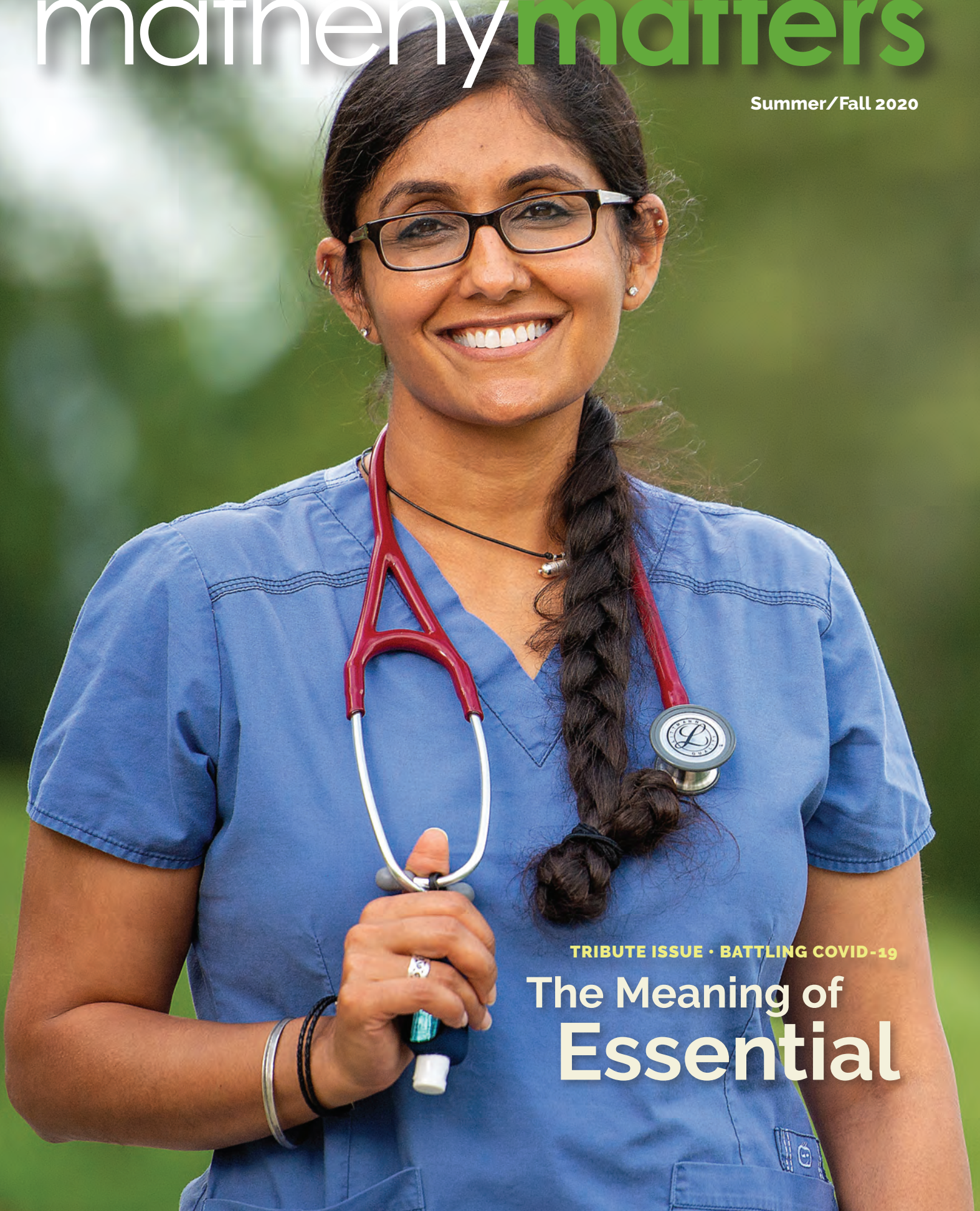


matheny **matters**

Summer/Fall 2020



TRIBUTE ISSUE • BATTLING COVID-19

The Meaning of **Essential**

Kendell R. Sprott, MD, JD
President and CEO



matheny matters

Summer/Fall 2020

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A Heartfelt Thank You

I want to extend a heartfelt thanks to every Matheny employee, patient, family member, donor, Board of Trustees member, and volunteer. I would also like to express our appreciation to the leaders and residents of Peapack-Gladstone, Somerset County, and surrounding communities who stepped forward to help us during the COVID-19 crisis. Every one of you was essential to getting our Matheny community through these critical months in the most positive and collegial way.

