



Photo by Aristide Economopoulos

In It Together

*Trinitas Regional Medical Center Staff in New Jersey
Unites To Fight Off Pandemic*

At Trinitas Regional Medical Center in Elizabeth, New Jersey, they're in the life-saving business. They've cared for thousands of COVID-19 patients. They applaud and cheer when a pandemic patient goes home. They've also been afraid to return to their own homes, scared they'd carry a lethal virus through the front door. They've literally cried on each others' shoulders. Some staff members got unbelievably sick themselves. Ten of them died. Chaplains have delivered last rites to patient after patient, bringing some measure of comfort to grieving families who couldn't hold a loved one's hand at the moment of death. They've blessed bodies in the morgue, and for a period of time when the morgue was too full, even did so in an overflow trailer space they called the Annex, out of respect for those temporarily housed there. They mail prayer cards and letters of condolence to those who have lost a relative.

Staffers there individually tend to downplay their own contributions, even as they thank and praise their colleagues. They take pride in being good at what they do. It has sometimes been awful, and it's not over. But they're in the life-saving business, and so they carry on and keep at it.

The 554-bed acute care teaching hospital and affiliated long-term care facility are sponsored by the Sisters of Charity of Saint Elizabeth and the



Horan

Elizabethtown Healthcare Foundation. It is in the process of joining the RWJBarnabas Health system. The hospital will remain Catholic, and Trinitas leadership expects the transition to occur on January 1, 2022.

Trinitas President and CEO Gary S. Horan, FACHE, has worked in health care for 50 years, 20 years here.

He's such a part of the fabric of Trinitas that the emergency department is named after him.

"We saw our first COVID patient on March 8, 2020," he said, and then relays a staggering number of decisions that he and other leaders had to make: ensure enough personal protective equipment for staff; create a new intensive care unit when the existing one filled; create more negative air pressure rooms; and separately supply supplemental oxygen to the hospital where care providers, who normally would have five or six patients

on ventilators, had more than 40 patients on them at times during the pandemic.

"Sobering and very inspiring," is how Horan describes employees bringing their skills to their work, whether an engineer figuring out a technical problem, an environmental services cleaner sanitizing rooms, a food services worker delivering meals or a medical technician or surgeon caring for patients — all while at risk because of the deadly pandemic.

The pace of COVID patients has slowed. Trinitas care providers administered roughly 27,000 vaccines through the fall of 2021 and they'd given more than 500 monoclonal antibody therapy treatments to patients with a 90% success rate, he said.

Strong community ties have been a help to those at Trinitas, with police officers and firefighters leading supportive parades and area organizations and restaurants donating meals.

Yet as a leader he still worries about the well-being of the staff and having enough team members. Even now, he knows some workers won't get vaccinated and will have to look for employment elsewhere. One of Trinitas' campuses, with long-term care and psychiatric care beds, had recently flooded when he talked to *Health Progress*. And so staffers "geared up again" to respond to the emergency. "We're not immune to it, and we don't like it, but we know how to do it and we do it well," Horan said.

— Betsy Taylor

HONORING THE CAREGIVERS

To document the extraordinary challenges those in health care have experienced since the start of the pandemic, *Health Progress* asked Trinitas Regional Medical Center for the opportunity to interview staff members about their own lives and experiences caring for patients since March of 2020. As part of this work, photographer Aristide Economopoulos visited during two shifts at the hospital this past fall to document the day-to-day realities of those who work throughout the hospital. The opposite page shows Erin Neary, physician assistant, PA-C, and Dr. John D'Angelo, DO, in the emergency room. CHA thanks all those who have bravely responded to the call to care during the pandemic.



Photo by Aristide Economopoulos

“I Have To Be Strong.”

VILMA SOTO

Housekeeper, Department of Environmental Services

In the throes of her difficult fight with COVID-19, Vilma Soto appealed to Our Lady of Guadalupe, praying with all her might, and cried, “You are a mother. You know how I feel. Please help me.” Soto pleaded for her 20-year-old son, who was also struggling with COVID at the time. “I did not want anything to happen to my son, he was so young.” Four hours later, at 7 a.m., Soto’s son came into her room, and said, “Mom, get up from the bed. Go take a shower and put some clean clothes on.” He wanted to let her know that his father was going to the store to buy them food, to which she replied, “I’m not hungry.” However, her son forged on, and said, “No, today we are going to start eating.” From that moment forward, Soto’s condition started to change for the better.

