

Answering the Call in NYC Helps Doctors Prepare for Fight at Home

Pulmonologist at National Jewish Health discusses fighting COVID-19 and the importance of collaboration between medical institutions

National Jewish Health

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SOUNDBITES

CG: Gabriel Lockhart, MD National Jewish Health	<p>Lockhart says the medical community has come together to find new solutions: <i>“The medical community sharing knowledge and coming together to most optimize the treatments and be prepared to, sometimes we have to try things differently that we aren’t as comfortable with and then reassess as we go along. It’s an exciting time to be at the front of those different trials and do our best for our patients.”</i></p> <p>Lockhart says he was ready to answer the call as a respiratory therapist: <i>“This was, essentially, my call to duty. This is something you know, this is my specialty, this is what I trained for and I was ready to answer that call.”</i></p> <p>Lockhart says he was able to help in NYC while reporting back to his team in Denver: <i>“This is a way for me to help them out with getting in the trenches and really seeing firsthand what was happening and what I could report back to the rest of our team and how we could change our practices in real time as we were there.”</i></p> <p>Lockhart says partnerships between medical institutions are critical: <i>“Having the open communication lines between the two great institutions, where we could mutually pass along information to help each other out, I think that’s a practice that should be more prevalent across the United States, that the sharing of experiences of what they’ve seen firsthand is something that’s been crucial to us handling the COVID pandemic.”</i></p>
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CG: Gabriel Lockhart, MD
National Jewish Health

Lockhart says helping in NYC also gave his team a headstart in Denver:

“When they asked me to go, it wasn’t a crisis of patients in our hospital load. We had time to, first of all, help out the physicians and patients of New York, but also help out our team back in Denver and our patients back in Denver to really get a headstart and really focus on kind of a mutually beneficial relationship.”

Lockhart says bedside decision making was adjusted based on the nature of the virus:

“The decisions we make at bedside, particularly in New York, had to be adjusted. There was much more of an emphasis about earlier talks about course of care discussions with patients coming in. We had palliative medicine colleagues that were physically situated in the emergency department to make sure that, to relay what the possible course of the disease would look like for their loved ones, to make sure that that was really, potentially, what they wanted, if they wanted to be put on life support or put on dialysis.”

Lockhart says teams need to support each other professionally and emotionally:

“It just takes a lot of recognizing that we are in uncharted territory and that we need to come together as a medical community to support each other from a research perspective, but also from a mental health perspective that we’re in this together to get our patients through this epidemic.”

Lockhart says treatments have been adjusted and they’re seeing the benefits to patients:

“There’s a noticeable difference in how we’re approaching these patients, and we’re getting improvements and we’re starting to see a little bit of light at the end of the tunnel that maybe we are starting to get a little bit of a noticeable benefit and progressing to overcoming this pandemic.”

Lockhart says trials are showing what is working, helping to continue the research:

“Certain drug trials that were going on that we were privy to early on to see what things worked and what things didn’t, and we’ve been able to establish some drug trials on our own based on this information and giving us a head start to getting a protocol for treatment as soon as patients enter the hospital.”

CG: Gabriel Lockhart, MD
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Lockhart says the length of time patients are on ventilators could strain resources without flattening the curve:
“These patients typically are staying on the ventilator for two to three weeks at a time before they are well enough to be freed from the ventilator, and that’s a longer amount of time than we typically would see with a syndrome like this, and it requires a lot of medications; it requires a lot of resources that would run out if we didn’t flatten the curve and get ahead of the spread as quickly as we could.”

Lockhart says he was able to trial different treatments to find what works best:
“I was able to trial out many different treatments and try to see, is this working better than another pathway. The jury’s still out on what is the best way, but it was great experience to figure out and tease out which pathway to pursue harder back home in Denver.”

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