



**Mount
Sinai**

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INT 342**Infection Prevention Team****Interviewed by Barbara Niss****August 27, 2020****COVID Memories:** There you go.

So my name is Barbara Niss. I'm the Director of Archives and Records Management here at the Mount Sinai Health System and I'm speaking today with several members from our Infection Prevention Department.

I just want to remind you that if you provide any of your own personal health information today that it will no longer be protected because you've told us in this interview. And also, please, you know, do not disclose any of our patients' personal protected health information as well in this interview.

So, what I think would be good since we're a group today is if you could go around and just briefly introduce yourself and say your name and your job title I guess would be most appropriate and then we can get into some questions. Some of you, I can see [names on-screen] so I'll call a couple of names so you'll know who should start. So Imelda, could you introduce yourself please?

Imelda Dela Vega-Diaz: Hi. So I'm Imelda Dela Vega-Diaz. I'm one of the infection preventionists here and I cover medicine and oncology.

CM: Great. Are you all, I should have asked, are you all here at the Mount Sinai Health System, at the [Mount Sinai] hospital itself or are you spread across the Health System?

Imelda Dela Vega-Diaz: We are mainly here on the main campus.

CM: Okay, great. Kyle. Could you introduce yourself please?

Kyle Willey: Hi I'm Kyle Willey, I am the Assistant Director for Infection Prevention, one of the assistant directors of Infection Prevention.

CM: I'm sorry, that was very quiet. Could you make it louder?

Kyle Willey: My name is Kyle Willey. I am one of the assistant directors of Infection Prevention here at The Mount Sinai Hospital.

CM: Okay. Terrific. Sheron?

Sheron Wilson: That's right. I am Sheron Wilson and I am the director of Infection Prevention here at The Mount Sinai Hospital.

CM: Thank you. Alright, so the people in the [conference] room.

Mary Ann Caruana: Hi, I am Mary Ann Caruana and I am one of the infection preventionists at The Mount Sinai Hospital.

CM: Okay, and we're going to need people to get close to that microphone. Next.

Conf room: [inaudible]

Conf room: Hi, I'm Emily Walits, I am an infection preventionist as well. I cover the periop services among some surgical floors.

CM: Okay, great.

Conf room: Hello, I'm Rodolfo Simons and I am the other assistant director for the Infection Prevention Department and I cover the operating room and periop areas.

CM: Terrific. Over in the corner.

Conf room: [inaudible] I am Sonia Simpson Morgan, Coordinator for the Infection Prevention Department.

CM: All right, good. And some joined us on the phone here. Sorry, who's on the phone? And they're gone. I guess they didn't want to be on the phone. Okay. Terrific. Thank you very much. I don't know, my usual first question is to describe what one of your days was like pre-COVID before this hit. What did you, what did you do, and we can go in the same order again, if, that's helpful. So Imelda? To give us a sense of that.

Imelda Dela Vega-Diaz: Right, so during, during COVID time, of course, we are the IP and we were flexible so we covered areas as much as we can. Right? And we also be more on education, on employees, you know, regarding their concerns, their fears, and how to protect themselves. So it's so much education that we brought to the employees. All right, so it's like a non-stop we joined their huddles just to make sure that we reassure them.

CM: And what did you do, what was a day like before COVID?

Imelda Dela Vega-Diaz: Before COVID it's normal life. Right? Like we usually do our normal rounds and we just are observe healthcare personnel to perform their hand hygiene to prevent the spread of infection to patient to patient, but now it's like during COVID time we're really eyeing them, how they put on their PPE, you know, as they enter patient rooms. And I think that's the big

change that we are really on top of them to make sure that they're being protected and, you know, prevent transmission to other patients.

CM: Anyone else want to speak to that? Changes pre or post-? Sheron.

Sheron Wilson: I was gonna say yes, for infection prevention, that is our main focus, you know, to prevent healthcare associated infections, the spread of infection within the healthcare setting and among our staff and patients. So that's one of our key goals in infection prevention there along, as Imelda says, to ensure that we are there providing education, working with the teams to ensure that our patients stay safe and providing quality care throughout the institution. So, that's kind of pretty much in a nutshell the basics of what we do in Infection Prevention because infection prevention just touches every aspect of the hospital. So we were there during COVID, you know, the same way [we are] here, day in and day out, ensuring that all of the protocols that are instituted to make sure that we remain safe during the pandemic our patients and our staff that we were there working with the various teams to ensure that we continued that process.

CM: Right. Anyone else or I have a next question that I'd like individual responses to: What was really the hardest thing for you personally to adjust to, in what Imelda calls COVID time, what was the hardest thing for you?

