



Column: How colleges, hospitals and cities can work together to save lives

[Health](#) Apr 7, 2020 2:46 PM EDT

COVID-19's exponential growth rate threatens to overrun health care systems in major cities across the country. Without immediate action now, we will be witness to more and more shocking scenes in which patients are treated in hallways and parking lots, and doctors are forced to make impossible life-and-death decisions because of scarce resources.

American hospitals will be challenged, but in most major cities, there are natural partners that are uniquely suited to help relieve this unprecedented strain on the hospital system: colleges and universities.

With mostly empty dormitories that can be repurposed as housing for medical personnel, first responders and alternative hospital facilities, large open spaces suitable for testing sites, and the infrastructure needed to support these efforts, universities can play a pivotal role in providing relief to hospitals, their health care personnel, and the public safety workers who keep our cities running. The key is to get started planning right now.

That's what we have done in Boston, Medford and Somerville in Massachusetts, which are home to the campuses of Tufts University and two major health care providers, Tufts Medical Center and Cambridge Health Alliance.

We formed a partnership, and within that structure, we are utilizing the university's and health care providers' resources to complement the efforts of local governments, all in response to the needs of our local communities and hospitals.

This is a scalable model that other universities, colleges, hospitals and community leaders can and should adopt.

As our group has forged its partnership, we have learned some key lessons. We are sharing these to enable leaders in other communities to take similar steps to respond to the needs of their local health care systems.

1. Streamline operations

Establish a strong partnership and open lines of communication between the university, city officials and local hospitals who are treating COVID-19 patients. The university should identify a limited number of preferred health care providers that are willing to manage all aspects of spare residential capacity used as an alternative hospital site and accept legal responsibility for their staff and patients. Minimize having multiple providers on campus, each with separate arrangements. The provider should work with university staff to prioritize dormitories that best meet, as much as possible, regulatory and code requirements for treatment centers, while also considering factors such as the health of students and staff who remain on campus and immediate community neighbors. For example, Tufts Medical Center (a separate entity from Tufts University) will use a dorm on the university's downtown Boston campus to house hospital personnel who can't or don't want to return home to potentially vulnerable family members.

2. Consider university capacity

Every campus has spare residential capacity. That is the key asset to discuss with city officials and health care provider partners. Working together, our partnership has set aside more than 1,600 Tufts beds on the university's Medford/Somerville campus to be allocated to serve health care needs according to the judgment of our health care partners. For example, some multi-bed units will be used to house multiple recovering patients while other apartment style units will be best used to isolate individual patients.

In some of these residences, the partnership can house first responders and health care personnel at high exposure risk to ensure their safety and protect their families. For this to work well, use units that accommodate smaller groups of workers (like multi-person suites) to minimize spread in the likely event that a worker becomes ill, with a detailed plan for additional reserved space if and when needed. For example, the cities of Medford and Somerville will house first responders in several small, apartment-style houses on the Medford/Somerville campus, with separate houses for those who have been exposed and are awaiting test results, and another for those who have tested positive and need to isolate. They won't be at home, but they'll have the comfort of recovering in their home community while keeping their families safe.

- House patients who are COVID-19 positive, but recovering, to free up hospital beds for more seriously ill patients and to protect the recovering patients' vulnerable family members. Set up as a Skilled Nurses Unit with preference for standard corridor dormitories, with nursing teams caring for patients as in a hospital ward. Our partnerships are preparing to take this step when there is an expected surge in Greater Boston's hospitals in the next days and weeks.
- House or provide outpatient treatment for patients who have tested negative for COVID-19 and have lower-level medical needs. In a separate dormitory dedicated to such cases, provide treatments such as wound care, post-operative rehabilitation and physical therapy, and other non-urgent health care needs. Moving the health services for these patients to an alternative hospital site frees up hospital beds and resources that can be used to treat patients in need of more serious care.
- Leverage the presence of a health care provider on campus to assist your existing campus health care services with any COVID-19 positive students requiring evaluation, testing, isolation and treatment.

We have [more detailed notes on factors](#) for universities to consider and questions they should ask themselves when entering into agreements with hospitals and local communities.

3. Match hospital and college carefully

Use a mathematical model to best match college campuses to hospitals based on proximity, bed counts, and projected needs. University dormitory capacity is large enough to allow some flexibility in the matching, so you can take many local factors into account. At Tufts, professor Moon Duchin and her team have built a [model for hospital–university matchings](#) and a mapping tool to visualize it.

4. Use institutional expertise

Faculty, students or affiliated organizations offer untold expertise in logistics and communication. For example, at the Fletcher School at Tufts, military fellows have volunteered as civilians to assist us in rapidly pivoting from normal operations to new models at the university, our partner hospitals and our host cities. With their guidance, we laid out separate areas on campus to create zones for different populations, addressing the needs of each while protecting everyone's health.

Partnering in this way provides immediate and long-term benefits, protecting not only the health, safety and wellness of the local community, but also that of students, faculty and staff. This is a time for bold action. Universities, hospitals and local communities working together can save lives. We do not have a minute to lose.

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