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HEALTH

'We have seen so much death': Treating the sickest COVID-19 patients

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Inside a glass-walled room on the main floor of Valleywise Health Medical Center in Phoenix, a woman in her 30s is lying face-up on a bed with a breathing tube in her mouth. It's connected to a mechanical ventilator.

She also has a feeding tube, a urinary catheter, a rectal tube and catheters for IV medications and continuous dialysis.

The woman, who has long, dark hair, is sedated and not moving. Her eyes are closed. It is July 23 and she has been hospitalized for COVID-19 since late June. Her husband calls and speaks to her by FaceTime everyday, even though she's unable to respond.

Hospitalizations for COVID-19 in Arizona have been declining in recent weeks, but the disease continues to wreak havoc inside Valleywise. The patients who remain at the hospital are extremely ill, so sick that most require one-on-one nursing care.

For nearly a month, Valleywise gave an Arizona Republic reporter and photojournalist unprecedented access to its COVID-19 units to document the front line workers' daily struggle to save lives.

The woman is in patient room 12, inside a converted pediatric emergency department that since the pandemic began has been known as IDU-1 (incident decision unit 1). The unit has 12 beds reserved for the hospital's sickest COVID-19 patients.

The decor fits the young patients the unit was intended to serve: a height chart and colorful animals painted on the wall, including a monkey, a lion and a cheerful-looking koala bear.

Tubular silver ductwork juts out of the wall and ceiling at random spots throughout the unit. It was installed quickly during the pandemic to create negative pressure inside all of the COVID-19 patient rooms, pulling air out of the rooms and pushing it outside through a filter.

On the sixth floor, 42-year-old Lucas Ramirez Gil is trying to avoid ending up in a unit such as IDU-1. He is getting oxygen through a face mask, and medical staff at Valleywise are treating him with the antiviral Remdesivir.

Ramirez Gil prays that he does not end up on a ventilator. He's got Type 2 diabetes and he knows he's at high risk for complications.

A woodworker, Ramirez Gil had been going into work throughout the pandemic. He was admitted to the hospital July 21, struggling to breathe with an oxygen saturation level of 86. He had a fever and chills, too.

Ramirez Gil lives with his wife, two children and his mother-in-law and he misses them. They all have COVID-19, too, but so far none of them has been sick enough to go to the hospital. He worries that he'll never see them again.

On July 23, Valleywise has 66 COVID-19 patients. At its peak of COVID-19 activity July 9, there were 88. During that peak week, seven of the 35 pregnant women who were in labor and admitted to Valleywise to deliver their babies tested positive for SARS-CoV-2, the virus that causes COVID-19.

The woman in room 12 suffered an ischemic stroke early in her COVID-19 illness, which will complicate her recovery. One of the hardest parts for staff is communicating with the families whose loved ones are lingering on ventilators and not getting better. Even if they live, some will have compromised lives.

"You kind of have to be blunt. You want to be compassionate but at the same time you don't want to give a sense of false hope," says Kendal Gribler, a Valleywise registered nurse.

The woman in room 12 is still in IDU-1 on July 29, when the count of COVID patients at Valleywise has declined to 56. Gribler, wearing a P100 mask, eye protection, plastic gown over hospital-issued scrubs, booties over her running shoes and two pairs of gloves, enters the room.

Gribler talks to the woman as she collects blood cultures and a sputum sample to help determine the source of an infection. The woman has been running a fever in spite of being on broad-spectrum antibiotics.

Gribler, who has been working at Valleywise for eight years, talks to each of her COVID-19 patients; the critically ill ones in this unit typically can't respond. She explains what she's doing, whether it is suctioning their breathing tubes, brushing their teeth, or changing their linens.

"Even though they are sedated and some of them are chemically paralyzed, you just never know what someone is going to remember and what they are not going to remember," she says. "You never know what they hear, what they can feel, what they can sense. ... I feel it is respectful to tell them what you are doing."

Gribler has logistical challenges this day because of a lack of rapid COVID-19 tests. The rapid tests give back results in 45 minutes, but now hospital officials are having to wait 24 hours to 48 hours.

There's a patient in the operating room who had a procedure and was tested two days ago. The results of his COVID-19 test still aren't back, so he has to be considered a COVID-19 "patient under investigation" and will need to stay in a private room. Gribler is arranging for the patient to move into one of the rooms in IDU-1.