We all had one goal in mind—to keep our patients, and our staff, healthy and safe. Some of our patients were infected with the virus and almost everyone was affected by the social isolation and restrictions to family visits that were implemented to contain the spread of the pandemic. But as one staff member so aptly said, “Every patient was so patient.”

There is no way of adequately thanking our staff. They came to work unhesitatingly and did their best to ensure the health and keep up the spirits of the patients and their co-workers. Our personal care assistants (PCAs), community resident assistants (CRAs), nurses, doctors, housekeeping staff, dietary workers, instructors, facilities personnel and teachers all went above and beyond. In addition, many of our therapists, as well as some aides and Arts Access staff, stepped in to give hands-on care to patients as “reserve staff,” ensuring that there was always excellent bedside care for patients.

Our Matheny community also collected and donated PPE (personal protective equipment), food, and other supplies

for workers, and funds to support the many extras Matheny needed in our battle against COVID-19. This was most definitely a collaborative effort, but every individual action counted in a big way.

It was challenging and stressful to engage in the day-to-day “battle” to prevent infection, minimize the spread of the virus, save lives of those who became ill, and simultaneously attempt to preserve the quality of life of patients, at a time when their social activities and routines had to be curtailed. It’s also difficult to measure the impact to our students and adult learners with the sudden stoppage of the normal classes, travel, and other learning experiences and daily activities, which then transitioned to online activities and classes.

In this issue, you’ll read about much of what transpired in the last few months; and keep in mind that this is just a small sampling of the outstanding efforts, and achievements, of our Matheny superstars.

Last but not least, please continue to support our Matheny COVID-19 Emergency Fund, which has underwritten the purchase of PPE to protect our staff and patients, and other major efforts to pull all of us through these tough months. If not for the generous donations already received, we could not have accomplished all that we’ve done.

Once more, I want to extend my deepest thanks and admiration to all who contributed to maintaining the physical and mental health of our community. Our positive results speak to the enormity of the effort put forth in extremely challenging circumstances.

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On the cover:

Dr. Surbparkash Singh, Director of Pediatric Medical Services at Matheny Hospital

Leadership Matters

In times of crisis, good leadership can mean the difference between life and death. But what makes a good leader? Strategic and decisive thinking; the ability to plan and translate a plan into action; commitment; the skill to communicate a vision; and knowing how to build trust and motivate a team all rank high in the annals of leadership history.

When COVID-19, the disease caused by the new coronavirus, SARS-CoV-2 virus, swooped into New Jersey in early March, swift and decisive action to combat the virus was needed. Among Matheny's top leaders was the hospital's head honcho, Dr. Vincent Barba, with more than 20 years' clinical and leadership experience at Newark's University Hospital and New Jersey Medical School and eight years as its chief quality officer before coming to Matheny more than five years ago. He also holds a faculty position in medicine at Rutgers New Jersey Medical School.

Barba was certainly the right guy at the right time to lead Matheny Hospital's battle to squash COVID-19. Leaders don't cower when circumstances get tough; and Barba with the hospital's staff-teams moved unhesitatingly into what was largely uncharted territory.

What Happened When, Where?

Matheny actually started planning for COVID-19 in January, in the height of flu season. According to Barba, who is Vice President-Patient Care and Safety, and Matheny's Chief Medical Officer and Safety Officer, none of the influenza precautions that the hospital puts in place each year were dismantled. "That was our starting point. We just went forward from there," he says. By the time Matheny had

its first confirmed case of COVID-19 on March 26th, a slew of prevention measures had already been put in place and many more were to come.

