

Journals Written During COVID- 19

Sacred Heart University

As the coronavirus begins to take over the world, I can only look back so far to remember what a “normal” day looked like to us all. Today, we have to wear a mask to enter a store or stand 6 feet apart from our friends. People are starting to become creative in different ways of hanging out with people or catching up. This includes going to parking lots and sitting in your car to catch up. Students have unfortunately been informed that the rest

of their semester will be completed online. This is heartbreaking to seniors who were getting excited for graduations, proms, or family celebrations for these big occasions. This makes it important to stop and be thankful for everything we are given each day because, again, we never know when it could be the last.

Now, there is a new way of life and a shortage of equipment we never thought we would experience. Coming into this, we thought as a country we were more powerful and could stop or prevent it from taking over. Instead, we did not prepare or put together an emergency access of supplies that could potentially run short. We were given two months to make hospitals or bring in more testing. Again, as a country, state, or town, we still were not prepared.

At Cambridge Health Alliance, there are three locations, Somerville, Cambridge, and Everett. As of now, the hospital only offers necessary services in relationship to coronavirus. This hospital is known for its psych unit and welcomes a vast majority of low income and Hispanic individuals. The use of translators is extremely common and beneficial to providing care. This can become difficult when providing care and treating patients especially during these difficult times when family members may not be granted access to help.

Employers are required to use hand sanitizer before entering the hospital. This is used to protect themselves and patients. Each staff member is also given a mask that corresponds to the needs of the unit they are caring for. Questionnaires are performed before a patient is given access to the inside of a hospital. This follows whether they have been out of the country or shown any signs or symptoms of COVID- 19. They may also have not been in contact with anyone who has tested positive within the last 2 weeks.

Some providers did speak of their experience and fears in regards to the virus. One individual spoke on the management side, but asked to have their name left out.

Week of March 22 - March 28th

This week occurred two weeks prior to when I started reflecting on the virus and changes that were being made. It was not difficult remembering what happened because the experience in itself was unforgettable. When I first began, the hospital began preparing for the shortage that would be occurring in the future. Here, the

management team created a list of requirements with which mask each department would be receiving. These guidelines were strictly based on those who were in contact with patients that were suspected of the virus or those who had already tested positive. These implementations were being put into place to protect both the patient from transmitting the virus and the provider from contracting it. This was done by having someone, like myself, sit at the front entrance of the hospital to distribute masks. Procedure masks were handed out to those who were not at the same level of risk. This was not required for them to take one; it was only permitted if they had the desire to.

Staff had been tested before on what size works best for them. If they did not know which one, they were asked to use their best judgement. It was based off of which one covered their nose and mouth. I had to reassure staff multiple times that even though there were different brands they still fit the same as the usual brand offered. The masks had gone through extensive reviews to protect the healthcare providers.

Patients are required to enter through the Emergency Department. If they have an appointment, they are asked multiple questions before being granted access. These are used to set standards and regulations for those who are allowed into the hospital. At this point, one family member or guardian is allowed to go with the patient. Some of these individuals are used to translate for the patient. Visitors have stopped being allowed into the hospital as well. This is beginning to have an impact on both sides; the patient and the family. It is heartbreaking watching a family member come in expecting to see the patient. Most of these patients are of less income and have less resources to contact their family. This becomes difficult when knowing their condition and any updates on them.

Testing stations are being put in place to prepare for the large crowd who requires it. It has been decided the first group has to show a temperature, cough and symptoms. They could also be in a house where someone has already tested positive if they are an employee.

These implementations are being performed and put into place to slow or stop the spread of the virus. The management team is taking a lot of precautions to keep the patients and healthcare providers safe. These standards and protocols are used for those who are in direct contact with patients in relation to the virus. As of right now, there are not many cases. This is expected to increase quickly within the next few weeks. It will be interesting to

see what changes are made to the healthcare system and how quickly they are put into action. Currently, no codes are being called and there is no transportation of patients.