"It takes a lot of coordination between, you know, not just nursing and everything like that, but security escorts us with these patients and EVS (environmental services) has to follow and clean everything," she says.

A vulnerable population

IDU-1 is one of two units Gribler frequently has been overseeing during the pandemic. The other is another converted pediatric space for patients on the third floor called IDU-3. IDU-3 is for patients who are at risk for going downhill. In other words, they are at risk of ending up in IDU-1.

The 325-bed Valleywise Health Medical Center, 2601 E. Roosevelt St., is a so-called "safety net hospital," meaning it is a place that sees a higher-than-average number of vulnerable people who are uninsured or covered by Medicaid, which is a government health insurance program for low-income people.

Some are struggling with homelessness, and others are Maricopa County Jail inmates.

"We're here to serve all the citizens of Maricopa County, but we're really here to be that place where anybody, no matter their ability, can come and receive the health care they need. That is our mission," chief medical officer Dr. Michael White says.

Valleywise Medical Center is in zip code 85008, which as of Aug. 24 had 3,310 confirmed cases of COVID-19. That's one of the highest case numbers of any zip code in Arizona that the state has reported, though case counts for some zip codes, including those on the Navajo Nation, have not been disclosed.

Valleywise health providers are accustomed to seeing multiple members from the same family test positive for COVID-19, the illness caused by the SARS-CoV-2 virus.

The first COVID-19 patient hospitalized at Valleywise at the onset of the pandemic in March was a man in his 40s who was placed on a ventilator. His father was admitted with COVID-19 a few days later. The son lived. His father did not.

Emergency department staff at Valleywise say they are seeing an unusually large number of people who work in jobs that offer no paid time off, among them landscapers, construction workers and food-service workers.

"If you are looking at who gets hurt more with this disease, it is by far essential workers because those people are out and about," says Dr. Frank LoVecchio, a Valleywise emergency department physician. "The people who deliver your food or work in restaurants, they are exposed much more frequently."

Many patients worry about taking time off, fearful of losing the paycheck they need to support their families, says Martha Martinez, who manages Valleywise's language interpreter and international program.

"Sometimes they don't say anything to their co-workers or their companies because they are afraid they are going to lose their jobs," she says. "You are in this dilemma. ... It really breaks my heart."

Two patients who might not make it

At midday on July 29 in IDU-1, Gribler is worried about two of her patients — a man in his 60s and a woman in her 50s who has a drug-resistant infection. The patients may not survive through the end of her shift, she says.

"It's difficult because there's family that wants to come in and be with these folks," she says. "Some people can come in to visit, but that's always on a case-by-case basis. In my experience, especially when they are still testing positive, we don't permit visitors to come in here."

At the front of the IDU-1 is an empty room that has been occupied by two different male COVID-19 patients over the previous six days. Both of them died.

When patients have been on ventilators for prolonged periods of time and are making no progress, families sometimes request what is known as "withdrawal of care" or "comfort measures." Medical providers turn off the ventilator, take out the breathing tube and give the patients whatever makes them comfortable.

Beth Taylor, a Valleywise respiratory therapist, was in patients' rooms on at least five such occasions in July. They mostly were patients in their 50s who still had "a lot of life to live," she says. She'll stroke the patient's hair and hold their hand until they die.

"You just wait until they pass because I don't want anyone to die alone. ... Sometimes they try to gasp for air but usually they just quietly pass," she says. "I've done this before in my career but now it's more prevalent. It was getting to be almost every day for a short bit there. It seems to be slowing down a little bit."

Gribler has been working extra shifts because the hospital is short on ICU nurses. On this day, she arrived at 6:30 a.m. and she hopes to leave by 8 p.m. The day before, she was at work until 8:30 p.m. She's wearing a moleskin bandage across the bridge of her nose, where her P100 mask cut into her skin from so many hours of wear.

The man in his 60s who Gribler was worried about earlier in the day improves, gets moved to ICU-3 and by the next day is doing better. The continuous dialysis he was receiving seemed to help, Gribler says.

The woman in her 50s does not survive.

"One of the physician residents who was taking care of her got pretty emotional about it. She was advocating for the patient's family to come in," Gribler says. "You want to be able to grant the families these wishes, but you also have a duty to protect them and keep them safe. It's the exposure. You don't want to expose them to things."

