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COVID-19 Pandemic: Nephrology Experiences – Voices from the Frontlines: Part 4

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Over the first months of the COVID-19 pandemic, the *Nephrology Nursing Journal* began a project to capture the COVID-19 pandemic experiences of nephrology nurses and other nephrology health care experiences. This is Part 4 of those experiences – examples of the responses to the following questions:

- Have you experienced ethical dilemmas during this time? Please describe them and how they were resolved or not.
- What have been the mental and emotional challenges associated with COVID-19 for you and your colleagues? What strategies have you used that have helped you deal with these challenges?
- What lessons have you learned during this pandemic that will change how you do things in the future?
- Ten years from now when someone asks you "What was the COVID-19 pandemic like?" what will you say?
- What else would you like to share about the pandemic?

Have you experienced ethical dilemmas during this time? Please describe them and how they were resolved or not.

No ethical dilemmas here, but some places have to choose which patients get some limited resources like CRRT machines. The disparity of persons of color being affected with this disease has been frustrating.

As nurses, the burden of deciding whether a patient requires dialysis or not does not rest on our shoulders. The doctors ultimately decide if dialyzing a patient would be useful or futile. I am proud to say that in our hospital, we continue to provide HD treatment to patients who have DNI/DNR orders unless they actively express to not have dialysis as well. We consider patient's hemodynamic status before we start our treatment. We ask ourselves if they would benefit from the treatment or would make them worse and we seek our nephrologist's opinion on what we think.

Our system, like all across the nation, proactively considered the issue of fair allocation of scarce resources during COVID-19, with the thoughtful support from our Ethics Committee. However, with planning, we did not have to wade into ethics considerations for dialysis services. While other hospitals had difficulty in delivering dialysis treatments to their patients, our team never got to this point. With the proper leadership, planning and resiliency, every patient who needed dialysis got a treatment. Back-up plans for urgent start peritoneal dialysis were available–but our ability to flex up to meet the demand and adapt to the increase in bedside treatments prevented ethical dilemmas that could arise.

As far as staff ethical concerns, the ICC supported staff concerns about self and family exposure with clear directions on monitoring for symptoms and support for immediate testing. With proper communication and PPE guidance, none of our direct patient care staff members contracted COVID-19 or missed time due to illness during these unprecedented times.

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Editor-in-Chief's Note: These experiences are presented as they were submitted. Names of all respondents in this article have been withheld.

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I have not directly; however, I had seen a significant increase in patients having early on code status decisions being made with family members – many have resulted in do not resuscitate orders.

We have patients who have tested negative from the beginning or went from positive to negative after recovery who wanted to go home. Some desperately needed to be discharged, such as the single mother who had an autistic child she needed to get home to. Yet she was kept there for another week while they waited for the third negative recheck. Why was she being held? It is frustrating when the ED staff checked patients with no apparent consistent reason. For example, an elderly African American male with multiple comorbidities admitted with SOB, high fever, and pneumonia was NOT tested. We had treated him in the dialysis unit for a full week before he was tested and he was positive!!!! Now patients and nurses had all been exposed. Yet, a day later they admit an elderly male who had fallen out of bed. No fever, no SOB, no history of exposure to COVID, but they tested him. It took five days for the test to come back, negative of course. For those five days he is in isolation using up precious PPE, and for what reason???

In describing the situation with my patient with ESRD and the NP at his incenter, the opportunity came up to share concerns with our state board of nursing who was looking at enacting emergency measures to expand advanced practice authority in state during the pandemic. I am a proponent of utilizing advanced practice nurses to their full potential. I never thought I would write a letter of caution to my state board of nursing to consider issues that could arise in expanding this authority. What if this NP who was so convinced this patient didn't need dialysis had been able to discontinue it? What was the barrier in reaching out to those of in charge of his nephrology care about her concerns? I really wish I knew what the barriers were. One of my nephrologist colleagues made the remark to me as much education as I do regarding renal issues and as willing as I am to teach that he couldn't understand either what the problem was. It has caused me to reflect more and more on how best to share our knowledge and expertise on kidney disease.

