

# Catholic health care will never be the same after COVID

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## Catholic Health Care Series, Part 1 of 3

On the third weekend of March 2020, Dr. Gerry Jones' phone did not stop ringing. CHI St. Vincent Infirmary in Little Rock had been admitting patients testing for COVID-19, which took about eight days to get results at the time. One finally tested positive.

"My phone did not stop ringing from members of our medical staff that were scared of this thing we knew nothing about," said Jones, chief medical officer for the infirmary.

"We certainly underestimated the impact this time two years ago it'd have on us. I think we can't understate the impact this has had on health care in America and the delivery of health care."

A little more than a year and a half into the coronavirus pandemic that has killed nearly 8,500 in Arkansas, the Catholic hospitals in the state have had to deal with fewer staff and volunteers and financial burdens while keeping patient and staff care as a priority.

Jones summed up this time in one word: "Brutal."

"We certainly underestimated the impact this time two years ago it'd have on us," Jones told *Arkansas Catholic*. "I think we can't understate the impact this has had on health care in America and the delivery of health care."

## Shortage of staff, PPE

Before the COVID-19 pandemic, there was a nursing shortage in Arkansas, with not enough nurses graduating each year to meet the demand. Many residents would go to other states to practice. Emily McGee, a registered nurse for 14 years, served as the director of critical care for St. Bernard Medical Center in Jonesboro for most of the pandemic, helping the administration team coordinate where patients would be placed and what nurses would be caring for them.

“Nurses don’t want to work at the bedside. A lot of the newer generation nurses want to extend their education,” going into various specialties, McGee said.

With the COVID-19 pandemic, being a travel nurse came with a hefty paycheck, luring many Arkansas nurses to work out-of-state. While CHI St. Vincent Infirmiry said several factors go into what pay is given to contract or travel nurses, “it is easy to say those costs have been two or three times what they were for travelers prior to the pandemic,” Jones said.

According to a September *Arkansas Democrat-Gazette* article, Arkansas Children’s Hospital spent \$3 million on travel nurses during the past 12 months. Jones said his hospital, like most, has relied on travel nurses.

The CHI St. Vincent Health System, in both Little Rock and Hot Springs, dropped 347 employees from fiscal year 2020, to 4,158 for 2021. A spokesman for the hospital noted that program and service line changes also contributed to the dip.

However, employees who stayed went above and beyond. Jones said in the early days of the pandemic when the means of transmission for the virus was not fully understood; the intensive care unit was restricted to COVID-19 patients. Personal protective equipment was scarce.

“I spent hours of every day in the month of March and April on the phone meeting with people trying to source PPE for our coworkers,” Jones said. “Literally masks I was buying for 25 cents apiece prior to the pandemic were now selling for \$6 apiece.”

Because of this at the time, the infirmiry asked, not required, nurses to go into the ICU.

“We had more volunteers than we had slots most days,” Jones said.

Because of weaknesses in the medical supply chain and staff shortages, hospitals have had to figure out ways to be more efficient to survive. Jones pointed to how certain cardiac cath lab procedures require eight to 12 hours of patient observation. In the past, a procedure could be scheduled late in the day, allowing the patient to stay overnight. Now, they are done in the mornings, allowing for day-time observation and are then sent home.

“We have to face the fact of moving forward with higher supply costs, higher labor costs. We are unlikely to see much in the way of gains, in the way of reimbursement,” Jones said. “That means we have to approve our efficiency. We have got to do a better job of how we take care of patients, and we have to look back on the lessons we’ve learned from this. Just because we’ve always done things, a certain way doesn’t mean it’s the best way.”

## **Volunteers and vaccines**

Before COVID, Mercy Hospital in Fort Smith averaged about 120 active volunteers, with about a dozen or more working each day.

“Most of them are retirement age. We had a lot of volunteers in their 80s. Prior to the pandemic, they were the real backbone of our volunteer force,” said Father Paul Fetsko, an Eastern Orthodox priest and vice president of mission at Mercy Hospital in Fort Smith.

Today, that number is cut in half, with about 60 active volunteers.

“When all that stuff was going on in New York, we had that initial panic,” Fetsko said, regarding the COVID-19 surge in New York City.

All volunteers were sent home, and elective surgeries and outpatient services halted. A 2020 article from The New York Times reported that on April 9, 799 people had died from COVID-19 in 24 hours, more than 33 an hour.

In the summer 2020, those services returned to Mercy, but no volunteers.

