

AMAZING PEOPLE DOING AMAZING THINGS

Highlighting *efforts* by staff during our Covid-19 response.

For the past several weeks, we have been flooded with images of healthcare workers on the front lines of the Coronavirus pandemic on the evening news – mostly of doctors and nurses in ICUs and emergency rooms. What we haven't seen is images of those unsung heroes who are also on the front lines – the **home care and hospice** nurses, aids, therapists, social workers, and pastors whose job it is to provide health care and support to homebound patients including our own employees who work for Rockingham Visiting Nurse Association & Hospice (RVNA&H).

Under “normal” circumstances there are many challenges to their jobs, but those challenges are now compounded by the need to protect themselves, and their patients, from Covid-19.

“Rockingham VNA & Hospice has evolved in ways like never before,” says **Stephanie Bane**, a homecare nurse who has been with the agency for two years. “During the past six weeks we have adapted to multiple changes every day.” Some of those changes include having to self-screen daily for symptoms of Covid-19; ensuring they have adequate personal protective equipment (PPE) in their cars and that they are adhering to PPE extended use guidance; asking patients to wear masks; and using technology to conduct “virtual” visits. As challenging as this has been for the staff, it has been even more so for some of their patients.

“Some, especially those who are elderly, have difficulty with technology. They may be hard of hearing, so talking to them on the phone is not a solution,” Stephanie says, adding that even face-to-face communication can be difficult because of the need to wear a mask. “Those who don't hear well have a hard time understanding us through a mask, as often they rely on lip reading and facial cues, which now they can't see. There are definitely some barriers to using appropriate PPE with this population.”

There is also a need to adjust immediately to situations that arise with patients who may be fine one day, but show symptoms of Covid the next. “We're used to taking prompt action,” Stephanie says, “but in these cases we have to immediately switch gears, assessing the patient over the phone instead of doing an in-person visit, providing education about testing and self-isolation, and determining next steps.” In cases when symptoms are severe, that next step may require hospital admission.

An even greater challenge presents itself when caring for a patient who has already tested positive for Covid-19, or when there are household members who are positive. One of Stephanie's patients, Ralph, who is 62 and gave permission to use his name, was recently discharged from Exeter Hospital after being in the ICU for several days due to the virus. He is continuing to recover at home with supplemental oxygen. “He is the second positive patient I've cared for using FaceTime,” says Stephanie. “It is an alternative that allows me to be a resource for them and their families, but also enables me to see my other patients without fear of them getting sick.” Although Ralph understands the need for telehealth visits, it has been a bit difficult for him. Still, he feels all is going as well as possible under the circumstances. “Stephanie is a wonderful nurse,” he says. Ralph has asked Stephanie how long it will take for him to get better. She tells him no one really knows for sure, and urges him to pace himself.

There are lots of unknowns for Stephanie and her colleagues, and for their patients. “Some patients are very anxious and don't even want us coming in their house,” she says. In those situations they provide a great deal of emotional support, along with as much information as possible, in an attempt to quell fears. And what about her own fears about the possibility of contracting the virus? “I feel very safe – as safe as I can be,” Stephanie says. “Our organization has put everything in place to help us stay healthy. Nothing is 100% guaranteed, but nothing ever is in life.” She adds that everyone is doing the best they can with the knowledge and information they have. “As long as we are doing what we are supposed to – limiting our exposure, performing frequent hand hygiene, wearing masks, social distancing – we are limiting our risk. I know my patients need me, so I am there for them and continue to think positive that everything is going to be alright.” She adds that, even though RVNA&H field staff are used to working alone, the need for social distancing has caused them to feel more isolated than usual. “It has been very important for us to find ways to stay connected, not only during work, but also chatting after work just to support each other.”

Even though they work individually, the field staff of Rockingham VNA & Hospice continues to work **together as one**.



These photos of **Stephanie** illustrate the evolution of PPE requirements for RVNA&H field staff over the past 6 weeks.