancing. However, as in-person care has re-opened, telemedicine usage has dropped. Patients over about age 50 prefer in-person visits with the doctor, while those in their 20s are more comfortable with remote communication. Telemedicine does remain an important option for patients who desire to use it.

ISSUES RELATED TO STRESS

Many employees felt afraid to go home due to the possibility of infecting their families. The hospital employed a hotel consultant to arrange for employees to stay at nearby hotels. The hospital took care of reservations and monitoring. Simply announcing this option to the workforce helped to relieve their concerns. This solution was generated by the system’s Director of Innovation within 24 hours of identifying the concern. The speed of this resolution and announcement helped to alleviate employee stress and worry around the issue.

COMMUNICATION STRATEGIES WITH EMPLOYEES TO ALLEVIATE STRESS

The hospital employed several strategies, including:

A. A hotline for employees to call if they were feeling stressed or in need of guidance.

B. Three times a day, morning, mid-day, and evening the hospital held town-hall meetings with employees to keep them informed of developments and to learn of their concerns. It used the approach of Talk, Listen, Comment (TLC).

C. The Chief Medical Officer (CMO) and a small team made a point of visiting personally with five people per floor and referring those who were highly stressed to psychiatric counseling. According to the CMO, the key was to engage with employees early on. They operated on the assumption that if employees are showing distress on the job, their emotional state is even worse at home.

LABOR POOL

The hospital did not force anyone to work if they were too afraid of exposure to the virus. Rather, it used a labor pool to redeploy employees with this concern to roles where the possibility of exposure to the virus was lower. While a small number of employees took voluntary furloughs, the majority wanted to work either in their normal roles or in a different capacity.

FOOD WAS A GREAT COMFORT TO EMPLOYEES

Many local restaurants that were ordered closed donated food to hospital employees. This became a way to celebrate and to honor what healthcare workers were doing for the local community. Staff felt very supported by the community as a result. The hospital engaged administrative staff to receive these donations and to coordinate the allocation and distribution of food to various departments.

ENGAGING EMPLOYEES THROUGH EFFECTIVE COMMUNICATIONS

With 24/7/365 operations and a multi-generational workforce, the key lesson is to use multiple channels to communicate, to do so regularly, and to be redundant. Channels include email, text, newsletters, video or audio podcasts, closed-circuit TV broadcasts, and town-hall meetings with employees (see “Use of Telemedicine Visits” above).

STAFF FINANCIAL/VACATION SUPPORT

The hospital uses Paid Time Off (PTO), an employer-provided benefit in which an employee is allotted an amount of paid time that may be used for vacation, sick, or personal time, at their discretion. In the United States, PTO generally accrues based on employee tenure (see Figure 1).

FIGURE 1: TENURE AND PTO ACCRUAL RATES

Years of Service	Accrual Rate per Bi-Weekly Pay Period	Annual PTO Accrual
Less than one year	4 hours	13 days (104 hours)
1-3 years	4.62 hours	15 days (120 hours)
4-10 years	6.15 hours	20 days (160 hours)
More than 10 years	7.69 hours	25 days (200 hours)

During the COVID pandemic, the hospital allowed employees to accrue PTO above the maximum permitted. The hospital is also setting up an additional buy-out opportunity for employees to reduce the amount accrued. They can use PTO to take personal time off, or, alternatively, they can cash out a portion of it at the end of each year.

ADDRESSING THE PUBLIC'S FEAR OF GOING TO A HOSPITAL FOR TREATMENT

The hospital association conducted focus groups with patients and community representatives to address the fact that four times as many deaths were occurring outside the hospital as inside the hospital. Measures were taken - before entering the hospital, all visitors and patients were required to complete drive-through COVID testing, temperature checks, and health attestations. There were separate paths into the hospital for COVID patients (emergency-room entrance) and other patients (a separate entrance from the ER). Non-COVID patients took different elevators to access various hospital departments. This physical separation was very reassuring to non-COVID patients.

USE OF TECHNOLOGY TO SUPPORT DIGNITY IN DEATH/END-OF-LIFE CARE

The hospital provided visitors with iPads so they could make Facetime calls with loved ones who were COVID patients. However, if death was near, the hospital did allow person-to-person visits between loved ones and patients. In addition, to facilitate in-person or Facetime visits with COVID patients, the hospital provided extended hours for its patient-relations teams.

OPERATIONAL ISSUES

The executive leaders at SJHS also described their approach to three major operational issues during the pandemic.

MANAGING EMPLOYEE-SUPPLIED PERSONAL PROTECTIVE EQUIPMENT (PPE)

Responding to the possibility of a PPE shortage and the need to conserve its supply, there was some interest among clinical staff in bringing in their own devices for personal use. The leadership team developed a set of standards around acceptable devices and methods of refurbishment. While it was the hospital's priority to ensure adequate PPE supply, this set of standards allowed employees to take the initiative in their own protection needs within specified guidelines.

STATE-WIDE PPE DISTRIBUTION

The hospital association requested guidance from the SJHS CEO regarding the distribution of the federal stockpile of PPE supply. His leadership team developed a formula for calculating hospital sites across the state with the greatest need for additional PPE supply. The development of a data-driven decision-making process allowed stakeholders across

the state to achieve consensus and trust that decisions were being made fairly.

TESTING CAPACITY

Recognizing that testing supplies and analyzers would be limited, the lab team proactively identified alternative ways to general internal COVID testing capacity. For example, they researched what analyzer devices would be needed and contacted suppliers to be first in line to receive them. They also identified key testing supplies that would be needed that could be internally produced. For example, they found a Centers for Disease Control recipe for creating a transport medium and produced their own supply at the hospital. As a result, the hospital has an internal testing capacity with a short turnaround time, which has been essential for efficient COVID case management.

CONCLUSION

St. Joseph's Health System embraced the people-related service-delivery challenges that the COVID-19 pandemic presented. In the context of supportive, collaborative workplace culture, it turned many of them into opportunities to improve the physical/ environmental, psychological, social, and financial well-being of its staff. SJHS is truly a model of people-related service excellence.

ACKNOWLEDGMENTS

This research brief was prepared as an exercise to collect examples of sound practices and innovations for the People Working Group of the 'Beyond COVID-19' Task Force of the International Hospital Federation (IHF). Wayne Cascio is a member of the Task Force and thanks the task force members and IHF on their directive and support for pursuing these cases.

I wish to thank Lauren Duff for arranging the interviews and for helping to summarize results. Of course, the content of this report would not be possible without the willingness of the following individuals to share forthrightly and in detail how St. Joseph's met a variety of people-related challenges posed by the pandemic. They are Kevin J. Slavin, President and Chief Executive Officer; Lisa Brady, Chief Operating Officer; and Joseph Duffy, M. D., Chief Medical Officer. I am deeply grateful to each of you.

CITE THIS RESEARCH BRIEF AS:

Cascio, W. F. (2020). St. Joseph's Health System's Response to People Issues During the COVID Pandemic. Health Administration Research Consortium Research Brief, University of Colorado Denver, Vol. 2, Issue 1, pp. 1-4.