On July 30, Lucas Ramirez Gil is discharged home from Valleywise with external oxygen to help his breathing. He's grateful that no one else in his family had to be hospitalized for COVID-19 and that his employer is giving him paid time off. He's also grateful he never had to go on a ventilator, though he came close a couple of times, he says.

Ramirez Gil knows he won't be able to back to work right away because just standing up and walking a few steps leaves him breathless.

On July 31, the woman in her 30s is still in room 12 of IDU-1. She's on continuous dialysis because of organ failure and now has a tracheostomy, where surgeons made a hole in her neck to insert the breathing tube that is attached to the ventilator, meaning there's no longer a breathing tube going through her mouth.

"If patients require longer support from the ventilator, the longest that they'll leave a breathing tube in your mouth is about two-and-a-half to three weeks or so," Gribler says.

"It's not permanent but it's definitely longer term."

'Am I going to die?'

On the morning of Aug. 6, respiratory therapist William "Gene" Kirk is on IDU-3 talking to a COVID-19 patient in his 50s whose breathing is quickly getting worse.

The patient, who is aware he has COVID-19, asks Kirk if he's going to die. Kirk reassures him that he won't.

After the patient is intubated at 9:45 a.m., his oxygen saturation remains dangerously low.

By noon, it looks like he might code — go into cardiopulmonary arrest.

Valleywise registered nurse Erica McIntee is the nurse in charge today and is standing in the corridor outside the patient's glassed-in room. She grabs medication for the registered nurse, three physicians and respiratory therapist who are inside the room.

Staff members inside the patient's room urgently knock on the inside of the glass asking for more help. They need more sodium bicarbonate and more calcium, plus more vasopressor medications to increase the patient's blood pressure. They are doing whatever they can to prevent the patient from coding, McIntee explains.

As McIntee is giving directions and helping the staff, medical personnel wheel a long, covered stretcher down the hallway. It's a COVID-19 patient who died earlier in the day.

"You really need a strong team to handle all of these patients, how sick they are because they can just fall off the cliff," McIntee says. "What I mean is one minute you think they're stable and the next minute they are coding."

McIntee grabs a Rocuronium drip for the patient, a paralytic that helps ensure that he is not fighting against the ventilator. The paralytic will let his lungs rest so that the ventilator can do all the work, she explains.

"Some of us have a gut instinct and that has helped me out quite a few times," McIntee says. "I've been an ICU nurse for 12 years. It's just kind of figuring out the right thing for each patient. They are all so different. You just can't group them all together."

Kirk, the respiratory therapist, remains with the patient for three more hours.

McIntee gets another phone call about a COVID-19 patient who is going to need an ICU bed. She decides to use the state's surge line to find the patient a bed at another hospital. The surge line is a 24/7 state-operated phone line for hospitals and other providers to call when they have a COVID-19 patient who needs a level of care they can't provide.

An electronic system locates available beds and appropriate care, evenly distributing the patients so that no single facility or system is overwhelmed by patients.

"At this point we don't have an option. We don't have enough nurses," McIntee says. "We don't have any more beds or nurses right now. ... We try to accommodate every patient, but sometimes we're just too overloaded."

Once his condition is more stable, McIntee says, the patient in his 50s on IDU-3 will likely be "proned," or placed onto his stomach to allow for better breathing. It's an intense process to prone patients, but it is an effective treatment for COVID-19.

The patient does stabilize and his wife is in communication with medical staff by phone. Not wanting her husband to suffer, she asks the hospital to stop aggressive interventions.

The next day — Aug. 7 — the patient dies.

"I cried my eyes out," says Kirk, the respiratory therapist. "It was tough, so tough. ... I kick myself because I think, what more could I have done?"

As a surgical ICU nurse, McIntee is accustomed to seeing patients whose lives are in danger, from vehicle collisions, falls and overdoses of methamphetamine and opioids.

What she's seeing now is different, she says.

She took care of Valleywise's first known COVID-19 patient, an otherwise healthy man in his 40s who went on a ventilator. She also treated a 22-year-old pregnant woman with COVID-19 who was on a ventilator for six weeks before going to a rehabilitation center. And she's seen patients in their 20s and 30s with COVID-19 have strokes.