Week of March 29 - April 4th

Now, more healthcare providers are being given N95 masks. These providers have either been deployed to different units or their floor is now being filled up with COVID- 19 patients. The psych unit, known as Lewis 2, is being utilized for those with the virus. The lab is also required to have an N95 as they take blood from these patients as well. Some providers have expressed concerns for now having a mask when being on the floor with patients who have the virus. I was informed to allow them to take the mask they felt safest with. This brought me concern considering there is already a known shortage of masks and they are not in direct contact with these individuals who have test positive.

This week the UV light treatment is being used to reuse and recycle masks. The procedure is being put into place to limit the amount of masks that are being distributed to providers. After each shift, they are required to come down to the front entrance. They will then write their first and last name on a white label then wrap it around one strap on their mask. This mask will then be safely placed into a brown paper bag followed by being dropped into a bin labeled with their department. This will start the treatment phase that takes about 48 to 72 hours. When an employee comes in for their next shift, they will have their mask ready. As someone who works at the front, we have been finding that some providers cannot find their mask or it is not ready yet. These masks are good for 4 rotations.

As a patient enters the hospital, they will be asked the same questions as last week. This week we are now required to take their temperature. They need to have a temperature below 100.4 to be allowed in.

With this, this week patients began to be moved around the hospital. I have seen 2 patients who were intubated enter the ICU. These patients had tested positive. One code went off this week as well. This occurred on the psychiatry unit and was handled appropriately based off of the protocols put into place because of the virus. Providers began saying the virus was starting to pick up. They were starting to see more cases enter the hospital

and those who were already in the hospital began contracting it. Healthcare employees were also being exposed to the virus which requires them to take 2 weeks off of work. If they test positive, they have to remain isolated and cannot return to work until they test negative or show no signs and symptoms. This can have a negative impact on the hospital. During this pandemic, these systems need all the staff that they can to support the care their patients need. This can increase the burnout rate and make others have to pick up extra shifts. Even though it may not be the employees fault, this can still impact others poorly.

I got the chance to speak to a few providers as I was handing out masks. These providers all said the same thing; they never expected it to get this bad. They expressed the feeling that they had been prepared for this. After working for over 10 years, some mentioned that all this experience could not have prepared them for this moment or life changing event. They all take precautions in order to keep their family safe. A lot of individuals wear different clothing to work and change before entering their house. Right when they get inside, they will make sure to go to the shower. They all said that even though there is a shortage of PPE the hospitals are creating extreme measures to keep them safe.

Week of April 5th - April 11th

Now, attendants at the front are taking the temperature of staff and patients. There have been specific protocols put into place for the safety of everyone. Individuals are required to have a temperature below 100.4. If it is above this, the attendant, like myself, will record this on a google document and the employee will be sent home to self- quarantine. The employee then notifies their manager, and occupation health. All staff are now required to wear an N95 mask. These are continued being recycled each night to be prepared for an employee's next shift. These masks are arranged by departments. It is my job to help these individuals look for their mask so they can quickly get to their job. This is being used to prevent employees from infecting or contaminating masks.

Now, every bed in the ICU is filled and doctors are struggling to find beds or places to hold patients. Medical Surgical units are now becoming just COVID- 19 floors. It is heartbreaking for visitors to come into the hospital and not be allowed to visit their family members. I work in a hospital who cares for a large amount of

Hispanic individuals. Some family members are traveling from other countries when they hear someone they know is in the hospital.

CHA has created a comfort care unit otherwise known as the CCU. This is where patients are put to go to rest peacefully. Staff that have been chosen for this unit have amazing compassion and caring for end of life. In this unit they will use facetime calls to speak with family members since no visitors are allowed.

This week I witnessed first-hand patients coming into the hospital after their coworker had tested positive. These individuals are not able to afford Emergency visits so when security informs them that they have to go to that entrance for care this is expressed on their face and body language. They show extreme levels of fear and concern for the cost. One family member came in to visit their Dad who they had not received an update on in 2 days. This individual had traveled from Brazil after becoming concerned and they still were not allowed to enter or see their Dad. The only way they could be contacted was from the phone in their hotel room.

