

SHARON GRIGSBY

New surge takes toll on Parkland staff

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"We are backpedaling. We are going backward in this fight right now," said Judy Herrington, a nurse by training and now senior vice president of medicine services.

I went inside Parkland 36 hours after a perfect storm of incoming patients — some with COVID, some with other medical needs — and short-staffing forced the hospital to declare a capacity disaster. More than 300 people were stuck in the emergency department because the hospital temporarily had run out of space.

"The ER was overrun and screaming for help," Herrington told me. "We were trying to get people out to get people in. But the inn was full."

The disaster status, more commonly used in power outages or weather events, allows the hospital to cancel nonessential work assignments and move caregivers building-wide to relieve the overflow.

The emergency designation was still in place Thursday, but things were slowly returning to normal — whatever normal means in an unprecedented pandemic.

Not the end

It was clear on my Wednesday visit that the delta variant has chewed away the hope-infused mirage that Parkland's staff relished just six weeks ago.

Facilities staffers were busy reconfiguring walls and air-flow ducts so the hospital could add more COVID beds. Many waiting rooms sat empty after visiting hours were cut back. Screeners in the lobby turned away some family members begging to be let in. Monitors to provide Zoom access at patient beds again rolled through the hallways.

The total number of COVID-19 patients in Parkland on Thursday was 88, including eight in the ICU; a month ago, July 5, the total was 17, with none in the most critical care area.

What's most unsettling is that everyone inside Parkland Memorial Hospital understands that delta is not the end of the game — it's only the current game. There's another variant out there waiting.

The toll this fight has taken on the five charge nurses I interviewed — and on the other caregivers I spoke with just outside patients' rooms — is apparent not just in their words but in the exhaustion and worry that their masks can't hide.

These supervisors are perhaps in the toughest spot of all — taking care of both the patients and the nurses on their floor.

Like the many Parkland nurses I've met these last 18 months — each one of whom deserves our respect and gratitude — these women and men have the job of caring for their patients without judgment.

They are all aware of the vaccination rate of those they have served: Of Parkland's more than 1,100 COVID admissions since January, only seven of those patients were vaccinated.

"A couple of times when a patient is getting intubated, they will take my hand and say, 'Can I have the vaccine now?'" charge nurse Perla Sanchez-Perez told me.

"It's hard to look at a patient gasping for air and say, 'No, we can't give you the vaccine right now. It's too late.'"

Sanchez-Perez, who has cared for the most critically ill COVID patients since the first days of the pandemic, said that with numbers going back up "there's a lot of uncertainty and worry about whether we can do this again."

Charge nurse Anitha George, a night-shift supervisor in the med-surg unit that



Photos by Juan Figueroa/Staff Photographer

Morgan Davis checked an extracorporeal membrane oxygenation machine Wednesday at Parkland Hospital. Davis pointed out four ICU patients — three suffering from COVID — who were benefiting from the new equipment, which pulls blood outside of the body to oxygenate and ventilate it.



The "RESTRICTED AREA" entrances — which were reinstalled after being taken down earlier this year — are a reminder of the human cost of saying no to the vaccine.

since December has been exclusively devoted to COVID cases, repeatedly fell back on the word "disheartening" as she described her staff's current reality.

It's not just the return of the red doors that makes her apprehensive but the similarities in what she sees now and what she saw a year ago. "This is how it started the first time. The momentum first was slow and then it was an explosion."

She too has dealt with patients who now regret not getting vaccinated, especially those for whom the delta variant means they decline quickly and almost immediately need maximum oxygen flow.

"To see that is very sad," she said, "especially knowing that this can be prevented by the vaccine."

George said she and her team try to put up a brave front but there's no disguising the underlying fear about how long this wave will last. She is peppered with questions from staffers who are beyond worn out: "What's the staffing like? What are the [patient-nurse] ratios like?"

She wishes those who have refused the vaccine could see what she does. "It's so taxing on us — and on all the health care workers — to have to go through this again."

"There's just no need — if the public had taken the extra measures."

'You hear regrets'

Charge nurse Jan Noguerra, who works nights in the same unit, told me that his profession is taught that no matter your feelings or the circumstances surrounding

your patient, "you go out and put your best foot forward — no matter how tired or frustrated you are."

It wasn't so long ago that he thought the comfortably low patient count would stick, but the next week the numbers tripled.

Now his night shifts mean regularly looking a patient in the eyes — a man or woman whose fight for every breath keeps them from sleeping — and having no choice but to say, "This is likely to get worse before it gets any better."

