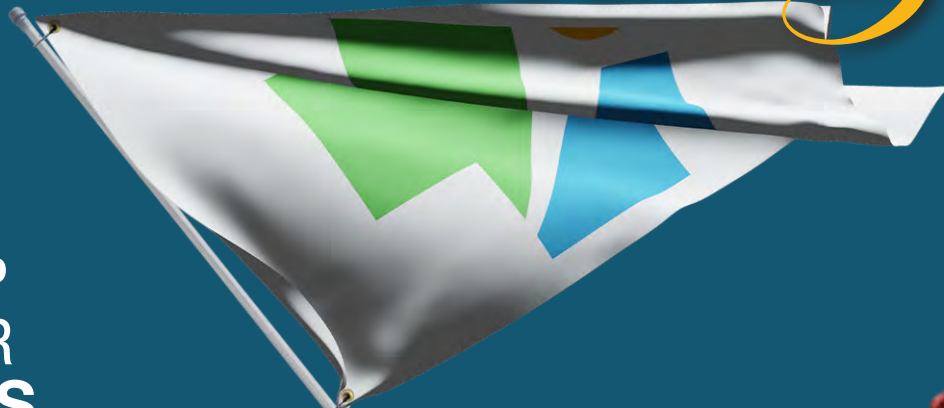


# VALLEY health & life

**HEROES  
WORK HERE**

**STEPPING UP  
TO CARE FOR  
VETERANS**



**ATTACKING A  
PANDEMIC**

## DEAR FRIENDS,

I hope our special issue of Valley Health and Life reaches all of you in good health and spirits. This certainly has been a very difficult year. We can now say for sure that we have experienced a life-changing event—a pandemic the likes of which we have never seen before. It has altered the way we think about many aspects of our lives: how we socialize; communicate; greet each other; work; learn; travel; and see our government. It has also made us realize what is important to us in the face of a threat.

For us, the people serving in healthcare, the pandemic has presented some additional challenges. Sheltering in place was not an option. Avoiding contact with people was not an option. Working from home, for the vast majority of us, was not an option. On the contrary, our duty was to treat those who were sick with the COVID virus. We worked to heal and comfort them while taking precautions that would prevent creating risk for all other patients, visitors, ourselves and our families.

### STEPPING UP TO THE PLATE

Times like this define people and institutions. They present opportunities for some to take on extraordinary challenges and to understand what it means to serve. When all else fades away, you can clearly see who stepped up to the plate. I have never been prouder to work with a group of people than I am to work with the team here at Holyoke Medical Center and Valley Health Systems. I have never been prouder to be in a community like ours: one that has come together around us to support us in any way possible with donations of money, equipment, food for staff, supportive comments and well wishes in letters and on social media.

From the moment we opened our command center on March 10th, it was clear to us that our mission had multiple

objectives. We needed to protect our patients and visitors, prepare to care for the patients who would be sickened by the virus, protect our staff and their families, and secure the supplies and resources we would need to accomplish these goals. Initially, we did not know just how bad it would actually get, how long we would be bunkered in our command center, how difficult it would be to get the supplies we needed, and that we would also be called on to help some who are most vulnerable and deserving of our care, our veterans.

Now that the pandemic is in retreat, at least this wave of it, we can analyze how we did. I will tell you a few things we are proud of and maybe you will agree with me.

We had over two hundred patients with COVID-19 admitted to the hospital. We tested, treated and released several thousand more. We secured the best equipment and supplies for our staff and patients. We protected our staff with appropriate personal protection equipment, scrubs and alternate living arrangements. We had no deaths and no ICU-level hospitalizations for any of our staff. We took in over 40 Soldiers' Home residents. We took care of them, kept them safe, nursed them back to health when possible and comforted them in their last hours when everything else failed.

### A LARGE AND DEDICATED TEAM

Let me tell you who "we" are. "We" are the nurse, doctor, nurses' assistant, physician assistant, lab tech, respiratory therapist, radiology tech, emergency room tech, medical assistant, office assistant, dietary worker, housekeeper, store-room worker, registration clerk, security officer, maintenance worker, IT tech, secretary, mental health counselor, central sterile supply worker, visiting nurse, physical therapist, occupational therapist, speech therapist, human resources

professional, telephone operator, cashier, manager and everyone else who has been present fighting the battle. Many of these folks took on new and unfamiliar roles and pitched in where needed. They took risks to help others, and worked many long hours beyond their normal duties. They all stood up against this virus and the pandemic, and I am humbled by their dedication.

Hopefully, the worst is behind us and we will not face a second wave of this pandemic. But, even if we are lucky in that regard, there will be other challenges ahead. We still have not won the battle of being paid fairly and equitably by private insurers. We are always struggling financially, while at the same time trying to be the best place for care and the best place to work. This pandemic heightened the financial vulnerability of a small hospital like ours. So, if you share my feelings about how indispensable this institution is, let it be known to our legislators, your insurer and your neighbor. Your voice is important. If there were ever a time for our community to come together and support Holyoke Medical Center, the River Valley Counseling Center, Holyoke VNA and Hospice Life Care and Holyoke Medical Group, this is it.

In closing, I want us to remember the many that we lost here in the hospital, everywhere else in our country and the world. Our hearts go out to the ones left behind and grieving. We stand with you.

Be well and stay safe.



Best,

**SPIROS HATIRAS**  
President and Chief  
Executive Officer,  
Holyoke Medical  
Center & Valley  
Health Systems, Inc.



### On the Cover:

It took team members from every area of the organization to help treat and protect our community from COVID-19, including those on our cover: Virginia Ocampo, Environmental Services; Angelo Martinez, Plant Operations; Atif Khan, NP-C; Leo Stemp, MD; Kyle Cross, PT, DPT; Reinaly Pacheco, Office Assistant.





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Valley Health Systems, Inc.

