Baptist Health leadership on combating rising COVID cases in south Florida

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Featured topic and speakers

In today’s COVID-19 Update, a discussion about navigating the resurgence of COVID cases in southern Florida with Bernie Fernandez, MD, the CEO of Baptist Health Medical Group and Bill Ulbricht, the chief operating and administrative officer for the Clinical Enterprise division of Baptist Health South Florida.

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Speakers

- Bill Ulbricht, COO/CAO, Clinical Enterprise, Baptist Health South Florida
- Bernie Fernandez, MD, CEO, Baptist Health Medical Group

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update video and podcast. Today we're joined by Dr. Bernie Fernandez, the CEO of Baptist Health Medical Group and Bill Ulbricht, the chief operating and administrative officer for the clinical enterprise division of Baptist Health, south Florida. Both are calling in from Coral Gables, Florida, to share how they've navigated the resurgence of COVID cases that has hit their state. I'm Todd Unger, AMA's chief experience officer in Chicago.
Well, thanks to both of you for being here today. We've heard a lot about the struggles in Florida. At one point, nearly 20% of all new cases in the U.S. were occurring in Florida and though it's not as bad as it was in mid-August when you were reaching record highs of nearly 20,000 daily cases, Florida's still had among the highest number of COVID cases, hospitalizations and deaths in the U.S. for quite a while. Let's start, Dr. Fernandez, by talking about what it's like in your hospitals right now.

Dr. Fernandez: Well, Todd, thank you first of all for having us, and on behalf of all the health care workers and frontline heroes, let me thank you for the opportunity to speak on behalf of the great work that they have done. I can tell you that we are beginning to breathe a little bit easier now that we're seeing the decline in the cases, but as you mentioned very clearly, it was really challenging at the peak of this in late July and early August. We had just about under 1,000 cases and young people coming in. It was really stressful, the system was being stressed, particularly at a time with also staffing is under critical shortage. So, we survived it because the team came together and we're so proud of the great work that they've done.

Unger: Well, it's good to hear that some positive news coming out of Florida and that we've hopefully reached a peak and are seeing a decline in cases in the coming weeks. Do you expect Florida to continue that trajectory, Bill?

Ulbricht: It's interesting. Watching the past surge leading out of the spring time, we didn't expect it to be as big as the surge that came forward. So I'd love to say we are on the right track, it's going the right directions, projections are looking good but there's always in the back of your mind that we didn't think July and August were going to be quite as steep as what we did face at that point in time.

Unger: Dr. Fernandez, how has this surge that you're in right now differed from what you've seen previously?

Dr. Fernandez: I think this surge was basically what I would refer to as the Delta surge. You've heard some news that this was also the surge of the unvaccinated and I don't want to just single the unvaccinated out in any way or fashion. But we did see a significant change, clinically, in the number of patients that we were experiencing from what we called the original variance to the Delta variant. We had many more sicker young people that we did not experience in the early phases of the pandemic, that were coming in. We had explorations, there were also of younger people. The youngest one I believe may have been around 23 with no underlying medical conditions or anything like that, and the great commonality of many of the cases and many of the expirations was the fact that there were not vaccinated. One observation that we also made is the number of pregnant moms that were getting in trouble with, with the Delta variant. So, those in general are three very different populations of patients that we did not experience early on in the pandemic that now were clearly different.

Unger: Has it made a difference? We’re seeing a lot of strong messaging coming out of the CDC for
pregnant individuals is that helping?

**Dr. Fernandez:** We are partnering in fact with the AMA, there was an email this morning, again for the CDC calling for pregnant and moms who want to be get pregnant or breastfeeding that is safe to get vaccinated. So we are continuing to amplify that message that the AMA and the CDC continue to also broadcast amongst our population.

**Unger:** Those statistics are startling. So thank you for helping us spread the word, though we have seen a lot of shortages throughout this pandemic. I mean, go back a year and a half ago, it was, so much about PPE then shortages in terms of ICU beds, ventilators and staff to intubate patients. You know, how did you prepare for this latest surge? And, were you able to incorporate learnings from previously into how to better respond?

**Ulbricht:** Your resource allocation and utilization is so important day-to-day as we move forward, even on this last surge, it was the supply of available oxygen, and you would think something as simple as that, which we never face but with the treatments of the high-flow oxygenation of these patients, we were running into issues where for transportation reasons, we couldn't get oxygen that we never ran out. We never were but we did get to critical levels that we were very concerned about, so we had to learn what can we do to conserve oxygenation within all of our facilities and truly making the respiratory therapists, the czars over the appropriate use of oxygen. He didn't just put everybody on oxygen anymore. You didn't keep it running at two liters for whatever reason. So I think that was one of the big pieces but I didn't think we learned early on.

