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[00:00:03] **Stephen Calabria:** From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm your host, Stephen Calabria, Mount Sinai's, director of podcasting. On this episode, to observe the fifth anniversary of the Covid pandemic, we welcome Gopi Patel, MD.

[00:00:20] As the hospital epidemiologist for the Mount Sinai Hospital, Dr. Patel was on the front lines in battling the Covid outbreak. She worked countless hours over those first few weeks and months, meeting with patients, advising and counseling staff, and lending her knowledge in the fight against the virus.

[00:00:37] Her leadership through the crisis, as well as her personal grit and determination, are hallmarks of resilience. We're honored to welcome Dr. Gopi Patel to the show.

[00:00:48] Dr. Gopi Patel, welcome to Road to Resilience.

[00:00:52] **Gopi Patel:** Thanks for having me.

[00:00:54] **Stephen Calabria:** Among several roles you serve here at the Mount Sinai Hospital as the hospital epidemiologist. Could you tell us what that entails?

[00:01:03] **Gopi Patel:** Sure. That's the medical advisor to a group of wonderful individuals who we refer to as infection preventionists. In terms of preventing hospital acquired infections, making sure our patients don't get sicker in the hospital,, but also making sure our staff is safe from the transmission of infections.

[00:01:27] **Stephen Calabria:** Now you were here in the lead up to the pandemic in 2020. What was your first inkling that this was going to be a serious problem?

[00:01:39] **Gopi Patel:** I think we were hearing from other places in the world about just the utter devastation that it was having on the healthcare system. And even the chatter within New York City amongst individuals in roles like my own, was that we as a healthcare system, not saying Mount Sinai, I'm talking about the United States Healthcare System, wasn't prepared for what was coming.

[00:02:07] And this was coming from individuals who had been in contact with healthcare systems in well-developed countries, like the UK, like Italy, and they were overwhelmed and it was likely we were gonna get overwhelmed as well.

[00:02:23] And a lot of it was chatter, a lot of it was concern, about whether or not we were equipped to respond. And we were also at the end of 2019, going into the beginning of 2020, experiencing a pretty devastating flu surge.

[00:02:42] So we were already a little bit overrun with patients who were really sick, and just the day-to-day operations of winter in a healthcare system.

[00:02:54] **Stephen Calabria:** Now you also serve as the Mount Sinai Health System's Medical Director of Antimicrobial Stewardship. What does that entail? And for lay people like myself, what is an antimicrobial?

[00:03:08] **Gopi Patel:** Antimicrobials. I'll start with that question first. Antimicrobials is sort of a catchall term that includes antibiotics that most individuals, look toward their clinician to prescribe when they feel pretty ill. And it includes things like antivirals.

[00:03:24] One of the antivirals we talk about a lot, especially when we talk about flu is Tamiflu and includes antifungals. So it's just a catchall to include all of those different buckets, that most lay people refer to as antibiotics.

[00:03:39] And then the first question you asked is, what is antimicrobial stewardship and what does that entail? One of the things that we've learned over several decades is that if we don't use antibiotics or antimicrobials wisely, then we may not have them when patients really need them and when people are really sick.

[00:03:58] So antimicrobial stewardship aims to make sure we prescribe antimicrobials in a thoughtful and judicious way to protect them for the future use and also to prevent antibiotic or antimicrobial resistance.

[00:04:12] **Stephen Calabria:** So what would be an example of unwise use of antimicrobials?

[00:04:16] **Gopi Patel:** So, if you have a runny nose and a cough, in the common cold, you don't need antimicrobials, antivirals, that's just tender loving care.

[00:04:27] **Stephen Calabria:** Right, right. So as both a hospital epidemiologist and the medical director of antimicrobial stewardship, how did you balance the immediate need to contain the virus with preventing overuse of antibiotics?

[00:04:42] **Gopi Patel:** I think at that time, the infection prevention or hospital epidemiologist role at the beginning superseded the antimicrobial stewardship role. We didn't have treatment that we knew of and at that point there were so many unknowns, restricting the use of broad spectrum antibiotics in the hospital wasn't our foremost concern.