COVID-positive patients who are not doing well with HD are repeatedly started instead of trying CVVHD. Dialyzing elderly patients with dementia on ventilators. This unnecessarily risks the safety of the RN. This has been addressed and answers given are "we are a teaching hospital." We try no matter prognosis or expected outcome. They don't take into consideration that we only have six acute HD nurses.

As nurses who work closely with the very ill, we always face ethical dilemmas, but with COVID-19, those instances have just increased considerably.

The only ethical dilemmas we faced were when we were so busy, and the patients kept coming. It was almost to the point of rationing care, but thank God it did not come to that. We had to cut treatments to two hours to get through the day, which was unfair to the patients, but we did what we had to do so everyone had a fair shot at survival.

Some of these checkers and spotters can get into your nerves. They were trained to monitor PPEs, but they act as if they know more than you do. Some have becoming they like what they are doing because they can control you.

Yes, in early March, a patient was dying of COVID, and the doctors and nurses would not do CPR on a patient because we did not have enough protocols in place, and his death was inevitable. They also turned away countless visitors for dying patients, who died alone in the ICU. None of these were resolved. The doctors were discussing throwing a tarp over the patients when they code to prevent airborne overwhelming particles. They started doing Facetime with patients to help resolve the visitor situation. Also, nephrologists will not come into COVID patient rooms, so they are little to no help making a treatment plan. They "round" from outside the room and constantly wear N95 masks and act scared of the nurses. I have finally seen only two nephrology doctors come into a room.

Nursing home patients were not tested for COVID. A 90-year-old patient who I was taking care of had fever, shivering, and body ache. He was never tested for COVID. Finally, I got it and went for home isolation.

Being that this is a different scenario than any other that has been dealt within the past 100 years, much of what some people may call ethical dilemma, I call trial and error. Sometimes that is just what it takes to find the answers.

The only ethical issue was when our unit has been taken to task in not allowing personal devices to enter the unit due to the concern of vector transmission with these fomite possibilities. With enhanced communication, this concern seemed to be reduced due to the intent behind this decision to enhance safety.

What have been the mental and emotional challenges associated with COVID-19 for you and your colleagues? What strategies have you used that have helped you deal with these challenges?

One of our own succumbed to the disease. We relied on each other. We count our blessings each day.

Some colleagues are staying in alternative housing to stay away from their family members. The hospital has provided some dorms at the University. I know this has to be hard to stay away from loved ones.

We felt, at first, that we were sprinting, but realized we were actually running a marathon. We risked burn out right away.

Yes, many people have had anxiety during this time. I am also a patient parent to a "kidney kid," and have anxiety around his health, exposure risk, etc. He is also a KID, so I also have to be mindful of how quarantine can affect him socially and developmentally.

Reminders every day of the precautionary measures, as a nurse manager show the staff that I am strong, not panic, and always have a positive attitude so that staff will still work with a smile on their faces and always pray.

The staggering numbers of COVID-19 HD patients – accepting the reality that this disease can lead to renal failure and preparing ourselves every day we come to work that we will be taking care of at least one (if not two) patients for our entire 10- to 12-hour shift. Exposure to patients with mild symptoms and asymptomatic carriers due to limited testing in the early days of the pandemic, we dialyzed patients as clean if they were with mild symptoms and asymptomatic. When testing became available, they were found to have positive COVID-19. At this point, if staff feel ill or are ill, we are given days off and get paid separately from our accrued time. Immunocompromised staff and COVID-19-infected staff were given medical leave to care for themselves. We used PPEs appropriately each time even if the layers would make us sweat profusely during those dialysis hours. We ate to remain healthy, and we nourished our spirituality with prayers. We took showers at the end of our shifts to make sure that we go home clean and refreshed to protect our families at home. We worked as a team more so during this time. The most emotional toll we had was when we lost one of our own afflicted with COVID-19. On the other hand, our unit won the Nursing Excellence Award for Structural Empowerment this year. We celebrate our little victories, and we remember our losses to keep us grounded.