There are calls of codes each shift as well. I went from not hearing any to at least 2 a shift. Med flight is here at least twice a day to transfer patients to other hospitals. These patients are usually coming from the ICU.

This virus is quickly spreading and changing the way that healthcare is performed. Within 2 weeks, a recycling process has been fully put into place to reduce the number of masks that are distributed. Visitors are now restricted from entering the hospital and the amount of care provided for things other than the virus have decreased greatly. Both providers and patients are required to get their temperature taken. In the next few weeks, there will be a great amount of adjustments in order to keep everyone safe and healthy.

As for Finance, I got the chance to speak with those who work in the supply chain. They mentioned that there will be a loss of revenues from closing other clinics and not being able to perform elective surgeries. These areas have to track the losses that are related to expenses in order to get funding. The front end of these projects are becoming responsible for communicating and tracking these additional costs. Federal funding has to be checked continuously to make sure there is a safe line.

Week of April 12th - April 18th

During this week, the implications that have been put into place the last three weeks are becoming more normal. There have been less changes made, but instead these processes are just being adjusted. Positive changes are being made to make it easier on staff during these difficult times. These areas are being finalized with little too few adjustments. It is common now that surgical masks are only being provided on the units. Down at the entry to the hospital, we are only giving out cloth masks. They have filters that are placed inside of them. These masks have been donated to the hospital and a cleaning service is used. There are two views and opinions on using these masks. Some individuals find it difficult to get the right size that covers their whole face or allows them to feel protected. Other members expressed no concerns and were happy or understanding to us switching over to the cloth masks. It becomes difficult and emotional when staff members express negative concerns in a poor way. I, myself, have few concerns surrounding these masks. I look at it positively and think to myself that I am being given a resource to protect others. Individuals are putting in work that goes unrecognized to help the shortage of supplies so no matter the item everyone should be thankful and grateful. Since the shortage is still present, it has been brought to my attention that at Cambridge Health Alliance there are no more small 3M N95 masks. Now, the hospital is using the Alpha Pro Tech N95. These are not used for the UV light treatment so instead of reusing them staff can dispose of them following the end of their shift. Some believe they are less reliable even though they have been proven to follow NIOSH and CDC guidelines.

With these uncertain times and difficult weeks, there are becoming more deaths each week. It has been told at the front desk that about 2 deaths occur from COVID- 19 each night. Some family members are called upon to ask what the hospital should do.

After this week, I have seen more people entering the hospital. As the weather begins to get nicer, less people are following the guidelines and regulations put into place by the Governor. Patients still come in for their prescription and do not follow the protocols. Some even do not understand why temperatures are taken. It went from asking if a patient had been out of the country to now if you have traveled to New York. These changes are beginning to happen quickly and less people are willing to follow along. Together as a community, state, and nation, we all need to work together to slow the spread of the virus. Since the hospital is placed in an area of less

income and minorities, it is common to see those who are homeless come into the Emergency Department looking for testing. This is heartbreaking to witness as they do not have a home. Some of these individuals used to come into the waiting room to find a warm place to sit for a few hours. Now, these rooms are used for storing masks. These individuals may not have the access or money to pay for their treatment. Some do not even know about standing 6 feet apart because they may not have access to this news. For example, 2 people entered the hospital and as I tried to ask them what they needed help with they approached me closer than 6 feet.

