

## Episode 1

# Those Badass Nurses

**Guest:** Katy Howe - ER Nurse and Hospital Administrator

**TEASER - Katy Howe:** There's no place else we'd rather be but in that ER taking care of these patients. But we've had nurses test positive. It's almost like a constant fear of "When am I going to get it? Am I going to be the next one?"

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**Jyn Hall:**

What was it really like to be on the front lines of the pandemic in a COVID-19 hot spot?

Welcome to Proximity: Medical Stories from the Frontlines. I'm your host, Jyn Hall. And today we're talking with Katy Howe, RN and Hospital Director of Emergency Services, to get her take on what it was like to be on the front lines of this pandemic.

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**Jyn Hall:** Katy, welcome.

**Katy Howe:** I'm happy to be here.

**Jyn Hall:** So Katy, how many years have you been working in an ER and have you ever experienced anything like this COVID-19 pandemic?

**Katy Howe:** Well, I have had the honor of serving in the emergency services arena for the past 20 years. To answer your question as to whether I have ever seen anything like this pandemic before. That is a resounding no. in the ER setting over the years, you know, we've experienced H1N1, we've experienced SARS. We've done disaster management and, you know, managed multiple trauma patients at the same time or an influx of patients because of flu. But we have never experienced anything like that COVID-19 that we're experiencing now, just a lot of unknowns. You know, in a trauma patient, we know what to do when a trauma patient comes in, we know the protocols, we know what we're supposed to do in order to help save their life. And we do it and we do it like a well-oiled machine. And with the COVID-19 pandemic, everything changes every day, and everything changes, you know, within the day, and we're learning more and more and we just don't have all the answers. So that uncertainty I think, has raised a lot of emotions amongst, especially the ER nurses that I work alongside with.

**Jyn Hall:** Now, you mentioned also dealing with the flu. How do you feel when people still compare this with the flu?

**Katy Howe:** Quite honestly, it's, it's, it can be kind of aggravating. Yes, we know the flu exists. But we also know that there's vaccinations. We also know that the flu while the strain does, you know, mutate each year, that the vaccination usually has some sort of coverage. So while

we do see deaths with flu, and we do see people test positive for flu, this is a completely different virus, the way that it attacks our patient. So, while people want to put it in the same bucket as the flu, I don't think they're doing it intentionally. I just think it's out of, you know, just a lack of knowledge. But this COVID-19 is very, very different even though it can attack or create fevers and cough and shortness of breath. It's different.

**Jyn Hall:** And do you have any personal stories that show how serious this virus or situation is that you or the nurses at your hospital have dealt with?

**Katy Howe:** Oh, gosh Jyn, there's so many. You know, this is the tough, tough, tough stuff to talk about, and to share, but it's really hard. You know, in the emergency department, specifically, it kind of hit home with me a couple weeks ago. We had an elderly gentleman bring his wife in, and he had her in a wheelchair. She was on home oxygen and he checked her in, she was having shortness of breath and, you know, she was able to speak but had to take breaks, things like that. And we got ready to take her back in and politely we excused her husband to go sit back in his car because at that point, we were not allowing any visitors in the hospital at all. And watching that separation between a husband and wife who have been married for over 60 years. And him giving her words of encouragement and saying, you're going to be okay. They, they're going to take good care of you. And I'm going to be right here. You know, I can't go back with you, but I'm not leaving. And, you know, he was so strong for her and we got her back in the emergency department. And, you know, he looked up at me after she left to go back for treatment. And he said, I've never spent one moment away from her. I've never spent a night away from her. Every hospitalization. I've always stayed with her and having to walk him to his car and, you know, sit him out there and assure him that we're going to give him updates and we're going to keep him informed. It was pretty gut-wrenching watching a man who was pretty tough, just totally break down. And so that's one story. There's many stories of, you know, nurses sitting in full PPE, which is very grueling. If you haven't heard about that, but it's hot, it's uncomfortable, it's irritating, it's breaking our skin out. It's causing a lot of pressure sores, sometimes on the bridges of our nose. But sitting in there, holding the hand of these patients that are dying, because their families can't be with them. And in trying to be that conduit so that that patient knows that they're loved, and that they're cared about their stories of nurses in my hospital, in particular of holding a patient's hand. This was just Friday, holding a patient's hand and reaching out to the glass window and touching the hands of the patient's family members so that the family could maybe just try to feel their family through that nurse. You know, so there's stories over and over again. And the thing is, it doesn't just affect those that have positive COVID-19 test results. It's affecting the young mom who's been trying to have a child and is pregnant and finally has carried the baby to 18 weeks thinking she's okay, but she's miscarrying now. And maybe it's her third or fourth miscarriage, and her husband has not been able to be back with her or her significant other and going in that room and, and being that support to that person in that moment and trying to create that bond immediately. I mean, I can't even imagine having to go through a miscarriage with a stranger and yet, we're doing it and they're connecting, and they're appreciative. And the fact that we're there for them means the world to them.