Soto says she felt she could have died from COVID, her condition got so bad at times. “I feel nervous just talking about it today — I start shaking.” A housekeeper with the Department of Environmental Services at Trinitas Regional Medical Center, Soto started feeling symptoms at the beginning of the pandemic one day at work in March 2020. After a visit to Employee Health, Soto was sent home, her condition only worsening from there. Soto’s son contracted the coronavirus from her. The two were isolated in separate rooms at home, and fell under the care of her husband. “We were both sick for five weeks, neither of us able to eat for over three of those weeks. We lost a lot of weight — it was so scary.”

Once her condition slowly started to improve, a visit to Employee Health at the end of April cleared her for a return to work within a few days. “I was scared to come back,” says Soto. “I kept thinking, ‘What’s going to happen to me when I’m there?’ To be honest, I said, ‘God, please, I wish I could go back home.’” However, Soto dug deep to pull the strength inside her to get through, and assured herself in that moment, “Don’t worry, everything is going to be OK. I don’t have to be scared — I have to be strong.” From there, Soto entered one of the patient rooms to begin the cleaning process, and from that day on, has continued to add a bright spot to many patients’ days throughout the floors of the medical center.

“I try to talk with them (the patients) and tell them that I hope they feel better and that I am praying for them,” says Soto. “I’m not a doctor, but I always like to talk with the patients — to be positive. I still start shaking before I go into a patient’s room, but the first

thing I do is pray, and that helps me push through.”

Despite her positive disposition, there are still days that are difficult for Soto, especially early on in the pandemic when so many patients lost their lives due to COVID. “I prayed often, and there were times when I was in some rooms, where the patient had just passed away. There I was, disinfecting everything, and crying at the same time.”

Aside from the loss she saw through the empty rooms at Trinitas, Soto also experienced loss in her own family, three of her cousins losing their husbands, one as young as 44. “This whole experience has impacted me, you know, because it’s very sad, something that you never would have imagined,” says Soto.

Finding strength through her three sons — ages 22, 28, and 34 — and the patients at Trinitas, Soto hopes to see better days ahead, especially with vaccination rates increasing throughout the country. “Last week, there were almost 18 COVID patients in the rooms, so you know the numbers are going down. I hope we continue like that, but we still have to keep protecting ourselves.”

When asked if she had anything to share with others from her experiences, Soto explains the importance of the COVID-19 vaccination, which she received early in March 2021. “We are seeing young people who never get sick come in with this — but they don’t have to take that chance,” says Soto. “After going through this, I value life more now, and I try to be the best that I can every day, because I want to help the patients. I am thankful for every day.”

— Charlotte Kelley



Photo by Aristide Economopoulos

“We Suffer in Solidarity.”

DR. JOHN D'ANGELO, DO

Chair of Emergency Medicine, Vice President, Chief Medical Officer

At the start of each day, before his 6 a.m. shift, Dr. John D'Angelo, DO, sits in the chapel at Trinitas Regional Medical Center contemplating in silence with the Holy Spirit and a morning prayer from writer Fr. Richard Rohr.

"Morning prayer has helped me tremendously," says D'Angelo, chair of emergency medicine, vice president, chief medical officer at Trinitas. "I'm a huge fan of Rohr, and in one of his morning meditations, he talks about the symbolism of the cross and what it's supposed to be — and that is to soften our hearts to the suffering of others. I never thought that was more apparent than it was during the pandemic." He further explains, "Because all the structure, the hierarchy, the ego, that oftentimes we witness, it faded away for us. From our environmental services team, to our radiology technicians, to our nurses — they were equally, or even more important, than our physicians. I thought that was a wonderful moment of clarity during such a difficult time."

This mind shift affected D'Angelo in his relationships with patients as well, helping him to find the presence of God in interactions throughout his day. With non-COVID patients' fears keeping them away from the hospital at the start of the pandemic, numbers of visits dropped precipitously; however, D'Angelo was still able to create new connections with patients. "This mental shift — this journey that we call from the head to the heart — I felt it with my patients, as I now had more time to spend with them, to sit and listen, particularly when they couldn't have family members visit," he says.

Aside from the pandemic's impact on patients' lives, D'Angelo also saw firsthand its effects on his colleagues at Trinitas. The hospital was at full capacity at the height of the pandemic, treating a daily total of more than 200 COVID patients in March and April 2020. "We lost one of our ER nurses, Tom Luna, to COVID during that time," says D'Angelo. "I had to tell the staff on Good Friday, and that was a challenge, you know, to talk about it." He continues, "Tom's three daughters — and his wife — were all nurses, and when Tom died, he didn't pass away in our hospital, but instead at another one. And the reason why, was because one of his daughters was an ER nurse, and since there were no visitation rights at hospitals, he knew that if he went to his daughter's hospital, that at least she would get to see him. He ended up passing away with her at his bedside."

