A Hospitalist's Initial Experience with COVID19

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I have been privileged to work in a variety of settings as a physician, from some of the best hospitals and healthcare systems in the world with Kaiser, Tufts, and Johns Hopkins, to some of the poorest and least equipped in places like Papua New Guinea, Myanmar, and Uganda. But my experience with the past few weeks has been something different entirely. I thought I was always prepared, wherever I worked, for the conditions that lay ahead. This last month working as a Hospitalist and primary admitter in Maryland hospitals I found my world of medicine turned upside down.

Initially in January, Covid19 seemed like something in the distance. Concerning, yes, but far off. We were still in the thick of flu season filling the hospitals and our ICUs, not so uncommon for this time of year in Maryland. Beyond being a physician, I'm an epidemiologist. When cases of Covid19 were first reported, I think there was a sense of the familiar, much like when SARS and MERS outbreaks first occurred. It should not have been so unexpected; we live in a world in which people travel and interact more than ever before. An airborne disease has the potential to move fast, especially when the incubation period averages 5 – 12 days.

By the time Italy's healthcare system was overrun, we in the US were grappling with the impending wave and wondering whether the US was headed for the same fate. First, we were advised that everyone who was suspected of having Covid19 was to be placed in airborne isolation and to use the usual Personal Protective Equipment (PPE). By late February our medical staff were being advised that the N95 supply was not sufficient for the demand. For a week we were advised that we only needed to wear a surgical mask while seeing patients with Covid19 or persons of interest (PUI), before the guidelines were revised to use an N95 mask with a surgical mask overtop. Initially the plan was to use one N95 a day, but quickly that recommendation decreased to one N95 until soiled. By mid-March the Emergency Departments were distributing one gown per staffer per shift, to be carefully used, removed, and reused by the same person for every patient they saw. I was fortunate enough to obtain reusable goggles from the ER, but as face shield supplies dwindled, those without goggles were advised to take plastic sheets, punch holes in them, and use those as our face shields.

The other serious issue we began to face was the fear that Covid19 induced in so many patients. We had a predicament. On one side we wanted to keep beds open for Covid19 patients, we wanted to minimize exposure of individuals who are already sick, and if we could ,we wanted to keep people out of the hospitals. However, the fear of Covid19 did result in people risking their health to avoid hospitalization.

In one week I saw:

- A 63-year-old man who could not urinate for 3 days, who refused to go to urgent care for foley catheter placement, who we admitted in septic shock;

- A 22-year-old man with continuous nausea and vomiting for 4 days due to a liver abscess, who stayed at home until he was finally admitted in septic shock and DIC;

- A 19-year-old with a ring-enhancing brain mass who went home from urgent care rather than be admitted to the hospital for fear of Covid19.

I work in a hospital that is a vascular care center for the region, but suddenly I am not seeing the patients with gangrene, nor the heart failure patients, cellulitis, missed dialysis, DKA, or alcohol withdrawal, all cases I would see on a regular basis in a normal work week. I can't help but worry about those patients, too.

The Hospitalist groups determined that to limit exposure, there would be one Covid19 admitter and rounder per shift. For the day Hospitalists, that meant a rotation over various weeks, but for the night Hospitalists who admitted and cross covered, the most effective policy to limit exposure was to have the Covid19 doctor be the same person for an extended period. That position fell to me. As the weeks went on the policy changed and all admitters were seeing Covid19 patients, because most of our patients were already diagnosed or suspected of being infected.

In response to every obstacle, the hospital found ways to be resourceful and adapt to better serve the patient needs. We expanded our ICU capability for the hospital and we repurposed BiPAP machines to ventilate patients.

This is my job, I signed up for this, whether it is exposure to Influenza, TB, Covid19, or any of a number of communicable diseases; this is my job, and I knew the risk when I started. It was that simple, and remains that simple every day that I go to work. I look at my colleagues, physicians, physician assistants, nurses, respiratory therapists, paramedics, support staffs, and while all of them are afraid, not one of them speaks about staying home or finding ways not to come to work. We all feel a sense of duty, and even without proper PPE, I believe each and every one of us would continue to care for our patients.

This is my job, however, I worry frequently about the exposure I could bring to my family, to my 9-year-old son and my husband. I can no longer visit my 79-year-old mother for fear of exposing her to the disease. Covid19 has drastically changed how we all live for now, but with that I feel a strong sense of togetherness and duty to take care of each other. The support my family receives from others is invaluable, from that of my long time babysitter, who continues to help when my husband (also a physician) and I are working, to my friend who has started getting my mother's groceries. The concern and love my family has received from friends and family carries us through. In sadness and fear, I have seen humor that is shared around the world, and appreciation and respect to those who are fighting this disease.

I think about the people who work in the grocery stores, post office employees, police, firefighters, dry cleaners, all the essential workers who go to work every day, despite many having children at home, and I wonder who is helping them now that schools are virtual. I can only hope that they have people looking after them as I have experienced with my family and friends.

During my usual week off, we went from a handful of patients in the ICU with Covid19, to expanding ICU overflow capability. I expect things to get worse over the next few weeks. When I'm at home, I get a reprieve from the thought of running out of beds and ventilators for patients, and the stress of bringing the disease home to my family.

As an epidemiologist, I worry about the rate of increase in Covid19 cases. We can no longer contain this epidemic; the question is, how much can we slow and mitigate its effects. One estimate is that 40-70 percent of our population could be infected. Of those, 20 percent will need hospitalization, 4-6 percent will need ventilator treatments, and 1 percent will ultimately die. By flattening the curve, we can reduce

just how much the healthcare system is overburdened and reduce the surge on the healthcare system. If we fail to do that, many more people will die unnecessarily, simply as a result of not being able to receive the healthcare they need. To be clear, it's not just those extra COVID-19 patients who don't get the care they need. It's also the people with other conditions that warrant hospitalization, but who will avoid seeking care.

The reality is that some healthcare workers have died or are fighting for their own lives in intensive care. I am distinctly aware of the risk faced by the Emergency Physicians, Hospitalists, Intensivists, hospital-based nurses, urgent care staff, EMTs, and respiratory therapists. Yet we all continue to see patients. I didn't see one person say they would not treat a patient because they had to re-use PPE or because their PPE were no longer as safe as they used to be.

I come from a military family. I see the similarity between serving in the military in healthcare and serving right now in civilian healthcare. It is a duty that we all hold. For some the wave is coming, for others it has already hit, but we keep going because this is what we do, and we feel that sense of duty. We give the best care we can. We worry about our families and friends, whether we carry risk with us like a shadow we can't shake, but we do our jobs and we persevere. I am so proud to be a part of this profession and able to give back to my community.