With less changes being made this week, I took the time to interview the head of supply chain and the Finance Section Chief. At Cambridge Health Alliance, the structure is different than the normal everyday leadership structure. It is more condensed and is used for fast or rapid decisions. This individual, asked to leave their name out, is the head of the Incident Command. There are a number of areas that report up to them as the Finance Chief. The HICS structure is used which is a US National structure for hospitals and they liaise with the state, MEMA and the Federal FEMA. I asked her personally how she was feeling. She expressed concerns for “our patients and our staff.” She said that she considers her group to be a team and to lift each other up. If one person is struggling, like a hospital system, together employees work to build this person up. She is “concerned for staff burnout due to working extremely long hours in a crisis situation.” She said that “drills for prior crises were expected to be shorter periods.” There are high levels of stress created in managing PPE and ensuring that all are safe. She said “even those who are the strongest are experiencing impacts and are worried about the long-term effects.” On a positive note, she is also “amazed at the creativity, the level of thought, collaboration, and truly amazing work of all at my organization and at all levels.”

Week of April 19th - April 25th

Employees who originally worked in management or quality improvement are being redeployed to different areas of the organization. Some staff members are working at the front of the hospital by handing out masks to staff members, collecting UV masks, or organizing the redistribution of masks for the next shift. It has been coordinated for staff members and employees to continue getting their temperature taken while also using

hand sanitizer before entering the hospital. Watching this process throughout the weeks, it is interested to see the management team make a vast variety of changes to these programs. These leaders have been quick to implement new managers or heads of these processes to make these transitions occur smoothly. Now, employees are documenting those who take a new N95 mask each day. Questions are asked surrounding the idea of whether the mask broke or if it could not be found in the distribution area. This is used to manage the supplies that are still left in order to save these resources for the foreseeable future.

This week the Chief Financial Officer, and the head of the Personal Protective Equipment team, brought in a new process. This time an individual will be given 5 N95 masks, Alpha Pro Tech N95 Respirator. This was considered a wait and reuse approach recommended by the Center for Disease Control. One strategy that has been used is issuing these masks to slow transmission of the virus to providers who are in contact with patients suspected of COVID- 19 or a confirmed case. Each day the healthcare worker will wear a mask and will store this mask in a paper bag following the duration of their shift. A minimum of 5 days between each use is required. This will provide them to wear them properly and care for them appropriately making sure they do not break. Staff were informed to still treat these masks as they have been contaminated and follow the protocols already put into place. Still, it is important to make sure the inside of the mask has not been touched to protect the provider from contracting the pathogen. If a mask becomes damaged, healthcare workers have been told by management to obtain a new mask and allow for this to be documented so that the supply chain can keep a record of the total masks distributed.

This time I was deployed to CHA's Somerville location. Here, there is only an emergency room which is being turned into an urgent care during this time. This allows providers to take in patients who are seeking care for something other than the virus. Also, at this area is the coronavirus testing station. It was interesting to be given the chance to see this instead of hearing about it or seeing them on the news. The requirements have changed a number of times for this area. CHA started with the tent and started with their current patients, patients that have a PCP or primary care provider, as well as their employees. Tests are also available in the Emergency Department and on the units when a patient presents symptoms of a temperature or cough. Within the last few days, it has

been added to take those from the community and non CHA patients since the state asked the hospital to expand its testing. This week a tent was added in Malden and the following week work is being put in to start a tent in Cambridge. This will make it so testing is offered to three cities. These tests used to only be offered to those who showed the symptoms of a temperature, cough, or lived with someone who had tested positive if they were an employee. Now, with these changes testing is starting to expand to anyone who wants it as long as the hospital can get the tests.

