

# The VOICE



## Greater Cleveland Nurses Association Live Webinar

**Tuesday June 9, 2020  
7:00 PM – 8:00 PM**

### “Moral Injury in Viet Nam Veterans and Others”

*Presented by Denise M. Kresevic, APRN, PhD, FAAN*

Dr. Kresevic works at University Hospitals Case Medical Center and the Louis Stokes Cleveland VAMC. With over 40 years of experience, she specializes in geriatric care as a Geriatric NP, CNS and Nurse Researcher. She has been funded by a VA initiative to disseminate information to community partners about the unique needs of veterans in hospice care including moral injury.

This program will describe how Moral Injury develops, identify similarities and differences between Post Traumatic Stress Disorder (PTSD) and Moral Injury, and relate skills needed to care for Vietnam Veterans with Moral Injury at the end of life.

**Register at [GCNA@CLEVELANDNURSE.ORG](mailto:GCNA@CLEVELANDNURSE.ORG)**

**or Call or Text GCNA 216-771-6922**

**to receive your access code to the webinar.**

***Deadline June 8, 2020***

*This CE Activity, OLN-S-3014-19, offered by the Northeast Ohio VA Healthcare System has been approved for 1.00 contact hours by the Ohio Board of Nursing through the approver unit at the Ohio League for Nursing (OBN-006-92) and the program is approved to be offered through June 3, 2021.*



The City Club of Cleveland Virtual Forum: Nurses Lead America to Health  
Rear Admiral Aisha Mix, DNP, US Assistant Surgeon General

**Tuesday, June 26, 2020, 12:30PM -1:30PM**

<https://www.cityclub.org/forums/2020/06/26/nurses-lead-america-to-health>

**Celebrating our 25+ year members and new graduates!**

### June District Meeting Cancelled

We are leaning about the impact of the “novel” Coronavirus as we go. Our quarterly in-person events depend upon slowing the spread of COVID-19 and the Safer at Home orders from Ohio Governor DeWine. For now, gatherings are limited to 10 people.

Historically, June is a very special month for GCNA. We celebrate our 25+ year members for their dedication and service to our professional organization and for moving nursing forward locally. Jennifer Mizak and Carol Roe join the ranks of this esteemed group in 2020.

It is also the 200th anniversary of Florence Nightingale’s birth. ANA leads the celebration of National Nurses Month with these insightful words that guide our practice.

### Year of the Nurse 2020

**Excel · Lead · Innovate**

### Congratulations 2020 Nursing Graduates - Our rising stars!

Kaitlyn Cantu, BSN

*Frances Payne Bolton SON, CWRU*

Michelle Hren, BSN

*Chamberlain University, Cleveland*

Miranda Wood, BSN

*Cleveland State University*

Jake Walker, ADN

*Cuyahoga Community College*

Ashley Estella-Boyd, BSN

*Kent State University, Geauga Campus*

Courtney Franczek, BSN

*Notre Dame College*

Kathryn Malloy, BSN

*Breen SON, Ursuline College*

# President's Message

As the novel coronavirus (COVID-19) has unfolded over the last few weeks and months, time has seemed to stand still and speed up at the same time. For those who were able to stay at home and shelter in place, time may have seemed to pass at a crawl's pace. For those at the frontlines, the constant Personal Protective Equipment (PPE) requirements, shortages of medications and PPE, testing strategies, and numerous other protocols that seemed to change almost every minute, time moved so rapidly that you were dizzy. As this national pandemic continues to develop, many of the activities that we look forward to every year may look a little bit different as the state and country open their doors. Family gatherings may be smaller, professional association meetings may be virtual, and we will see friends and family in masks for a while.

But the one thing that has not changed because of this pandemic is the immeasurable impact of the nursing community. As nurses, we have the enormous honor of caring for our patients and communities amid uncertainty. Never has this been more evident and visible than now.

- \* For those of you who were able to stay at home to flatten the curve, I thank you.
- \* For those of you who donated PPE to keep our staff and communities safe, I thank you.
- \* For those of you who are caring for our patients at the frontlines, I thank you.
- \* For those of you who held the hands of a dying patient while the family listened on the phone, I thank you.
- \* For those of you who prayed for the safety of our community, I thank you.

