



GRATITUDE FOR NAVIGATING THE UNFORESEEN: COVID-19

When the first wave of COVID-19 struck our city nine months ago, our ZSFG Department of Medicine dove into action, confronting a pandemic without many of our often relied upon tools. We have learned to navigate without the ability to see the horizon, swim in isolation and in new teams, and recast and modify direction and technique with thoughtful purpose.

In this issue, we share the reflections of some of our faculty and staff in divisions and workgroups on the frontlines of COVID-19, in their own words. Content here has been edited for brevity, however, a more robust inclusion of experiences are available in an [online addendum](#).

Occupational Health
Jessica Chuang, MD
 Director, Occupational Health Service



"I have too many things for which to be grateful! At the start of the pandemic, the Occupational Health Service created a COVID-19 hotline for employees. Initially, this team was understaffed to meet the demand, and employees were understand-

ably frustrated by delays in getting a response or testing. In the last two months, increased support for the COVID Employee Hotline from the hospital and the Department of Medicine has made it possible for our hotline providers to respond promptly, have sufficient time to address all employee concerns, work on quality and process improvement, and review clinical and operational data more closely. Today, our hotline providers are hearing gratitude from their co-workers and feel privileged to be able to support them!"

COVID-19 Testing
Gabriel Chamie, MD
 Associate Professor, Division of HIV, Infectious Diseases, and Global Medicine



"One of the main lessons I have learned is that an effective response is based on collective effort and cooperation, which can be both challenging and incredibly inspiring during times of stress and uncertainty. As just one example, in early April, when we were just weeks into the shelter-in-place mandate, I had the privilege to work as part of a collective effort in the Unidos en Salud/United in Health project. This project combined the efforts of community members from the Latino Task Force for COVID-19, volunteers from across the city, political leaders, the SF Department of Public Health, and researchers from UCSF and ZSFG to offer community-based testing for COVID-19 in a census tract in the Mission District. Working together to learn more about this pandemic while serving a local community disproportionately affected by COVID-19 has been deeply moving, and directly informed how to address this crisis and support underserved communities in our city."

Central Administration
Melody Davenport-McLaughlin
 Clinical Operations Manager, DOM



"The response of the front line clinical providers has been amazing. From the very start of the crisis I have been so impressed by my colleagues continued commitment to patient care. Even in the face of managing

changes in their personal lives like financial slow-downs, adult and college age children returning home, caring for young children, and stepping in to assist young learners adapt to distance learning, they still showed up and gave their best. People volunteered to cover extra work shifts. Local restaurants provided tons of food which staff carted to the distribution points. I talked with colleagues who chose to live separate from their families to reduce the risk of work related exposure. I like to feel that I am doing my part in solidarity with and in support of the patient care staff."

Contact Tracing
Elizabeth Imbert, MD
 Assistant Professor, Division of HIV, Infectious Diseases, and Global Medicine



"I am very grateful for my colleagues on the Shelter/Encampment Outbreak Response team. One of the first challenges we faced was an outbreak in the largest shelter in our city that had over 250 individuals and most beds were 1.5-3 feet apart. We had two symptomatic index cases and after initial case investigations, we identified several additional cases that were distributed throughout the 2nd floor dormitory. This prompted us to test all residents and staff where we found 66% and 16% positivity, respectively, with more than half of the residents asymptomatic at time of testing. This outbreak demonstrated to us the high risk of transmission in congregate settings like shelters and that waiting for a symptomatic case to be detected may be too late to prevent superspreading events. Since then, we have significantly reduced the number of individuals living in shelters."

Clinical Research

Annie Luetkemeyer, MD

Professor, Division of HIV, Infectious Diseases, and Global Medicine

"I have been continually impressed and moved by patients' willingness to participate in research when they are sick with COVID and may have limited experience with clinical trials and the medical system in general. Many studies we have conducted are placebo controlled, so participants often have a 50/50 chance of receiving an inactive treatment, and some of our therapies are quite new with limited experience in people with COVID. Despite these uncertainties, COVID patients have been willing to participate in trials and want to be part of improving care for those living with COVID. We cannot make any progress toward better COVID treatment or an effective vaccine without their generosity and altruism."



Bench Research

Justin Moore, PhD, MPA

Division Manager, Experimental Medicine

"Until now, the PIs in my division have focused their research on tuberculosis, HIV, and malaria. At the onset of the pandemic, like so many clinicians and researchers around the world, our division rapidly shifted gears to engage with COVID-19 research. Within a matter of weeks, the new focus of nearly all the laboratories was on COVID-19 – working ahead of guaranteed funding, striving for a way forward and making their own path in this new area of this new disease. Early on, our faculty meet twice a week to check-in, during which time I would hear about the seemingly endless ways they were connecting and engaging with the research community. Over the course of the past few months, the faculty in my division have obtained millions in funding, we have expanded our staffing by 10%, and are working around the clock. I am inspired by the way our faculty and staff have rapidly shifted their work and are growing our division."



Nephrology and Dialysis

David Pearce, MD

Chief, Division of Nephrology

"The last few months of responding to the COVID-19 pandemic have been an incredible learning experience for all of us in Nephrology, dialysis, and renal care in general. There have been numerous moments—even sustained periods—of anxiety and sense of helplessness as we grappled with new challenges, amplification of old challenges and uncertainty. The initial increase in ICU patients needing CRRT (continuous ICU dialysis) caused an unexpected need for supplies and machines set against a backdrop of supply chain disruptions. The ICU team—nurses, pharmacist, staff and attendings were fantastic at working together with us to respond. We altered workflows, met frequently, shared information about sources for borrowing, renting or buying needed items."