Several dialysis team members feared bringing COVID-19 home to their families. They also voiced concerns about proper PPE when dialyzing critical care patients–with so many changes in guidelines as information became available to our infection disease department. A key strategy we used was communication in daily huddles on the dialysis unit. Daily communication included COVID-19 information and how it related to care of dialysis patients; leadership presence showing support; ensuring the staff had ample PPE; genuine concern for staff safety, providing education for reinforcement of proper donning and doffing of PPE; capacity for patients; and sufficient supplies to deliver treatments. The Patient Safety Action Group meeting information was shared daily with staff. The notion "we are in this together" and the ability to rally as a team and believe in each other to ensure optimal care for our patients provided a sense of comradery. This resulted in decreased employee anxiety related to COVID-19.

Mental and emotional challenges were high on the first few weeks. There were fear, anger, confusion, etc. constant communication and huddles, group chats with staff to address concerns. Resources were made available to house staff (hotels), dedicated scrubs, managers stay with staff on their initial runs and act as spotters to gain insight on their needs and provide support and knowledge as we face the daily challenges of caring for our patients.

The most challenging for our team has been the long hours needed during the surge to get patients done. The staff needed to maintain their energy and stamina. Lots of snacks and treats were provided. Several staff also work second jobs, so they were also experiencing it elsewhere. Staff have had to deal with the "no school" and had to learn how to provide education for their children. That provided an extra layer of anxiety for them. The initial unknown of the disease was paralyzing to some – fearful that they would bring it home to their elderly parents or family members. I found myself needing to limit home discussions on COVID, limit social media communication, and turn off the news as the media only made the coping worse, due to incorrect information, bias, opinion, etc. Downtime was needed to decompress and spent on mindless TV watching.

Emotionally, the fear of not knowing if you will get it even though you may be doing your best to protect yourself. Many of us are faith-based, and we share encouraging words and prayers for each other. The weather has turned warm and sunny, so lots of time outside getting fresh air and sunshine to destress.

Mostly concerned that staff not get infected and infect their children. I taught them how to don and doff PPE.

As a manager, I make decisions based on what's best for all. This doesn't bode well with some of my colleagues. The panic and outcomes are no different than the AIDS scare of the 80s and will prove just as embarrassing to many in how they treated their patients. It is emotional for staff to have to fear. It is emotional for me to have them get in there when they do fear.

We are overworked. Not feeling any love from the public. The hospital doesn't highlight HD nurses, only ED or MICU. Resentful towards hospital and management. They want us to work and take call 24/7. If you get sick, be prepared to be ostracized.

Burnout...but taking time to regroup and remove yourself from the situation with family. Therapeutic crying for those who have been lost.

The mental and emotional challenges associated with COVID-19 for myself and my colleagues were definitely real. You would count to 14 days and say to yourself "am I going to become symptomatic today?" "Will I bring this home to my children?" The pure exhaustion and stress from working 15 hours/6 days a week for 5 weeks does kick in after a while. Dealing with COVID was also dealing with a lot of death. You felt helpless because you couldn't save them all. As a team, we all leaned on each other to get through. We made sure we all checked in on each other daily.

Some of the staff cannot do COVID because they have underlying conditions and so rotations/turns for doing COVID patients in dialysis will become quick, and it is not fair for us, but we cannot help it.

We initially felt like we were going to get sick and possibly die. We all cried and felt alone, but the only choices were to quit or keep going to work. And our job told us if we quit, they would understand. Many have been banned from seeing their children and grandchildren. I have spent more hours crying during this time then I have about anything since I lost my dad. I have felt like I can't sleep in the same bed with my husband, although he insisted. Many others slept in quarantine, some even got apartments or hotels. We basically feel dirty and alone, and like no one cares. The hospitals were like ghost towns initially – no doctors, no social workers, no PT/OT. The only doctors that would come in the room were ICU or hospitalists. I saw a long-time ICU doctor get fired for refusing to go into the room on a coding patient. Yet all the RNs/RTs are in there. I could go on and on about the traumas and things I can never forget. I can never forget how the system betrayed us in almost every way.

We have started exercising together and running the stairs when able.