- **HOLYOKE MEDICAL CENTER** | 575 Beech Street, Holyoke | 413.534.2500
- **HOLYOKE MEDICAL GROUP** | 15 Hospital Drive, Holyoke | 413.535.4800
- **HOLYOKE VNA HOSPICE LIFE CARE** | 575 Beech Street, Holyoke | 413.534.5691
- **RIVER VALLEY COUNSELING CENTER** | P.O. Box 791, Holyoke | 413.540.1234

## By the NUMBERS

When the pandemic struck, Holyoke Medical Center responded quickly to meet new demands and challenges. From March 10, 2020, through June 30, 2020, HMC has:

**200**

treated over 200 hospitalized COVID-19 patients

**3,135**

tested over 3,135 people for COVID-19

**1.8 M**

issued over 1.8 million gloves

**20,000+**

distributed over 20,000 masks

**100,000**

purchased over 100,000 rain ponchos and 200,000 plastic sleeves, which are used as personal protective equipment in response to the supply shortage of disposable gowns

**192**

purchased 192 gallons of hand sanitizer

**470**

made 470 liters of hand sanitizer in the HMC pharmacy, consisting of isopropyl alcohol, hydrogen peroxide, glycerol and sterile water

**2,000**

washed over 2,000 loads of laundry. The laundry service was provided for 85 days and averaged just over 27 loads every day

# ATTACKING A PANDEMIC HEAD-ON

AS SOON AS IT BECAME CLEAR THAT COVID-19 POSED A SIGNIFICANT THREAT, LEADERS AT HOLYOKE MEDICAL CENTER BEGAN PREPARING FOR THE BIGGEST HEALTH CRISIS IN A GENERATION.

**IN EARLY MARCH**, a week before Holyoke Medical Center admitted its first COVID-19 patient, the leadership team took urgent steps to prepare for the pandemic. The goal: to be ready to provide the best possible patient care while maximizing staff and patient safety.

On March 10, the hospital activated its command center. This ground floor area is set up to allow hospital leaders to work together in one space during a crisis. Centrally located to be convenient for all staff, the command center quickly became the place to find answers to urgent questions, raise concerns, get solutions and offer suggestions.

One of the first decisions made was to limit the risk of spreading COVID within the hospital by controlling the number of people coming and going, a step HMC took well before the state issued its guidelines. "We were the first hospital in the region to restrict our visitation policy," says Carl Cameron, Chief Operating Officer at Holyoke Medical Center. "We no longer allowed vendors in, and we restricted food deliveries. Visits to patients

were limited to end-of-life situations and children who needed a parent, or other extenuating circumstances."

As part of its pandemic response, the leadership team identified

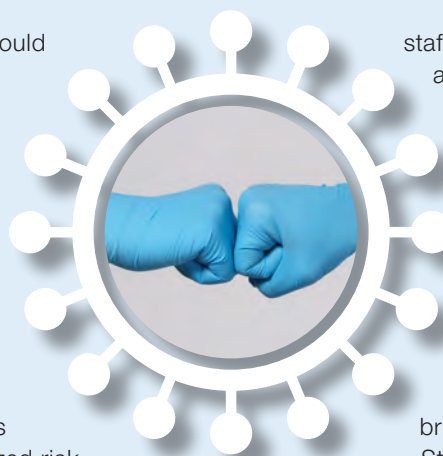
physical changes that would need to be made to the hospital's interior spaces. One of the first changes was to create a separate area to receive patients coming to the hospital with fever, cough and flu symptoms, indicating they might be COVID positive. Quickly set up and dubbed Area 19, this dedicated space minimized risk to patients coming to the hospital for non-COVID-19 medical emergencies and to Emergency Department staff.

Other interior space changes included converting areas not set up for inpatient care into units for COVID-19 patients, each of whom had to be isolated. These new rooms had to be outfitted quickly from the ground up, adding beds, outlets, cabinets, TVs, phones and specialized medical equipment and supplies. "As we evolved along with the pandemic, we had large teams that would make these changes happen in four to six hours," says Cameron.

"Our senior team, all the way up to the CEO, helped to move furniture, get units set up and move patients to new areas as needed," he continues. "We had to do a lot of adjusting and moving things to accommodate the pandemic."

## THE PPE CHALLENGE

Shortages of personal protective equipment, or PPE, have been a major issue. "Early on, we put a call out to our



staff asking them to check area hardware stores for N95 masks, TYVEK suits, gloves and face shields," says Cameron. "When we expanded the request to the entire community, we had vocational schools, painters and car dealerships bringing us PPE."

Still, because N95 masks are designed to be used once and thrown out, there was a constant need for more of them. The hospital's president and CEO, Spiros Hatiras, scoured the internet for solutions. He learned that elastomeric respirators, commonly used for industrial purposes, offer better protection than N95 masks—and they're reusable. Hatiras found a vendor on eBay who was able to sell the hospital 1,600 respirators, enough to provide one to every staff member interacting with patients.

Another creative PPE solution was to use disposable rain ponchos and sleeves in place of protective gowns. "The staff loved them," says Cameron. "After they came out of a COVID room, they could just rip them off and throw them away."

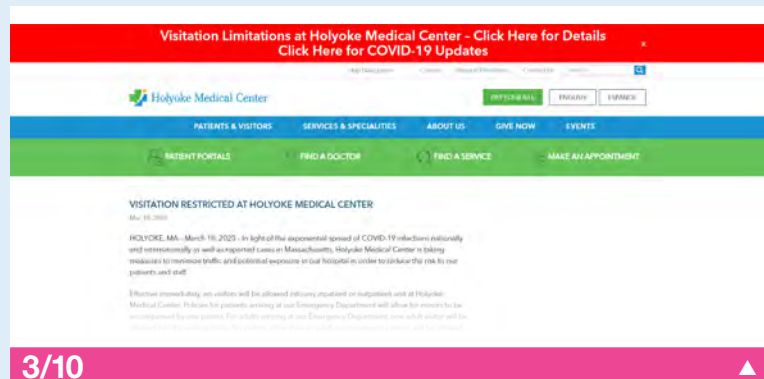
Looking back, says Cameron, it was impressive how teams would come together—facilities, nursing staff, physicians, IT, managers and many others. "As things changed and we had to expand our capacity," he says, "everyone came through."



Carl Cameron

**THIS TIMELINE OFFERS AN INSIDE LOOK AT HOW HOLYOKE MEDICAL CENTER HAS MET THE MANY CHALLENGES OF COVID-19.**

# March



**3/10** Command Center activated and visitation restrictions established.

**3/12** 7-bed COVID isolation unit created on the 2nd floor.

**3/13** Childcare Noticeboard created for staff.

**3/13** First dozen iPads secured for patient communication with families.

**3/16** First suspected COVID patient admitted to HMC.

**3/16** Command Center email created to increase communication with staff.

**3/16** West Springfield CORE PT office closed.

**3/17** HMC restricted deliveries and outside vendors.

**3/17** State ordered suspension of non-essential services.

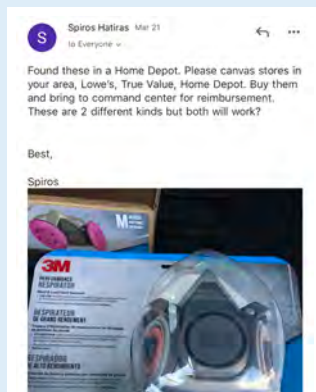
**3/18** Surgeons and Administration established a policy for prioritizing essential procedures vs. non-essential.