Through Trinitas' behavioral health arm, the team at the medical center has been offering the support of licensed social workers, psychiatric nurses and physicians to check in with employees throughout the pandemic to do debriefing

and to offer counseling services. Employees at the medical center offered support to each other daily, too. D'Angelo explains, "The majority of us spent our commutes home texting or calling coworkers — just to kind of check in — and then we have huddles before each shift to report out how our colleagues are doing. I think it's really important to keep telling each other that it's OK to talk things out, even things that we might regret. I like to hope that this has broken the kind of exoskeleton of pride when it comes to mental health and wellness, and that we will continue to look after one another."

Hope has even sprung up in treatment for COVID patients. After the U.S. Food and Drug Administration granted an Emergency Use Authorization for monoclonal antibody infusion in November 2020, Trinitas quickly mobilized to offer the treatment to patients in December 2020. "The first time we used it," says D'Angelo, "was on a 92-year-old male patient, and the reason it was so powerful for us was because there was a time when, if you didn't meet the admission criteria, and your oxygen level was less than 93%, we discharged you. Now we finally had an outpatient treatment option."

As of fall 2021, Trinitas had administered over 500 doses in its emergency department. COVID patients admitted to the hospital can be screened for eligibility to take part in what may materialize into breakthrough therapy for COVID through a clinical trial, called ACTIV-1 IM, in partnership with Duke Clinical Research Institute. With patients' consent, they are randomized to receive one of three possible immune modulators. "Even though we may be small, we are a mighty force in that we offer world-class therapeutics for COVID-19 treatment," says D'Angelo. "Currently, our outpatient therapy with monoclonal antibodies has a success rate of over 90%. Success is defined by those we can keep out of the hospital. We are so very proud of that. Having said that, the message is still to please get vaccinated."

As part of its efforts to help patients in need, Trinitas holds an annual fundraising gala. In a brochure for the event held virtually last May, D'Angelo wrote a letter to the hospital's entire health care team, reflecting on everyone's heroic efforts. As expressed in part of his letter: "We are more similar than different. We are more together than apart. We are a reflection of one another. We suffer in solidarity."

— Charlotte Kelley



Photo by Aristide Economopoulos

“Thanks to God That So Many
of Them Made It.”

SR. PRUDENTIA OSUJI, SC

Director of Pastoral Care

When the COVID-19 pandemic first hit, “it seemed like a nightmare,” says Sr. Prudentia Osuji, a Sister of Charity of Saint Elizabeth, who directs pastoral care at Trinitas. Staff didn’t entirely know what to make of it, asking themselves, “What is this all about?”

They didn’t know how bad it would be. “We thought, ‘Oh, we’re going to get over it. It sounds like a virus,’ until we were overwhelmed with the number of people coming in each day,” says Sr. Osuji. “We were running helter-skelter. What are we going to do? It was all hands on deck; it felt like chaos.”

The pastoral care team had to make quick choices around complex questions, including “Where do we go?” and “Which person do you visit?” “The phones were constantly ringing, calls coming in to alert us that ‘this patient needs attention’ and ‘this person is dying,’” recalls Sr. Osuji. “We were overwhelmed initially. It was hard.”

“Before you went in to see a patient, you had to wear the appropriate personal protective equipment, gowned up with the mask, with the shield, with everything,” says Sr. Osuji. “You didn’t know whether, when you went in, if you were going to stay safe. The feelings, the emotions were so high; you were scared, even.”

Each morning, the hospital generates a list of patients and shares it with the pastoral care office. Priests held Masses in the chapel, to pray for the sick and the deceased. The spiritual care providers went throughout the hospital to offer blessings, praying through the glass when they couldn’t enter rooms for fear of spreading the infection. “Most of the time we had to go to the morgue to bless the bodies; and the truck where the bodies were being carried away, we went there before they left with them.”

It is important to hospital staff to show respect for all who died. “We send everybody, every family, prayer cards to tell them we are sorry that they lost their loved ones,” she says. “They were so appreciative of it.”

Sr. Osuji lives in a convent with four other sisters who are in their 70s, though one is 91. She would run down to the basement after every shift at the hospital to change her clothes and wash up before she visited with the other sisters. They worried, too, but knew Sr. Osuji was doing what she could to keep the illness from spreading.