Managing anxiety in the beginning was a challenge. It was also a challenge with teamwork coping with how each person reacted with this. I perceived some people were not reacting enough, while others seemed to be fatalistic and wanting some practices that seemed to be unrealistic for what situation we were in – like we were going to be like NYC or Italy. I tried to be grateful. Some mornings when I wake up, I say what I am grateful for; that I had a job and a pay cheque and could provide for myself and my family; that all our patients were stable, and we had almost no patients COVID-positive, that I had some PPE and that I and my family were safe and healthy. I also tried to practice some self-compassion recognizing that these are difficult times and there will be days/weeks that I may not be at my best or even close to my best.

Two of our dialysis caregivers tested positive – one of them hospitalized, intubated in ICU for a few days, sent to rehab and now, slowly, recovering at home. We kept this one caregiver away from the COVID cases. The other caregiver felt responsible that they could have given the virus to their teammate. We communicated as a team – we asked permission prior to our caregiver being intubated to send word out – they agreed. We are a Family in Dialysis. We support each other in any way we can. This brought us together and especially made our newest members feel that much more committed to the Team. We shared our feelings, we discussed our fears, we shared our joys.

My challenges were no physical contact with other family members, friends, and especially, not going to Church. Fourteen days staying in one room and contacting family

members by phone. I used listening to music, reading the Bible, or listening to the Bible sermon. I was happy I got some real rest without anyone bothered.

Used more open spaces and masks at meetings. Allowed for phone in attendance in some cases to maintain safe environment.

Dealing with fear of the unknown/being exposed and exposing other people, especially family members, anxiety, mental and emotional fatigue, guilt, grief. Talking to coworkers and friends who are in the same field has helped me a lot.

We have a peer support team available at anytime. They are very helpful.

Support from everyone as far as covering shifts and on call. Daily staff meetings on Zoom so you can listen at home. Our social worker is available to talk with. Buddies for those doing COVID-19 patients in the unit and in ICU.

Sometimes I don't realize how stressed I am until something very simple upsets me. I've been praying more and reading my Bible to encourage myself and others.

The beginning of the pandemic revealed higher degrees of anxiety for two reasons: high stress in having to be the 'go to' person as our formal leaders were not present and a degree of anticipatory anxiety/grieving for "when the wave" was going to hit. We pulled on our team to communicate these fears, anxieties...in appropriate circles, we used humor to relieve tension.

What lessons have you learned during this pandemic that will change how you do things in the future?

All lives matter. You do your best under any circumstance.

MRSA bacteria ain't nothin'. This virus is bad in certain situations. But regular contact precautions are easy, and I will never complain about them again.

I have seen the nurses I work with respond to this pandemic with bravery and resilience. If anything, I have learned that I chose the best profession in the world.

Importance of mindfulness and mental/emotional well-being. Would have established wellness practices earlier on to avoid the impact of anxiety around the pandemic.

Positive attitude is very important, solved the problem, and always believed that if you are working as a team, you will succeed.

I think from this point forward, I won't be using the words "I can't" too often, if not at all. This pandemic taught me that everything is possible with the right attitude, the proper equipment, the willingness to be resourceful, the selfless service, the commitment to save lives, and the humility to receive God's blessings.

Having an emergency plan for a pandemic was not something our department had on hand. In hindsight, having the re-deployable nurses on standby in the wings would have assisted us greatly in the early weeks. The plans we developed will now be reviewed for opportunities at our monthly quality dialysis meetings. This way we will be ready for another such event like COVID-19. Our system uses lean methodology in its communication training, called H3W leadership behaviors. All staff get training in the H3W method. Having this preexisting communication structure was a quintessential component between the different layers of the organization during this event. Without a daily buy in on our huddle and H3W leadership program, staff wouldn't have been able to adapt as quickly as they did to ensure safety of the dialysis patients and themselves. You can see a blend of nursing theory to practice in our case–and when employee engagement and empowerment are instilled in staff, they will always rise to the situation and emerge a health care hero.

Education, communication, and providing an environment of leading by example and support from the organization made me realize that staff will face the challenge head on with better focus, ensures quality and safe delivery of care, and confidence and trust in the organization they worked for.

Keep an adequate supply of paper, cleaning, and disinfectant products on hand at all times!