Sheron Wilson: I think for us in infection prevention, as an infection preventionist, adjustments and you know we were always adapting. That's just the nature of our job, constant adjusting and readjusting throughout the day and to know how to be flexible because things change so often within the healthcare setting.

But I think one of the things that really stood out for me is that I commute on the train to get home. And I remember when the announcement that New York City is pretty much going to be in a pause, or shelter in, whatever you call it, and going home on the train, and it, you know, being the only individual in the car. It just really hit me like, 'Oh, my, gosh, here I am on the train alone.' Never have I ever seen this in my entire life at the height of rush hour, and to just have that sense that, yes, they say we're all in this together and I'm believing that we're all in this together. But here I am alone on the train heading home and it just seemed so surreal, as if I was in some sort of a tunnel where New York City, there wasn't anyone pretty much around you in this hustle bustle. And it was just a moment that was just a true pause in the sense of the word to sit back and think, 'Okay, we're in for some sort of a ride here.' And never would I thought that, you know, had I thought that have seen something like this in my lifetime as an infection preventionist, being in this field for 15 years and it's such a different time. So that was kind of like something that really stood out for me.

CM: Absolutely. Anyone else? Come on.

Kyle Willey: Yeah, I would definitely echo what Sheron was saying –

CM: Sorry, lean close to your microphone, please.

Kyle Willey: Sorry. Um, I would definitely echo what Sheron was saying. She and I live near each other. So I had the exact same experience with being on the train and being the only person on the train. And walking out in the street, and there's, there were no cars. You could walk right across Fifth Avenue and there was nobody there.

But I would also echo from in that, as infection preventionists, part of what we do, part of who we are is being flexible and trying to, you know, always adapt to the changes in the environment and things that are going on. So, I don't think that that for us changed anything during COVID because we're just doing exactly what we've been trying to do, you know: we are responding to people's fears, we are reading the latest science, we are doing everything. It may have been a lot faster than we're used to, but it's exactly what we do as infection preventionists to, you know, talk with everybody to find out what's going on and to spread the correct information as much as possible.

CM: Excellent. Anyone else?

Conf room: [Mary Ann Caruana] For me, as both Sheron and Kyle said, it was the level of feeling defeated when things change so frequently because as preventionists, we are trying to give you the best knowledge to keep you safe. When it changes so frequently you felt like you were adding stress of the employees and the staff members around this, because we couldn't provide that reassurance yet because everything was still emerging. So that personal experience of going to work every day, with that level of feeling you may be defeated by the end of the day, because things are changing was something that stayed with me for a while until we felt that we had a grasp of what COVID really was and how we can keep everybody safe.

CM: Yes, that's what you know people have mentioned in many of these interviews is the uncertainty in so many ways. And, you know, one day, these are the rules and procedures and the next day it's something else and it was kind of like a fire hose coming at them sometimes, a fire hose of change and that it's difficult.

And it must have been doubly hard for you because you had to make sure they implemented, you know, understood and implemented those changes. How did you find out about the changes? Did someone just reach out to, who told you?

Sheron Wilson: Well, um, we really made sure that we stayed on top of the science, you know, through the CDC, the World Health Organization, the various organizations within New York State, New York State Department of Health, New York City Department of Health. We have our Hospital epidemiologist, the System epidemiologists all coming together making sure that we're vetting all the science and staying current on what the evolving situation is to make sure that we are providing the accurate information, the newest and available science that we are

working with to make sure that everyone stays protected and feels as comfortable and always reassuring that this is an evolving situation that we, you know, things may change, but this is the best that we're working with right now.

CM: Anyone, comment? Yes, I see you're taking your mask off. Yes?

Conf room: Thank you. This is Emily. So a little bit of a bonding moment for us would be watching Cuomo's daily briefings. That's how we stayed up to date on, not so much our hospital changes, but the statewide changes and I think in our office, we really felt like he had a calming effect, you know. Politics aside, it was really great to know that every single day you are going to be updated by somebody who seemed to have, you know, the most up to date information.

CM: Interesting point that's, that's very good. So, since you're all infection preventionists, I have to ask you this question. You know, we've heard so much about initially there was a shortage of PPE. And then of course later on, there were waves of different brands or versions coming in. Do you have any comments on that? Did you feel where you were working that there were shortages? Was it hard when the brands of PPE coming in changed? Anything to say about those?

Kyle Willey: We worked really closely with Health and Safety and Materials Management especially, so we were, we were always working with them trying to assess what the levels were, where we were, what was coming in and how fast, how much. So I know that as a hospital, we like to have very standardized PPE and standardized wipes and things like that. But sometimes in an emergency situation like this, we really did have to just evaluate what was coming in and you know, either accept it or deny it and send it off to somebody else, whether that was a nursing home or homeless shelter or, you know, some other group like that.

