



## CORONAVIRUS

# Can Philly Hospitals Handle Coronavirus?

More cases are definitely coming, but health execs Stephen Klasko and Jonathan Gleason say it's too soon to tell whether we'll be more like South Korea (good) or Italy (disaster).

by **TOM MCGRATH** · 3/13/2020, 4:12 p.m.



An update on the coronavirus response at Philadelphia hospitals. Photograph via Flickr/raymondclarkeimages

How are the region's major health-care providers responding to the [COVID-19 crisis](#)? Philly Mag connected with two senior officials at Jefferson Health — CEO Stephen Klasko and chief quality officer Jonathan Gleason — to get their takes. Jefferson has 14 hospitals and also includes Thomas Jefferson University.

### **What are the biggest things you're focused on right now?**

*Gleason:* Number one, taking care of the community and protecting our patients. And we're doing everything we can to make available appropriate use of testing and

screening of COVID-19. A second major focus is around protecting the folks who take care of our patients. Ensuring that we have the appropriate personal protective equipment available and all the supplies we need to take care of COVID patients in a way that's very safe for our workforce. The third is collaborating across the community with all of our many partners and all aspects of the community as we walk through this together.

*Klasko:* The one thing I think is important — what tends to happen after these pandemics or near-pandemics is, people then go back to normal. After H1N1 and Ebola, [Jefferson] maintained a pandemic or emergency-preparedness group. So we've been, frankly, stocking up on masks and that kind of thing to the point where we were ready for something like this.

**Are you treating any COVID patients right now?**

*Gleason:* We are.

**Anything you can share about them?**

*Gleason:* They're receiving outstanding care. And I think I would leave it at that.

*Klasko:* It's important for people to recognize that every one of the hospitals here most likely has patients — or a patient — with coronavirus. We are all used to handling highly infectious things and putting people in isolation. This is not an unusual situation.

**Can you tell us the number of patients you're treating?**

*Gleason:* The situation evolves continually. It's a small number of patients.

**Across the country, there aren't nearly enough coronavirus tests. How are you coping with that?**

*Gleason:* We have taken an all-options approach to testing. Meaning: We're developing our own capabilities to do testing — we're working toward that; we don't have that at this moment. There are two commercial laboratories — we're using both of them. And then the state laboratories as well.

**If someone shows up at one of your hospitals, you're able to test that person right away?**

*Gleason:* I would caution you that supplies are limited. And so we're monitoring our supplies at all times. And we currently have supplies available to do the testing when appropriate.

*Klasko:* One of the things that we're very proud of — we probably have the largest self-run telehealth program in the city. [The program allows patients to have a virtual appointment with a doctor or health-care provider.] And yesterday, the lead [perspective](#) in the *New England Journal of Medicine* was on Jefferson's program of telehealth for COVID. We have had a seven-fold increase in JeffConnect [their telehealth portal]. That's exactly what you want telehealth for. We can do an initial diagnosis of anybody prior to them coming to a waiting room or doctor's office, because that would probably be the worst thing.

We've done some other innovative things. At urgent care centers, before you walk in, there are people who are screening you, taking your temperature, etc. So we've been very cognizant of social distancing issues.

*Gleason:* We've developed screening centers that are outside of facilities in order to reduce the potential for exposure to other patients and to the health-care workforce. And we're operationalizing those across all of our hospital divisions.

**If someone has COVID symptoms like a dry cough and fever, what should they do?**

*Gleason:* Our recommendation always is to call your health-care provider.

*Klasko:* In some cases, getting back to JeffConnect: Because our telehealth program has 24/7 emergency medicine physicians, in some cases we might triage them through that. They might call an office and we'll say, why don't you first go on JeffConnect, and then we'll get you to the appropriate place.

*Gleason:* Anyone can get access to JeffConnect by going to the app store or downloading the app and making one of those appointments. ... Just to give you a sense of the scale of how rapidly we've expanded this: In just the last week, we trained more than 500 physicians and providers on how to do virtual visits.

**There's a lot of anxiety that the entire hospital system could be overwhelmed. Are you concerned?**

*Klasko:* We have to take a step back and really look at how we prevent that kind of situation. The social distancing issue is the number one thing. I think it's great that we've temporarily abandoned the NBA and NHL and others. I think the other thing to recognize is who's most at risk. And that's people over 60 who have other chronic diseases.

As it relates to the worst-case scenario: Jefferson has very significant plans that include arrangements we're making with other places to accommodate patients. And don't forget, we have 14 hospitals. If it ever got to that point, we could take one hospital and say, okay, that's where all the [COVID] patients are going. And the other hospitals are clear.

**There's been speculation about possibly reopening Hahnemann Hospital, which closed last fall.**

*Klasko:* Anything is possible. You have a hospital that hasn't been used, probably hasn't been exterminated, hasn't been licensed. Anything is possible. We could take a hotel and use it. But I don't think Hahnemann is going to be our first choice.

**On the whole, have we gotten enough guidance from public officials in this crisis?**

*Gleason:* This disease did not exist in early December, and so this type of circumstance puts a strain on all of our capacities, including our public-health agencies. My perspective, personally, is that they've done everything they could to make sure we have the information we need to take care of patients. I think that one of the real challenges

is, again, just access to testing. It's just been slow and challenging to get all the testing capabilities. But we're starting to make a lot of progress on that.

*Klasko:* It's a little disappointing that this is still being used as political fodder. Either way. I'm not taking either side. We should view this as we've viewed other wartime or national emergencies, like 9/11 — as a time to get together. What I will push for is what I started with: Once this is done — and it will be done at some point; we'll have a vaccine — we can't forget about it. We need to actually look, as a city and a state — let's be even more ready. Something like this will absolutely happen again, and how can we be best prepared?

### **One month from now, where will we be?**

*Gleason:* I think the best evidence-based answer to that is that we don't know, because there are some areas of the world where it's really spread, and then there are other areas of the world where it's really been well-contained. A good example of that would be South Korea. An example of where it's spread has been Italy. My prediction would be that we're going to see an increased number of cases in our region, and some of those patients are going to be sick and require acute-care resources. Are we going to look more like Italy than South Korea? I think it's really challenging to predict that. There are just a lot of unknowns. But I can say we're definitely doing the right things, especially within our health systems, to try to prevent that type of spread.

### **What else do people need to know?**

*Gleason:* Stay informed. The best place to do that is [cdc.gov](https://www.cdc.gov). I recommend that people go there, because the recommendations are changing a lot. It should be something that somebody looks at a couple of times a day. And then the second would be — we should all be looking for opportunities to care for and about each other. When all this is said and done, there are going to be many, many stories about how we came together as a community.

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