The realization that we need to have a strong voice to advocate for ourselves and our fellow nurses. The break in trust with infection control and administration has shown us just how we need to not be intimidated by them when we know something is wrong.

We all learned that dialysis nurses are unique and have a different set of skills. We look at a patient through a different lens vs. other nurses. We are needed and valued more than we ever thought.

There are lessons learned, but not much change to do things in the future as long as there's a vaccine and treatment to eradicate this virus.

I've never cared for the hugging and shaking hands that is part of social connections, especially in health care settings. Germs are not all good germs, so social behavior can create situations health care seeks to prevent disease.

Every life, person, family, situation, sacrifice, tool, and role is so important in making sure you meet the needs of the process in order for it to be successful.

Keep my regular routine. No fear. Contact my loved ones through FaceTime. Love everyone, not hating.

I will definitely advocate for myself and the other staff more.

I will always wear my PPE at all times when on the floor. We would take it off between patients, but it is now my second skin. I love it.

Not to waste any PPE supplies. Daily meetings are great for communication. Will keep plexiglass between patients (open unit).

I don't like change, and there has been a lot of change through this whole thing. I've learned to be a bit more flexible.

Will probably never "go back to what was normal." That many of us have a degree of resilience that is beyond what most of us expected.

Be prepared.

How do you think this pandemic has impacted nephrology care delivery or has the potential to impact nephrology care in the future?

As the COVID-19 pandemic has progressed, we are starting to realize the potential impact this virus can have on the kidneys, which may lead to an increase in CKD cases in the country. I really do think nephrology nursing will take on even more importance and will lead the charge in how best to care for these patients in the long-term.

Potentially have more patients needing dialysis. May draw more independence of doing dialysis at home. New innovations in carrying out dialysis treatments professionally or personally.

The doctors are not going into ICU rooms very often to assess their patients. They are using a lot of telehealth. The personal touch has faded.

We are utilizing a lot of telemed visits, and I know this is the future of health care – especially for rural areas.

I love the impact it has had on telemedicine opportunities. My son's appointment with his nephrologist was amazing, and I was incredibly excited to see how well the doctor was able to assess my son through telemed. I hope telemed will remain long after this pandemic lessens.

There should be a big financial budget for Nephrology because most of the COVID cases are turning to AKI and ESRD. Need more nephrology-trained staff to battle with COVID crisis.

Knowing that this disease causes acute renal failure and possibly chronic renal failure (from those who will not recover), the demand for renal replacement therapy would be staggering. During the pandemic, we used conventional

HD, CVVHD, and PD to treat our acute inpatients. It would be nice if hemodialysis treatments become more accessible to many at home, especially if machines are made to be user-friendly and efficient. We should aim for a better quality of life for our patients, and if teaching and making them realize that they can do their treatments within their own capabilities, with the guidance of their nephrologists (through interactive virtual visits), then nephrology care delivery for all is attainable.

Specifically, in nephrology care, the pandemic has changed the way doctors round and develop dialysis treatment plans with increased volumes. For example, treatment times were shortened and dialyzer size increased. While typically not standard practice, this ensured patients received adequate clearance. In addition, the value in the care delivered by our unit has never been more clear. Avoiding the ancillary dialysis plans, such as urgent start PD despite the increased demand for dialysis, clear and concise communication openly between leadership and staff, the ability to minimize the spread of an infectious disease from patients and staff is truly a testament to our goals as a unit and what level of care we provide our patients.

It has created a big impact in terms of the need to provide the ability to utilize other modalities like PD. The ability to consider resources/logistics in the event of crisis.

How we cared for the dialysis patients really has not changed dramatically; as I told my team, dialysis units practice extensive infection prevention measures already. This was really a chance to reinforce and correct bad behaviors. Decisions on whether acute treatments were appropriate to initiate or not were also carefully considered as some resources such as CVVH were limited.

I believe nurses and dialysis techs will have a new appreciation for following infection control practices. It appears that approximately 30% of COVID-positive ICU patients are experiencing AKI. I believe this will bring a new focus on research to identify and treat AKI patients. And hopefully, it will bring a new focus on the need to create post-AKI clinics to carefully monitor them to avoid further kidney injury.