[00:05:06] It was really, how do you protect other patients and how do we protect our staff, and how do we prepare for what's coming when we don't actually know what's coming. And so I think the hospital epidemiologist role superseded.

[00:05:19] Over time, things flipped around when we started to learn more, then going back to the basics of making sure that we didn't use antibiotics to treat a viral infection, and that we were learning more about what could possibly help with our sickest patients diagnosed with COVID-19. And then, later the stewardship role really helped us navigate the rollout of vaccines.

[00:05:47] **Stephen Calabria:** In those early weeks of the pandemic, what did your day-to-day look like and how did your responsibilities evolve as the crisis unfolded?

[00:05:56] **Gopi Patel:** Wow. I I think it was, first it was a lot of discussion, right? It was like, look, what are we gonna do? What does this look like? What do we do if one patient comes in? What do we do if two patients come in? What do we do if five patients come in?

[00:06:09] So it was a lot of discussion and a lot of attempts to align not just what we would do at the Mount Sinai Hospital, but what we would do at each of our sites and what the capabilities of each site were.

[00:06:23] And I think it was that weekend of the first case that all of a sudden the conversation changed. It wasn't just conversation anymore. We actually had to put things into motion and relatively quickly.

[00:06:39] The first case, and we know now it probably wasn't the first case, in New York was a medical provider. And to be honest, they did everything like how you would want a test case to go. They called ahead. They didn't take public transportation.

[00:06:56] They wore masks. They stated their concerns immediately. They knew enough to be patient. And it was the first day that New York State could test. And I think looking back, I had said at the end of 2019 there was a flu surge.

[00:07:14] What makes flu a little bit different is we have tests, we have vaccines, we have mitigation strategies in terms of treating patients. And we didn't have any of that. So we couldn't test. We had to get approval to test. Those test results wouldn't come back right away.

[00:07:33] And I think you felt like something was happening but you couldn't do anything. And I think that was really a struggle. I think once we could test locally, that was a game changer. But then in hindsight, which is always 20-20, there were probably individuals that, collectively, New York City missed because of that inability to test.

[00:07:59] And I, and having talked to individuals in public health at that time, and many people have left that sector, they were feeling it too. We felt it at our local hospitals, but they were feeling it on a citywide level and they knew it was likely out there, but we just didn't know what we didn't know.

[00:08:20] And then when we went back, we have great researchers here, and they went back and they tested old flu samples. And it was here long before we made that first diagnosis.

[00:08:30] **Stephen Calabria:** You being the hospital epidemiologist, a lot of people were looking to you for your expertise and your background in epidemiology. Were there principles of epidemiology you found most helpful in battling the virus, especially in those early days when information about it was lacking?

[00:08:50] **Gopi Patel:** Some of those principles about how to mitigate transmission, we learned a little bit back in 2009, 2010, with H1N1. New York was the epicenter for that. It was a spring flu outbreak, which was a little bit unusual.

[00:09:07] We learned a little bit about mitigation back then. This was nothing like that. This was tenfold, if not a hundred fold more, in terms of how unnerving it was and how sick people were. I think I learned a lot about crisis communications and learned a lot about being first and being honest and being very comfortable, although uncomfortable, to say, I don't know.

[00:09:34] **Stephen Calabria:** Being first? What do you--

[00:09:35] **Gopi Patel:** Being first. You wanted to make sure the source of information was honest. Everybody was getting information from all sorts of different sources. You had government officials on the news, the news was on all the time.

[00:09:51] People were scared and you had to be very honest and acknowledge everyone was scared, including our own staff and I, I think. the communication piece and making sure that individuals knew that you saw them and you heard them, and that you acknowledged that they were scared and they were anxious, and that you were going to be honest with them, as dynamic as the information was, honest with them about what you were doing now, that you would learn more and that you'd be back to them as soon as possible to give them that information to keep them safe.

[00:10:27] And that was your priority, to keep them safe. And there's things that we look back on what we did that we're like, wow, we mitigated something. But did we have to do that? And would we do that again? We learned a lot retrospectively, right? Like we learned a lot that PPE works masks work.

[00:10:45] But in those first few weeks, it wasn't just me, but we had said, oh, you don't need a mask. Then, I remember the day that we flipped that and said, Nope, everybody gets a mask.