Barba says these stricter infection control measures started in mid-March and just kept growing for a while:

MARCH 16TH: The Hillsborough Adult Day Center was closed; Arts Access programs were stopped; clinics were shut down; non-essential staff began telecommuting; visitors and volunteers could no longer enter the building; and home visit passes were discontinued;

MARCH 17TH: Staff were instructed about social distancing;

MARCH 23RD: 30 staff members were moved into "reserve status" for two weeks and were asked to stay out of malls and places where people congregate, and to try to remain COVID-19 free;

MARCH 27TH: Temperature screening started for all staff entering the building;

MARCH 28TH: Voluntary masking was started;

MARCH 30TH: Mandatory masking began;

MARCH 31ST: Wearing of surgical or

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Leadership Matters

continued from page 1

procedure masks was mandated. Nebulizer treatments for respiratory care were discontinued to limit virus particles in the air and replaced with meter-dosed inhalers;

APRIL 2ND: Rooms housing three patients were decompressed to two; patients who were ill were moved into therapy rooms that had been converted into bedrooms in another part of the building; HEPA filters were installed in many bedrooms; and rooms in the hospital's Red Zone were retrofitted with negative pressure air flow for greater staff and patient safety.

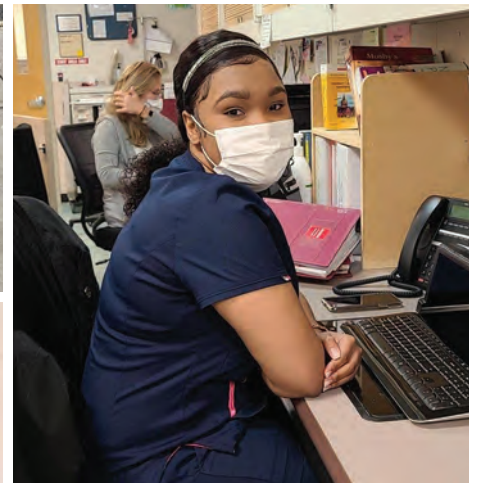
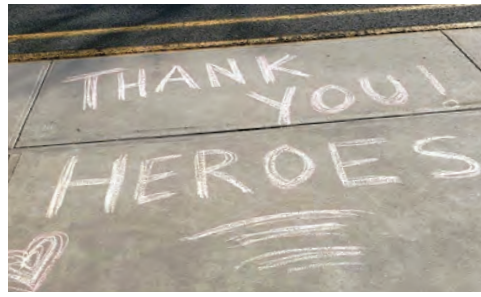
APRIL 3RD: Chemoprophylaxis with azithromycin and zinc was started for all eligible patients.

APRIL 6TH: Some reserve staff members came back to work at Matheny to perform personal care assistant duties, working directly with patients to temporarily replace patient-care staff members who could not work.

Barba explains how the decision was made to begin chemoprophylaxis: "On March 25th, I started a 'worldwide electronic tour' of clinical trials of chemoprophylaxis of COVID-19 in institutional settings. With the flu, we sometimes administer preventive medications, including Tamiflu, to some patients, sometimes even an entire unit at Matheny, to help stop the spread."

"What I found in the medical literature for prophylactic therapy for COVID-19 was absolutely nothing," he continues. "There were no clinical trials that had been completed evaluating prophylactic drugs. There were clinical trials in progress evaluating azithromycin and zinc as a preventive measure for clinicians exposed to the virus."

However, Barba felt it was crucial to try to head off the deadly spread of COVID-19 in the Matheny community. Drawing on a large body of worldwide research into viral infections and his own two decades caring for very sick patients in an academic urban health center, he devised a



Previous page, top to bottom: Kang O. Odola; Abbygail Gedeon; (left to right) Donna Allison, Zusele Psak, Marsha Magazzu; Tiffany Rosario.

This page, clockwise from top right: Virginie Chavannes; Sue Baumann; Felix Mushayandebvu; Lisa Tumminelli.

plan. He presented his plan to the Medical Executive Committee, nursing leadership, and Matheny's President Dr. Kendell Sprott, who is a pediatrician and former Acting Chair of the Department of Pediatrics at New Jersey Medical School.

It was important to Barba that he had consensus from the medical and nursing teams, as well as pharmacy leadership, because chemoprophylaxis for COVID-19 could not be recommended by anyone based on evidence, since the disease was just emerging. The medical staff was comfortable with the two drugs selected and understood the safety profiles of both quite well. Another important criterion was that both drugs were available to Matheny.