It's hard for me to say. In my experience, by the time we are called in, the patient has been very ill for some time.

This pandemic proved that nephrology in general and dialysis nurses should not be taken for granted. It proved that we do a job that others can't do. We are undervalued in most institutions, but I think this proved we should be heavily valued as we are few and far between.

Nephrology patients will be prone to this kind of pandemic since their immunity is compromised, especially the transplant patients. Hopefully when this pandemic is over, everything will be back to normal like what it used to be. But as long as no vaccine, no treatment to stop this virus, it will not be over.

As stated, I am retired. Staffing is bare bones. Teammates often came to work sick because there weren't people to take their place. We were told we had to find our own replacement if we called in. Is that how a valued teammate should be treated?

I think we have to think about community spread in the outpatient centers more.

I saw how telehealth can work during times of crisis. This is a very good option when needed.

As always, we must think outside the box and treat each PATIENT!

I think people with kidney disease will be in high risk. Therefore, all new patients should be tested for COVID just like HBsAG. Provide proper PPE for staff. Yearly COVID test or antibody test for all dialysis staff.

More space per patient in a room. I would like to see improvement in staffing ratio of 1:3 instead of 1:4. I believe not feeling so rushed will result in less cross-contamination, more time to sanitize, ability to space appointment time a little farther apart, etc.

Infection control practices have not been followed as it should since the higher priority has been to maintain social/physical distance between patients while waiting for their treatment thus preventing further exposure.

I think there will have to be more physical/structural changes. Plexiglass or partitioned reception areas should be the norm. Waiting rooms that allow for more spacing of patients...perhaps even waiting rooms with designated and undesignated patients?

Patients and staff are more tolerant of a safer, slower pace in a dialysis unit environment and more understanding of the impact of infection prevention.

Ten years from now when someone asks you "What was the COVID-19 pandemic like?" what will you say?

An opportunity to value one's life. "We lived it, we breathed it, and we survived it!!"

We as a state and an organization took precautions that saved a lot of lives. The virus could have taken millions of lives.

I will say it was challenging, but we managed it as best we could.

Isolating. Anxiety-ridden. Distance learning for kids was hard, especially with working parents. Cherished more family time. Togetherness as a family. Appreciated the little things that were missed in our "normal" lives of hustle.

COVID-19 changed the lifestyle of every human being, the world suddenly stopped, everybody is equal, there's no poor nor rich, it's only God who is powerful, animals can freely move but human beings' movement are restricted.

It made me the nurse I ought to be...giving importance to the life I save one day at a time with the compassionate care and selfless service I bestow unconditionally.

For those of us in West Virginia, we have been grateful to have not had the number of cases seen in other parts of the country. However, with this has come such sadness as so many of us have wanted to leave the state to go to the hot spots to help our fellow colleagues. Personally and from talking with my co-workers, there has been such guilt and confliction about what if we left and then the cases got worse here. We stay to protect, but wish we were able to protect even more.

Our team's most famous quote and motto is "we will get it done." This dialogue is said to nurse directors, nurse managers, physicians, nurse practitioners, physician assistants, and all other parts of the health care team. When most of the world was scared with the continually changing information about COVID-19, our team was dialyzing patients and delivering high-quality nursing care to them. Every day staff came to work eager to serve our patients, offer comradery to our teammates, and do what we are each called to do. An outsider would say how did you do that? A 260% increase in 1:1 nursing hours in less than two weeks? As someone looking back 10 years from now, one might question, "How?" The answer wasn't by chance. It was formulated by the leadership support, our dedicated team, our devotion to our patients that let our motto reign true–we will get it done.

Challenging, but rewarding.

It will always be remembered for the great toilet paper shortage of 2020! It will also be remembered as the time when we all wore masks everywhere, there were no large events or sports, and no one could visit a loved one in the hospital. But how the community came together and provided support and response for frontline workers – health care and emergency personnel, as well as the truck drivers and essential personnel, has been amazing to witness. The military salute with the flyovers was also a very memorable event!!

Scary, exhausting, and extremely frustrating. Very disappointing that in a country like ours, we could not increase PPE and testing supplies at a faster rate.