[00:10:58] **Stephen Calabria:** Was it just surgical masks or, or like was it

[00:11:01] **Gopi Patel:** It was all of it. That was all of it. It was started with surgical masks. Do you need a surgical mask? Then we went to, everybody gets an N95 and how many do we have? And then how do you preserve those N 90 fives?

[00:11:13] And then, in the beginning, although we were social distancing outside, this was a time of great comradery amongst staff. You had a shared experience that no one else had, and how do you tell staff to social distance from each other when they're having this life changing shared experience?

[00:11:34] So I think there was a lot of, it wasn't the, there was the epidemiology principles of course, but it was just the human factors principles, like how do you make sure staff feel like you're in there with them.

[00:11:46] And I do think there's some amazing leaders in our health system that rounded every day, weekends to nights, talked to staff, made sure that those frequently asked questions had answers, or we don't know, but we will get back to you.

[00:12:01] And then, actually following up and getting back. I think those were important lessons learned. And it wasn't me alone. It was a lot of people saying like, we have to get back, we have to have a message.

[00:12:14] We changed how we gave care, right? We started these team-based models. Every floor had a team. They knew each other really well. We learned a lot about saying thank you. Learning people's names.

[00:12:28] It was a very unique experience, but I'm not sure the epidemiology principles that was evolving. We learned more every single day. We were learning from colleagues all around the world. We were learning from colleagues within New York City. We talked to each other all the time.

[00:12:44] What are you doing? We talked to our public health colleagues at the City Department of Health and Mental Hygiene. What should we do? What are you hearing from your colleagues in the other states that are feeling it like we were? And remember, New York felt it more than many of the other states did, early on.

[00:13:00] **Stephen Calabria:** Can we drill down into that mask question for a second? So is the consensus now that masking generally works, regardless of whether it is a surgical mask or an N95 mask. Do they work the same? Are some preferable to others? Is a surgical mask even advisable at all?

[00:13:22] **Gopi Patel:** I think we learned, the way we used masks before was to protect ourselves from someone else. What we learned during Covid more, we'd always say it, but I think we really learned it is, wearing a mask not only protects me, it protects you from me.

[00:13:44] We learned a lot about how someone for Covid specifically may not have symptoms but could still transmit, and a surgical mask is the beginning. It's much more comfortable than an N95. It's much more accessible than an N95.

[00:14:02] An N95 is the epitome and it's the best protection, but I, I think there's a lot to say about surgical masks and prior to COVID-19, as an infectious

diseases physician, when I would go to the emergency department during flu seasons, I would wear a surgical mask.

[00:14:22] And even me, I would say, oh, I'm doing this to protect myself from all the patients I'm gonna see that have the flu learn a lot more, that wearing a mask also protects those patients from me if I'm asymptomatic.

[00:14:35] And I don't know if I'll ever, during respiratory seasons, not mask when I'm seeing patients, 'cause I, I do think the protection's bidirectional. There may be people who disagree with that but I do think what we learned is more than punching holes in windows and putting in HEPA filters that the PPE worked.

[00:14:57] And specifically the masks. I think I would like to see things like gowns and gloves go by the wayside. I don't think we have a lot of evidence that's how Covid was transmitted. It was the appropriate thing for us to do with the unknowns that were in play, but we know masks work.

[00:15:15] **Stephen Calabria:** You talked about just the colossal amount of decision making that took place at the time on an hourly, daily basis. How did you prioritize that? Were there certain things that in your head were more of a priority than others?

[00:15:31] **Gopi Patel:** I wasn't by myself in these decisions. We had excellent health system and hospital leadership who really understood what was going on, and had connections all around the world to understand how we should prioritize and where we should prioritize.

[00:15:50] I had colleagues at all of our sites in similar healthcare epidemiology or hospital epidemiology roles, and we were in lockstep, and leaned on each other and sort of said, okay, this is what's happening here. What's happening there? What's your pain point? \ What are you doing? What do you think we should do? And worked together as a team.

[00:16:14] I mentioned them earlier, those infection preventionists, they were talking to their colleagues all around the country, too, and they had incredible intuition and incredible ideas. And they were talking to staff and they would come back with great ideas of how to preserve PPE, but also how to make sure the economy of motion kept patients and staff safe.