Stay safe,

*Meghan*



## Welcome New GCNA Officers

### **GCNA Board of Directors**

**Vice President** - Anna Goldman

**Secretary** - Marybeth Anderson

#### **Directors:**

**Administration** - Doricia Strickland

**Education** - Catherine Mohney

**Staff Nurse** - Kathleen Koviak

**At Large** - Janterria Matthews

### **Nominating Committee**

**Administration** - Patricia Sharpnack

**Education** -

**Staff Nurse** - Geraldine Pangrac

**At Large** - Sandra Levine

### **Congratulations to all!**

*A special thank you to tellers Judy Beeler and Deborah Lindell for validating the 2020 GCNA Election!*

### **New Officer Bio** -Marybeth Anderson

I have been a RN for just over a year now. While in college, I worked as a nursing assistant at St. Vincent Charity Medical Center and have been at University Hospitals since obtaining my RN license in February 2019. I am a member of UH's Patient Education Committee, and work in the Seidman Cancer Center Float Pool to support the 17 med-surg/oncology floors. Prior to being a nurse, I was a teacher for 10 years, working 4 years in Arizona and then 6 in South Korea. Having now traveled to 40 different countries, I am interested in enhancing the health care system of the United States, which requires teamwork from nurses like ourselves. By advocating for nurses, we are simultaneously advocating for our patients and the greater community. I look forward to what 2020 brings for all of us, and hope to work more closely with the GCNA, ONA, and ANA this year and for

### **Thank you outgoing board members for your many contributions to GCNA!**

Judith Beeler, Vice President

Kathleen Koviak, Secretary

#### **Directors:**

Janet Baker, Administration

Anna Goldman, Education

Leslie Cooperman, Staff Nurse

Janterria Matthews, Staff Nurse

Amber Miranda, At Large

## Membership Committee

Under the leadership of Anna Goldman, GCNA VP, the Membership Committee is active once again. The committee focus is three-fold:

- 1) Recruitment of new members,
- 2) Welcoming new members and
- 3) Retention of Members.

Our initial strategies for these goals are:

#### **Recruitment**

- \* Update the booklet, "Why Join?"
- \* Review all GCNA Promotional Materials.
- \* Strengthen relationships with schools of nursing and corresponding SNAs.
- \* Consider finding an opportunity to let parents know that ONA/GCNA can be given as a graduation gift at ½ price.

#### **Welcoming New Members**

- \* Generate a letter to each new member from GCNA.
- \* Use a coding system on name tags at District Meetings so current members can identify who is a new member or 1<sup>st</sup> time district meeting attendee, a student or a potential member. That way members can approach new folks to welcome them. The President can then also announce guests and new members during the meeting.
- \* Consider calling each new member.
- \* Have a member of the GCNA BOD greet each table at District meetings.
- \* Consider ½ price for 1<sup>st</sup> District Mtg.
- \* Update booklet, "Take Advantage of Your Many Benefits."

#### **Retention**

- \* Pursue getting members involved in small groups, like committees.
- \* Strengthen our relationship with our four local units.

We welcome your input to add to any of the thoughts listed above. We also would welcome you as a member of our GCNA Membership Committee. For either of these requests, please contact Carol Sams, GCNA Executive Director at 216.771.6922 or [gcna@clevelandnurse.org](mailto:gcna@clevelandnurse.org).

# Greater Cleveland COVID-19 Response

COVID-19 likely started in Wuhan Province, China in the Fall of 2019. Travel throughout our global society soon accelerated coronavirus to pandemic status. In retrospect, more community spread has been identified, and much earlier than previously thought. Fortunately, Governor DeWine and ODH Director Amy Acton, MD continue to provide strong leadership to “slow the spread” with Stay at Home orders, testing, surveillance, and a careful approach to reopening Ohio. Our local efforts have been remarkable despite the surprise and quick response needed.