**3/14** Fever/cough/flu symptoms area, dubbed Area 19, opened.

**3/19** HMC began securing impervious disposable rain ponchos in place of gowns, which were difficult to secure from the beginning.

**3/20** Within 10 days, system volumes dropped 40%, resulting in roughly \$5.5 million in lost revenue per month.



**3/21** Saturday, 2:13 p.m., President and CEO Spiros Hatiras emailed all staff to search for reusable respirators.

**3/21** First confirmed COVID patient at HMC.



**3/22** All staff working in ICU, the ED, Area 19 and the COVID-19 Isolation unit issued an elastomeric respirator. N95 masks continued to be provided to all other staff interacting with patients.

**3/23** HMC closed off-site locations (Chicopee, Westfield).

**3/23** Governor issued Stay at Home advisory.

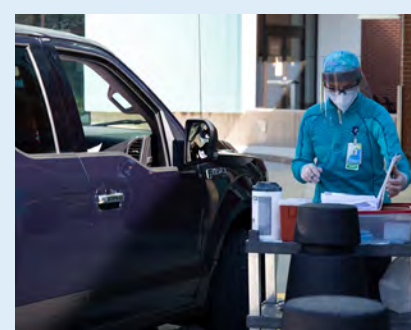


**3/27** Ponchos brought into use as PPE and sleeves are ordered.



**3/28** Pharmacy made first batch of "homemade" hand sanitizer.

**3/30** 12 negative pressure rooms added to the 4th floor.



**3/30** Anit-Coag started providing drive-up care for patients.

**3/30** HMC began providing hotel rooms to employees with compromised family members.

**3/31** Entire 4th floor converted for the care of COVID-19 patients.



# April

4/1

Furloughs announced.

4/2

HMC began providing all patients and visitors with masks.



4/6

Physical and Occupational Therapy team members recalled from furlough to be Veteran Liaisons.

4/6

Veteran Family Line established.



4/3

HMC agreed to assist Holyoke Soldiers' Home. Welcomed 39 residents by the end of day.

4/6

Veteran rooms completed with private phone lines and televisions.

4/6

President and CEO Spiros Hatiras began having a daily Zoom meeting with veteran families to ensure an open line of communication between the families and hospital administration.

4/6

Additional iPads were procured to facilitate more video communication between the veterans and their families.



4/8

Scrub Distribution and Laundry Service started.

4/9

HMC started utilizing Baystate Laboratories, reducing COVID-19 testing turn-around from up to 7 days to as little as 12 hours in some cases.

4/10

\$100,000 donation received from Advent International private equity firm in Boston.

4/14

6 ventilators received from the state.

4/30

Began participating in the Mayo Clinic Convalescent Plasma program.

# May



5/2

First socially distanced visitation for veterans and their families coordinated.

5/6

Respirators deployed to all remaining staff interacting with patients.

5/6

IgG testing began.

5/7

1st convalescent blood plasma donor.

5/9

Command Center hours reduced on the weekends.



5/10

Call received from Massachusetts Governor Charlie Baker to thank HMC for all we have done for the veterans.

5/12

1st convalescent blood plasma treatment provided.

5/13

COVID isolation unit created on the 2nd floor closed.

5/18

Phase 1 reopening—high-priority preventive care allowed.

5/22

Command Center closed.

# June

6/1

Services in Chicopee reopened.

6/8

Phase 2 reopening—non-essential procedures allowed.

6/15

Speech & Hearing Center reopened.

6/16

Visitation policy revised to allow patients to have one 30-minute visitation each day.

6/29

Services in Westfield reopened.

6/30

Scrub Distribution and Laundry Service ceased.



# THE HIDDEN HEROES OF COVID-19

THE PANDEMIC BROUGHT INTO SHARP FOCUS THE CRUCIAL ROLE  
A HOSPITAL LABORATORY CAN PLAY IN PATIENT CARE.

**HOSPITAL LABORATORIES** don't usually make news. But the lab at Holyoke Medical Center has been at the center of the hospital's strategies to provide the best possible care for COVID-19 patients, generating news coverage that has aided its efforts.

One key strategy is to ensure that the hospital's testing resources can keep up with doctors' needs. Another is to participate in the Mayo Clinic convalescent plasma program, which is tracking outcomes for a promising COVID-19 treatment.

## RIISING TO THE CHALLENGE

Early in the pandemic, there was an intense shortage of both collection and testing kits, which hampered doctors' ability to identify COVID-19 patients, isolate them and begin appropriate treatment quickly.

"There were three or four weeks when we didn't get any test kits," says Jon Gronbach, Laboratory Director at Holyoke Medical Center. "We're now receiving a steady flow, but only 60 a week."

Those kits are used for urgent situations because results are available quickly from the hospital lab. "Our in-house turn-around time is two hours," says Gronbach. "The outside lab can take 48 hours or more, so we want to do as much testing in house as we can."

To prepare for the upcoming flu season, which many experts expect will bring a new surge of COVID-19 cases, the lab has invested in a second analyzer. "This new platform will increase our ability to test patients in-house for COVID-19, but it also performs other testing so it really expands our capabilities," says Gronbach.

patients' plasma will help current patients fight off the disease.

Holyoke Medical Center can both collect plasma from recovered patients and offer this investigational treatment to sick patients. Being able to do both sets it apart from other hospitals in western Massachusetts.

"Working with Mayo Clinic researchers, we've been identifying patients who are eligible for convalescent plasma therapy per guidelines from the Centers for Disease Control, and offering them the treatment," says Thomas Buck, MD, Laboratory Medical Director at Holyoke Medical Center. "We've seen good results." Mayo Clinic is tracking outcomes from hospitals across the country and will likely publish the data at a later date.

"Convalescent plasma therapy is still experimental, but the reports we've seen show that it has a lot of promise," says Simon Ahtaridis, MD, Chief Medical Officer at Holyoke Medical Center. "We have the opportunity to help find out whether it's a viable treatment option, and hope that eventually it will be a mainstay of therapy for COVID-19."