**Jyn Hall:** May I ask about the old man in the car? Did the wife make it?

**Katy Howe:** She passed away. I just got news yesterday.

**Jyn Hall:** Mmm. So heartbreaking. Did you get to see him?

**Katy Howe:** So he waited in our parking lot for six hours before I convinced him to go home. And that's the hard part. Because you know, to get these people that actually leave and take care of themselves so that they don't get sick, right? And it's hard because you assure them,

you know, we've got her we're going to take great care of her. And I'm very careful about my words, right now and not saying she's going to be okay, because right now, we just don't know who's going to be okay. But I can assure them that we're going to be with them and that we're going to take the best care of them possible. But it's emotionally taxing to make sure you choose your words carefully so that you don't give them false hope, but that you give them assurance.

**Jyn Hall:** With this gentleman then. So who is the one that tells him that his wife has passed? And is there any follow up because now he's an older gentleman who's been exposed to COVID and probably lives alone, I'm assuming.

**Katy Howe:** Right. So with my organization, I absolutely love and we take very holistic approaches. So along that trajectory, you have to remember you know, his wife came through the emergency department two weeks ago, right. So she's been in the hospital the entire time. So we've been able to implement some strategies to connect families. So we use...we have ambassadors that continuously update the families. The physicians call the families after rounds every day. The nurse calls once a shift every single day. And then we have the ambassadors go around with FaceTime, so the iPads so that they can see their loved one. And if the person doesn't have iPad or iPhone capabilities, we have additional iPads that a second Ambassador will go out to the parking lot or wherever the person pulls up, so that we can connect them to their loved one. So it's been very interesting, you know, using things like FaceTime and zoom and making sure networks are secure, because we don't want to violate HIPAA, 18:48 and all these things have been so integral and things that we never even thought about having to do. But we have chaplaincy, we have social workers available. We do follow up. We do follow up with all of our patients, families that pass away to make sure that they have needs and it's a really weird time right now because you can't have a standard funeral. You know, normally when someone passes, it's a time that family gets together and friends, right? And you have that support and where I am in our region, it's not allowed. So you can have a small graveside service but you're not having the large gatherings and celebrations of life's and you know, it may be a meal that's left on his doorstep now because there's also a stigma of oh my gosh, what if he has it? I don't want to get it. Right. So there's a stigma for those that have survived the loss of a loved one of passing it on to people reaching out to them as well.

**Jyn Hall:** Wow. It sounds like you guys are doing some pretty amazing work with just keeping in contact - and the follow up. That's wonderful. As far as your hospital, do you feel you're getting the proper level of support from your organization?