"There's a lot of clotting disorders and issues that are coming along with COVID," she says. "We have seen so much death."

'Do Not Resuscitate' doesn't mean don't treat

On Aug. 12, Valleywise Health Medical Center has 30 COVID-19 patients including the woman in room 12 of IDU-1, who remains on a ventilator. Someone on the night shift has styled her hair into a single, long braid. They often do extra things like that for the patients, says Gribler, who is the nurse in charge of both IDU-1 and IDU-3 today.

"The level of recovery that she will make is unknown," Gribler says.

"The family did come to the decision to make her a DNR (Do Not Resuscitate), and that does not mean don't treat. We're still going everything we can. It means if her heart stops, we're not going to do chest compressions, we're not going to shock her, we're not going to give her all those things."

The no-visitor rule has caused much heartache for families, and, occasionally, results in a lack of understanding about their loved ones' condition, medical staff say.

"When they are not here in the hospital it's almost like it's not a reality," palliative care nurse practitioner Jill Krmpotic says.

Krmpotic often talks with families and patients who are facing difficult illnesses such as cancer. Developing long-term care plans for those patients and families is part of her job. But during the pandemic, she has found herself talking with families of patients who are so sick that it's unlikely they will survive.

"A lot of my patients are a little bit older, so we talk about what was their life like before this and what life could be like after the hospital," she says.

"Usually my phone calls with families are about an hour long if not longer. I try to spend a lot of time with the (medical) teams and really know where we are at with the treatment plans ... Where I'm most utilized right now is when we are not seeing it go well."

Krmpotic has seen cases where patients have told medical providers that they do not wish to be intubated and connected to a ventilator, only to have their families have a hard time accepting the patients' decisions.

A lengthy and difficult recovery often follows prolonged ventilator treatment.

"They've been on sedation for a very long time to try to keep them as comfortable as possible while being on the ventilator. So there's a kind of weaning that sedation down," Krmpotic says. "We see a lot of neurological damage in the sense that they are not the same person that they were when they came into the hospital."

Some medical staff members say that for every day spent in a hospital bed, it takes about three days to recover.

"You become so weak and, really, that road to recovery is not an easy one," Gribler says.

'One of the hardest days'

When she goes in for her Aug. 17 shift, Gribler learns that the woman in room 12 of IDU-1 has died.

"I was not here when she passed, but from what I was able to find out from other nurses, she passed away in the early morning hours," Gribler says. "I know her husband and her mother were able to come into the unit prior to her passing. However, they were not permitted to enter the room."

Later in the week, Gribler is caring for a patient who had been ill with COVID-19. Because he is no longer infectious, he is moved into the hospital's regular ICU. He's not doing well and she's in communication with his family.

The man's family tells Gribler that they know he is extremely sick and want to do a video chat with him before withdrawing care. They also want to make sure he receives last rites.

"Listening to them talk to him and say their goodbyes and cry was absolutely heart-wrenching," Gribler says.

Gribler holds the phone to the patient's ear while the hospital chaplain says the Lord's Prayer and recites the Commendation of the Dying. Gribler holds the patient's hand as he dies. She has tears running down her face, hidden by her P100 mask.

It is one of the hardest days she's experienced during the pandemic, she says.

One in every eight of the 803 patients who has been hospitalized for COVID-19 at Valleywise between the onset of the pandemic and Aug. 22 has died.

Lucas Ramirez Gil is grateful he had a better outcome compared with many others. More than three weeks after getting out of the hospital, he continues to recover at his Phoenix home, and still needs external oxygen to help with his breathing.

"I can walk for like five minutes and it feels like I've run two blocks," he says. "It's going to take me time to get back to the point of where I was before I got sick."

His arterial blood oxygen saturation is hovering around 89% or 90%. The normal range is 95% or higher. During his first week at home, he was too weak to take a shower.

But he's not complaining. While he was in the hospital, it felt as though he was in a place between death and life and wasn't sure where he was headed. He believes the Remdesivir saved his life.

"Being with my kids and my wife is the happiest thing for me," he says. "I am back to life."

The hospital is far less busy with COVID-19 patients than it was in June and July. On Aug. 26, the number has dropped to 10.

Medical staff are loathe to call it quiet.

"We don't say the Q-word," McIntee says. "It's superstition and habit."

The staff needs to remain ready for more COVID-19 patients, she says.

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