Dr. Ahtaridis is grateful for the clever solutions and quick-thinking of the hospital's lab professionals during the pandemic. "The lab has really been at the core of our response to COVID-19," he says. "For a small hospital like ours to be able to offer an experimental therapy is an advantage for our patients. On the flipside, it also offers the community the opportunity to give back. A lot of people have been calling and asking how they can help. Plasma donation is one way they can do that."



## A PROMISING TREATMENT

Convalescent plasma is a promising, though still unproven, treatment for COVID-19. In this therapy, patients who are very ill with the disease receive plasma (the colorless, fluid part of blood) donated by people who have recovered from it. It's hoped that the antibodies in recovered

\* If you were diagnosed with COVID-19, have recovered and would like to donate plasma (a similar experience to donating blood), call **413-534-2591** to learn more.





# STEPPING UP TO CARE FOR VETERANS



WHEN THE STATE ASKED HOLYOKE MEDICAL CENTER TO TAKE IN RESIDENTS OF THE SOLDIERS' HOME DURING THE PANDEMIC, ROOMS AND CARE WERE ARRANGED IN A MATTER OF HOURS.

**SOME OF THE FIRST AREA** residents to be personally impacted by the COVID-19 crisis were the veterans at the Soldiers' Home in Holyoke, where a significant outbreak occurred. "We had heard that there was an outbreak at the Soldiers' Home," says Spiros Hatiras, President and CEO of Holyoke Medical Center and Valley Health Systems. "Then, around 7:30 a.m. on Friday, April 3, I received a call from Dan Tsai at the Executive Office of Health and Human Services. He said they were trying to relocate some residents out of the

Soldiers' Home to curb the outbreak and really needed our help."

Hatiras considered the most pressing challenge—where to put the 40 residents the state hoped the hospital could accommodate. He thought of two areas that could possibly work: an outpatient cardiac services unit, and the maternity unit, which has had declining volume for several years. Hatiras immediately checked with Colleen Desai, Chief Nursing Officer, and Carl Cameron, Chief Operations Officer at Holyoke Medical Center. "I asked



◀ Some family members of Edward Sheehan (front), including his daughter Mary Christensen (far left), were overjoyed to see their father/grandfather/great grandfather at the first family visitation offered on May 2, 2020.

them, 'Is it feasible, and how quickly can we get it done?' recalls Hatiras. "By the time I got to work at 8:30 a.m., they'd already started the process."

## RAPID RESPONSE

Holyoke Medical Center staff quickly came together to make the two areas ready for residents of the Soldiers' Home. The task included moving out all outpatient furniture, cleaning units thoroughly, installing beds and medical equipment, and bringing in patient-care supplies. By 1:30 p.m., the repurposed units were ready.

"We had a steady stream of Soldiers' Home residents arriving until around 11:30 p.m. that night," says Hatiras. "Staff stayed on after their shifts to welcome residents. They hung flags and welcome signs and were there to greet residents. It was cold, so they had blankets to wrap the veterans in as soon as they got off the bus."

## NEW PATIENTS BRING NEW ROLES

Physical and Occupational Therapy (PT/OT) is just one of the teams that took on—and excelled at—a new assignment during the pandemic. On Thursday, April 2, nearly all outpatient PT/OT clinics were closed and the staff furloughed. On Monday, April 6, many were called back to work in the hospital with Soldiers' Home residents, some of whom were COVID-19 positive. "The job was completely different from outpatient PT/OT," says Josh Mull, PT Supervisor at Holyoke Medical Center. "We were in totally new territory in the midst of a pandemic."



Josh Mull, PT

Nonetheless, the team dug in and got to work determining what needed to be done to provide the best care possible. "People were referring to us as family liaisons, but it was a lot more



PT/OT team members were recalled from furlough to be Veteran Liaisons. Standing: Joel, Kelly, Sara, Abbie, Josh. Sitting: Amy, Rebecca, Roberta, Elin. Not Pictured: Michelle, Kaitlin, Kyle, Jeff, Becky, Melissa, Karen.

than that," says Mull. "We had a much closer connection. PT/OTs would tell me, 'I've been with that resident so much, I feel like he's a part of my family.'"

Overall, the experience has been both very challenging and very rewarding. "Of course, the health of some residents declined, and some passed away," says Mull. "That was very sad for all of us. But other residents saw great improvements with our care."

For example, the PT/OTs helped many residents improve their mobility, getting them up and walking again. For other residents, they were able to resolve chronic skin issues. Some made improvements in mood and sociability.

## THANKFUL FAMILIES

For Mull, another rewarding part of this experience was the gratitude of families. "Whenever I've had the opportunity to give a family member an update, they've been extremely thankful," he says. "They appreciate our taking time to keep them in the loop. All the positive feedback from families went a long way to encouraging us and the nurses and other staff who were

caring for the residents."

"When this all happened," says Mary Christensen, whose father, Edward Sheehan, came from the Soldiers' Home to be cared for at Holyoke Medical Center, "it was a God send. We were so comforted to know that every day someone was watching him, making sure he was eating and taking his medications. Not only that, but reading with him, looking at family photos with him and making sure he could connect with us using an iPad or phone."

Families had an email address where they could send questions that came up, and they received daily—sometimes twice daily—updates from PT/OTs, nurses and other members of the team.

"Several times, I even heard directly from Spiros, the head of the hospital," says Mary. "Our family is so grateful that our father has been treated with such respect and dignity, every single day. I can't say enough about how appreciative we are."

"This felt like a call of duty for us," says Hatiras. "One that we knew we had to answer. We overcame a lot of barriers and a lot of work went into it. In the end, we're very gratified that we were able to help."





# Thank You FOR YOUR SUPPORT!

**SINCE THE BEGINNING** of the pandemic, the outpouring of assistance from our community has been overwhelming. People have done everything possible to make our healthcare team feel supported and loved—from donating personal protective equipment and meals to making significant monetary gifts.

At the height of the pandemic, some donations arrived without record of who gave the items. We sincerely apologize if any person or group is missing from these pages and encourage you to contact our Development Office to discuss your donation: [Development@holyokeyhealth.com](mailto:Development@holyokeyhealth.com) or 413.534.2579.

During this most difficult time, your outreach has helped to lift our spirits and protect our staff when they needed it most. From the bottom of our hearts, thank you!







