Access
Oral History Interview with Shelby Zenahlik
Conducted by Heather Kovar on July 16, 2021

Heather Kovar [00:00:02] Okay. So, today is July 16th. And my name is Heather. I'm interviewing Shelby. This interview is being conducted as part of a project organized by the National Humanities Center in conjunction with the University of Washington. Our goal is to collect, preserve and share the stories and experiences of health care workers during the COVID-19 pandemic. So, first, Shelby, I would love for you to introduce yourself, your role here, and something you like to do outside of work.

Shelby Zenahlik [00:00:32] So, my name is Shelby Zenahlik, I am the case management care coordination nurse for Clockwork Valley Hospital and Family Medicine Network. And things I like to do outside of work are hang out with my kids, my dogs, and I love kayaking and hiking.

Heather Kovar [00:00:48] That's great. And can you tell me what made you interested or want to be interviewed for this project?

Shelby Zenahlik [00:00:58] Because you are our resident and I want to help you in any way I can [laughs].

Heather Kovar [00:01:05] Was there anything – you did mention earlier, while we were talking, that you think it's great to maybe use this information that we gather through this project to help move things forward?

Shelby Zenahlik [00:01:16] Well, yeah. I mean, in the last year and a half, we have gone through a crash course in learning not only about a disease that we've never dealt with, but the way it hit the body, the way to treat it, the devastation of – when, no matter what you do, it's just not treatable. I mean, the entire world has been thrown in this horrendous position of, Oh, my God, what do we do? And that's on every level – it's on – as far as medically, as far as family situations and how people are – are they surviving? You know, recently now with the Delta virus? You know, both parents were hospitalized. One was intubated. And there's four kids at home. You know, this hasn't been something where you just go, Okay, here's our patient and that's it. Because there's so many people affected by it, you know? And especially families that this has gotten everybody sick. And figuring out resources and getting supplies to them if needed and things like that. It's just – we've been totally having to think outside the box.

Heather Kovar [00:02:25] Absolutely. I'm curious if you could share what an average day looked like for you, especially in the height of the pandemic?

Shelby Zenahlik [00:02:36] So, for me, because my main role is the care coordination case management role, it's mostly what I was doing and that would be by phone, because I manned the respiratory hotline and I'm still manning the respiratory hotline. During an ER [Emergency Room] shift, especially when we were really getting hit hard with so many cases – when I had the E.R., if somebody called in and said, We have COVID symptoms. We're coming to the hospital. I would ask them to call when they got to the parking lot and I would go out and I would check their oxygenation. I would see how they were breathing, if they seemed stable. Then, I would swab them in the parking lot, so I would know how to proceed getting them in

here. When you're not slammed, of course, you just totally gear up and you put them in a room with an air scrubber, everybody is masked, blah, blah, blah. But when you're overloaded – it's a triage thing, too, you know? If somebody's stable enough that you can treat – if you can at least keep them in the car until you know exactly what's going on, again, it was a lot of thinking outside the box. You know, there's some people that you're throwing your gear on, because you're helping them in because they're struggling so hard and you're needing to get them on high flow oxygen, and you needed to do all this stuff. But it just put a whole different process to it. Not every single situation was done the same. You know, it's – you try to set up, Okay, this is how we deal with a cardiac issue. You know, somebody comes in with chest pain, this is what we do. Step by step by step by step. Somebody comes in and it's a stroke alert, step by step, by step by step. When you've got so many people that you don't have any place to put them, we had to really get creative. Now, so – that would be on the ER side and acute care side. As far as my role with the respiratory hotline, that one was kind of all over the place. People calling, because they were sick and scared, wanting to know, Do I need to go to the hospital? Do I need to go to the Respiratory Illness Clinic? What can I do from home? People that were afraid to come in, because they were so afraid of the virus. That was another thing. People that have chronic issues that were afraid to come to the clinic, because they didn't want to get exposed to COVID. And so, then those issues were – not being neglected by anybody intentionally, but they were being neglected, because the patient was afraid to come in for maintenance care. But the hotline – boy, I don't even know how to describe it. You know, when things were at their height, it was hard to have time for my patients, because I was so busy with the respiratory hotline. Recently, thank goodness, it's more people that are calling about testing for travel and things like that. So, that's been a huge relief. But for a few months, it was craziness. And there were a couple of times that they forgot to shut off the phone at the hospital that forwards to my cell phone. So, I was also getting calls all through the night [laughs]. But, you know what? Maybe it was a God thing, because there were some people that were really panicked in the middle of the night. And you know what? They needed to talk to a nurse.

