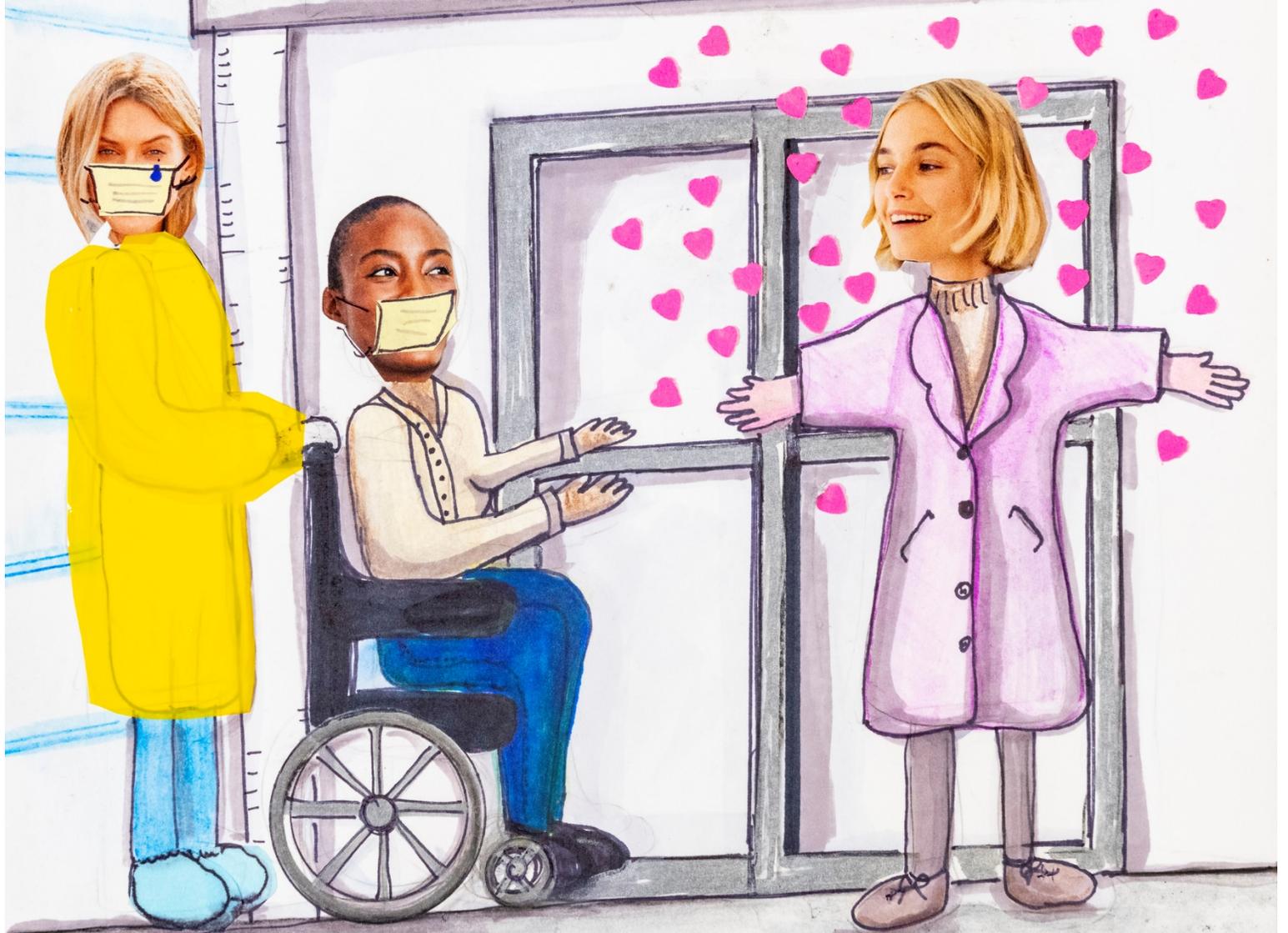


# Emergency



J. J.

# **Cora, Corona, and Care**

**Story by: Cora Smiskey, E.M.T.  
Mayo Clinic Health System**

*Part of my job in the ER is being the lead tech, which involves working with equipment and supplies. On March 17, 2020 I received a message asking if I could come in the following day to talk about room surging. That was when things started to become real and that maybe something really was going to happen.*