The **City of Cleveland Public Health Nurses** have been extremely busy contacting individuals who test positive. While telephone interviewing to collect surveillance data, they actively listen and provide emotional support to Clevelanders. People are scared, worried, and often lack the social support they need to cope. After a case is identified, 14-day Isolation Orders commence along with Quarantine Orders for close contacts. The exception to quarantine is for essential workers who are symptom-free. For many without a job or health care, sharing an apartment with several others is common. Waiting on unemployment, fear of eviction, and job instability remain. Among the most difficult calls are those to urban nursing homes where the devastation is great and PPE, especially masks, is scarce to nonexistent. Through the sadness, fear and grief, the one to one connection, nurse call-backs and citizen advocacy offer public health nurses some consolation that what they do matters.

**Inspirational Academic Practice Partnership** Cleveland Clinic Nursing Education leaders initiated extensive COVID-19 training for ambulatory and perioperative nurses to help care for COVID-19 patients. After a call to area SONs, 19 nursing faculty volunteered. Together with practice educators, they provided classes seven days a week. Participants took both an RN Skills and Critical Care Skills course which included IV starts, central line care, blood draws, donning and doffing personal protective equipment, ventilator care, rapid sequence intubation, operation of mechanical compression devices, prone positioning and codes for COVID+ patients. Online learning supplemented these simulation experiences. By April 19, more than 4,100 nurses were cross-trained to provide care in med-surg and critical care. Meanwhile, the Health Education Center on the CCF campus was converted to Hope Hospital. While this facility has not yet been used, it stands ready to care for non-ICU COVID-19 patients should a second wave and/or surge occur in Northeast Ohio.

A **RN in an ambulatory float pool** at a large hospital system in Cleveland divulged that the COVID-19 pandemic has brought about many changes including her role as a nurse. Due to the low volume of patients in outpatient care, the ambulatory staff has been redeployed. Some of the new duties include: screening both patients and employees for COVID-19 symptoms at the hospital/clinic entrances, assisting the call center with triaging calls

(both COVID-19 and other typical concerns), transferring appropriate appointments from in-person visits to telehealth visits, helping employee health with respirator fit testing for employees, and more recently, helping with a COVID-19 research study. Medical assistants on the team assist with PPE distribution and helping patients in the hospital connect with family via video chat since the visitor policy has changed. Shortly after the pandemic was declared, a contingency plan was devised in preparation for the anticipated surge. Nurses were paired with inpatient nurses and trained as “nurse extenders” in the inpatient departments including Med-Surg and the COVID floor. Although stressful at times, this nurse is blessed to be part of team that has come together in a time of crisis and is reminded of what called her to nursing over 17 years ago.

One of the most noticeable things a **Nursing Student** gained during the past 2 months of quarantine (other than 15 pounds) was very intense self-awareness. The only real control she had was over her own actions - nothing else. Disseminating health knowledge is a nursing responsibility, but that does not mean being able to control what happens next, despite feeling inappropriately accountable at times. Noting a drastic decrease in patient traffic in the adult emergency department where she works, she had opportunity for more meaningful patient interactions. During a recent shift, she rubbed a patient’s back and wrapped her up with warm blankets to console her tears. This new grad didn’t know that control over her actions would manifest into a warm blanket and some comfort inspired by Temple Grandin’s advocacy <https://templegrandin.com>, but sometimes evidence based practice looks like a hug!

A **retired nurse** anecdotally met COVID-19 criteria after travel in February, including temporary absence of taste and smell. She was unable to obtain antibody testing from her PCP, the local health department or Red Cross, as she was and is interested in donating plasma. The local and state COVID-19 hotlines provided standard information but no clear guidance. During a recent telemedicine follow-up visit, her PCP was able to identify an Infectious Disease specialist to contact. After several more calls, she reached a General Clinical Research Center nurse and is on a list of potential participants should an antibody study proceed.

Being over 60 (high risk group) precludes organized hospital volunteer efforts initiated by ONA and ODH. This retiree persisted and found opportunity with the NEO Red Cross for ZOOM calls to persons in crisis affected by COVID-19 and is now on the Medical Reserve Corps (MRC) Volunteer list with Cuyahoga County Board of Health. To register with Ohio Responds, complete the form at: <https://www.ohioresponds.odh.ohio.gov/>.