On April 3rd, all Matheny Hospital inpatients were started on a course of azithromycin (an antibiotic known to have some antiviral properties) and zinc (a trace mineral with known antiviral properties).

Was the preventive intervention effective? "We certainly think so," he says. "Most of our patients survived the infection. Many patients living in close

proximity to those who had contracted the infection did not get sick. We managed to keep our fatalities low. Unfortunately, three patients did succumb to COVID-19."

What the Numbers Say

Among his chief priorities during the pandemic's critical period in NJ, Barba counts daily searches for the newest information, even data that had not yet been widely circulated or discussed, and close monitoring of the State of NJ's and the New Jersey Hospital Association's frequent information updates. Day by day he scoured the internet for research studies, new data, drug trials, even interesting observations that could potentially save the lives of Matheny patients. And he communicated with infectious disease researchers and clinical specialists at Rutgers as well as around the world whose experiences might afford him and the Matheny medical staff an extra glimmer of insight into how this virus strikes and kills.

On April 7th, the number of infected patients at Matheny peaked at 32 patients. “After the 7th, the curve came down rapidly,” Barba states. “On April 10th, there were 16 patients with COVID-19. By May 19th, there were no patients sick with the virus.”

The medical staff began a “point prevalence surveillance program” on May 19. Beginning with three two-week cycles, the hospital took nasal swabs checking for COVID-19 infection and a blood sample to test for antibodies. Interestingly, when antibody tests were administered to all patients in May, a total of 53 inpatients had antibodies to the disease, while the medical staff had diagnosed 32 inpatients with active cases. Surveillance continues on a two-week cycle now using just the nasal swab test looking for viral RNA, considered the gold standard for diagnosing SARS-CoV-2 infection.

The results of the mass chemoprophylaxis protocol instituted at Matheny point to an intervention that may have been responsible for saving lives. “The takeaway is that out of approximately 100 patients (with medically complex conditions, living in close quarters in a long-term care special hospital), 32 were diagnosed with COVID-19, and 29 fully recovered with us. The mortality was less than 10 percent,” he explains. “We expected a much higher incidence and mortality. At the peak of the State’s outbreak, 10 percent of New Jersey’s COVID-19 cases died. The mortality rate in the most fragile patients around the world was much higher.”

“There were also 89 staff members who contracted COVID-19 and, sadly, one passed away,” he says. Matheny’s acute battle with the disease “stretched out over six weeks.”

At Matheny’s five group homes with six residents each, “not one resident got COVID-19,” he says, crediting the staff, who not only followed strict infection control protocols on the job, but “were very good about not coming in to work if they felt at all ill.”

Barba is adamant that individuals like those who reside at Matheny Hospital be included in future research studies, and he is working with the Rutgers Public Health

Research Institute to make sure that happens. “Patients like ours are missing from prior clinical studies,” he states. “They need to be included. Protecting anyone involved in any clinical research is of tantamount importance and if any research opportunities should arise for Matheny’s

“You have to have hope,” Vincent Barba, MD, says. “The media is all doom and gloom but you don’t have to buy into it. Do the simple things you can to take control.”



clients or patients, all precautions would be taken.”

The Hospital’s Director is particularly concerned about the “out-of-control immune response that many individuals have when they are infected with the virus. We need to learn how to break that immune response,” he explains, mentioning several drugs that look promising, among them Remdesivir, which is already in use.

Barba keeps a close watch on the state-wide picture. “If we can keep the reproduction rate of the virus below 1, then we don’t have an epidemic,” he says. “These numbers help to guide us in what we do.”

He’s concerned about the psychological and mental toll of the many restrictions that have been imposed on patients. “Infection control has taken precedence, but it’s a careful balancing act. Our inpatients have not been getting their full complement of therapies or their maximal recreational time,” he says. “We have done everything we could do to ensure essential therapeutic interventions are in place for all our patients, however keeping staff numbers at a minimum was necessary to prevent spread of the disease.”

Happily, some of those restrictions have recently been eased. Parents and guardians can now visit outdoors with social distancing, and more therapy is being reintroduced cautiously on a limited basis.