A hospital spokesman said several hundred employees throughout the state at Mercy were furloughed in May 2020, which allowed some to fill in roles typically manned by volunteers, including COVID-19 screeners for all visitors.

Volunteers could also receive the vaccine once it was available to Catholic hospital staff in late 2020 and early 2021.

“Our regular full-time coworkers have to do a lot more of the patient escorting. It’s hard for people to navigate the hospital,” Fetsko said.

As the state and federal governments battle over the constitutionality of requiring the vaccines for employers with more than 100 workers, all Catholic hospitals in the state have mandated their employees be vaccinated against COVID-19. Mercy in Arkansas did not release specific numbers on employees who left because of the vaccine, but stated less than 2 percent across the national health system decided to remain unvaccinated.

CHI required employees to be vaccinated by Nov. 1. In a recent statement, 91 percent of employees were vaccinated, with less than 9 percent receiving medical or religious exemptions to choose not to have the vaccine. According to a Nov. 2 news release, 99 percent of St. Bernards’ 4,167 employees were vaccinated, with 43 not receiving the vaccine.

Jones said the vaccine is “nothing short of a miracle.”

“I am a believer in the vaccination. I do believe they are effective, and they are a path to putting this pandemic behind us,” Jones said. “As such, we needed to be role models and step up and say this is the right thing to do.”

McGee said some of her nurses have a hard time understanding why a patient would not receive the vaccine.

"I think it causes almost a grief for the patient. I know I thought many times for the patient, 'Oh, I wish they had gotten the vaccine and weren't experiencing this,'" McGee said, adding many who have survived COVID-19 have come back to the hospital to thank the staff.

"They're standing and saying, 'Thank you so much for saving my life. Please help me spread the word that it is worth getting your vaccine.' You can't put a value to that."

## **Caring for workers**

At the height of sickness and uncertainty, Catholic hospitals focused more on caring for the overworked staff.

"Basically, the first thing we did was we set a goal for our chaplains that 50 percent of their time would be dedicated to staff ministry," Fetsko said.

The chaplains created Tea for the Soul, a cart with snacks, hot tea and coffee they bring to coworkers on a rotation.

"You just see it in their face; it brightened their afternoons. People were excited about it. They'd seek it out when they'd see the chaplain," Fetsko said.

Michael Millard, market director of mission at CHI St. Vincent Health System, in both Hot Springs and Little Rock, said chaplains ministered more to the entire care team at CHI — all health care workers who treat patients, from respiratory therapists to transport teams to nutritionists. They also did blessing of the hands, praying over workers and blessed new units.

"Even in critical care units, they had never seen the number of people that were that sick and the number of people that were dying in the units. And it really took a toll," Millard said. "I do remember several times sitting down and visiting with and praying with nurses in the ICU who had been in critical care for years and years and years and had never experienced anything like that."

McGee, recently promoted to assistant vice president of nursing for St. Bernard, held onto the Bible verse, Philippians 4:13: "I can do all things through Christ who strengthens me." (KJV)

"We can do anything for two weeks; it has been a lot of two-week periods. We don't necessarily see the light at the end of the tunnel, but we have to take it in small strides," McGee said.

There were several points of stress, but McGee said with pop-up units, nurses had to quickly learn how to care for patients in unfamiliar setups and also navigate the emotions of families who were not allowed to come in to see hospitalized loved ones.

"That is such a heartbreaking experience, and I hope the general public realizes, the nurses, this was a horrible situation for them too," McGee said. "To have to experience that as a nurse when you are there to help people, that was one of the hardest things that nurses had to experience."

The surge of the Delta variant this summer after numbers had been going down has been the toughest part of the pandemic, with its impact on a much younger population, McGee said.

"We had a patient that actually lived several hours away from here. They were transferred in due to the lack of bed availability throughout the state. That person had two young children; they were also a school teacher. So they were with us over 30 days, so we really got to know that family. Our nurses took up money for gas to help the family get back and forth, for food," and the hospital also stepped in to help, McGee said. "The whole floor just got attached to this family. After her passing, it affected us all."

Counseling is available for employees, and prayer request jars are placed at the nurses' stations. McGee said coworkers recently shared a family movie night and have tried to give workers additional perks like bringing in a therapy dog and massages. But these extra points of caring for health care workers cannot stop as the pandemic eases.

"I think we'll see a lot of post-traumatic stress following this. I think we're already seeing some signs of it. Nursing as a profession, I think the pandemic has changed it," McGee said. "... But I think after this, it's not going to just end. It's going to be constant support. There's always going to be a constant reminder of COVID."