Heather Kovar [00:06:04] Wow. That seems like just such a tremendous responsibility, as well as I can imagine – I mean, there's such a need for that. What was it like setting up that hotline for you? And what did – did you have a team?

Shelby Zenahlik [00:06:22] Initially, we had a few nurses that we were trying to basically, you know – You take this shift, I'll take the shift after that. But that was when things got so slow in the clinics, when people were afraid to come in. And then, when we set up the respiratory illness clinic outside of the clinic, then more people were coming to the clinic. Not as many as there should have been, but that helped a lot. So, then those nurses were busy again. It just made sense, since I'm the one – with my job, I'm on the phone all the time, so, it just made sense for me to cover that. And what we did is, we have a phone in radiology that would be an extra room phone that – if you needed to make a call from that room, you could. But it wasn't really used that much. So, we used that line and so, that's the published line. So, it's on our website, it was being announced on Facebook daily, the respiratory hotline. And so, then in the morning, the radiology team would forward that phone to me and then at night they would take it off. And so, that right there, we didn't have to get a

whole new phone line set up. We just used a phone that – or a phone number that wasn't used all the time, and they just forwarded it to my personal cell phone every day.

Heather Kovar [00:07:45] Oh, wow. That's a lot. Speaking of using an already existing phone line, that seems like one kind of creative solution. Are there other, or – you were speaking about creative solutions with your acute care work, are there any creative solutions that kind of stand out in your mind?

Shelby Zenahlik [00:08:13] I think one of the biggest things – entering a COVID room, one thing is – and this is for anybody who hasn't dealt with COVID yet – when you're entering a COVID room, you totally gear up outside of the room. You want to make sure you've got everything that you could possibly need that you think you could possibly need. But inevitably you get in the room and it's like, Oh, there's something else. So, what I would ask, if I were going into a COVID room, I would ask the CNA [Certified Nursing Assistant] or another nurse, whoever would be available, Give me 5 minutes, and then come knock on the door and open the door, so that I can say if I need anything or if I need to drop stuff in a lab bag. So, that would be the other thing. If we knew we needed to start an I.V. [Intravenous] and draw labs and do a swab, etc., we would again ask that person, you know, Give me 5 minutes or 10 minutes or whatever. But to make sure that somebody knows you're going in a COVID room, so that somebody is ready to come. Otherwise, you have to take all of that gear off again, sterilize, sanitize – it's such a waste of time and resources, whereas if you can have somebody to check on you, that's huge. And then, the other thing is, you know, if the patient suddenly – once they finally feel well enough to shower or they need more ice water or whatever, just having that person check with you, so that you can do that handoff through the door, is a huge timesaver, because one of the things that takes the longest with anything with COVID is gearing up and going in – and you're hot and you're miserable and so, if you have to take everything off and turn to go right back in, that one was tough. The other thing is, making sure that you figure out how that patient can communicate with their loved ones, somehow, someway. Whether it's a cell phone, we have our little iPad type things, where we can help them zoom with their family members. Some patients, we've been able to coordinate visits from the window with family. Because again, it's not just the disease. You know, our patient is still a human beings that's scared and their families are scared. And so, I think that's a consideration when somebody is coming in – assessing not just how they are physically, but how can we keep that communication going, if at all possible? Because they're scared. You know, this stuff has scared the world. And when somebody comes into the hospital, they're like, Oh my God, I've been hearing all this for all these months, and now I'm the one in the hospital? That's terrifying. It's terrifying for their family. But the better we can accommodate that, it helps them to relax, not be so panicked and they recover better.

Heather Kovar [00:11:03] Yeah, absolutely. Are there – I mean, I think that has been such a horrific aspect of this disease. Is that like further isolation when – we find strength usually not being isolated. Were there other ways that you found that you or your team were able to effectively support patients while they were in the hospital isolated with COVID?