Over time, she says staff began to view the pandemic differently. “We were handling it with prayer and the conviction that God is on our side — we’re going to overcome it. Eventually, we started calming ourselves down, which was key.” She thought of the humanity of the patients and their families when she did her work. “It could be my father; it could be my

brother; it could be my sister. We started viewing it that way, and it would give us a little more strength to keep going.

“The nurses and the doctors and the caregivers, everybody, they were all standing with the patients and their families.” Chaplains called families to tell them patients were visited, and Catholic patients who were gravely ill received their last rites. Chaplains also tailored prayers for those of other faith traditions, and they let families know when patients were comfortable. “That gave them a lot of consolation,” she says.

Staff members also needed pastoral care because some employees died from COVID. Pastoral care team members visited with each department, prayed with them and shared their memories of the coworker who passed. “Our departments, they were all calling on mostly pastoral care to come and give us hope, give us strength and give us prayer.”

“The feeling of losing a loved one, that feeling was there for me also,” says Sr. Osuji. “My brother Martin passed away in Africa (of kidney failure) before the pandemic. I bought tickets to visit but I couldn’t go because of COVID and the lockdown. So my emotions were so high during that time.” She shared her feelings with the sisters, other friends and coworkers.

“People called me to say, ‘Hey, how are you doing?’ Masses were going on. That gave me courage and gradually we were able to let go of our fear. Thank God, it’s slowing down.”

“This virus has been an eye opener to get yourself ready, to get myself ready, to make my prayer life more intense. Seeing the number of people who passed away, it’s unbelievable. It’s overwhelming. Our life is short; we don’t know the hour. So, it made me strong. It made my spiritual life stronger. I keep praying, keep preparing for what’s to come because we don’t know when it will come. I tell myself, ‘You have to be ready.’”

She expresses gratitude for the pastoral care team, other sisters and Trinitas’ leadership team. “Everybody had sleepless nights. Everybody was trying to see what we could do to help our brothers and sisters. They were brought in here, and some of them would not make it.” But “thanks to heaven,” she says, she was “so happy when patients would recover.” Staff would applaud and cheer. “Thanks to God that so many of them made it. That was the joy.”

— Betsy Taylor



Photo by Aristide Economopoulos

“This Was the First Time,
I Think in My Career, Where You
Couldn't Go to a Playbook.”

TIM CLYNE, DNP, RN

Nurse Manager of the COVID-19 Ward

“I close my eyes and I can think of the first COVID-19 patient who came into our intensive care unit, intubated. At the time, March 2020, we knew nothing about COVID,” recalls Tim Clyne, Trinitas Regional Medical Center nurse manager. “I remember vividly the nurse that took care of the patient. She said to me, ‘You know, I’m not really scared about taking care of this patient, but I’m more scared about bringing this home to my family members.’”

From that first one, the number of patients increased exponentially. Clyne, who now manages the COVID ward, says, “One of the most challenging things in the beginning was: Where are we putting all of these sick patients? I’m still in awe about how all the different disciplines showed their expertise in their areas, not just physicians and nurses but our respiratory therapists, environmental services team and facilities engineers.”

Keeping up with all the COVID-related studies as well as shifting protocols could be frustrating. “This was the first time, I think in my career, where you couldn’t go to a playbook.”

Clyne contracted COVID in the first wave of the pandemic. “I hate to say this but getting sick gave me a real understanding of how to truly treat patients, about the importance of symptom management and about providing exceptional nursing care.” This included things like supporting them to get out of bed — when possible — for their health and helping them to eat properly.

“Before we had our first patient in the U.S., I actually sat with my wife, Sheryl, and we talked a lot about what would happen if this pandemic happened here, and how we would quarantine and manage our lives if I got sick. So there was some mental preparation before we even got to that point. The nursing profession sometimes thinks of the worst and hopes for the best.”

Trinitas staff were working long hours, and as a manager trying to be available to care providers doing shift work, Clyne was tired. He thinks he was sick for a couple of weeks without knowing he was positive, because at the time it could take about a week to get test results. His first fever spiked on a Saturday morning and that following Monday, March 23, he had already taken the day off because it was his wedding anniversary. That day became his first day of quarantine. It wasn’t easy to be at home in isolation and sick during such a critical time.

“I’ve never felt so sick in my life,” he says, so

depleted he sometimes crawled to the bathroom. He also kept his wife out of the room. “She didn’t get sick, thankfully. After about four weeks I returned back to work and that was very difficult. My body was beaten up, I had lost about 30 pounds and I was just exhausted. When I look back, the day I returned we had the highest number of positive COVID patients ever in the hospital — about 200. However, it was very validating to go back and be able to carry out what I needed to do.”