“Our Matheny heroes have been here constantly, slugging it out, combatting the virus, taking care of people,” says Barba. “Everyone has paid a big price. In the end, we need to have a healthy respect for this virus. Natural law always wins. Viruses take over cells in your body; their only mission is to make more of themselves. We need to prevent the spread of this illness in every way possible. The rules of protection for this virus are true for all viral disease.”

He holds out hope for the development of a vaccine, and is particularly interested in the nucleic acid platform that Moderna and other pharmaceutical companies are working on. “It’s nimbler on its feet. Nucleic acid vaccines will revolutionize the way we make vaccines and prevent infectious diseases,” he says. “You can turn around a nucleic acid-based vaccine in a matter of months.”

So, what’s the takeaway here?

“You have to have hope,” Barba says. “The media is all doom and gloom but you don’t have to buy into it. Do the simple things you can to take control. At Matheny, we came through a time of great fear in March. But our staff exhibited great bravery—they came in to care for those who are at high risk—and we managed to get through it. Planning is everything.” **MM**

It Takes a Village

The “battle” against COVID-19 brought out the best in every Matheny employee. The sense of teamwork among staff was even stronger than usual. Despite fears and stresses during the critical months of COVID-19 infection, everyone worked extra hours; every staff member was particularly supportive of other staff and committed to providing the best possible care for the patients. And everyone faced their challenges with a positive attitude. As one PCA stated: “When we came to the door of Matheny, we left all our fears behind and put a smile on our faces. We knew the patients needed that.”





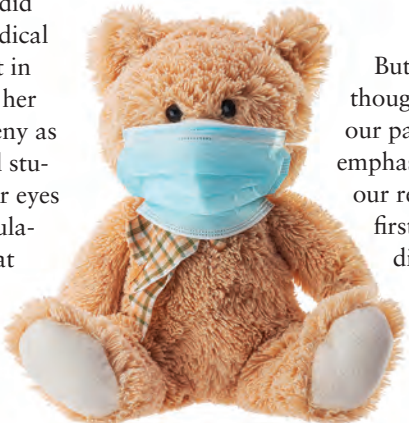
Children Get COVID-19, Too

Dr. Surbparkash Singh, Director of Pediatric Medical Services at Matheny Hospital, is in charge of the health of 28 young patients, ages 5 to 21, who are residents of the Hospital's Yellow Zone, with a smattering residing on the Green Zone. These are children, teens, and young adults with a range of medically complex conditions—many have a form of cerebral palsy, while others have Spina Bifida or a rare disorder such as Lesch-Nyhan syndrome or Angelman syndrome—that make them particularly vulnerable to infectious diseases. She also oversees the care of some adult respiratory patients who are medically fragile.

When she first started hearing about COVID-19 in early 2020, “I was so concerned for our patients. If this comes to Matheny, what will this do to our patient population?” she remembers thinking. “I had a feeling of overriding fear.”

In fact, Dr. Singh's experience prior to COVID-19 positioned her to be highly qualified to help manage the outbreak of this novel virus when it did make its way to Matheny. “I knew it was inevitable,” she states. She chose to attend New Jersey Medical School (NJMS) in Newark, and remain there as a resident, and then chief resident, so that she could give medical care to underserved inner city dwellers. She has spent the last 11 years caring for patients at Matheny.

The physician says she always knew that she wanted to be a pediatrician and her goal was to work with underserved patients, which she did in her years as a medical student and resident in Newark. But it was her time spent at Matheny as a third-year medical student that opened her eyes to the fact that populations such as those at Matheny's hospital and school are also underserved in the health care



world. That discovery led her to accept her current position that she loves, which includes teaching the pediatric clerkship program at Matheny for NJMS third-year students. She meets with them every other Wednesday throughout the year and introduces them to working with patients with developmental disorders and teaches them how to communicate with those who are nonverbal. “Unfortunately, that has been on hold for a while because of COVID-19,” she says.

While the world hoped that children would be spared this infection, Singh can attest to the fact that children get it, too. She took care of young Matheny patients who were infected with the virus.

Before COVID-19 hit New Jersey, “We thought, ‘What can we do to protect our patients?’”

