

# Answering the call: how COVID-19 hotline staffers helped panicked New Yorkers

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Health + Hospital's Office of Ambulatory Care.

When the first New York City case was diagnosed back on March 2, "COVID was new and scary," he said. But no one could foresee just how bad things would get.

But NYC H+H is one of the largest public health care systems in the United States, with over 70 inpatient and outpatient locations across the five boroughs of New York City. So calls to the center started rolling in.

Some callers were concerned about future risk, for themselves and their family. Others already had symptoms and were seeking care.

## 'Scared and worried'

Curbing the virus' spread was a priority.

(HealthDay)—"I live in Washington state," said the caller, "but my husband is on a plane to New York City, and I just got a call from my doctor telling me that he's positive for COVID! What should I do?"

"I take care of my grandmother," said another, "and she goes to this temple whose Rabbi was recently diagnosed with COVID. And she was recently sitting right next to him! What should I do?"

Those were two of the more than 90,000 calls, many anxious and tearful, that have flooded one New York City health care system's COVID-19 hotline since the crisis first emerged in mid-March. The NYC Health + Hospitals (NYC H+H) COVID-19 hotline has been a lifeline for New Yorkers faced by tough decisions with little expert advice on hand.

It's been a tough and evolving process running the hotline, said Dr. Ross Kristal. He's co-medical director of the NYC H+H Contact Center at NYC

"We didn't want patients with symptoms coming to our clinics and possibly infecting our patients and staff," Kristal explained. So, H+H call center agents followed U.S. Centers for Disease Control and Prevention guidelines, answering callers' questions while drawing out info on factors such as prior travel histories and signs of COVID-19.

"If they screened positive we then made sure callers would talk to a doctor on the phone," Kristal explained. In the early days of the hotline there were two doctors at the ready, Kristal being one of them.

Callers were often confused, he said, and the calls themselves were often tense.

"People were definitely scared, they were worried. Even people who didn't have symptoms themselves, not knowing if someone around them had symptoms," Kristal said.

One man struggling with a cough called in out of

concern that he might expose a vulnerable roommate who was undergoing chemotherapy.

Another, a business owner, called wondering if he should instruct his staff to telework after he'd been potentially exposed to the new coronavirus.

Still another reached out to say he felt "lost," scared and helpless after his elderly dad came down with a [high fever](#), cough and crippling fatigue.

"We saw everything across the spectrum," Kristal added, including patients of all ages. On the one hand, "we would get calls from young people who were short of breath and anxious. Clearly anxious. And, in fact, after talking to them and finding out more about their respiratory status we would realize that their issue was really anxiety, not COVID. And they didn't need to go to the ER."

### **An evolving crisis**

On the other hand, Kristal said, "we would also get callers who really had difficulty breathing and it was determined they really did need emergency care."

People who Kristal and his colleague deemed truly "high risk" were not given an appointment to come to the hospital, but rather were referred to the NYC Department of Health and Mental Hygiene. The department would then arrange for an in-person diagnostic test.

The system worked well, Kristal said, but almost immediately "call volume exponentially grew. And at a very quick rate. A lot of New Yorkers started calling in to 311 saying they didn't have a doctor but wanted to speak to one, so we were [also] getting those calls."

So, beginning March 11, Kristal and colleagues set up an expanded, doctor-helmed COVID-19 hotline, manned primarily by physicians, advanced practice providers and physician assistants.

The goals were clear. "We wanted to make sure that every New Yorker had access to a health care provider that was free and available to anyone who needs it, no matter what language you speak or whether you have insurance or not," Kristal said.

"And we wanted a system that could connect to people who are at home, because we wanted people to *stay* at home. Because this was when ERs were getting overwhelmed, we wanted to do triage so those who did not need to go to an ER didn't."

Information on isolation, quarantine and testing was also provided, based on New York City health department guidelines. Callers were asked about symptoms and critical high-risk factors, such as age or proximity to elderly or immunocompromised household members.

Based solely on word of mouth—though it would later be promoted by Mayor Bill de Blasio and City Hall—calls continued to flood in, either directly to the H+H call center or via 311. By mid-March, call volume hit north of 2,500 a day, and on March 20, over 5,000 calls were logged in a single day, Kristal said.

At that point, with hospital cases skyrocketing, both the [city](#) and the hotline had to switch tactics. With New York City hospitals under increasing strain, both physicians and tests were becoming scarce.

So the hotline turned to a pool of registered nurses as the first point of caller contact, and callers were told that, per new city guidelines, COVID-19 testing was reserved only for hospitalized patients.

### **Peak passed—for now**

At the same time, the types of crises H+H hotline staffers responded to grew. For example, callers fearful of housing eviction and dwindling food supplies, or in need of space in "isolation hotels," were directed to social service resources, Kristal said.

ER referrals continued to be given to those with serious symptoms and/or those at high risk for COVID-19 complications, such as the elderly with pre-existing conditions.

"We also implemented callbacks," said Kristal. "So, if we got a call from an elderly patient, we would actually put him on a list to call back and check in on him."

The team also launched a new tracking system that now allows patients to text in their symptoms to physicians twice a day for routine monitoring.

By May, New York City had "flattened the curve" of new [coronavirus](#) cases, and by June the city has begun to cautiously reopen for business.

But Kristal said the hotline is still very much open and active as a reliable source for information, guidance and reassurance.

"The call volume is not at its peak anymore," said Kristal. "But we're still getting phone calls, and there's no end date. We are here to service New Yorkers."

Kristal and his colleagues chronicled their COVID-19 hotline experience in the August issue of *Health Affairs*.

**More information:** There's more on COVID-19 at the [U.S. Centers for Disease Control and Prevention](#).

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