



## Take 3 with Jennifer Popies

### It's been two years with COVID in the CVICU

*Jennifer Popies, MS, RN, CCRN-K AGACNP-BC, ACNS-BC, is a clinical nurse specialist in the Cardiovascular Intensive Care Unit (CVICU) at Froedtert Hospital, and reflects upon the early days of the COVID, as well as new habits and wishes she will bring forward as we emerge from the pandemic. She recently connected with Wendy Peltier, MD, co-editor of the Transformational Times .....*

#### 1. Looking back on the early days of the pandemic, what was one of your biggest challenges as a leader?

Of all the challenges we faced at the start of the pandemic, the biggest for me personally as an ICU nurse leader was having to teach re-use donning and doffing of PPE, especially N95 masks that were being "reprocessed". We hoped these would be good enough to protect our team, but were very uncertain at first. Not having solid evidence to go from was so hard, we just had the evolving "best we know right now", yet knew it was our staff's lives at stake. This was especially true for our nurses, Critical Care Technicians (CCTs) and respiratory therapists who were the spending the most time in these critically ill patient rooms.



Knowing they were potentially exposed to the virus with no vaccine protection at the time, was crushing to me, and resulted in many episodes of sobbing in my car to and from work. Their fear was real and justified, and the best I could do was look them in the eye and tell them I would watch them to ensure they had everything on correctly. I always volunteered to go into rooms with them if they needed me ---and I remember assisting a primary RN with morgue care when our very first COVID ECMO patient died to spare another one of my team members from having to go in. It felt a small gesture, but seemed to mean a lot to our fellow nurses, that all of

our unit's nursing leadership team were willing to go in rooms with them whenever they needed. And thankfully, while we did have staff in our unit get COVID in those early days, none got seriously ill --- I am not sure I could have stayed in my role if that had happened, as I would have felt personally responsible.

## **2. What is an important lesson that COVID has taught you?**

To value the interconnectedness of our healthcare team in an elevated way. It may sound cliche, but it has been so true that we rise and fall together as a team when we experience the wins or losses of our patients. The pandemic has been so isolating, and those who have not experienced it cannot really understand what it means to have cared for COVID patients on

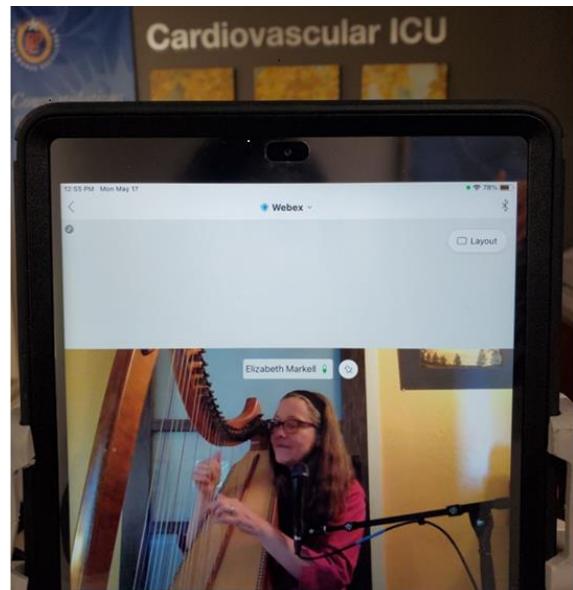


ECMO since March 18, 2020 with no break. Not a single day without this population as part of our ICU over the last two years. Yet, that same fact has also created an intense bond and sense of "knowing" between all in our team who continue to be deeply invested and committed to caring for these patients and their families.

*Published with permission- COVID ECMO survivor with CVICU interprofessional team and his family.*

## **3. Is there a new habit you have developed, personally or professionally, that you will carry forward?**

Professionally, a new habit I will carry forward is promoting what technology can bring to novel care interventions for our patients and staff. For example, we have been able to offer virtual music sessions via WebEx on iPad devices with remotely located harpists through the *Harps of Comfort* group in an effort to provide non-pharmacologic palliation of symptoms such as dyspnea and anxiety for our COVID ECMO patients. Staff caring for these patients who receive music sessions have commented how it



can also help them relax during a stressful day. Prior to the pandemic, I would have never thought of the benefit of something like this, but after more than 170 music sessions for patients in our CVICU since September 2020, and helping to spread this offering in our Medical and Community Hospital Division ICU's, I am excited for possibilities that other technology-facilitated interventions may hold!

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