

Critical Care

An Interview with Mangala Narasimhan, DO, Senior Vice President, Critical Care Services, Northwell Health

EDITORS' NOTE During her 12-year tenure at Northwell Health, Mangala Narasimhan, D.O., has served as a Professor of Medicine at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell after having served as Medical Director of Northwell's Acute Lung Injury Center/VV ECMO program. She has also been an attending physician, Division of Pulmonary, Critical Care and Sleep Medicine and was the Northwell Health Teacher of the Year in 2017



Mangala Narasimhan

and a 2020 Regional President's Award finalist for Physician of the Year. Narasimhan holds a B.A. from Barnard College, an M.S. in molecular biology from CUNY, and an M.D. from the University of Health Sciences – Kansas City. She completed her residency at Mt. Sinai Beth Israel.

Will you provide an overview of Northwell Health's Critical Care Services offering and how you focus your efforts leading this service line for the health system?

Critical Care Services was recently made into one service line and now includes all critical care – medical critical care, surgical critical care, neuro critical care and cardiothoracic critical care. Much of this was due to COVID-19 which made it clear that there was a need for education and standardization of care. I lead this service line throughout the health system.

Is it challenging to standardize care and provide seamless, consistent service with the size and scale of Northwell Health?

It is very challenging since there are many different types of hospitals within our large, integrated system. Some of these hospitals have joined via mergers and many had been isolated for a long time. It is my task to create system-wide standards and to develop systems to establish consistency. This is critical for some areas of our work and in other areas it is important for these hospitals to maintain their uniqueness and what they do best. I am focused on distinguishing where we need this standardization and to fortify their specific strengths.

Will you discuss Northwell Health's focus on quality and patient safety and how important are metrics to measure the impact of these efforts?

Metrics are very important as they detail our baselines and progress. We are constantly

focused on improving quality and patient safety. Northwell has a culture of continuous improvement, and our focus now is to see where the needs are and then to develop plans to address them.

Northwell Health has been a leader in telehealth and provides this service in many of its ICUs. What do you see as the impact that telehealth will have on the future of medicine?

We have had telehealth for about five years, and in the beginning there was skepticism since it was a challenge to the way things had traditionally been done in an ICU, but we have seen how it has impacted the way we care for patients and the value that it offers. During COVID, we really saw the value of telehealth in terms of outpatient medicine and connecting to patients in a different way. I think telehealth will be a big part of the future of medicine and it is our job to figure out the best use in each setting so that we avoid redundant levels of care.

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Northwell Health has treated more patients with COVID-19 than any other health system. Will you discuss this experience and highlight the strength and resilience that Northwell's team members have displayed during this challenging time?

I am so proud of what Northwell did as we faced the biggest challenge of our careers. We took care of hundreds of ventilated patients and it was a traumatic effort. There is a lot of wellness and relief that is needed for our team

members who went through this in order to take care of their mental and emotional well-being. It is a testament to Northwell to see the way we adapted the organization to take care of the pressing needs of our patients. We had team members who had never been involved in critical care who needed to get involved. Our critical care doctors were there for them and mentored them. All of us at Northwell can look back on this time and say that we did everything possible to save as many lives as we could.

You also serve as medical director of Northwell's Acute Lung Injury/VV ECMO program. Will you provide an overview of this effort?

This is something that I am very proud of. A few years ago, we had a patient at an outlying hospital that we wanted to move to our tertiary care center, but we couldn't do it because we didn't have the ability to put her into ECMO and bring her here. As a result, we said that this would never be the case again and we developed the Acute Lung Injury/VV ECMO program. Through this program, we can now pick up patients from hospitals that are hundreds of miles away and bring them to our tertiary care hospitals. We have taken care of over 200 patients since we started and we have been able to standardize care for these patients and improve outcomes. We held a survivor's day last January, where we brought back all of our ECMO survivors. It was one of the most emotional and beautiful events to see all of these people get together, many that would not have survived if we had not been able to transport them and put them on life-sustaining measures. It was so special to see them have the opportunity to talk about their experiences. This program has changed the lives of many people.

This is an example of Northwell Health's culture of taking on challenges and being at the forefront of creating change. Will you discuss Northwell's commitment to addressing tough issues?

It is amazing to me to see how this organization is on the forefront of tough issues. We recently started a program on human trafficking and have a program focused on gun violence prevention. This is also true of COVID, as we were planning and preparing for the virus months before it actually hit us. When problems arise, we don't run the other way. We face them head on and work to make things better for our people and for the communities we serve. ●