And we were fortunate in our organization that our board, our leadership team said let's build up a stockpile so that when we, when, not if, when we see these other surgeons or other things taking place, we're able to have those supplies to, to meet the needs of our caregivers because the last thing we want to do is to ... we want to keep our patients safe but we want to keep our providers safe as well to deliver that incredible care and we actually had a very low COVID positive rate of our employees taking care of patients. So that was a lot of great work by Dr. Manners and his team and knock hell to keep people safe. So we built up the stockpiles. We figured out new ways to do your gowing, where we went from reusable gowns to or from usable gowns to reusable gowns.

What made a big difference in, we actually found some savings along the way, and the employees and the team members and the providers really liked those gowns better than when they were disposable again. So we've learned from that piece as well, but I think it was, number one, you have building that stockpile up so that when we did have and we do have, the next surge or the next event that we're in better shape than what we would have historically been. More of a just-in-time delivery because our delivery mechanisms are, we're very, very strong with all our suppliers that we never really had to keep these large warehouses with equipment, with services and it goes to, from, in the heat of the pandemic, refrigerator truck availability in order to take care of expired patients, to ventilators, to having access to enough dialysis machines were cause renal failure was one of the
issues faced by these patients. So a lot of learning early, on pre-planning to try to get out in front of it and then building those resources that we know where that par level is now when we start refilling versus letting it run down to where we used to.

Unger: Well, obviously in addition to having to think about that and those are a lot of moving pieces. Obviously, your health care teams are another really important thing that we're constantly thinking about. Through this latest wave, where we have a lot of unvaccinated people and you've got the Delta variant. Seeing a lot of deaths and the constant strain, it's taken a toll on your health care teams. Dr. Fernandez, can you talk about what you're doing right now to support your physicians and those health care teams through what has been just a tremendously challenging time?

Dr. Fernandez: Thank you for that question because this has really brought to light the tremendous stress and mental health issues, potential that it could be underlying and health care workers, we've always been taught to, you've got to work through it, you've got to be tough, you got to, "you got to suck it up" and that's not totally not true. Learning to recognize, like Simone Biles, with learned from the media, acknowledging that you're having some issues. It's important. Our teams were able to voice how they were being affected when during the day there were multiple more codes under ... usually are in a regular working day, that they're now have potentially a young mom expire because of COVID or a young fellow employee who also just pass away from COVID, all those things affect, nevermind your own fear of getting sick enough and bring it to your families.

So we did something that has been absolutely remarkable, as an organization, Baptist Health has recognized that we have made that one of the key focuses, programs that we are developing now for the first time we've named our chief clinician wellbeing officer whose sole role with her and her team, Dr. Belmonte Ross, is to address the underlying and potential mental health issues like stress and depression, anxiety but more important to bring those resources out to the places that are needed. We're encouraging leaders, we're encouraging individuals through courses, classes, rounding, pastoral care are a wonderful partner to bring those resources to the floors where they need to be. And making sure that employees feel free to raise their hand, "Look, I'm having a little bit of issues here, can you help me out?" And providing the folks that, that platform so that they don't feel there's will be any stigma attached to it, so we're talking about it more, more freely amongst all of us as leaders that alone has given the organization a wonderful lift. We've got a lot more work to do. This is not something that just comes with a pandemic that exacerbated it clearly but it's something that we need to continue to concentrate on.

Unger: That is so important. I've had a chance to talk with Corey and Jennifer Feist, who's sister and sister-in-law, Dr. Lorna Breen died by suicide in the early part of this pandemic, and what they've identified is, there's just so many structural with physicians being able to speak up about their mental health. And so, you know what you're saying there in terms of making that safe to do that and providing them with the resources to get through what is a very, very traumatic period is incredibly important. Bill, one other thing that's kind of complicating things and I hear the frustration from a lot of
physicians is, that collision of science and politics. It's hard not to talk a little bit about what you've been facing in the state of Florida kind of puts you in the middle. How have you been navigating the political climate as a health care leader and a voice of science at a time where there may be other voices in politics that are kind of in the other direction?

Ulbricht: So our belief within Baptist is we take care of our patients. We take care of our teams. We take care of our providers. We take care of our communities. And so politics aside, we are going through that process of following the science doing the right and making the right decisions based on the input in the knowledge that we can gain, whether it's through CDC, whether it's through the other colleges and other organizations. We have a significant input from our physicians to help us make those decisions. So it's not administrators making decisions. It's very high-level clinicians that step forward, sit down, talk about the science. Dr. Mark Hauser is one of our leaders in this regard and having him address the teams, address the physicians, address the organization and bringing together the experts to come up to do the right thing based on the science has truly helped us stay out of the politics, stay out of above the fray because where we end up is where we should be. And that's following the science to take care of our patients, which is truly what we exist for and what our mission and what our organization is all about.