**Katy Howe:** I feel very blessed. Our organization is at the forefront of putting their team first. And, you know, everybody has been very scared throughout this process, especially the first few weeks now, there's a level of reassurance and I think it's because the organization has stepped up and said, You know, we're going to make sure you have the right PPE, we're not going to expect you to go into these situations not protected. We would never ask an employee to do that. We have incident command in place. And we make recommendations through that process. And, you know, the frontline staff, they said immediately off the bat, you know, we want our patients masked when they come in through the ER, we're in a high risk area. And at first that wasn't recommended by the CDC. But our organization stepped up and said, you know, that makes really good sense because it's it's droplet, and we know it's through the air. So if we mask the patients, that's going to help protect our team, then, you know, a few days later, everybody was wearing masks.

**Jyn Hall:** I love that your organization is listening to those on the frontlines. This is a great place to take a quick break. We'll be right back.

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**Jyn Hall:** Katy, how are you and your colleagues doing both physically and mentally on the frontlines of this pandemic? It's my understanding that some of the nurses have already had COVID.

**Katy Howe:** Yeah, we've had nurses test positive. I think it's, it's so tough because I think a lot of them, you know, there's no place else we'd rather be right? We wouldn't be anywhere else, but in that ER taking care of these patients, but it's almost like a constant fear of "When am I going to get it? Am I going to be the next one?" And you can't see it. And you just have to wait for the symptoms to come. And you do your best that you can to practice good, you know, infection prevention measures. But there's a constant looming heaviness if that makes sense. But at the same time, there's all this teamwork and this togetherness that it's truly you know, ER nursing outside of COVID-19. It is our family outside of family. You know, we spend holidays together. You know, we spend weird hours together, long hours together. But there is this sense of security at the same time with our team, knowing that they've got your back or whatever. But I would say, overall we're coping, You know, I've had days where everybody's laughing. And I've had days where it's just they just kind of maxed out for that time period and they're in the office crying. And so it's, it's, it's kind of just a surreal time and just making sure that you support them in a way that that person can receive. You know, some people are very stoic. I have some people that are in the military. And they just, they're nurses, but they're in the military as well. And they just kind of forge on, but it's definitely something that's on the radar for us to watch for in our frontline workers. is, you know, PTSD. We're seeing early studies out of Wuhan right now that are kind of indicating that over 50% of the frontline workers there are now struggling with PTSD and They're, they're still experiencing this pandemic, and are only, you know, months out. And they're already seeing that. So we do worry about the effect of this on us, you know, will it ever be the same again, probably not will probably always look at things very differently. And, you know, ER nurses, we may end up being the biggest germaphobes out there at the end of this, which may not be a bad thing.

**Jyn Hall:** Is there something already in place - any discussions happening right now about about what's going to need to be in place to help nurses with PTSD?

**Katy Howe:** Yeah, we already have what...we call them our CERT teams or crisis, crisis intervention, response teams in place and they are rounding and we're trying to do that preventative things. And you know, honestly, for instance, I have one nurse, she's not coping well with it. She's very anxious. She's a single mom. She doesn't have many resources. And I just sent her home. I said, copy with your kids. That's what she needed right then, you know, she didn't she didn't need to be there. Because when they're not psychologically in the right place, then we can't give the great quality care that we need to give to our patients. So I think really knowing your team, and really just having that connection with them is so important right

now. It's important all the time, but so important being able to read them and it's hard to read them sometimes with the masks on too. So I've learned how to read people through their eyes.