## MONETARY DONATIONS

- Advent International Corporation
- Anonymous Donor
- Bill Burgess and Amy Jaworek Charitable Trust
- Community Bank N.A.
- Community Foundation of Western Massachusetts
- John and Xan Fischer
- Health New England
- HMC Accounting Department
- Lawrence & Muriel Graham Charitable Fund
- Catherine Morancie
- Stephen O'Brien
- PeoplesBank
- Richard E. Neal for Congress Committee
- Shield Hotels
- Springfield Thunderbirds Foundation
- SUEZ North America Foundation

## IN-KIND DONATIONS

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- Arnold's Meats
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- Barnes Air National Guard Base
- Marie Barretto
- Bay Path University Physician Assistant Program
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- Fuss & O'Neill, Inc.
- Brian Goulet
- Kerry Goulet
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- Gujrati Association of Western Mass
- Rebecca Hart
- HMC Community Navigation Team
- Holyoke Pizza
- Holyoke Public Schools
- Honor Flight New England
- Indian Association of Greater Springfield
- Abby Ingram
- Johnson & Johnson c/o Massachusetts Health & Hospital Association
- Kim Nail Salon
- Kleeberg Sheet Metal, Inc.
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- Patricia Michalski
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- Carlene Riccelli
- Mary Richter
- Cherelyn Roberts
- Kevin Roberts
- Ronald K. Labrecque Sr. COPD Memorial Fund
- Doug Salamon
- SEWA International
- Ryan Sheehan
- Ty Sherokow
- Robert Smith
- South Hadley Fire District 2
- Springfield Technical Community College
- StickerGiant.com
- Christina Straney & Krause Family
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- Taylor Rental, Holyoke
- Susan Thibault
- Danielle Toledo
- University of Massachusetts, Amherst
- UNO Pizzeria & Grill, Holyoke
- VFW Post 1807, Leominster
- VFW Post 8006, Florence
- VFW SGT. Joshua D. Desforges Post 3236, Ludlow
- VFW Michigan
- Jen Waltz
- Westover Building Supply Co., Inc.
- Westside Finishing Company, Inc.
- Tracey Whalen
- Winthrop Wealth
- World Sikh Parliament (Welfare Council)
- 1199SEIU

1 SEWA International, Gujrathi Association of Western Mass, and the Indian Association of Greater Springfield donated masks and encouraging cards for the HMC team.

2 The Command Center was flooded with respirators after HMC President and CEO Spiros Hatiras asked all employees to search local stores to help protect our team.

3 Melissa, Brigitte and Ryan distribute clothing donated by the community for Soldiers' Home residents at Holyoke Medical Center.

4 Jason W. Hickox—Capt, MA ANG, Commander, 104th Maintenance Squadron, 104th Fighter Wing, Barnes Air National Guard Base—delivered 10 pounds of Black Rifle coffee, which was prized to select employees during our National Hospital Week raffle.

5 Springfield Thunderbirds President Nathan Costa kicked off their "From the Heart" campaign with a \$500 check presentation to help provide meals to our team on Thursday, April 30, 2020.

6 HMC President and CEO Spiros Hatiras, second from left, receives one of many large donations from Kathleen (Ison) Messier, left, Daniel Messier and Tony Morsen.

7 Members of the Granby American Legion Post 266 and South Hadley Fire District 2 donated items for Soliders' Home residents, from puzzles to cards to clothing!

8 Western Mass Veteran Services of America and the Veterans of Foreign Wars Massachusetts donated five iPads to help Soldiers' Home residents at HMC stay in touch with their loved ones.

9 The World Sikh Parliament Welfare Council provided over 800 meals to feed our team on Thursday, June 18, 2020.

✳ To make a gift in support of our healthcare heroes, use the **attached envelope** or visit [www.holyokehealth.com/give-now](http://www.holyokehealth.com/give-now) to donate securely online.



Matini Kaio (center) and his wife Lisa (second from right) came back to the Intensive Care Unit to thank the team that helped bring Matini back to health.

# ‘THE MUSIC KEPT ME GOING’

HOW EXPERT  
MEDICAL CARE,  
COMPASSION  
AND MUSIC  
HELPED ONE  
MAN WIN HIS  
LONG BATTLE  
AGAINST  
COVID-19.



**THE MUSIC** that originally brought Lisa and Matini Kaio together nearly 30 years ago played a vital role in his recovery from COVID-19. Matini, 63, and Lisa met and married when they were both dancers at the Hu Ke Lau restaurant in Chicopee. The Polynesian dance and music that were Matini's heritage played a major part in their life together.

In March, when Matini heard rumors about the coronavirus, Lisa urged him not to worry; no one they knew had been sick. But later that month, Matini began to develop serious symptoms.

"He had a fever for five days along with body aches," Lisa remembers. "He also stopped eating. I made a video appointment with our doctor who said that if his fever didn't break by the next day, I should take him to the hospital."

When Matini's fever reached 104 degrees, Lisa took him to Holyoke Medical Center.

"I wasn't allowed to go in with him," she says. "When he walked through those ER doors, it was the last time I saw him for over a month."

Matini's chest X-ray indicated pneumonia, which can be caused by the novel coronavirus. Though his COVID-19 test results wouldn't be available for several days, the emergency physicians decided to treat him as if that were the cause of his illness.

When Matini's test came back positive, Lisa, who had no active symptoms, consulted her own doctor and was told to self-quarantine for two weeks. By then, Matini's lung function had deteriorated to the point where he had to be placed on a ventilator to help him breathe.

## SPECIAL CARE AND EMPATHY

The separation required for COVID-19 patients makes the illness especially challenging for family and friends, who are unable to visit or comfort their loved ones. That's why the special care and empathy of the staff at Holyoke Medical Center made such a difference to the Kaios.

"The nurses and doctors went out of their way to be supportive," says Lisa. "I'd call in four or five times a day to find out how he was. He had his cell phone, so I asked the nurses to place the phone to his ear. Even though he couldn't respond, I still talked to him."

Andrey Pavlov, MD, a pulmonologist and Chief of the Intensive Care Unit (ICU) at Holyoke Medical Center, together with other intensivists and the multispecialty ICU team, played a central role in Matini's treatment. "Matini was a relatively early COVID patient," says Dr. Pavlov. "He was memorable because we rarely have patients from Polynesia, and because of the severity of his disease."

"Dr. Pavlov was extremely caring and explained every detail of what was happening," says Lisa. "He and the staff were involved with Matini's care 24/7, as if it were a battle."

Matini's condition worsened quickly and he required a lot of support in intensive care. "He had a tracheotomy, which is used to support people who require a ventilator for a long



Matini and Lisa Kaio met and married while they were both dancers at the Hu Ke Lau restaurant in Chicopee.

time," says Dr. Pavlov. "And he came near to requiring dialysis for his kidneys. In the end, he did much better than we expected."