[00:11:32] Seeing what they're into. If you can bring something into the room that's entertaining, help them find a channel that they will appreciate, music. Music's a big one. We figured out how to play music through a lot of the computers. All the humanity stuff, you know? Just because we were fighting this horrible virus, doesn't mean that we get to forget about the humanity part of it. And that's something I feel like we've done really well here. Really, really well here.

Heather Kovar [00:12:12] Do you think that – why do you think that is? That you've been able to do that well here?

Shelby Zenahlik [00:12:19] One thing that's unique at a critical access hospital is that almost everybody that comes through the door, you either know them or one of their loved ones, one of their friends. So, not only are we in the field because we care, we want to help people, but almost everybody who comes through that door, we feel connected to them somehow. And so, it just kind of puts that little bit of extra – you know, if this was my family member, if this was my best friend, if this was my spouse, if this was my child. And it just – which I think we try to do that for everybody. But when you're dealing with something like COVID, when it's so deadly, potentially deadly, it's – you got to slow down and remember that stuff. Like I said, I think here it just was really good. It was really everybody. And our team supports each other really well too, you know? So, for the ER – we get one nurse for the E.R., well, if that nurse is in with a COVID patient and somebody comes in with chest pain, you know? So, it was – it's been a constant, you got to take care of each other. You just have to. Or the floor nurse. If she's in with a COVID patient, one of her patients needs to go to the bathroom or they need pain medication. You just – there's a whole lot of bebopping back and forth, which, again, we do really well anyway. But you know, like I said, a nurse cannot run out of a COVID room. You just can't. So, everybody being alert and attentive.

Heather Kovar [00:13:55] Yeah. I've definitely seen in my time here how much of a team interactive work this is, which has been really inspiring to see. I'm curious if – that is such a beautiful thing that not only do you all kind of work as this family, this one unit, but also that community members or people that you're close with – or the people you're serving are people that you're close with. Do you think that that added to any emotional fatigue for yourself?

Shelby Zenahlik [00:14:28] Oh yeah. Because that was also, you know, I mean – well, one of our first patients that died here was one of my patients. And so, I knew all the dynamics of what went wrong, how he got it, how the family was doing, and his poor wife was in isolation. And so, I went over and saw her and spent time with her. We sat outside, but it was like, This poor lady just lost her husband, you know? It just, ah. And to be alone, because you're in isolation for so many days – but yes, the connection around here? Absolutely. Absolutely. I know plenty of us have taken food and supplies to all sorts of families through this. There's not any one particular – it's just everybody. You know, if they know somebody that needs it, somebody steps up and does it.

Heather Kovar [00:15:31] Kind of going off of that, what do you think are things that your patients have really needed during this time? Are there any themes about needs that haven't been met or can't be met?

Shelby Zenahlik [00:15:45] Well, one of the tough ones, honestly, is – okay, if somebody gets to go home or one family member needs to be hospitalized, but the other family member, they're also sick but not sick enough to be in the hospital, and they need to go home. We're given this list of things that you can pick up and be taking at home and doing. But in order to do that, they have to go in the grocery store or the pharmacy. And so, you know, just again, expanding that cognizance of, Okay, how are they going to get this? And again, sometimes it's been deliveries, sometimes calling ahead and being like, Hey, we've got a patient coming down to pick up this, this, this, this, this. Sometimes, you know, McGowan's would – they'd load up groceries and bring them out to the vehicle. Pharmacy would bring things out. So, that's – I think that's been super helpful for people also. With some of it, I think you have to stop thinking COVID and just think, again, human needs. What does this person need – but because of COVID, how do we keep everybody else safe from them?

Heather Kovar [00:17:04] The holistic nature of genuine well-being has so many components to it.

Shelby Zenahlik [00:17:11] Right. And how much of that is attacked when you're in the middle of the pandemic and you're one of the people that's got the stuff that's going around? It's scary. So, again, you know that goes back to the respiratory hotline. A lot of patients – or patients that got to go home, or family members of patients that I sent into the hospital, would call and, you know, reaffirming, What can we do now? This is what's going on here. Do I – am I still okay to be home? Do I need to go to the hospital? And, you know, just – I think that was just peace of mind, too, because they had somebody that they could call and just talk to.