**Jyn Hall:** I never even thought about that.

**Katy Howe:** Yeah, it's a challenge... you know, these nurses, they work long, hard hours, some of them you know, right now, emotionally, all they can handle are their three 12-hour shifts a week and they're done. They're tapped out, and that's fine. Others pick up a lot of hours, but I'm telling you, your nursing leaders and your executives right now, we're working seven days a week, you know, we're on Incident Command calls, we're on surge playing calls, we're, you know, connecting with all the issues that come up on an hourly basis. You know, there's not an hour that has gone by that I don't receive an email or a page on my phone that is changing something. And how do you get 140 employees this information right now, because it's something that's pertinent, and get them on the same page, so that we can all move in the same direction. Because if we're all going scattered in different directions, we're not going to be effective in taking care of the patients. So you know, I would say our nursing leaders, we're tired, we're exhausted, but we're the same as the frontline workers in the sense that there's no other place we'd rather be. You kind of, I don't know right now, I'm kind of in mama bear mode for my team, and making sure that they have everything and trying to gather their ideas of, you know, oh my gosh, your ears are raw behind, what what can we do and, you know, a nurse, her husband's off work, but they have a 3d printer at home. And he made these straps for the back of the masks so that they can - he saw it online. And so he started created them. And, you know, she brought them to me and she was like, can we use these? And I'm like, are they helpful? Yeah, use them. Let's use them, wipe them down, you know, at the end of your shift, but yes, let's, let's do those things. So we're tired. But to take a step back or, you know, take a step away. It's just not an option. And we wouldn't want to. That's not that's not our purpose. That's not living out our values of why we went into this. You know, one of the things I hear people say a lot right now, some people say nurses didn't sign up to do this or even some in our own profession say I, I didn't sign up for this pandemic. Well, yeah, you kind of did. I mean, this is what we do as nurses. And in my mind, it's no different than taking care of a flu patient in the sense of you know, we're around infection all the time in our jobs. And so it really saddens me to hear nurses and other people say we didn't sign up for this. This is exactly what we signed up for. A lot of Florence Nightingale's theories and what she put into practice, you know, we're, we're practicing them right now and it's coming back and coming full circle. Year of the Nurse 2020. How ironic.

**Jyn Hall:** That's really good. And when you come home from the hospital, what are some of the measures you're taking to protect your 4 kids.

**Katy Howe:** My oldest child, he's 22, and he is an EMF. So he's a firefighter EMT. And then he also works for the same organization, doing ground transport of patients between hospitals. So he's been transferring a lot of the positive COVID-19 patients to higher levels of care if they need them. And so both of us are really in high risk positions as far as exposure and so my three daughters, one is 19. Her school and her job, you know, her school has been cancelled, her place of employment has closed. And then my two youngest daughters, 13 and 11. They both have chronic medical conditions that are such that they're immunocompromised. And so I made the decision three and a half weeks ago when things started to kind of amp up. You know what? You're going to go live with your grandma and grandpa right now. And so the three girls have been staying at my mom and dad's and hunkering down together as a measure to protect them all as well. So, it's been really hard. It's been emotional. We've been playing card games via FaceTime and my dad will play my hand and I'll tell him what cards to play and you know, guess who and all sorts of fun things but it's been different and I miss them and that's

the hard part. I miss. I miss. I missed the physical touch of people, just like so many other people are experiencing right now.

**Jyn Hall:** You mentioned earlier the fears of getting COVID. Do you have other fears during this time?

**Katy Howe:** I think that some of the things that keep me up at night are actually kind of symptoms of COVID-19. And when I say that, I mean things that happen as a result of maybe families that may be experienced domestic violence on occasion. Now they're cooped up together, so to speak, and we have seen an uptick in domestic violence happening. I worry about suicides happening. We have seen that as well. I worry about the mental health of our country, and how everyone is coping with it and how are we going to cope with this afterwards and what kind of support measures are put in place and it's, it's tough, y\_ou know, and people, you know, in Indiana, you know, it's it's interesting because especially where where I'm located. There's a lot of rural area, and there's also this college town so it's kind of like a little mini New York City that never sleeps. But, you know, everybody thinks, okay, I'm quarantining with my family. You know what I'm going to get outside. It's nice, you know, it's starting to warm up here a little bit. It's not so frigid. So, you know, I'm going to take my kids out

**Jyn Hall:** I can tell what a compassionate person you are, if those are a lot of your fears when most people have the fears for themselves turn inward.