[00:16:39] So, there are things that we wouldn't do in normal care that we did, so that staff didn't have to take gowns and gloves off 4,000 times to see 4,000

patients. So we did extended use of PPE, stop war N 90 fives almost all day long.

[00:16:59] And they figured out ways to communicate with each other without putting themselves at risk when they were doffing their N95s. And I, I think there's a lot of ingenuity and a lot of teamwork that went on that those individuals may not get to be on a podcast, but they really were the heroes. Those nurses that took care of these patients, they really were the heroes.

[00:17:22] **Stephen Calabria:** How did you manage your own emotional resilience during the most intense parts of the pandemic? And did you use any coping mechanisms or strategies?

[00:17:33] **Gopi Patel:** I, in retrospect, could have done better. I think it was tough. I slept on my couch for six weeks straight. I remember, my husband travels for work and said, oh, I'm going outta town. I was like, no, you're not.

[00:17:48] Of course he didn't go outta town again for like over a year. And I said, so you're going to be mom and dad and homeschool our child and teach her how to use Zoom. And it was just surreal. I don't really actually know how much sleep I did get.

[00:18:06] And I think in retrospect I could have done a lot better. I could have probably checked on my team more, I think there are a lot of young mothers, young fathers, individuals who were worried about their parents' wellbeing, taking the subway and concerned about that, although the subways were empty, but they barely ever came.

[00:18:26] I think we could have done better. It was an interesting time. You like walked out, everybody was like clapping for you. You drove in New York City, there were no cars on the street. You got to jump the line at Trader Joe's.

[00:18:40] Everyone said thank you and then all of a sudden it disappeared. And I wasn't suctioning patients who were intubated, having to call people and tell them that their loved one had passed, holding up phones so that they could talk to their loved one.

[00:18:58] But those individuals all of a sudden were not being thanked, including the infection preventionists, as much as they deserved to be. And I feel like that was, in retrospect, something that maybe we could have mitigated a little bit differently.

[00:19:12] I can't change the entire city and how they respond, but I wonder if that in retrospect could have been done differently. And then I think for me, having the ability to turn off, that's something I've never been great at, but there was opportunity there, I think.

[00:19:28] **Stephen Calabria:** What were the hardest days for you?

[00:19:30] **Gopi Patel:** The first couple town halls, actually. Actually the one that was, the last one that we did in person. 'cause then we knew, that one I think was just a couple of days after that first case was diagnosed.

[00:19:46] And I just remember looking in that audience and being like, I don't know if I'm supposed to be the one sitting here, sandwiched between the dean and the hospital president. I actually had a lot of doubts about, was I the right person?

[00:20:03] I think the other hard day was the masking. The day we changed the recommendation, because I felt like, oh my gosh, all the different places I went that said, oh, the recommendation right now is, you don't have to wear a mask.

[00:20:14] And then to have to go back and say, the recommendation changed. We know more. Please wear a mask, please wear a mask all the time. And then I think at some point, all of a sudden it was calm and I walked down in the emergency department. It was empty after being so full for so long. And I think that was a hard day, 'cause I was like, wait, where did everybody go?

[00:20:39] And then there was a period of time where we were reporting all the deaths and having to understand, and me and my colleague, who's no longer at Mount Sinai would go through the list and count the deaths. And, those days were tough.

[00:20:55] And then when I realized I was just like reporting numbers, that was tough too. So I think there were many days, but, the ones I remember the most. The mask day in that town hall.

[00:21:07] **Stephen Calabria:** What inspired or motivated you to keep going on those days?

[00:21:12] **Gopi Patel:** I have always seen myself as a patient and staff advocate, and I think I felt a huge responsibility to make sure that I could impart what I had learned onto people and make sure they knew that we wanted to keep them safe. It was exhausting, but I wouldn't have done it any other way.

[00:21:34] **Stephen Calabria:** Was there a particular patient you think you'll never forget?

[00:21:38] **Gopi Patel:** There are few. A lot of our staff got sick and I, I feel like I remember to a certain point, the ones that were hospitalized, and all the staff would rally around them. And most did really well. I think there were patients who we couldn't test, that didn't qualify for testing before we could test anybody who we wanted to test.