CM: That's interesting that you were able to, if it didn't meet our standards that it still was used somewhere. Emily, you had wanted to say something?

Conf room: [Emily Walits] PPE was a big challenge because staff were, you know, more concerned that they have PPE than they would be normally, so we were really having to kind of keep up on the details on the PPE we already had, it was already in the hospital, but suddenly people didn't trust it. So there was a lot of reassuring and, you know, explaining exactly how masks like this are effective.

Another thing that was kind of painful to do was, you know there was a big movement to make PPE at home and donate it to hospitals. We could not use any of those things. So it was, it was really sad, you know, to go up to a unit, for example, you know the neurosurgical ICU received tons of donations of PPE, but they couldn't use any of them because they were homemade or they were you know those Tyvek space suits that really have no function or use. So that was difficult, you know, telling people that they couldn't use these things.

Sheron Wilson: And part of, you know, the great thing too that the team worked on and did is the fact that, you know, we worked so much in terms of the education piece and what is acceptable and what isn't, and had to focus quite a bit on conservation. You know, we're so used to having and not have to worry about where our next supply is coming from and now all of a sudden, you know, we're faced with the fact that, hey, you know, there's a limited supply and we really have to conserve. So there was a lot of education around conservation and how, what we called extended use of our personal protective equipment. So that was a big piece for infection prevention, yes.

CM: Absolutely. Yes, you have a comment?

Conf room: [Mary Ann Caruana] One of the things we did on PPE, we actually taped our unit floors green, yellow, and red to help with the conservation. We could give the unit a little bit more breathing room to use their PPE for a longer time period. So for like a two week period, we went throughout the entire hospital lining the floors with tape to give that extra boost. This led to a big decrease, we had enough supply to keep them moving for as long as it may go on. That's part of how we extended PPE.

CM: Any other comments on this, I see in the back of the room there. Emily?

Conf room: [Emily] Extending the PPE is a good example of how our day-to-day changed. We were literally crawling on our hands and knees and taping floors, which is probably something that none of us had ever done before, unless we've painted a house or something. And that was for a week and a half or something. That was a big change for us.

CM: Yeah, I bet. Yes, sir.

Conf room: [Rodolfo Simons] Also, one of the things that we did with re-education. Actually, when we had confirmed cases. Then there were PUI, the not confirmed cases, then we would have to work to re-educate and make sure that the staff were understanding which kind of PPE they needed. Sometimes we had problems with them because they didn't trust what we were telling them. So we would have to go back, re-educate them. On our rounds, they would say, 'Okay, we have a case right now.' Or we would just do it anyway. Emily and myself used to go up to the floors, make sure that they have all the equipment and everything that they needed to make sure that the staff felt confident. But it was really, really important the communication.

CM: Yeah. Anyone else? So, you know, what are the lessons learned that you're going to take into the future here? Has anything changed? Do you think you'll just go back to the way it was or is something different now? I mean, there is still COVID around, so that's clear. But lessons learned?

Sheron Wilson: Well, I think one of the lessons learned is, you know. And just a reminder how just change is constant, right? That we can't take things for granted, things will just always evolve, emerge and change. And it's how you handle the situation at the time that it's there, for me is a

big reminder that we should always stay focused like that, that change is constant. It's just the way life is.

CM: Imelda?

Imelda Dela Vega-Diaz: Yeah. Yeah. So I think everyone should understand how to fight for this enemy. They call it an invisible enemy, we need to understand how to really prevent this, you know, with the proper use of our surgical facemasks, with practicing social distancing and performing hand hygiene. I think those are the basics that we really need to know, all of us to fight for this COVID

CM: Anyone else? I mean, any other lessons out there. No? Are there any particular stories that any of you had that you wanted to share?

Imelda Dela Vega-Diaz: I have a story. Actually, I said, it's a personal and it's a sad story that I have a classmate in nursing school and he lost his life because of COVID. So that's the thing that, you know, it's a lesson learned, like everybody should really know that this is tough. You know that we really need to know how to prevent this and protect one another. And another personal story is like my brother-in-law got sick and my husband is so afraid. Of course, who wants a family member to be sick and you know we don't know what will happen. So I need to give a lot of reassurance to my husband, you know. I'm already coming to work with full of stress. And then at home, you know, with your, with your family members. You know, there was even a time that I was walking in the street. It's true like Kyle was saying, like the road is empty and it's like, I really want, I have cried a lot during COVID time. But you know it makes me strong, of course, right, with all those experiences. So that's the story that I'm sharing.

CM: I see. Mary Ann?