Frightening, isolating, but thank God for our brave health care workers. They were the hero soldiers.

Horrible.

Overwhelming, sad, discouraging.

An unforgettable nightmare.

This pandemic is totally new to all of us and around the world. I would say in my lifetime. This is a new virus that had not been known or researched. It made a big impact physically, emotionally, financially, spiritually, and socially in the global hemisphere. We had a new normal in the way we live, such as social distancing, masking, disinfecting, no hugging, etc.

I have to live every day as if it might be my last, hopeful, knowing that God holds me in His hands. At almost 70, I've lived through enough that I can say living in fear is worse than living with a disease. I have to accept and adjust to those things I cannot change. Death is part of life for everyone. It is the 'unwelcome guest' we all will face. A positive attitude is a weapon that creates hope and gives meaning to the worst of times, the worst of any event, the worst of anything. 'C'arry 'O'n (with) 'V"itality 'I'n 'D"ifficulty will be my definition of the COVID acronym.

That is really hard to say. Right now, I would answer that it was one of the hardest times of my life, that is made me realize how big of a disappointment my country is compared to others. That hospitals systems are failing. That it brought to light the problems with American health care and obesity, diabetes epidemic in our country was brought to light by all the sick people. Mainly I will say that I was thrown to the wolves and had to choose my patients over my own safety and that my politicians didn't seem to care. Everyone called us heroes, but we weren't, we were just doing our jobs. What we really needed were better systems, training, and mass production of PPE.

It was challenging and painful to lose so many people. The protocols put into place were not difficult to follow. The biggest obstacle was the great divide between political parties. It's really a shame that this health pandemic has become so politically charged.

Difficult. It feels like 'groundhog day,' doing the same thing every day sometimes with no end in sight.

A valuable lesson and time I used all my nursing skills and leadership tools.

A virus that caused so much fear and panic in the beginning that the world had to just stop and step back and reinvent daily living activities, such as shopping and working. Creative activities were totally eliminated for a time, sports, dance, movies, and any vacation travel. The extent of the contagion was such that just breathing or touching something after someone with the virus could be transmitted. You might have very mild to no symptoms or you may get very ill and die.

I would say that it was a disaster and a very chaotic time, unfortunately many, many lives lost and people lost their jobs. There was not enough support for health care workers. It was very poorly handled due to lack of leadership.

Terrible, but a lesson we will never forget. Don't let your guard down!!

We rose to the challenge. Very proud of my hospital!

Surreal...like a dream of an apocalypse that you kept waiting for it to arrive. Thankfully, as of yet, it has not. When the world stopped...and redefinition of what going forward looks like when you still don't know all the moving parts.

It was intense and stressful.

What else would you like to share about the pandemic?

It's real, it's here and will continue to stay. Taking care of oneself so we could have the means and capabilities of taking care of others is an important factor in the fight against COVID-19. Having the right attitude and knowledge in recognizing the deadly effects of this disease would make us vigilant and careful. Adequate supplies, equipment, and talented workforce would make the difference between life and death. We are each other's keepers, so we should constantly remind each other to stay safe, healthy, and resilient.

I want it to end. I want a vaccine. I want to eat out with my wife.

It's not yet over, expect the worst and accept the new normal.

Acknowledge its existence and respect its course. We should act according to what we know now and continue to be resilient as we patiently unravel the mysteries of COVID-19 and ultimately find the answer timely and safely.

End stage renal patients on dialysis often rely on family and friends for support in managing the many nuances of the disease. Family and friends make the demands of the disease seem more like a new way of life and often these relationships are what drive dialysis patients to continue undergoing treatments to stay alive. Visitor restrictions due to the pandemic put additional stress on patients and the families at home who wanted to be with their loved one during their acute illness. With COVID-19, our unit saw an increase in acute kidney injury. These patients were often intubated and sedated in the critical care unit. Without the pandemic restrictions, these patients would have their hand held and be comforted by family while staff could offer support in person to families. We adapted with the restrictions. Use of FaceTime and telephone to relay critical information to families was utilized. This kept families aware of the condition of their loved ones while keeping them safe from COVID-19. Our staff would deliver dialysis education to the patients as their critical illness improved and also to families. Our less critically ill patients, who regularly receive dialysis, but now admitted with COVID-19 or rule out COVID-19, were scared about their prognosis. Staff offered additional support to these patients. Dialysis nurses have unique therapeutic relationships with dialysis patients. The patients knew we were as invested in their chronic illness as they were and allowed us to advocate for them while they were in the hospital–in the absence of their support systems.