**Katy Howe:** Right. We're givers. So nurses are really rare. We're really good at enabling others because we take the burden on ourselves. And we just go go, go, go, go. And when there's a need, we're going to be there. We're going to be there for our patients. We're going to be there for our co-workers. We we really, we just don't stop until we feel like we can't stop. That's, that's one of the things that's hard during this pandemic is right now everybody feels like, you know, we have to keep giving of ourselves and in turn, what happens is, you know, we don't take care of ourselves, right? So that's, that's where the compassion fatigue comes in. Where you go, go, go, I can tell you right now, I haven't slept more than three hours at a time. In the past six weeks. I look like I've aged like a president in an eight year term of presidency. So, you know, it's just it takes its toll on you. And if you don't take time to just have a minute, it does catch up with you. I hit my wall last week. I hit my wall last week and I started getting body aches and fever. And I actually ended up getting tested myself just to make sure because it you know, you're like, Oh my gosh, it's mimicking COVID-19 signs, and you know, we breathe this stuff in every day at work and am I positive and because of that I was tested and I was negative, but I'm certain that it was just fatigue. And so I chose to work from home for two days, and kind of rejuvenated. Working very hard still, but at least it was in my own environment, I needed that. I needed that. So compassion, fatigue is real. But I can tell you, nurses, we were the bad asses of healthcare. We - we're the backbone, and we don't stop and not that physicians or advanced practice providers or anybody else isn't just as worthy. But, you know, we are the ones that are there in that moment, and we don't stop and we don't take very good care of ourselves and we're too worried about, you know, our housekeepers and we're like, do you have your Do you have your mask on? Right? You're going into cleaning that room and it's a de-con room. We need to make sure and making sure they're gowned-up and we're worried about everybody else staying safe. And sometimes we're the first ones to run into the fire and not think about it.

**Jyn Hall:** You mentioned hitting your wall last week. Is that the photo that you sent me?

**Katy Howe:** Oh, absolutely. Yeah. Yeah. We're tired, We're tired.

**Jyn Hall:** I didn't think you looked aged. I just... that photo just made me want to cry. I thought, "Oh, Katie..."

**Katy Howe:** It's just so emotional. You know, and just, it's just raw. It's just raw emotion. You worry your brain doesn't stop. I've never been so overloaded with so much information and felt so much responsibility to keep so many people safe and to also heal patients at the same time. Like, it's just, it's a lot, you know, and I just I think I just and it doesn't help because my kids aren't home, right? It's just me and my son. So if my kids aren't here for me to take care of, because my amazing parents are looking out over them, then I, because I'm a nurse and an enabler, I got to take care of everybody else. So I'm working nonstop, you know, and it just, I have to do better. And I kind of pledged to myself this week that I would take time, even if they were just moments, So it's kind of about, you know, putting the oxygen on yourself before you try to help other people. And so I've had to really kind of switch up my mindset this week and realize that I need to put the oxygen on myself.

**Jyn Hall:** Yeah. What motivates you to keep going?

**Katy Howe:** That's a tough one. So, I think what motivates me ultimately, it's my family, right? And I think that, my friends, my co-workers, the patients that we care for. I'm passionate about nursing and I'm passionate about always putting our patients first. I'm passionate about taking care of my team. And so if I were to sit back and just not do anything, I wouldn't be true to myself. So I think that's what motivates me is the fact that if I didn't do what I was doing, I wouldn't be me.

**Jyn Hall:** I love that. What message would you like to send to listeners of this podcast? Katy: Stay Home! Just kidding.

