

AUA Inside Tract Podcast Transcript
Episode 100

Voices of Urology: Preparing for the Pandemic with Dr. Arthur Tarantino

Host: Today, we're talking with Connecticut urologist, Dr. Arthur Tarantino. He's a past president of the New England section of the AUA, and he's gonna be telling us about his experience with patients during this COVID-19 pandemic. Dr. Tarantino, with New York as your next-door neighbor and the COVID-19 pandemic's epicenter, we're hearing a significant uptick in cases for Connecticut could be next. Can you tell us about the situation right now for you in Hartford, which is roughly a two-hour drive or so from New York City?

Dr. Tarantino: Basically, when you look at Connecticut, we look in terms of three counties that are distanced from New York. Fairfield County is really our largest number of cases right now because it's closest to New York City. Next, we have New Haven County that has Yale Health System, and they're the second-largest number of cases right now. And then, I'm in Hartford County with the Hartford Healthcare System, and we're now starting to see a significant increase in cases.

Last Friday, the governor at a press conference stated that they're expecting the sequences of peaks to be a little bit different in each county, starting with Fairfield, then New Haven, and then finally Hartford. Right now, they're predicting our peak's gonna be late April, early May. As far as where we stand, to date, the state has had about 8,700 cases and about 335 deaths statewide. I'm under the auspices of Hartford Healthcare out of Hartford Hospital. Our hospital, we have about 123 COVID-positive patients. About half of them are on ventilators and about another 30 under interest or under investigation. And across our system, we have about 310 COVID-positive as well about another 133 under investigation. So, our hospitalizations continue to increase every day.

Host: How is your practice preparing for the potential surge in patients that may be coming up?

Dr. Tarantino: Great question. And, actually, it's on multiple levels. First of all, the health system has daily management calls. I'm a pod lead for our Hartford area. So, we get daily and also weekly provider calls. We have a command center that started up day one that takes calls from the public, and that's how who gets testing, so to speak, is determined. I volunteer there on Saturday mornings from 8:00 to 12:00. And what we do is call patients and inquire as to whether or not they meet the criteria for COVID testing. It was a

lot stricter when we first started. Now, that's all changed over the last three or four weeks as more tests would come online.

As far as the hospital where we are, we have four residents, a fellow, and four PAs that are all anticipating to be deployed elsewhere. We've been preparing for surge staffing. We called around to colleagues in the New England area as well as the New York area to see how they went about doing this. And I took a model from Dr. Toby Chai, who's a chairman at BU, where we came up with classifications of A, B, C, D: A, for someone who's comfortable handling the ICU and critical care patients, B, somebody comfortable with the emergency room patients, C, general floor work, and then, D, and that's our exempt category based on age, over 60 or comorbidities. This was a self-assessment and blinded. In other words, each physician self-categorized themselves and gave it to our service line director, and we'll make the assignments that way. So, we think that was a pretty transparent way to do it in that regard.

Our hospital, we have about 290 ICU beds. They just converted a special COVID-19 bed ICU. We converted recovery rooms to ICU beds. University of Washington predicts that Connecticut's gonna be short about 1,700 ICU beds by the time we hit our peak. So, we'll see. There's a temporary housing program being set up with hotels in the area, as well as we're developing a 640-bed site at the convention center right nearby. As far as our individual practice goes, when this first started, three of us got together and basically came up with deciding what office-type diagnoses could be pushed out to 3, 6, or 12 months. We've had a ban on elective surgery since mid to late March, which is probably gonna continue to mid May. And we developed a triage system for that, and our department chairman, Dr. Wagner is a final judge as to whether or not a case gets done.

This has impacted mainly our cancer patients because the other stuff was the acute stone, or infections, or things like that. They get done without question. And then, in a matter of about a week, we rolled out a telemedicine program across our system, and we were all gearing up for that. We figured every patient that comes to the office, there's six touches between the front desk, MA, nurse, physician, checkout. So, the goal was to keep people out of the office to minimize those contacts. The good news is not seen any patients, there's nothing in my in-basket, so that makes life easier.

Host: We always like to look for silver linings. Is there anything else you'd like to add about how you're handling day-to-day patient care or any of the precautions the hospital's taking?

Dr. Tarantino: Well, yeah. We have gone from a strict control or a PPE. We now have a lot more supplies, we're not really worried about that, but we've now gone system-wide to wearing masks. We're really pushing the social distancing concept in terms of all of our lunchrooms, whatever patients do come in, we configure the waiting rooms to accommodate that, you know, as far as that goes. And, again, the day-to-day delivery of care is totally changing, and it'll probably change forever with regards to the virtual stuff. It's looking at things a little differently.

I think the big impact that everybody's gonna have to sort out is the financial one. We are employed, we have a guaranteed baseline, so to speak, there's been no discussion whatsoever about staff or employee furloughs, they're not even thinking about that. So, everybody's just trying to do the best they can do, and we do imagine a lot of our staff will get deployed to other parts of the system, be at other offices or the hospital. In terms of one caveat, I did the first urology COVID case about 10 days ago, and it's quite the production, there's a special room, it's totally cleaned out. It takes about 15 to 20 minutes to gown up and almost as long to ungown. And it's a little nerve-wracking and a little anxiety-provoking, and I'm not afraid to say I was pretty happy when the test came back negative on the patient. It's because I am over 60 with comorbidities, so it's sort of close to home.

Host: I know the Connecticut Convention Center you mentioned earlier, that was the site of a New England section AUA meeting about maybe two years ago. Did you ever think you would see the day where it would be brought in to help with patient care like this?

Dr. Tarantino: I know. See, I was president of this section when we had that meeting here, and it's pretty remarkable. It's a huge facility, and there's few other places in the state that are also gonna be fitted for extra beds, but, you know, it's a rude awakening because I'm in a 900-bed hospital as it is. And so, you always think we have plenty of room to handle anything, but I think the logistics are... We have the military involved in the buildout of that space and we do have a few physicians that are still active in the Air Force Reserves, and Guard, and things like that, and we're pretty much letting them run that show interface with the government. So, I think that'll be something that I've seen from the Philadelphia...or even New York City, the Javits Center-type facility. I'm sure it will be pretty similar.

Host: Dr. Tarantino, do you have any other final thoughts for us before we wrap it up here today?

Dr. Tarantino: I think the biggest thing for all of us is the fear of the unknown, and, like we say, it's a silent enemy and you can't be too cautious, and in our zeal to try to help people, we have to be able to protect ourselves because if we get sick, then everybody's in trouble. But most important thing is to stick to the guidelines that your systems have put in place because they seem to be working.

Host: Connecticut urologist, Dr. Arthur Tarantino has been our guest today on the "Inside Tract" podcast. He's a past president of the New England section of the AUA and he works with Hartford Hospital in Connecticut. Thanks for taking the time for us, Dr. Tarantino.

Dr. Tarantino: Thank you, Casey. Take care, be safe.