We have made a difference in these unprecedented times. Nephrology made some valuable inputs in planning and addressing concerns and solutions in the care of our patients and how are staff showed resilience in taking care of our patients.

I think one of the positive outcomes is that many people have become more aware of the concept of the value of community. As Americans, we live such individual lives and the concern for people we don't even know, as well as the appreciation for those in the frontline that we will never meet, helps us think on a community level. We all know we know we are in this together.

My heart is so heavy for those people who are out of work.

HD nurses played a huge part even though not many survived. Going to work each day and knowing that the outcome won't be good despite your efforts is demoralizing. The hospital needs to do more than offer a number. They should have mandatory meetings with staff to access emotional needs of nurses.

I would say, a pandemic is not new to this world that we live on. It had happened in the past times in anywhere in the world which we can read in the Bible. We may see this as pandemic but nothing in this world happens without the knowledge of God, allowing it to happen and that He is in sovereign control for whatever purpose it may serve Him and for His glory. It is God's calling, awakening and His message for the people to repent of sin and wicked ways. He is patient with us not wanting anyone to perish. That is why we need to pray and return to Him. And our only hope is in Jesus Christ, His life, death and resurrection.

When "Stay Home, Stay Safe" are spoken with authority and with good intentions by the President, State Governors, City Mayors, Authorities from the CDC, etc. I know their words are spoken to give direction and meant to protect us during the pandemic. However, these words matter, and they have real implications. These words fall heavily upon renal patients who risk succumbing to a highly contagious and deadly virus, knowing they must come for treatments three or more times per week, if they want to live. The COVID-19 virus has been said to be the 'invisible enemy.' Dialysis patients are not 'invisible.' This patient population represents real people. They come from every socio-economic level, every educational background; they are professionals and non-professional, and include many who are disabled. This group is made up of those who are sometimes homeless, in prison, in nursing homes, and may represent some of the very rich and famous. These individuals are 'visible' in the transport vehicles that bring them to and from dialysis, visible in the hospital for inpatient care, visible in Oncology chemo treatment centers, and so on – all at a time when the world has been touched by a health crisis of pandemic proportions! The challenge to 'be safe' is a real spin of the dice for these people. The reality of 'stay home' is impossible. The mental challenges that come with dealing with such contradictions must be overwhelming on many levels. May our words always speak truth, give hope and understanding, and the confidence to live life as fully as possible, even in times like these when all we can do is accept what we cannot change.

I had the antibody tests drawn three weeks ago and had positive IgM antibodies. which means I've already been exposed likely. Everyone said the tests weren't reliable, but I don't know how I couldn't be exposed when I usually fail all fit tests anyway.

I am in awe of my colleagues who are in the 'hot spots' and want to hear about how they managed the patient care and their own responses. Thank you for collecting this information.

Every Life is precious!

Use masks until we get ok to be without it from CDC. Be safe and save lives.

Never expected people to think of us as heroic or donate meals to us. It was very moving.

I think for health care and frontline people the experience is different than those who (obviously) are home. Although I haven't cared for any critically ill patients, the threat of the wave arriving was pervasive and full of turbid ambiguity of "when," and "if" and..."are we ready?" The experience gave me pause after being able to take a breath, to instill to my kids that everything is indeed, "Figure outable." So let's pause on that...my kids experienced time away from friends, supports, school, sports, and abilities in independence and freedoms. It gave me a chance to ask them to ponder on, although none of this was ideal, what have they appreciated out of this time? What have they learned about the life experience? It brought us closer as a family and certainly as the mom of 4 boys, my young men have gained a deeper appreciation for their home life, their health, and the work that their mother does every day.

Let's learn from it and move forward.