Just as Florence Nightingale rose to meet the health care needs of soldiers and notifying families of deaths during the Crimean War, nurses today are leading the charge to combat COVID-19.

#OhioansProtectingOhioans #Social Distancing #SafeHands #Quarantine #ResponsibleRestartOHIO

#FlattenTheCurve #InThisTogetherOH #ThankYouFirstResponders #StayHomeForUS

Greater Cleveland Nurses Association  
13301 Smith Road, #42234  
Middleburg Heights, OH 44130  
[www.clevelandnurse.org](http://www.clevelandnurse.org)



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Director-Staff Nurse - Kathleen Koviak, BSN, RN  
Director-Staff Nurse - open  
Director At-Large - Clare Keiser, RN  
Director At-Large - Janterria Matthews, DNP, RN

Executive Director - Carol Sams, MSN, RN

Are you receiving both email and mail from GCNA?  
If not, does ONA have your current contact information?  
Don't miss any news! Please update at:  
[www.ohnurses/members/](http://www.ohnurses/members/)

## OHIO NAVY NURSE CORP RESERVES RESPOND TO COVID-19 EPICENTER

Reflecting on deployment to New York City, Emily Adkinson, **a local US Navy Nurse Corps-Reservist and GCNA member**, recalls thinking "It won't be that bad..." During the initial crisis, she intermittently worked in a Cleveland COVID-19 ICU with the luxury of negative pressure rooms, up to date HEPA filters, adequate PPE, management and administrative support, and not very many patients. The atmosphere was tense, largely due to the unknown, and the hospital census was dropping in preparation for the potential surge.... During a night shift, she received a call at 2AM to deploy to New York City 30 hours later.

Upon arrival, she was assigned to the Navy Medical Support Team (NMST) which supported 9 different hospitals. The Brooklyn hospital where she served was in an underprivileged area - many people were experiencing homelessness, addiction, and lack of financial stability. When the NMST arrived, the hospital was already wrecked. The staff was getting sick (and dying). Patients were dying before they even made it up to the ICUs, resources were low, the hospital was over max capacity, and bodies were being stored in refrigerated semi-trucks due to lack of space in the morgue. *It was a war zone!* Her team of naval officers, many of whom deployed multiple times to other countries, stated that those conditions were like nothing they had ever seen. "We walked into a 'high-casualty' situation."

On a normal day, this hospital has 12 ICU beds. Five additional areas had been converted to ICUs to accommodate the mass influx of critical patients. This posed two major problems for this hospital: 1. ICUs need a lot more resources and monitoring equipment than an average floor, and 2. The hospital only had enough ICU staff for one true ICU. In talking with some of the nurses that had been there from the beginning, it was hard to imagine what they went through before help arrived. They were forced to learn how to be ICU nurses with no training at all while experiencing more death in one day than they had experienced in their entire nursing career. They worked 6 days a week just to help their peers, numb and utterly exhausted. The naval team provided critical care expertise to relieve the ICU nursing shortage and to promote positive patient outcomes.

Working in a make-shift ICU requires a lot of critical thinking. Most all the patients were on portable ventilators with multiple drips to sedate them and maintain their hemodynamic stability. Only two "real" ventilators were in use. Patients were on extremely high ventilator settings, and most patients could not be repositioned or bathed regularly for risk of decompensating. After the first month of work, this reservist only saw two patients survive the ICU. She held the hands of her patients, prayed over them, FaceTimed families while they said goodbyes, and silently cried over them in the quiet hours of the night. Although times are grim for everyone right now, NYC has recently seen hospital admissions and census' heading in the right direction. Despite the moral distress, this reservist is humbled by her strengthening faith. This virus is so much bigger than all of us, and it is completely out of anyone's control. In a spirit reminiscent of Florence Nightingale, she concludes "I am a part of an amazing team of naval officers with exceptional leadership, and I feel blessed to have this opportunity to serve our American people."