

This recent stint ended in early April. Just prior to that time, COVID-19 came to the forefront at our facility. In mid-March we received our first two infected patients, their diagnosis not confirmed until five days after arrival. Following notification of patient, family, and local district health offices, this information was shared with staff; patient confidentiality maintained throughout the process.

The change in the work atmosphere was striking at this point. There was a new sense of urgency, a feeling of the unknown and being at risk. New policies and procedures were formulated, implemented, modified, reissued and updated almost daily, sometimes multiple times a day. The pandemic was here, was real and a new seriousness gripped the facility. ICU became the designated COVID-19 ward, personal protective equipment (aka PPE) became mandatory before stepping through that door. That same door had remained open on a regular basis prior to COVID-19. It was now shut and only opened when someone entered or left the unit. The ICU ventilation system was negatively pressurized so potentially contaminated air would only exit via the roof and not flow back into any other departments outside ICU.

Other changes were swift to happen; the cafeteria closed for several weeks to prevent possible contamination by congregating there for meals, breaks or a quick refreshment in a busy workday. Access to the hospital was restricted initially to four entrances with staff greeting patients and visitors, taking their temperatures and asking a series of questions to determine if they might be infected. Eventually this pared down to one entrance for the public. The number of visitors was restricted, visit times were established; a one-hour time limit. Elective procedures were cancelled in Surgery and other departments in order to conserve PPE for the anticipated wave of virus patients. The hospital owned two ventilators and rented two others from a distributor in Spokane “just in case”. As of early April, the number of cases here are few, restrictions tight and the concern level up. Fortunately, the number of reported cases in the county has been low with social distancing in force. Business closings are widespread and public adherence to stay at home orders has resulted in the local infection “curve” not rising far. Flattening the curve has been achievable.

The hospital has been working day and night to meet the challenges of keeping everyone as safe as possible, dealing with shortages of critical supplies and the stress of fighting an enemy too small to be seen but possibly lurking around the next corner. Wash your hands! Cough into your sleeve! Keep your distance, please! This new normal is changing our work, our homes, our relationships and our psyches. As time goes on, we hope to see some return to normal but many experts think our world will be permanently changed and as a result we will be too. How has your world changed? What have you learned that others may benefit from your experiences? Consider sharing your story and/or insights with the WSBA. To find out how, contact me at wsba.covid19@yahoo.com. Thank you.

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