Heather Kovar [00:17:52] Yeah, absolutely. Think about how much – like you had mentioned, that we've heard so many things, so many horror stories, so much in media, maybe friends or family that things have really gone south. And then, if you're stuck in this place of like, Okay, this is where I'm at. You're always probably worried that there's – that it's going to go that way.

Shelby Zenahlik [00:18:16] That it's a possibility. Because, you know, there's been some patients that they get it and their – Boom, down fast. But then, there's some that, you know, that whole ten day quarantine, a lot of people when they're hitting the bad time, is getting towards the end of that quarantine. And so, it's – they're thinking they're going to get across the finish line and all of a sudden, they're in the hospital. It's been a weird disease, because, again, it's been different for everybody.

Heather Kovar [00:18:46] Where – so, as – doing the hotline, I would assume that you would need a decent amount of information, that I would imagine, has kind of changed over time? The new information that we're getting – where were you getting your information to give to patients as it was changing?

Shelby Zenahlik [00:19:08] So, checking the CDC [Centers for Disease Control and Prevention] stuff every day. Lisa Eberhart has been helping to coordinate all sorts of things. Lots of emails. You know, basically, as we have all learned new things or became aware of things, a lot of information sharing, really.

Heather Kovar [00:19:29] Gotcha. And is there things that stick out in your mind that have particularly frightened or unsettled you during this time?

Shelby Zenahlik [00:19:45] As a nurse, the biggest thing that would scare me was when I'm with – especially when you're with a COVID patient and things go wrong outside of that room. It just – that's the hardest part, because we're trained that, you know, when there's the alert, you immediately respond, you know? And so, that was the only time I ever felt panicked. A lot of heartbrokenness for people. Not really panicked until those times, because you cannot be in two places at once. You can't be in two places at once. Well, again, thank God we've got the teamwork here that we do. I mean, because it just – nobody goes unnoticed or their needs going unmet. You know, people will do whatever it takes. But again, though, when it got so heavy here, there's still limitations.

Heather Kovar [00:20:45] And were those limitations that – when it was really getting bad, was that surrounding – was it mainly people or was it equipment or what were the kind of bottlenecks?

Shelby Zenahlik [00:21:00] I think, you know, again, we've been really fortunate because they've – I mean, our leadership has done phenomenal to get us anything and everything that we need, if it was possible, I should say. You know, because especially in the beginning, there was a lot of things in short supply. Actually repeat that for me again?

Heather Kovar [00:21:29] Yeah – just thinking about if there's been short supply when things were really getting –

Shelby Zenahlik [00:21:37] Whether it's people or equipment? I think the biggest thing is not enough people. And it's not that we weren't staffed, it's just that when you have so many people that are bottlenecked in a situation, if a crisis happens, it's just – it's an uneasy feeling. It's an uneasy feeling. You know, if you hear chest pain called, you [snaps fingers].

Heather Kovar [00:22:06] Also like you were saying, I can imagine that you've been trained to do a specific thing when you hear that. And like you were mentioning before, too, if X-number of people are in a COVID room, you can't just go right away. That's really tough. So, this may be kind of a heavy question, but I was just thinking about how intense, at times, your work must have been and the things that you've seen. Are there ways that the concept of life and death have been altered during this time for you?

Shelby Zenahlik [00:23:00] The only thing that altered for me was that now there's something else out there. It's like, You can be perfectly healthy and – or seem to be perfectly healthy, but get in a car wreck and die. You can have a heart attack and

die. You can have a stroke and die. There's all sorts of things that can hit you. Very rarely is there an illness that can hit so many so hard and kill so many. That was just kind of mind boggling to me. It's still mind boggling to me how many people don't believe it's real. It just – ugh [laughs].

Heather Kovar [00:23:46] Yeah, right. That is really hard. Do you feel like the community here has been supportive of not only you, but public health measures?