**Katy Howe:** Not really, I know, I would say there have been so many things written out there that are so fantastic. About You know, lessons we've learned from this, right, like, we were pretty selfish. group of people, right? And if I could send one message would be just Don't be selfish for just a little bit longer. We will get through this. Think about your actions and how they could potentially affect those around you. It could be the words that you use. It could be you physically going out, because you think that this is stupid. It's not stupid. It is not stupid. This pandemic is not stupid. 56:33 So, just hunker down, settle down, be kind to one another, check on your friends, check on your neighbors, through safe social distancing. But don't, don't rush to get back to the way things were so quickly. I know some people are struggling, they're out of work. Reach out to them. That's what I'm talking about. Maybe doing something to help somebody who's out of work. can make you feel like you're making a difference in this pandemic. But I'm telling you, cherish the moments right now that you're having with your family. And I hope that I hope that people with family and friends that they're quarantined with and you know, I think it's great that we have all of this, these ways to communicate with each other virtually. That's amazing. But I hope moving forward from this, we can all take away the fact that eating at home daily is not a bad thing, and maybe we should do more of it. Maybe checking on your friends more frequently is something that we should be doing all the time instead of just liking their post on Facebook or heart-ing on Instagram or, you know, but genuinely having conversations and picking up the phone. I don't know, I just think we all just need to slow down.

**Jyn Hall:** And this may go into what you were just saying, but is there any silver lining to all of this?

**Katy Howe:** Oh my gosh, there's so much silver lining. So much silver lining. So from a healthcare perspective, so sometimes I think that we get caught up in processes and trying to

change things, and we have a meeting to have another meeting because we need to have a meeting to talk to this person in a meeting and, you know, it's like, Come on, let's just do it. Let's just make it happen. Right? It can be frustrating. And I think, from this pandemic, I will say I think that we've learned we've got a lot of smart people out there, we got a lot of good people and we can make things happen. Like from the frontlines, all the way To executives to executives coming down and being on the front lines and listening to the frontline workers and understanding we're the ones doing the work. So listen to us, we may have ideas and then putting that into action, and not having to go through all the different traditional steps we do to accomplish something, something that normally would have taken maybe six months to get accomplished. We're doing in six hours, you know, so I think those are some of the positive things that we can learn in healthcare right now.

**Jyn Hall:** Katy, do you have anything else to say that we haven't talked about or covered today?

**Katy Howe:** You look back and in history and you know, you kind of started this off and asked, have I ever seen anything like this before? The answer is a resounding no. I have not in 20 years, I've not seen anything like this. But, again, I think we have to reflect back and go, but our world has seen this right. Like, we've been through World War Two, we've been through the Civil War we've, that's the birthplace of triage and patient patient and disaster management. And, you know, I just, I think I want everybody to just understand that everybody's trying to do their best. We're trying to take the lessons that we've learned from World War II and from Florence Nightingale and apply them into practice in 2020. And who would have ever thought that going back to those basics would be so fundamental? In 2020, and I guess that's, that's part of what I think this pandemic might be trying to teach our society is go back to the basics, what are the basics in life, you know, your family, your friends, you know, and, you know, I just I think it's a very interesting paradigm shift that we're living in. It's very surreal. And you know, in closing I do I want to give a shout out to every frontline worker, including grocery store workers and you know, everybody out there, but especially Just because it's my heart, you know, those badass nurses. I'm very proud of them. And I love that I am one of them.

**Jyn Hall:** And I'm glad you are. Katy, thank you so much for being here with us today. You not only gave us a real and honest look into being on the frontlines of this pandemic, but you opened my eyes to the tough and empathetic calling of being a nurse. It's been a delight to talk with you.

**Katy Howe:** It has been a delight and thank you for letting me be here to talk to you about this very important stuff.

**Jyn Hall:** Join us next week when we talk to a paramedic —

**TEASER- Margie Clouse:** But the day that I ended up having multiple patients that came in that were really struggling, struggling to breathe...watching...this patient that I had seen an hour talking, looking at me ... watching that patient die in front of me...that was my life changing moment...That was the one that really hit home for me.

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**Jyn Hall:** This episode was Brought to you by Baltimore General Hospital. Produced by the team at Atherton Hill, which includes: Jyn Hall, Dan Brown, Randy Garmon, Minja Chun, and Nancy Cramer.

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