## THE MAGIC OF MUSIC

In addition to the skilled and attentive care Matini received, both he and Lisa believe another factor played a crucial role in his recovery. Lisa brought Matini's CD player and CDs of Polynesian music to the hospital and asked the nurses to place earphones in his ears and keep this music playing. They were happy to comply. While he's unable to remember much from his time in the hospital, this specific detail remains vivid to Matini.

"The Polynesian songs were such a help to me," he says. "I had so many dreams where I was dancing again, and that lifted my spirits. When I finally recovered, I had no idea how much time had passed." Thirty-seven days after he entered the emergency department, Matini was discharged. He'd lost over 60 pounds, and he could barely walk. But Lisa believes that his years of dancing helped him regain his mobility relatively quickly. After only two weeks in rehabilitation, he was able to return home, where he continues to improve.

Looking back on his ordeal, Matini says: "I think the medical staff learned from my illness about treating this virus, which was new at the time, and I'm happy about that. I'm also glad that my wife brought my music, and the nurses were kind enough to make sure I could hear it. I felt it inside me, and it kept me going."



Andrey Pavlov, MD



# INSIDE THE FRONT LINES



## MICHELLE CHAMPIGNY, RN, BSN

I was working as a registered nurse at The Work Connection at Holyoke Medical Center when I first heard we were taking on about 40 residents from the Soldiers' Home in Holyoke. I thought, 'Wow, that's a huge undertaking.' But having been part of the hospital for 13 years, I just knew it would work. My boss offered me the opportunity to work with the veterans and I said Yes. At first, when I started, I was a little bit nervous about COVID-19, given the outbreak at the home they came to us from. But when I walked on the unit and saw the personal protective equipment (PPE) we had, I was reassured. So many people have worked so well together to make this happen. The Physical Therapists have been amazing. It's beautiful to see someone who was previously bed bound now up out of bed and walking 20 steps. I've developed a lot of relationships with the veterans. One gentleman loves Elvis Presley because he left his life of comfort to serve this country. So I bought him a poster of Elvis in his uniform. He cried when I gave it to him, and so did I. The experience has been really great. The veterans are so appreciative of the care we give them.

TEN HEALTHCARE WORKERS SHARE HOW THEIR ROLES CHANGED DURING THE PANDEMIC, AND WHAT BEING ABLE TO HELP MEANT TO THEM.

**AT HOLYOKE MEDICAL CENTER,** we're incredibly proud of our entire staff for doing whatever is necessary to ensure the best possible care for our community during the COVID-19 crisis. On these pages, 10 staff members share their experiences.



## ATIF KHAN, FNP, NP-C

I'm a nurse practitioner in the emergency department at Holyoke Medical Center. During the pandemic, although my role didn't change, the work did. We had an influx of patients who were very, very sick with COVID-19, an illness we knew very little about. It was constant education, day in and day out. Another thing that made our jobs so different was how PPE—full body suit, gloves, mask and face shield—limited our ability to establish a personal connection with patients. For me, COVID-19 underscored the importance of being able to converse with patients face-to-face to explain their diagnosis and treatment. The response from the emergency room staff—providers, nurses, technicians, registration folks, respiratory therapists and environmental team—who all came together as a family to take care of our patients, and to do it very efficiently and very well, was incredible to see. We couldn't have cared for our community effectively without everyone stepping up to the plate the way they did.





## JANET LAROCHE, BCRE-PRO

Ordinarily, I work in development, helping to raise money to support the hospital, which is a nonprofit. On the third of April, I was furloughed. That same morning, I found out that the

residents at the Soldiers' Home, where my father lives, were receiving their COVID-19 test results. My father tested negative, thankfully. Then I found out the hospital would be taking in about 40 residents, my father among them. I knew I had to volunteer to help care for the veterans. Partly, of course, so I could see my dad—I hadn't seen him in a month because visitors weren't allowed at the home. But also to give back by helping all the veterans. I did everything that was nonclinical that the nurses needed help with, like serving lunch and breakfast, getting laundry bagged up so it could be sent down to be washed, delivering coffees and snacks, and making beds. I wasn't behind my desk on the computer anymore. I was on the floor in scrubs, PPE and a respirator. Having a parent on the veterans' floor, it's a real comfort to me to know firsthand that they're getting the best care. The staff just loves taking care of them.



## MARIAN MATHIEU, RN, BSN

I'm a circulating nurse in the operating room (OR) at Holyoke Medical Center. It's my responsibility to make sure that everyone stays safe during surgery. During the pandemic, the OR was not performing elective surgeries, so we didn't have the same volume. I've

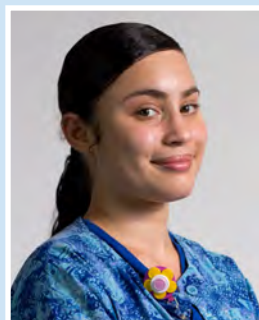
been a nurse for 38 years, I was a military nurse for 10 of those years and have been certified in med/surg and ICU. So I felt competent to perform any nursing skill and volunteered to work wherever I was needed. I was asked to help care for the veterans who came here from the Soldiers' Home in Holyoke. These veterans have given of themselves for this country. Now it was our time to give to them. There was one particular resident who liked to do a lot of things, but because of the pandemic there weren't many activities available. Someone got him a cribbage board, and I'd sit and play with him when I had a few free moments. It was a confusing and overwhelming time for the veterans. To see his smile and to see him engaged in a fun activity was really rewarding.



## KATELYN NADEAU, CST

As a certified surgical technologist, my normal role at Holyoke Medical Center is to maintain the surgical field and prepare the OR for the patients coming in. During the pandemic, I begged my boss to put me wherever they needed help. I wanted to be

there and make a difference. I worked as a screener at the front door, taking people's temperatures and asking questions to determine whether they were safe to enter the facility. It was quite different for me. In surgery, your patient is asleep. Being at the front door, you have so much patient and family interaction. It was very difficult to say No to people—to have to tell those who wanted to visit a sick family member or who wanted to go to a doctor's appointment with a loved one that they couldn't come in. The best moment for me was when I went to help welcome the residents of the Soldiers' Home. We made posters and had blankets ready for them. We all came together and built this friendship in an outside-of-work atmosphere. And working alongside the National Guard that day is one of the highlights of my life so far.