*We began to talk about how we could double up rooms. There are different options for moving furniture, what patients could sit on, how we change the rooms and what equipment, or supplies were needed. A couple days later, a provider asked for a docking station outside the room. Everyone came together to get isolation cards put together, talking to facilities to tape off the floor, talking to housekeeping about helping to get extra laundry or linen carts outside the rooms, working with laundry to send up extra laundry so we could fill the carts. We also requested extra supplies. As the week progressed, we continued to talk often.*

*Extra carts had to be made within a few days to prep for what could happen. I worked on putting away airway cards and emergency cards. Everyone was scared about the PPE. It was a big concern that we were not going to have enough N-95 masks. We saw people being scared, and we reminded everybody that we're lucky we work for a healthcare organization that was very well prepared. We would have to wear a mask for multiple days and remind people to try not to throw them away if they didn't need a new one. With the change of COVID, that also brought the physical change of the department. We had removed all furniture from all rooms, and conference rooms had all the tables removed. The break room was reduced to two tables with two chairs instead of a long table where many people could take a break at a time. Now only two people can take break at once.*

*Our waiting rooms now turned into storage rooms so we could keep supplies near the negative pressure rooms needed for patients coming in with the need of aerosolized treatment or needing to be intubated. The physical change of the department has been very hard. Throwing them in all at once was very hard for a lot of people to adapt to, and then there was the continuing change of what we needed to do, as far as wearing a mask and shield or not. Everybody was watching different news stations and trying to keep up with the changes.*

*Many people were scared when patients first started coming in with possible COVID symptoms. I know people retired early due to being scared. They shared that they can't afford to be sick or take it home to a loved one. It was very scary. We didn't know what to expect. In the ER, we never know what to expect, but we really didn't know what to expect. You heard the worst, and that was very scary for everybody. Despite being scared or fearful, staff still turned and ran toward the front line. It's been a great collaboration from when we first started seeing patients, to seeing quite a few patients. It's not abnormal for us anymore.*

*Following all the guidelines, everybody has their own beliefs, but we made sure we respected every patient. I know we've had patients that are very scared. I've had family members ask if the organization is COVID-free, and having to tell them no, we're not. Seeing those family members be scared and telling them we respect their decisions. "If you don't want to be here, we'll make sure to update you. Your husband's in great care. We'll*

*make sure to take good care of them. Feel free to go out and wait in your car, and we'll make sure you're updated." We want those that are scared to understand that it's okay to be scared. Everybody has their own beliefs. I had a patient call multiple times about their blanket that fell on the floor and that they wanted a new one, or that their pillowcase touched the floor. We do whatever we can to make patients feel comfortable and safe. That's why they come to us.*

*People come to the emergency room for acute care and some for chronic care, but it's scary moment for them. The big thing is to be a patient advocate. There have been multiple occasions over the past nine months that somebody hasn't seen their family member for nine months, and it's been great to be part of that reunion. A patient discharging from the hospital that has been in a nursing home and is going back to the nursing care facility will have family members show up keeping their six-foot distance just to say hi. Seeing people reunite has been something I never thought I would experience. It is like being in an airport when somebody hasn't seen their loved one for years. Working 13 years in the ER, this is something I've never seen.*

*The other aspect has been people who can't come see their loved ones when visitors are not allowed. It's been hard with a limit of one visitor, but it was very hard with no visitors. People being upset when they drop off their family members and reminding them that we'll take good care of them, and that we'll keep them updated as often as we can, but feel free to call if we have not called you. Being in the patient's room, there have been multiple times we're admitting a patient and family members can't come with them. Maybe they forgot we told them, or maybe somebody thought somebody else explained it.*