[00:22:03] I wonder what happened to those people. I hope they did well, but those are the ones I remember, sitting with them and saying, I can't test you. And, again, in retrospect, it was here in New York.

[00:22:15] We know it now, but before we could only request testing if they had traveled to certain areas and certain countries and it was already here. And I think those were the ones that I'm like, gosh, I wonder what happened to them.

[00:22:27] **Stephen Calabria:** With you being so exhausted, building the plane as you're flying it, having so many members of your team fall ill, how did you guide and support them in maintaining focus and morale?

[00:22:41] **Gopi Patel:** I have to say, my team actually fared very well. I think that when you say members of the team falling ill, I think a lot of our frontline staff got sick, because we didn't know that it was here.

[00:22:53] It doesn't mean they got sick in the hospital. I think that they had access to PPE. But they live in New York. They had to get to and from the hospital, they had to take care of their families.

[00:23:04] They had to live their lives. And we're a cosmopolitan city, right? So we live on top of each other. We don't have backyards. It's an interesting community. I think the system did a good job and the community did a good job of making sure at that point that we recognized our healthcare workers.

[00:23:25] And there was more food than imaginable being donated. I think every unit you'd walk on and they had some fancy cuisine that someone had donated, lotions and potions and all sorts of colorful scrubs.

[00:23:40] And, and again, as I said, people said Thank you. And I think that helped. And I think again, there was a shared experience. You had other people in the trenches with you, and people were checking in on each other.

[00:23:52] **Stephen Calabria:** Do you think that feeling of teamwork helped the team itself maintain resilience and avoid burnout?

[00:23:59] **Gopi Patel:** Absolutely. During that period of time, I think again, as it started to unravel and people had time to think about what they had seen, what they had experienced, and the winding, I mean healthcare as a whole, right?

[00:24:16] When you had to start doing surgery again and go back to whatever your primary role was, a lot of people took on new roles, to assist in the volume of patients we were seeing.

[00:24:30] But remember, it was a volume of patients and everybody was presenting with the same disease and then all of a sudden to unwind and sort of say, oh, you have something that's not Covid.

[00:24:41] And then to see patients whose primary healthcare was put to the side so we could focus on covid. We've seen so many delayed diagnoses.

[00:24:52] And when I say we, again, healthcare across the country, across the world, delays to screening colonoscopies, delayed to screening, pap smears, delays to mammograms, and what do we see? More aggressive cancers.

[00:25:07] People with heart disease and diabetes not getting care early on and presenting with missed strokes and missed heart attacks because they were too afraid to come to the hospital. I think that we're still feeling it. A lot of people were very afraid for a couple years to come back to healthcare.

[00:25:24] And so we are seeing those delayed manifestations of the pandemic, and I think that's hard for staff too. It's hard to go back to the day to day when you've experienced something so life changing.

[00:25:38] And I think, if you were to talk to anyone who was on the frontline during that time, it's like nothing that they hoped to ever experience again.

[00:25:47] **Stephen Calabria:** Were there any innovations in antimicrobial stewardship or infection control that emerged from the pandemic of which you've been particularly proud, especially?

[00:25:58] **Gopi Patel:** I think we learned a lot and we'll do the stewardship piece first. We learned a lot about how we present guidance to our clinicians about treating any type of infection and how they receive information.

[00:26:13] And so I think we're looking at more novel approaches to how we push out recommendations. During COVID-19, I think we had 28 different versions of our COVID-19 treatment guidance, because the recommendations kept changing as we learned more from clinical trials.

[00:26:31] It was a little bit at the beginning. Again, not specific to Mount Sinai in general, when you didn't have a treatment, just literally throwing everything to see what stuck.

[00:26:42] So we're learning from our colleagues who saw Covid before we did in Italy and in Europe and in the uk. And, what treatments worked?

[00:26:53] Do we give steroids? Do we not give steroids? Like, all of this led us to many iterations of guidance. If you remember, we were giving everybody medications that, six months later we're like, oh no, do not do that.

[00:27:06] So, I think that was interesting. And where did all these guide guidelines go? Like, where did you post them and how can I take them down and put the new one up? So, there's a lot of learnings from that.