Shelby Zenahlik [00:24:04] Most of the community was very supportive. There have been some people that just thought it was bunk. But there's – there have been – most of the community has been very supportive. Very supportive hospital staff – I mean, dropping off sandwiches or, you know, donuts or whatever. The kids sending cards of thanks and things like that. Folks that have been like, This is bull. You're taking away my rights. You can't make me wear a mask. You can't do that – Their patience grew more and more thin as time went on. Everybody has been tired of it. And so, for the folks that have not believed that this situation is real, that's been more difficult. But the majority of the population has been great. I mean, there was even a bunch of our little – we have several ladies in town quilting guilds and stuff and they made us all sorts of masks, so that people could grab a mask when they come in and then we could watch them. Because, of course, at first, you know, there was the whole scare of the masking shortage. But I would say the majority of people have been awesome.

Heather Kovar [00:25:36] What ways – outside of maybe community being supportive – what ways have you been able to take care of yourself? Support yourself? Find strength in this really hard time?

Shelby Zenahlik [00:25:59] I make myself eat at least one nutritious meal a day. I do my best to stay stocked with fruits and veggies, so that even if I don't feel like it, I grab them. People laugh at me, because I'm quite a dog mom. And so, I would go out and play with the dogs every night. You know, when I finally had my break, I would just go sit outside, leave the phones in the house, go sit outside. My view is beautiful at my home and just go throw the ball – throw the ball, throw the ball, throw the ball, throw the ball. And you know, no matter if people were calling me crying, screaming at me, because they're mad or whatever, that time in the evening, that's my time.

Heather Kovar [00:26:48] That's amazing.

Shelby Zenahlik [00:26:53] And then, I have I have a handful of incredibly good friends. My kids are awesome. So, then, you wind down and clear the head and then visit with somebody that loves you and – yeah. And you know? They're actually – talking about community – this just reminded me – I've actually had a couple of ladies in the community that would call me once or twice a week on the respiratory hotline to make sure I was doing okay [laughs].

Heather Kovar [00:27:30] Aw! That is – that's really special. I think that – I mean, that speaks volumes to the type of community this is. Not only is it small enough that they would know that it's you there, but that they care. That's really beautiful. Thank

you for sharing that. I'm curious, too, are there any moments, either personally or professionally here, that stick out to you as uplifting or rewarding?

Shelby Zenahlik [00:28:07] When we started doing vaccine clinics. Oh, that was awesome. You know, because people that were coming were like, Oh, are you my vaccination? I mean, you've never seen so many people so excited in your life, you know? And nobody's mad at you, nobody is – they're just happy. And we had people lined up – all the halls in the hospital, we had them filled up. The one day that we did over 700, I mean, it was just – it feels so good, because we're finally doing something to really be able to take a stand against this, not just, Wear your mask and sanitize and social distance and stay home. But to actually be able to do something, that was awesome. Each one of those clinics was awesome and I didn't get to participate in all of them. But at least in the beginning, the first handful and I mean – we were hightailing it all day long and it was just such a great feeling after a year of just, Ugh. To be like, Oh my God, this is something we can do to make people safe. It was awesome. That honestly – I mean, there's always been good highlights, you know, the people that have recovered and when they get to go home. That's awesome. A few of my patients ended up with COVID and in the hospital and being able to follow them once they got home and hearing them get better has been phenomenal. Because I have lost a handful of my patients to COVID. And when I say mine, I mean my case management care coordination patients. And so, you know, I've got relationships with their families and everything and – so, when people get to leave and they're getting better, definitely highlights. And then, it's highlights when you just see the great things of humanity, when you have a great team that's working together and supporting each other unconditionally. When somebody from the community stops by to say, Thank you, or bring treats or the ladies calling me – I mean, it's just cool.

Heather Kovar [00:30:11] Oh, yeah. I remember the first time I volunteered for a vaccination clinic, and it was that same thing of like, This is the best I've felt in the entire year.

Shelby Zenahlik [00:30:22] Instead of like, Oh my God, what next? To – Holy cow, we're finally doing something.

Heather Kovar [00:30:28] Yeah, that is awesome. We'll be wrapping up here in a bit. I'm curious also if you have any particular hopes or fears as we're moving forward in COVID-19?

Shelby Zenahlik [00:30:45] My hopes is that people that are so against the virus will stop listening to all of this junk. The people that have started all these conspiracy theories, I just – it caused so much harm with bad information and false information. And they've created so much fear. And now that the Delta virus is going, I'm concerned – in our in our county alone, less than 40% of us are vaccinated. And that's concerning, especially since this one hits harder and faster.