Caring for COVID patients brought a lot of uncertainty. It was hard to know how a COVID patient would progress, as the illness can lead to a very quick decline. “A seasoned nurse has some understanding of how to prioritize who needs the highest level of care,” says Clyne. But with COVID patients, almost everyone needed the utmost care. “You do your best, use all the resources you have and delegate to others to help support these patients through some really tough times. You hope for the best and you pray sometimes. I’m a Catholic — I’ve always worked for Sisters of Charity organizations and sometimes the (end-of-life stage care you give) is just about using your spiritual side to deliver dignity before one passes away.

“I’m an oncology nurse and I’ve become very comfortable with palliative care and mortality in many ways, but it’s different supporting somebody when their family members can’t be at the bedside (due to wanting to limit disease spread) and you’re doing it virtually. Having to tell family members they can’t come in is tough.

“The advent of some new medications — like monoclonal antibodies — has led to improved patient outcomes,” he says.

At times, he’s pondered the question: Why am I doing this, nursing through this pandemic? “I think that at the end of the day, it’s about giving to those who need care — and making it the best possible situation — during the worst possible time.”

— Betsy Taylor



Photo by Aristide Economopoulos

“Everyone Was Always Asking,
‘Hey, Are You OK?’”

NILGER CAMEJO

Lead Mammography Technologist, Connie Dwyer Breast Center

For Nilger Camejo, lead mammography technologist for Trinitas Regional Medical Center's Connie Dwyer Breast Center, speaking fluent Spanish had always been helpful when translating for doctors to non-English speaking patients. However, her proficiency became even more imperative to the Trinitas community at the height of the COVID-19 pandemic.

"My parents immigrated to the United States from Cuba, and in Elizabeth, where I live and work, it's a mixed community, so we have a lot of Hispanic patients," says Camejo. "We were deployed into other areas during the first year of the pandemic, and I was in the command center a couple days a week, answering phone calls from patients' families since patients in the hospital couldn't see family members due to COVID. I took a lot of phone calls from family members (who solely spoke Spanish) and it was very sad because they wanted to talk to their loved ones, to be there for them. It was just such a difficult time."

For Camejo, knowing the importance of family in her community made her work assisting patients' relatives over the phone even more crucial. "Hispanic people, when family members are in the hospital, everyone comes together, so they don't leave each other alone, they take care of each other," she says. "So it was very hard for this community to not be able to be there with their family members. I was just glad I was able to be on the phone with them, to let them know that their loved one was going to be OK."

A mother of four, Camejo's first reaction at the start of the pandemic, in her home life, was fear. "I have one son who has allergies and asthma, and my other kids have asthma, so I was nervous," she says. "I was even afraid to hug my own children at some point when it first started. Plus, I have an elderly mother, so I was afraid to be around her, too. I would even take my scrubs off before I got into the house after work." However, it was Camejo's mother who helped taper her fears about being around her family. "I was literally alienating myself a bit, and I remember my mom saying, 'You can't do that. You can't alienate yourself.'"

Camejo's comfort level in her work life at the breast center never changed though, not even at

the start of the pandemic, as she explains: "I felt safe because we knew what we had to do. We were already washing our hands before each patient and wiping down our areas. The only big difference was we started wearing masks and shields, plus we also limited patient appointments for only those needing diagnostic mammograms or biopsies in the beginning." Once the center reopened appointments to all patients, Camejo was comforted to see that fear did not hold most patients back from scheduling their annual mammograms. "As soon as we opened back up and announced that we were ready, I felt that most of our patients did come back. Our center, although it's in the hospital, it's still its own facility — we even have our own pink gowns, and it feels very spa-like, so you don't really feel like you're in the hospital. We also took the time to answer any questions they had before coming in for their appointments, so for the most part, patients felt really comfortable about coming back."

Aside from reassuring patients, Trinitas staff, as Camejo describes, also has supported each other by coming together during the pandemic, checking in on colleagues throughout the medical center. "Constantly, you would be in the halls and people would say, 'Stay safe,' and, 'Make sure you're wearing your mask and have the correct one,' and, 'Do you need anything?'" Everyone was always asking, 'Hey, are you OK?'" As Camejo further explains, this supportive spirit lives within her direct team at the center, too: "We get along really well, and we help each other out — we don't ever say, 'But I can't do that because it's not my job.' At the end of the day, our main priority is the patient, and we want to make sure that they're taken care of," she says. "We always help each other out, and that's important, because it takes a team to get something done. You need each other."

— Charlotte Kelley

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