"That's when you hear regrets, wishing they had made a different decision," he said.

He tries to encourage the staff, but he sees the doubt in his fellow nurses' eyes. He suspects they see the same in his. "Emotionally and physically it's taking a toll on people."

The hospital looks daily for more staffing but it can take time for newcomers, despite going through school and training during the first days of COVID, to adjust. Noguerra said he can read their minds: "Wow, this is different than I expected. Until you see someone gasp for every breath, you just don't get it," he said.

Building trust

Angel Marrufo, one of the daytime charge nurses in the COVID med-surg unit, said he responds to his patients' regrets about not getting vaccinated by encouraging them to use this as an opportunity to educate family and friends about the shot.

"These patients are such nice people and they get so sick. ... I wish they would see and listen and understand that

it's very important to take that vaccine," Marrufo said.

Being a native Spanish speaker and originally from Mexico, Marrufo said, helps him build trust with his patients and better explain away misinformation.

The experience that most sticks with Marrufo was being at the bedside of a patient who had lost her battle with COVID in the ICU. His job was to help her pass as comfortably as possible in his unit. All the while, her family watched those last hours over Zoom, their audible sorrow punctuated by many questions directed at him.

"That changed all this a lot for me — we couldn't do much," he said. "That's hard on all of us. We are tired."

Marrufo's counterpart on days, charge nurse Jaycie Martinez, is frustrated by the growing numbers — and, increasingly, the younger ages of the victims.

"They are super-scared and full of regrets," she said.

Martinez recalled one man who told her he was angry with himself and his whole family because none of them wanted to get the vaccine. "Now you've had this experience, spread the education," she said.

Without her co-workers, Martinez said, she would never have managed up to this point. Her unit has known for weeks that the hospital again was becoming a hotbed of COVID. But she sees the return of the red doors as proof that this surge is more than just a temporary bad blip.

New tool

Perhaps the only silver



The new ECMO machine is "a lifejacket thrown to us to hopefully have a positive impact for those patients at the end of the tunnel," charge nurse Perla Sanchez-Perez says.

lining — and it's the tiniest of slivers — that Parkland has in this round of the COVID battle is its new extracorporeal membrane oxygenation, or ECMO, machines.

Sanchez-Perez described ECMO as "a lifejacket thrown to us to hopefully have a positive impact for those patients at the end of the tunnel."

ECMO specialist Morgan Davis pointed out four ICU patients — three of them suffering from COVID — who were benefiting Wednesday from the new equipment. The device pulls blood outside of the body to oxygenate and ventilate it — like pulmonary bypass at bedside, she explained.

Among the patients was a new mother who Davis said was near death earlier this week and now seems on the road to recovery. "It's saved a lot of lives already, mainly COVID," Davis said.

Trying to prevent

Fara Ajani was a bedside nurse in Parkland's emergency department until she joined the COVID med-surg unit in December as an associate manager. The surging numbers have caused her to do much more nursing than managing.

She told me that because she was born and raised "in a third-world country where vaccinations are life and death," she has spent as much of her free time as possible helping in the on-site clinic to provide shots.

Ajani recalled how, when she was a child, "my mother stood in line for five, six, seven hours just to get me my basic vaccines." Among those shots was one for smallpox, a disease that — thanks to vaccination — has been eliminated worldwide.

That's why Ajani didn't just want to be part of what she

called "the backend — taking care of patients. I wanted to be part of the prevention."

She sees the failure of North Texans to get the COVID vaccine as a giant game of chicken. "You see the headlights of the car. It's going to eventually hit you. There's still time to get out of the way."

Parkland's desire to ensure that its own employees are all vaccinated has been hamstrung by Gov. Greg Abbott's executive order that public facilities may not mandate the COVID shot as long as it is administered under the Food and Drug Administration's emergency use authorization.

On Thursday, Parkland alerted the staff that, in anticipation of the FDA's full approval in the next few months, vaccination will be required: the first dose by Sept. 24 and the second — or single Johnson & Johnson dose — by Oct. 15.

Senior vice president Herrington laughs that as a 32-year veteran of Parkland, she's been on staff longer than some nurses I talked with Wednesday have been alive.

She knows the fear they feel as they try to summon what it takes to fight on. She feels the same way every day.

"Unvaccinated people had a way to get around this and they chose not to," Herrington said. "You really have to work your way to providing the best care. ... That's what our staff struggles with."

"I admire that these folks can go in there and not let it show on their face, but you know it's in their hearts."

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Coming Sunday in Metro

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