## REINALY PACHECO

Normally, I'm an office assistant in the surgery department. But during the pandemic, I helped take care of the residents from the Soldiers' Home. Being an office assistant, I spend a lot of time on the computer and on the phone. Working with the veterans is hands-on—you get to see and talk with them

directly. That's been wonderful, but also challenging. Once you get to know people, you feel sad to see their struggles and what they're going through. Being isolated was hard for the veterans, and I remember thinking, 'What can we do? What game can we play from a distance, but still together?' That's when I came up with the idea of playing "Hallway Bingo." They would sit in their doorways and I yelled out the numbers. Soon they were all yelling and enjoying the game. We gave scratch tickets and other items specific to their interests as prizes. What I learned in this new role is to be more compassionate, more patient. Their smiles were the most rewarding thing, and being able to laugh with them at the jokes they made. That really filled up my days with happiness.





### **CHERELYN ROBERTS, MSHCA, BSN, RN**

Usually, I'm the manager of the community navigation department and the call center. During the COVID-19 crisis, I joined the frontline nurses at patient bedsides and also was involved in caring for the veterans from the Soldiers' Home. My team

and I managed the family line for the veterans. Their families could call seven days a week to ask questions or to tell us something they wanted us to know about their loved one. The other thing I did was help the nurses and other staff take care of the COVID-positive patients. There was a lot going on and they needed our support. One challenge was dealing with the emotions and the exhaustion you felt every night when you got home. On top of that, I have two daughters who work in the emergency department and have been in the thick of it. Hearing their stories every night and worrying about them and their small children—that was very hard for me. Just thinking about everything the veterans have done for every one of us in this country gave me strength. They did their duty, and now it was my duty—and honor—to take care of them.



### **LYNN ROBINSON**

As manager for the Case Management department, my normal role is to keep our department running smoothly and make sure we're in compliance with the requirements of Medicare and other payers. When we began to see COVID-19 cases at the hospital, we wanted to limit

patient exposure to people coming into their room, keep our case managers safe and conserve PPE. We ended up being able to do most of our work with patients by telephone. But there were still times when someone had to go into the room. We made the decision that my director and I would do all the in-room visits. So I went from a role with very limited patient contact to having very difficult conversations with patients about things like healthcare proxies (giving someone else the ability to make medical decisions for you if you're no longer able to) and end-of-life planning. It was a big change for me and very difficult at times. But there are positive stories, too. Overall, I'm so proud of Holyoke Medical Center. Everyone rose to the occasion, and leadership was right there with us every step of the way.



### **KEVIN SNOW, DO**

I'm the Medical Director of Holyoke Medical Group Walk-In Care. During the pandemic, the walk-in clinic closed. I was given the privilege of taking care of the veterans from the Soldiers' Home. Every day, I'd see each veteran and was on call when I wasn't at the hospital. The biggest

challenge was that a lot of the veterans were getting sick, and the last time anybody talked about their code status—the type of emergency treatment they'd want to receive—was, in most cases, years ago. Being older, many of them had other medical issues. I had to have these difficult conversations over and over again with patients and families, often with the patient's wife of 50 or 60 years. It was hard. But the veterans and their families were grateful for the excellent care they received here. The hospital's response was overwhelming. People stepped up, and I mean everybody. Housekeeping, the kitchen staff, even the young people delivering the food trays were talking to the veterans. It just seemed to come naturally to them. Everyone should be proud. It was an incredible thing to be part of.



### **KYLE CROSS, PT, DPT**

My regular position here at the hospital is an outpatient physical therapist. My role after the COVID pandemic has changed dramatically. Other physical therapists, occupational therapists and myself were called back from furlough to care for the

veterans displaced from the Soldiers' Home. I was given the title of Physical Therapist Veteran Liaison. This role consisted of us doing total body care for these individuals, which includes everything from feeding and toileting to nail care and haircuts. We walk and exercise with them, perform chest therapy and positioning, we advocate for them. We were also tasked with keeping connection with their families—calling family members every day on the phone, helping to connect through FaceTime video chats, and reading them cards from their loved ones. The families would express relief that the veterans were in our care here at the hospital and how much faith they had in us. These veterans are heroes—they served our country and I felt they deserve the best from us. I am honored to work and to know them and proud of our rehab team.

**\* To see videos of these interviews, as well as many more, please visit [HolyokeHealth.com/CovidStories!](https://HolyokeHealth.com/CovidStories!)**





# TELEHEALTH COMES OF AGE

WHEN COVID-19 HIT, PROVIDERS WORKED HARD TO TRANSITION WITHIN A WEEK TO NEARLY 100 PERCENT VIRTUAL APPOINTMENTS.

**BEFORE THE PANDEMIC**, telehealth—medical care provided either by phone or video call—was, for the most part, used only to give patients access to specialty care they could not otherwise have received. That quickly changed in late March. With COVID-19 cases growing and stay-at-home orders in effect, doctors understood that an alternative to in-person visits would be needed, and needed fast.



Kartik Viswanathan, MD



Elaine Campbell, Psy.D.

Within a week of non-essential services and businesses shutting down, Holyoke Medical Group (HMG) and River Valley Counseling Center (RVCC) both transitioned from almost no telehealth visits to effectively 100 percent virtual care. And telehealth appears to be here to stay.

"We're still doing 70 percent of patient care via telehealth," says Kartik Viswanathan, MD, Medical Director of HMG, who says he anticipates that telehealth will account for 20 to 30 percent of patient visits even after an effective vaccine for COVID-19 becomes widely available. "The pandemic gave telehealth a foothold," he says. "Now it's going to be a new normal. People won't want to give up this valuable option."

In addition to helping patients avoid potential exposure to COVID-19, telehealth offers other advantages for patients, including saved time.

"They don't have to drive, park and sit in a waiting room," says Dr. Viswanathan. "Even if patients have to wait for their provider to come on the line, they don't mind because they can continue working, folding laundry or paying bills while they wait."

Elaine Campbell, Psy.D., Senior Director of Outpatient Services for RVCC, agrees that telehealth is here to stay. "Although it's not right for all clients, telehealth offers distinct advantages for many," she says. "For example, for patients with limited access to transportation, as well as those with poor physical health or disabilities, not having to travel to receive mental health care can be a significant advantage."

## VIDEO CALLS PREFERRED

For both mental and physical healthcare, doctors prefer to do virtual appointments via video call, rather than by phone. "Some patients aren't comfortable downloading apps or don't have a smartphone," says Dr. Viswanathan. "In those cases, we try to make their appointments when someone who can help is home with them."

"Video is much different from voice only," he continues. "Seeing their provider reduces feelings of isolation for patients, and it adds to our clinical judgment. When I can see a patient, I can get a good idea of how they're feeling."