Unger: I'm curious, Dr. Fernandez, a big part of why we do this show and what we're doing at the AMA is really about trying to make physicians the loudest voice in the room. How do you make sure that the voices of your physicians are heard and maybe even the face of a new surgeon general in Florida that is not as supportive for instance of vaccine mandates and proven treatments?

Dr. Fernandez: Well, as Bill's already alluded to, we concentrate on listening to our own physicians, our own internal experts. We have a lot of debate and ultimately what we do is we put the patient in the middle and everything that we do, every decision that we make has to be based on what's best for that patient. And when those patients are under our care, if we believe that wearing a mask or getting vaccinated is the best thing for that patient and we have seen the science around it, that's what we go for. We have a council of all the different chief medical officers for the hospital under the Dr. Hauser's leadership. And we get together, we have pharmacy, we have all the scientists, epidemiologist all providing the data for open discussion and debate. And out of that group comes what we internally believe is the best approach to deal with the pandemic. Again, our employee safety and our patient safety are paramount to us. And that's really how we let this guide us.

Unger: Well, I'm curious, you have a lot to deal with. You've had multiple surges, you've got ... you're dealing with misinformation, politics, all of this. Now that you've kind of gone through what you have and as we start to look hopefully into the months ahead, how do you take that learning and think about what the next three, six months are going to look like? Dr. Fernandez, why don't you start?

Dr. Fernandez: We're going to ... we have learned a couple of really important lessons, the importance of open communication. No barriers to listening to our employees or patients, following
the data and the importance of teamwork. When you've got all those factors that play, we will
ultimately make the right decisions. We've learned a lot through the years, working with emergency
preparedness and preparing for hurricanes but this has been four hurricanes in a row, and it has
made our teams more resilient, better jelled. We've worked together with all the hospitals, let me not
leave them out. This has been something that we can take great pride in. We're talking about all the
things that are wrong with the health care system. And we can have a lot of debates, et cetera, about
that. Locally in south Florida, their camaraderie and their collaboration, exchange of data information
and what should we do between the different health systems has been absolutely phenomenal. That's
something that we need to be very proud of. Bill you've got any other?

Ulbricht: I think it's been an interesting 18 months. And as we've gone through this process, there's
almost a start, stop, start, stop approach that we've had to take with things. So as we look to the
future, and we think we're coming down off of one of the pandemics or one of the surges, and as
we're going forward, we start working on some things and all of a sudden we slow back down. So it's
kind of to be an interesting, it's kind of like Zoom meetings. I don't think they're ever going to get out of
our lexicon and they're going to be part of what we do but more appropriately utilized versus,
historically, it was difficult to pull together a Zoom meeting. Now it's going to be part of what we do so
that we learn a lot about how are we going to function in a different environment.

We have yet to decide when do people come back to the offices? How many of those people come
back to the offices? What is our workspace going to look like? What is that culture going to be? Can
we maintain that level of teamwork, comradery, that cultural atmosphere that we feel is so important
to do what we do in a different kind of environment. Now surprisingly looking back, looking back to the
pre-pandemic where even internally, we didn't necessarily, follow a system approach. I think with the
pandemic, we have developed the ability to do more of that system approach for the right reason. And
the right reason is how we take care of our patients, how we can deliver that care, so no matter where
you come within our system, we now share a lot of that activity and a lot of that knowledge and a lot
of that expertise, that will be a good thing as we look towards the future. But I think about, new
projects, new programs, we were talking about remote patient monitoring today, which we learned in
the pandemic to go and use the Masimo pulse oximetry home monitoring saved us from overrunning
our hospitals that were ... now we have another level of that. And so I think we're, it's going to be
difficult but I do believe that we're going to be much more nimble in how we approach some of the
challenges we'll face that.

URL: https://www.ama-assn.org/delivering-care/public-health/baptist-health-leadership-combating-rising-covid-cases-
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Unger: And I think that, what you're talking about sounds familiar in terms of just all of those components that add up to, both organizational and personal resilience in the face of what has just been an onslaught of shortages, surges and natural disaster. So thank you, Bill and Dr. Fernandez for everything that you've been doing to guide your health care teams in Florida and for taking care of patients and keeping the focus on them. That's it for today's COVID-19 Update. We'll be back with another segment shortly. In the meantime, for resources on COVID-19, visit ama-assn.org/COVID-19. Make sure to subscribe to AMA's podcasts at ama-assn.org/podcasts. Thank you.

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