Heather Kovar [00:31:30] Do you have fears that it'll be similar to the – where the height here was in November?

Shelby Zenahlik [00:31:38] Well, in the month of December, I think it was that I had 370 calls. I don't remember exactly, but things really started picking up, you know, as fall – things were opening up, sort of. But you know, even though it was recommended, don't travel for Thanksgiving. And then Christmas. And so, it really built and built, and then, it's been gradually tapering down and now we're much slower. I mean, we still see it, but not as much. But those are my two biggest – I mean, other than the obvious, I mean, I don't want to see a ton of people sick. I don't want to see anybody else lose their life to this. But my biggest concerns are the people that don't understand the truths and aren't getting vaccinated. And I really hope that we don't see another huge – we'll see.

Heather Kovar [00:32:41] Do you speak to people – in terms of your care coordination and case management, do you talk to people about vaccines?

Shelby Zenahlik [00:32:49] Oh, yeah, absolutely.

Heather Kovar [00:32:51] Do you have a way that you like to talk to people when they maybe have some misinformation or are hesitant about it?

Shelby Zenahlik [00:33:00] So, the way I approach it – because if I just argue with them, then nobody's going to listen to you if you just argue with them. The way I approach it is, You know what? I'm not going to sit here and – which, most of my patients are vaccinated – but the ones that aren't, I will tell them I'm not going to argue with you and try to make you do something that you don't want to do. However, I want to make sure that you have heard the actual facts. And then, you can make your choice from there. And when I approach it that way, a lot of times I'll ask questions. I'll go, Huh, I didn't know that. And I've got a handful that are finally getting vaccinated and it's a little bit at a time. Not all of them are. But arguing with them doesn't help. Just be like, Hey, you know what, whatever information you've heard, I just want you to hear what I can share with you. And then you make your decision.

Heather Kovar [00:33:56] So, emphasizing autonomy, but giving facts. That seems like a really good way to go. Yeah, well, and even if one person, two people, are getting vaccinated from your work, that's huge. Are there any other thoughts or reflections that you'd like to share?

Shelby Zenahlik [00:34:29] Not really. I guess, you know, basically, when you were asking about highlights and worries and – I don't want another year like last year. Especially, like I said, the COVID patients that we had hospitalized, I followed them once they were home. Not in – they didn't qualify for my program, but I just follow those people. Actually, I did pick up a few patients. And, you know, even though there's people that have recovered, there's still a lot of people that they've got a permit stuff going on. I really don't want to go into another year like that. You know, I would like to say, Thank God, 2020 and first part of 2021 is over and we're moving forward. And I just really hope that – I really hope that we don't have a repeat. It's been wearing on everyone, even the people that don't believe in it. They're worn down, too, because they're so exhausted from telling everybody that it's a bunch of bunk and that they're mad, because they have to stay home or wear a mask or

whatever. You know, everybody's – I think that's been my biggest disappointment – is just how ugly so many people have been this last year as far as their attitudes and hatefulness – it's been very sad.

Heather Kovar [00:36:05] Disheartening. Are there any personal or professional practices that you hope to take into this next year?

Shelby Zenahlik [00:36:22] You know, I think we're always careful about the basics of sanitization, but I think after this year, it's so ingrained in our brains and nobody's ever going to lick their finger to turn a page [laughs]. There's just – I guess that's one thing that is just crammed in my brain, is infection control. It is so crammed in my brain now, I even dream about it [laughs]. That's disgusting.

Heather Kovar [00:36:54] Oh no [laughs]. But yeah, I think about that a lot too.

Shelby Zenahlik [00:36:57] Yeah. I mean, where you have a dream that somebody comes walking in your house, coughing, and all your guests are there, and you're like, Aaaah. You know, it's just – which, I don't let anybody in my house that is sick. But, you know, the fact that you go home and dream about it, because of the chaos around it.

Heather Kovar [00:37:18] Any last thoughts or comments?

Shelby Zenahlik [00:37:23] I don't think so.

Heather Kovar [00:37:24] Well, thank you so much for doing this.

Shelby Zenahlik [00:37:27] I hope you got a little bit of what you needed.