Another advantage of video calls: "In many cases," says Dr. Campbell, "it can be helpful to see the patient in their home environment."

In addition, patients can use video to show a rash, their throat if it's sore or their feet if they're swollen. And if they can't pronounce a medication they're taking, they can just show the prescription bottle to the provider.

For Dr. Campbell, seeing her own team and her colleagues at HMG convert from in-person to telehealth visits so quickly was an amazing process. "It demonstrates the commitment our doctors and therapists have to servicing our patients and our communities. I'm thankful we've been able to transform so quickly to care for our clients."

**\* To make a telehealth appointment, call your provider as usual. The office will share any information needed to prepare for a virtual consultation. Holyoke Medical Group: 413.535.4800. River Valley Counseling Center: 413.540.1234.**





# Heroes

## WORK HERE

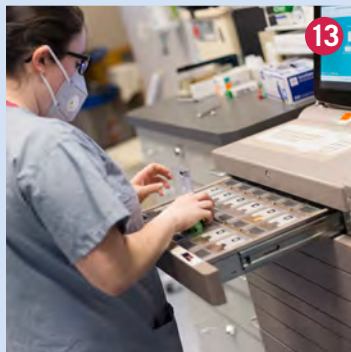
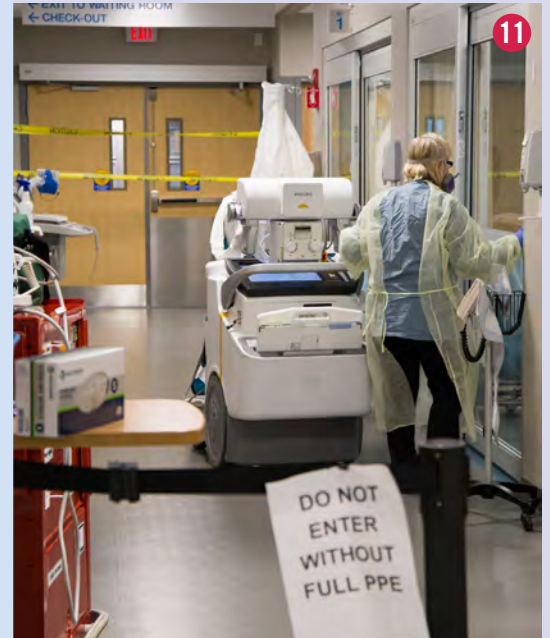
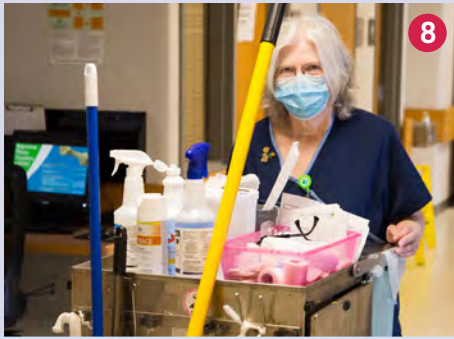
**OUR PROVIDERS** and staff have risen to—and well above—the unprecedented challenges of caring for patients with COVID-19. Holyoke Medical Center is proud and grateful beyond words for the indomitable spirit and incredible work done by our teams on the front lines.



\* To see more photos, search **#hmcfrontline** on Facebook, Instagram and Twitter.







**1** Emergency Department team members gather for a group picture with their elastomeric respirators.

**2** Front entrance screeners: Maria, Frances and Katelyn.

**3** ICU team members: Ashley, Allie, Mariann, Olivia and Deborah.

**4** Registered Nurses Tracy and Michelle in full PPE on the COVID-19-positive Soldiers' Home Unit.

**5** Colleen gifts scratch tickets to one of the Soldiers' Home residents—a highly desired indulgence for many of the veterans here at HMC!

**6** Registered Nurses: Nancy, Alycia and Raquel.

**7** Blood Donor Center team members: Marlene and Jacinda.

**8** Our Environmental Services team members, such as Susan, do the important work of keeping the hospital clean.

**9** Matching scrubs, caps and respirators can make it difficult to tell who everyone is, but we know these two Registered Nurses: Amy and Karina!

**10** Action Ambulance gifted ED team members with shirts that say "Courage and Sacrifice are Timeless" and feature an illustrated COVID-19 adaptation of the Iwo Jima flag raising. Top, left to right: Isabelle, Amy, Dr. Peters, Kyle and Christian. Bottom, left to right: Ermelinda and Jenna.

**11** Dawn, RT(R), waits to enter an emergency patient room with the portable X-ray machine.

**12** Night-shift team members in full protective equipment: Amber and Gianna.

**13** Pharmacy Technician, Marie, reloads the Pyxis medication dispensing system.

**14** Nursing leaders step outside for a "fresh air" meeting.

**15** Bill moves a pallet of rain ponchos, which will be used as protective gowns by staff.

**16** ICU team members (clockwise): Dr. Pavlov, Jamie, Alexandra, Maureen, Shannon and Lucy.

**17** One of the quieter moments in Area 19, where patients with fever/cough/flu symptoms were tested and treated.

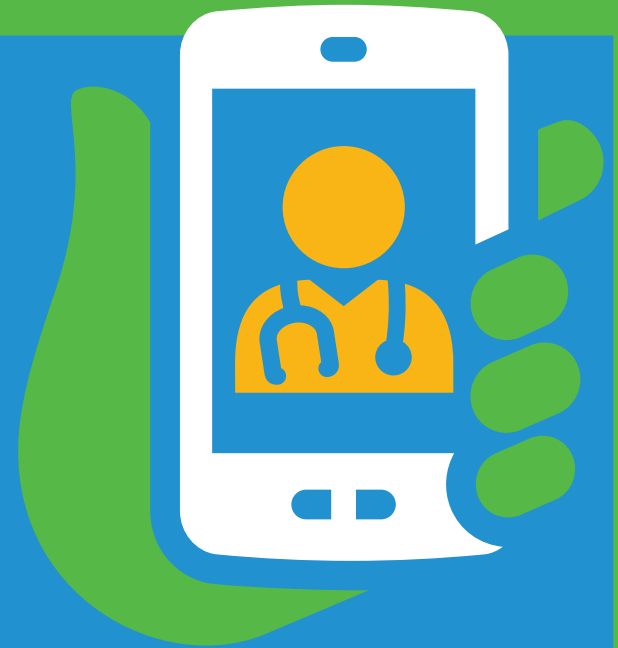
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