[00:27:17] I think from the stewardship standpoint, we also learned a lot about vaccine rollout in management and how we would do that differently, because when we had done it before, the last time we did mass vaccination like that was for H1N1, but we didn't social distance, at the same time.

[00:27:32] So how do you roll out vaccines and then keep people six feet apart? That was new. So we have to make sure all of that's memorialized in a playbook.

[00:27:42] And I think that that's what I'm learning is, as we've had turnover and all for good reasons, like people retired and people felt like it was an important time to move closer to their families and

[00:27:53] **Stephen Calabria:** Or they got burned out.

[00:27:54] **Gopi Patel:** Or they left medicine, or left New York. I think we wanna make sure we memorialize those successes somewhere. And the same thing in infection prevention.

[00:28:03] I do think we found a mask very easy, safe mitigation strategy for respiratory viral surges in a way that, and I've been at Mount Sinai for a long time, in a way that we never really did before.

[00:28:20] And so I think that is something that is lasting in an infection prevention.

[00:28:24] I also think, and I'm really proud about this, I think our institution, and this is Mount Sinai Health System, recognizes infection prevention for an important component of their response structure, and I'm proud of that.

[00:28:42] **Stephen Calabria:** How did the pandemic reshape the way antimicrobial stewardship programs operate, and what lasting changes do you foresee in the field?

[00:28:51] **Gopi Patel:** I think a lot of this is medication management, vaccine management, and guidance or guideline distribution. I think no one really knew who those individuals were, who made sure that every healthcare worker had access to a flu vaccine.

[00:29:07] I think they now know that there's this team of individuals who've always been behind the scenes making sure that both patients and healthcare workers have access to the vaccines that they need to have access to medications to treat patients with the most up-to-date evidence-based guidance.

[00:29:25] But they do need tools to be able to disseminate that knowledge in a way that people, in now 2025, can best receive the information. And so we're learning with our DTP leadership on how to distribute that in a way that everybody can receive it, whether they're someone who works in an office to make sure our health system and school are running, versus someone who's greeting someone at the front door versus someone who's taking care of a patient.

[00:29:54] Like, how do you have access to what you need to keep you safe? Whether it be vaccines, when to take an antibiotic, because everybody receives information a very different way. And I think we learned a lot about that during the pandemic. Not everybody's reading emails. Not everyone's listening to a podcast.

[00:30:11] **Stephen Calabria:** Although they should.

[00:30:12] **Gopi Patel:** They absolutely should. But I think we learned how people receive information, right? And everyone's a little bit different.

[00:30:19] **Stephen Calabria:** What were the biggest lessons you took away from navigating a global pandemic from an epidemiological perspective and anti-microbial stewardship perspective?

[00:30:30] **Gopi Patel:** I think again, what I had brought up about the communication piece, the crisis communication piece, and like what is a crisis, I think is the most important thing I learned.

[00:30:41] You have to be there and that I think meant a lot to actually be there. And it might have to be face to face with someone or mask to mask, however you'd like to put it.

[00:30:51] You have to be in front of people. You have to be honest. If you don't know something, and if you say you're gonna get back to them, you gotta get back to them.

[00:31:00] And you have to remind them that you're human and there's a lot you don't know and you own it.

[00:31:07] I know I was here yesterday and I said you didn't need to wear a mask, but a lot of information has come out in the last 24 hours and we strongly recommend you should. And we're gonna do the best to keep you safe. And it may change tomorrow.

[00:31:23] And I'm gonna acknowledge it might change tomorrow. It might change tonight. But if it does change, I'm gonna get back to you and let you know that it changed and give you the best evidence of why it changed. But please know the intentions are to keep you safe.

[00:31:38] **Stephen Calabria:** How has Mount Sinai's approach to infection prevention and control evolved since 2020? And are there any specific protocols or practices that have already become integrated?

[00:31:51] **Gopi Patel:** I think we are working more as a system in terms of looking at our protocols and making sure that the nuances of every site are noted. Not every site, I don't think we have one site that's all private rooms.

[00:32:08] We have to understand how to mitigate shared occupancy where you have more than one patient in a room and some sites have more than two patients in a room.