Conf room: [Mary Ann Caruana] My personal feeling is, I would see my kids every day after work and I would not know the elements of what I was bringing home. But something that gave me solace was coming to work and to see the great things that we do at the Health System, and I'm not at the bedside anymore as a nurse but when I do go visit the bedside and I and see the recoveries and am able to get a thumbs up or a smile, that was reassuring to me that the great things that we do there is hope to come, and as a unified community, as a unified Health System, we will defeat it. It is just going to take time and I knew when I went home that I was going to be safe enough to see my family. Because we were taking every precaution possible. So it was sad to come to work, but I knew when I went home that, you know, I did a great thing today, I helped someone or I helped a staff member get through their fear, and a smile or a thumbs up meant the world and it still does for everyone still suffering with it.

CM: Of course, you know more than I know, but keeping people doing hands-on clinical work safe was every bit as important. They could not take care of patients if you weren't taking care of them. And where would we be, right? So that's so true.

I have to ask. So I've heard, and you read this in the paper and hear it on TV, many, you know, clinical people go home and they, you know, take their clothes off in the garage. They head right to the shower and things like that. You guys are professionals. What do you think, was that what you were doing?

Conf room: No. [crosstalk, laughter] [**Emily Walits**] I've never been a bedside nurse, but I would think that if I were, I'd probably want to shower after work, COVID or not. [laughter] [**Mary Ann Caruana**] I would say I do. I think it is just innate because I was a bedside nurse, but I think I want to hug my child so quickly I literally zero shower, get dressed and be like, 'Okay, mommy's home now' versus if I was, you know, just with my husband I probably would not. But it makes you reevaluate your everyday life.

CM: Well, maybe that's one of those changes going forward that now you've been through this. Are you seeing things differently now different lenses? Probably everybody is, you know, in some ways, right.
Anything else, what do you want, what do you want to get down here that we haven't touched on?

Conf room: [Emily] I think it was feeling, maybe it was ?, it probably was, that feeling of the first day that we converted a unit into a so called COVID unit, which was signaling that we're going to be in trouble. And I think that COVID in the United States was something we kind of ignored. You know we thought, oh, pandemics don't happen in the United States. And then suddenly one day, one of our ICUs was a COVID unit. And then after that day, every day another unit was a COVID unit. And that was, there was like before the COVID units and after. And that was a big signifier in time for me.

Kyle Willey: That and the construction, the construction of units out in the [Annenberg] lobby. I know we didn't actually end up using them, but just walking through the lobbies and seeing spaces for patients that we might have to use, that was, that was pretty impressive.

Sheron Wilson: Right. Emily and Kyle to the fact that we also had a whole hospital built in Central Park, you know, tents up and having a hospital in Central Park. And having a hospital where just about every single patient had COVID. It was something that was so different and new, you know, all the other conditions that human beings have, people were staying out of hospitals, just the fear that was around and the uncertainty. And you know the worries of health care professionals that people who have these chronic conditions and problems would end up being worse or dying from these conditions because of COVID and not being able to get into a hospital is pretty scary point there for a lot of healthcare workers. Yeah.

CM: Absolutely. So was your team responsible for covering the Samaritan's Purse hospital in Central Park as well?

Sheron Wilson: No, not so. So, not hands on covering. We certainly were aware and so on. And if any questions came up, but not my team to go in to say.

CM: Yeah. Anything else anyone, just anything you want to say? Back in the corner there. Yes.

Conf room: [Sonia] [inaudible] and I was in the office all the time. I was so impressed with how they were able to adapt to change and they were going around and doing whatever they were supposed to be doing. I realized that I've learned a lot from them, from the department, and that if we just do what we're supposed to do, then things will be better. We will be able to control the COVID.

CM: Yeah.

Conf room: Sonia worked very hard, as well during January and February before we realized we had a pandemic. The State wouldn't really allow anyone to be tested for COVID. It was very stringent and every single time someone suspected COVID in Mount Sinai Hospital or in our outpatient clinics here, they would call and Sonia was the first person that they spoke to. We were dealing with hundreds of calls and Sonia fielded all of them. Yeah.

CM: Wow. That's terrific. All right, final words. Thank you so much for doing this. I really appreciate it. And I'm sure. Mary Ann, if you could just please send me just an email, just the spellings of everyone's name, that would be really appreciated. It would help me clean up the transcript when all is said and done.

Mary Ann Caruana: Yeah, sure.

CM: All right. Great. Thank you so much, everyone. It was great talking to you and I really appreciate getting your own, you have such a great perspective, this group, on it and it was great to get it recorded. Thank you very much.

Voices: Thank you. Thank you.

[END OF INTERVIEW]