Week of April 26th - May 2nd

As this new way of life becomes the new normal, staff begin to find themselves having more time during their shifts to sit down and adjust to these unprecedented changes. During this week alongside finals, I was redeployed to CHA's Cambridge location. Here, I was given the opportunity to collect items on COVID- 19 floors while also providing staff inside rooms with equipment they did not have readily available. It took me a moment to catch up and recognize what was happening. There is an enormous difference between hearing the stories versus seeing it first-hand. These rooms had signs outside their doors to remind staff of the precautions to be made. Instead of having to rely on memory of which room was positive or negative, there are big pieces of paper symbolizing this. Before these tragic events, these marks and indications would be looked up on someone's records. Now, this virus has formed a new way of living and working in a hospital where we need signals. Each healthcare provider who is working on these floors is wearing hazard suits, otherwise known as "bunny suits." Tyvek suits are used for the more robust units. These are used to protect employees from transmitting or contracting the virus. After performing their duties in the patient's room, including administering medication, taking vital signs, or checking on a patient's condition, the Tyveks are sprayed down with disinfectant. They are worn throughout the entire shift and are not to be taken off. Each provider is given a patient who they care for to limit the spread of the virus. This has shown that the implications that were made early on are being used to protect not only the patient but also the provider.

The week of April 26th I got to see different areas of these stages or changes that have been implemented. It was difficult to watch patients struggle to breathe through a glass window. One patient I was able to watch do everything he could to get a breath of air. It takes a lot out of an individual when there are only so many medications that a patient can receive to help them or to take away their pain. This patient would try to open up his throat by throwing his body up from laying down and putting his head back in order to open his airways. It is emotional to think about their family members and their individual impact or expressions during these times. These family members do not get to hold the patient's hand or help them while they're suffering or sick. The only person who gets this opportunity are the providers. Doctors had ordered this patient an EKG and ultrasound to view his lungs. His blood work had been mixed up and was invalid so they needed to redo these values. This can be painful for the patient when they are already in a lot of pain. Another patient on this floor was considered a DNI. He was positive for the virus and was to not be intubated if the choice arrived. This is a difficult process to understand. Patients are deciding before these conditions are presented that they do not want to endure more pain. They believe that the medication and procedures that have already been performed are enough and that nothing else will be beneficial. It is hard to process that these patients sit alone in their room behind closed doors. They walk into these hospitals not realizing it could be the last time they see their family member who is dropping them off. As for patients on a positive note, when they are being released they have code sunshine. This is for those who leave and have recovered from COVID- 19.

It is not about the lack of care being provided. Instead, it is the healthcare system that has been built and lived by for the past few generations. Individuals and care providers are trained to certain levels that are filled with different areas of knowledge. They implement and apply these skills to help patients. This does not promise that they will always work or that a patient will come out stronger than how they entered. This virus goes to show that there has been a lack of funding and attention brought to healthcare. Management teams are learning quickly how to turn these failures around to strongly impact the system as a whole. It went from few concerns of a shortage of protective equipment to a fight of where to get these supplies. Each day there becomes less items available, but adding to this there becomes a new way to reuse and save this shortage. Within a short span of less than a month,

management teams and hospital organizations founded a way to implement a UV light treatment. This allowed providers to wear the same mask for 5 shifts while also decreasing the demand. Further along, employees were walking into the hospital to find their mask at the door arranged by the department. These masks were taking more than 48 hours to be given UV treatment. Later on down the line, these masks began to take only 24 hours. They were hung up on a clothing line and provided treatment to be used for a shift the following day. These bags became organized by name instead of department. The amount of time employees spent looking for their equipment decreased greatly and this time could then be used caring for a patient. Employees mentioned those extra minutes could make a huge difference while also allowing them to mentally prepare for their shifts. Now, employees are given a bag of 5 masks. Each bag is labeled with a number 1 through 5. They follow through this process using their own mask. Researchers have performed enough studies to show that leaving a mask in a bag for a few days allows the bacteria to be killed. This is now saving more N95 masks.

Today, providers are getting more used to caring for these patients. It has become a new way of life and work style for them and their patients. Now is the time to make these changes to help benefit the public and the future of healthcare. After this virus settles down, there will be new protocols. Masks and their distribution will become normal in healthcare and in the classroom. As with those who find themselves working in healthcare, there's a great future for these organizations. This allows new areas to be learned and founded. This could potentially create new job opportunities once funding settles down. As sad as it is to say, the world potentially needed this virus in order to bring light to the unsung heroes in a hospital and more attention to our healthcare system.