Pulmonary and Critical Care

Jason Rahman

Division Manager, Cardiology and Pulmonary and Critical Care

"Our frontline workers are sacrificing their wellbeing to keep me, my family, and friends safe from the pandemic. Seeing firsthand how much time and energy is spent on COVID, I am incredibly grateful to all the physicians, nurses, and house staff who are directly involved with the COVID response. I am also thankful for all the people who indirectly support the COVID response but may not get as much recognition such as the administrative support staff, custodians, and cafeteria workers."



Hospital Medicine

Sumant Ranji, MD

Chief, Division of Hospital Medicine

"DHM has cared for nearly all of the hospitalized patients with COVID-19 since the beginning of the pandemic. We realized that we all faced a tremendous amount of uncertainty, due to rapidly changing clinical guidelines, concerns about staff

safety, and shortages of PPE and other resources necessary for patient care. From the very first week of the pandemic, we also recognized that we were dealing with a very vulnerable patient population. We settled on a core set of priorities for managing



our COVID-19 response: support frontline clinicians, transparency in communication, reinforce our mission. Our brainstorming sessions generated a total of 53 proposed solutions, which were prioritized according to an effort/impact matrix.

We wound up implementing a total of 36 different countermeasures, ranging from patient education efforts to revising our surge staffing plan, to help us respond quickly and flexibly to the exigencies posed by the pandemic."

Infection Control

Lisa Winston, MD

Director, Inpatient Medical Services

"When we started our response in earnest at the end of February, I don't think anyone expected that the response would continue in such an unceasing manner for many months. The most inspiring moments have been seeing critically ill patients recover and leave the hospital to go home. Despite many lengthy stays in the ICU requiring maximum support, the death rate at ZSFG has been remarkably low. The entire hospital leadership has stepped up in an amazing way, and I am very thankful to work with such a dedicated and talented group of people, many of whom I did not know well before this started. I am also eternally grateful to my family for their unflinching support."

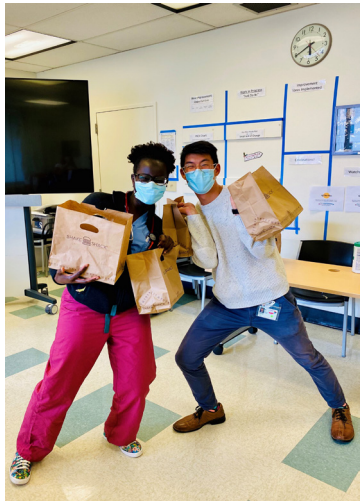
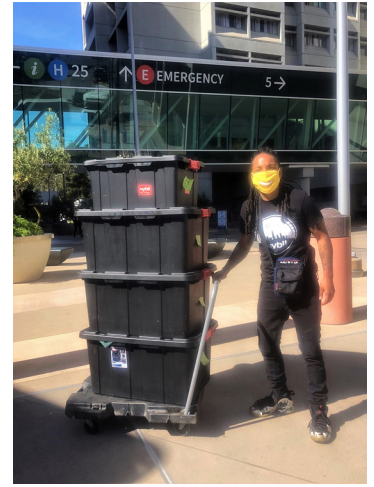


Neil Powe, Laurae Pearson, Brooks Bigart

SPOTLIGHT

Registration is now open for the [Promoting Research in Social Media and Health Symposium \(PRISM\)](#), which will be held virtually Dec. 3-4. [Urmimala Sarkar, MD, MPH](#), Division of General Internal Medicine, and [Courtney Lyles, PhD](#), Division of the Center for Vulnerable Populations, serve on the steering committee for PRISM.

"The greatest of a community is most accurately measured by



ZSFG DOM is grateful to all of our faculty, staff, and community partners for donations of time, meals, PPE, and care. Our community has gathered together on-site, at pop-up test sites, and remotely.

Top Row (L to R): Mother Tongue Coffee, COVID-19 PPE; Chesa Cox at COVID-19 Pop-Up test site; Nybill Catering

Middle Row (L to R): COVID-19 Pop-up Testing in the Mission; Jep Poon receiving meal donations; Gabe Chamie, MD, Diane Havlir, MD, and Neil Powe, MD, at COVID-19 Pop-up Testing in the Bayview district

Last Row (L to R): Lurit Bepo, MD, and Albert Liu, MD, receiving donated meals; COVID-19 Pop-Up test providers



the most compassionate acts of its members" - Coretta Scott King



Top Row (L to R): Mayor London Breed thanks ZSFG frontline workers; Margot Kushel and Laurae Pearson at COVID-19 testing in the Bayview; Sidewalk chalk love outside of ZSFG.
Middle Row (L to R): Richard Fine Peoples Clinic providers and staff; IVs set-up outside of COVID-19 patient rooms, ZSFG Building 5 employee health screening; Brooks Bigart, who arranged meals for COVID-19 frontline.
Last Row (L to R): Area Labs, with hand sanitizer donation; ICU frontline; Providers fielding calls while picking up meals; Employee health screener Amy Walker