*We've taken care of a lot of sick people that have not been able to have their family member there holding their hand. We've seen a lot of goodbyes. We make sure to go out of our way so patients can say their goodbyes, because you don't know if they're at the end of life when they're admitted. Sometimes end of life happens quick, where that's not always an option. So, we make sure we give the family the last few minutes they need and try not to rush them so they understand that they can say their goodbyes. This has come with reuniting and goodbyes; it's been something I never imagined I'd ever experience.*

*And then, discussing some of the ways families stay connected, like camping out in the parking lot. There have been patients in the ER for six hours, and the family says they're still in the parking lot waiting. There have been multiple days walking in and walking out of work, and it just makes you tear up to think they are waiting out there. To us, it might seem like coming to work as another day. But to them, this is the biggest—and could be the worst—day of their lives, whether they break their leg or come in with a heart attack. Or, maybe they come in with COVID. They're out there waiting to hear what's going on. We each need to remember that this is not just another day of work. We are their voices and their patient advocates. One day walking out of work, there was a camper sitting out there, and the family member was saying thank you by waving. They were running a generator, saying they weren't leaving until they knew what was going on with their loved one. I never thought I'd see full campers sitting in the parking lot. Everybody's sitting outside on their phones in the summer. And obviously, their cars are left running in the winter. "I'm not leaving until I know." Discharging patients, like I said, and seeing family members line up just to say hi to their parents.*

*Caring is making sure—especially when we're not busy—to go that extra mile for a patient and spend a few extra minutes with them. I can tell you about several occasions having a husband there, and the wife's in another care facility. They both got COVID and they're*

*scared. Or, they're scared to go to a nursing home—and they should be—because of COVID. We make sure we're spending time with them, by holding their hands and talking to them and making sure that they have advocacy or someone to talk to. We can help to get their minds off things. Ask them to reminisce on their life. Talk to take the fear out of them being in the emergency room. This has been a huge thing for me. When I leave and know that I made a difference.*

*That has been huge. I can probably say that every day I come home, and I'm glad I was that patient's advocate. Patients say, "I can't believe what you do." I can't believe what patients do either. They aren't allowed to their families. I go home to my family. Just remember, we're all in a different position during this, but make sure you understand what they're going through. And in staying neutral, obviously we all have different beliefs on this. That's been very interesting and hard but rewarding. I cried with many patients. It's okay to cry with them or tear up and let them know that we care.*

---

**Artist Kathy Schmiedeskamp  
Mayo Clinic Health System**

Kathy Schmiedeskamp has worked in Mayo Home Health and Hospice for 28 years and lives in Chippewa Falls. She and her husband, Doug Twerberg, share a passion for photography. Kathy is a hobbyist that works primarily in impressionistic photography as well as watercolors and mixed media art pieces. Kathy describes art as an equivalent to meditation; when she is immersed in a project, it brings satisfaction, loss of time and space, and a sense of achievement. Her biggest joy comes from sharing her work and finding ways to connect with people by creating a piece they might enjoy.

*Since I was not feeling any strong experiences with Covid to share in writing, I was grateful for the opportunity to illustrate someone else's words. I selected Cora's story because she was really affected as front line, patient-facing staff during some challenging times of the pandemic.*

*Back in March, in the beginning, my husband was in the emergency department and later admitted to the hospital, so I had experienced the separation of not being able to be in the room with him during these encounters. Cora shared how she was so affected by the events when bringing patients out to their family and friends, and I could relate. My illustration contained drawings to represent everything except the reality: the people involved. Those "real faces" are to help us focus on the "real" person being affected during this experience: the nurse, the patient and the friend or family. My thanks to Cora for sharing her story, as well as her care and compassion in this challenging time. Being involved in this Healing Reflections project for Mayo was a way to bring the story Cora shared to life in a visual representation and to connect her words with art to represent the experience she described.*

**View all the pieces in the *Healing Reflections* [online gallery](#).**