[00:32:17] How do you make sure that you keep the entire care team safe, from the environmental services worker to the surgeon who's about to perform surgery on a patient, like every person that's part of a patient's care, needs to be acknowledged as having a risk and mi that risk mitigation of that human.

[00:32:39] I think infection prevention, as I said, has a seat at the table. We were the group of people that you went to when healthcare, associate infections were high and asked for strategies to decrease that infectious diseases.

[00:32:54] And we're having this conversation as we're seeing a resurgence of measles, so that's a little bit on my mind. Unfortunately, I think we're gonna see more surges of infections that we're gonna have to mitigate in the next few years.

[00:33:07] The infection prevention team became recognized as leaders in patient safety and staff safety, and really have a seat at the table when it comes to looking at how are we gonna mitigate for the next crisis?

[00:33:21] And unfortunately, I think infectious diseases and the influx of infectious diseases, we may go a little bit backwards. Not to COVID-19 levels, but I think we're gonna go a little bit backwards and we have some work to do.

[00:33:36] It's a little bit what I said before. People receive information different ways, and we learned that during Covid, but even our own staff receive information different ways, and I think we have to catch up with how people receive information.

[00:33:48] I think infection prevention can give a lot of input about that. And, I think that's recognized now. So we've had a lot of questions about measles prevention and really focusing like this, measles is about vaccinating your children, making sure they're up to date, and making sure some of the, as I said, a lot of the things we put in place during covid, we have to look at it again and say, we put these in place to make sure that Covid didn't walk into our doors, but how do we use those tools to make sure measles doesn't walk in our doors or that everybody's safe from that?

[00:34:22] Can we use those tools, and use that workforce at infection prevention team and stewardship team to help mitigate that and make sure all of our staff who see patients and those who don't, who may be patients, feel that they're protected and acknowledged and, and can get their questions answered in the way that they feel like it hasn't.

[00:34:43] **Stephen Calabria:** What are some of the biggest things that folks still don't understand about the pandemic?

[00:34:48] **Gopi Patel:** When you say, folks, I assume you're, you're meaning the greater

[00:34:51] **Stephen Calabria:** Yes. Lay the greater population.

[00:34:53] **Gopi Patel:** The lay folks, thank your healthcare worker. They still deserve thanks and I, I think that's so important. I think people look back and they are still trying to rationalize what happened, and understand what they went through, and how that moment in time may define them as a healthcare worker.

[00:35:18] And I, I think that's the thing that's most jarring. Like I just remember, oh, I'm a healthcare worker. I get to go to the front of the line and people say thank you, and I'm driving to work from the Upper West side to this hospital and people are clapping and that's really nice. And then it disappeared.

[00:35:40] And I think that thank your healthcare worker, thank your doctor, thank your nurse. Thank the person who is removing the trash. Thank the person who's giving you your vaccine. I think they deserve that thanks, 'cause they're still unraveling from this.

[00:35:56] **Stephen Calabria:** Finally, having been our fearless leader on the front lines of something so taxing and grueling, what resilience messages do you have for folks who may be going through their own taxing and grueling journeys?

[00:36:12] **Gopi Patel:** I'll correct you. I was one of the leaders.

[00:36:15] **Stephen Calabria:** Okay. A fearless leader.

[00:36:17] **Gopi Patel:** And I don't know if I was totally fearless. I definitely, had my own anxieties about what was happening. Find your people, make sure someone knows how you're feeling and take some breaks for yourself.

[00:36:30] I am saying that not having done it well, but I think I've learned from that experience and I don't think I will ever be as close to the individuals that I work with in the future that I am with those individuals that I spent so much time with day in and day out.

[00:36:48] It was truly a shared experience and I hope never to have to live through something like that again. But you learn a lot about other people, and I got the opportunity to work closely with some really incredible humans, and I'll never forget it.

[00:37:03] **Stephen Calabria:** Thanks again to Dr. Gopi Patel for her time and expertise. That's all for this episode of Road to Resilience.

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[00:37:24] Road to Resilience is a production of the Mount Sinai Health System. It's produced by me Stephen Calabria, and our Executive Producer Lucia Lee.

[00:37:32] From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.