SURBPARKASH SINGH, MD

But before this, she says, “We thought, what can we do to protect our patients? At Matheny, our emphasis has always been to keep our residents healthy.” Before the first case of COVID-19 was diagnosed at Matheny, “We changed our respiratory protocols and stopped using nebulizers; we came up with additional PPE; we made

sure our infection control protocols, such as zone restrictions, no outside visitors, and distance learning only, were in place and closely followed; we spaced out our patients by revamping some available space for additional bedrooms; and we gave our patients prophylactic treatment.”

Did it work? “There was infection,” she says, “but all the children made it through, so it seems the prophylactic treatment and infection control protocols worked. The kids had mainly fever and gastrointestinal symptoms, and their symptoms were much milder than the adult respiratory patients.”

Singh was also concerned about the children's mental health. “We tried to optimize face-to face communication between the children and their families with Zoom and FaceTime; and nurses stepped up communication with families, who were desperately worried and could not come to see their children.”

“I think we did a very good job. If COVID-19 were to come back, we can now do even better. We have more experience and more knowledge. Before, we were learning as we were going along.”

What's next? “Matheny's objectives have always been keeping patients healthy, and enriching their lives. Now, we can focus again on quality of life. The kids are getting therapies again, and they're having more social interactions.”

“Matheny is a wonderful place and I think it provided optimal protection,” she concludes. “It was the best place for these kids to be. We were able to pull through and do much better than expected. I'm proud to be part of the Matheny team.” **MM**

Nursing in the Time of COVID-19

Nurses were critical to Matheny's success in stomping out COVID-19 in its hospital. Their strategy is simple and effective: prepare, prevent, then fight with all you've got.

Denise King

Long before COVID-19 became a household term, Matheny Hospital had prepared for just this kind of emergency. Preventing a potential chain of infection in a long-term care special hospital requires protocols that have been developed, tested, refined, and proven effective ahead of a crisis, and can be set in motion at a moment's notice. That moment arrived on Friday, March 13, 2020.

"Safeguarding the patients is our top priority," says Denise King, Chief Nursing Officer. Matheny's safeguarding plan was already in place, when, on March 9, New Jersey Governor Phil Murphy declared a State of Emergency and a Public Health Emergency, effective immediately, to ramp up New Jersey's efforts to contain the spread of COVID-19. Starting on March 16, most non-essential staff at Matheny were directed to start working from home. Simultaneously, King divvied up the nurses and nursing administrators by zone, and no reassignment across zones was allowed. By late March, a couple of patients had been diagnosed with the virus.

"The first three weeks of April were very intense," King remembers. "More patients got sick; the intensity of patients' staffing needs began to grow; and the number of staff members not able to come to work increased." While some were sick, or quarantined, others needed to take care of sick family members, or had underlying health issues that put them at increased risk, or had children at home and no childcare plans, she explains. King and her managerial team sprang into action as frontline nurses, delivering care, even on the night shift.

Making sure there were an adequate number of nursing personnel to safely

care for patients around-the-clock became King's primary focus, as well as ensuring that those staff members were quickly "fit-tested" for N95 respirator masks, and were provided with all other necessary personal protective equipment (PPE). King, with the Director of Respiratory Therapy, Gino Custode, and the Director of Therapies, Cindy LaBar, made sure all appropriate staff members had adequate and properly fitting PPE.

King says that all patients were treated with chemoprophylaxis, including a Z-Pack (azithromycin, an antibiotic usually used to treat bacterial infections such as pneumonia, but thought to have antiviral activity) and zinc (a trace element thought to have antiviral activity) in early April, a strategy that she thinks had positive effects. "The pharmacy was working long and hard," she says, to get this going quickly for 100 patients. Meanwhile, the Facilities Department worked on some rapidly deployed, important changes to the physical plant, including the decompression of patient-rooms by converting rooms in the "therapy wing" into additional patient bedrooms.

Starting on March 31, certain procedures and treatments deemed "dangerous"—including nebulizer therapy, suction tooth brushing, and showers—were stopped. "We needed to limit possible aerosolization of the SARS-CoV-2 virus," King explains.

A "command center" was created to help ensure that all staff were in sync with the latest directives. "It was a constant balancing act," says King. "For instance, all non-emergency medical trips were cancelled starting on March 13. We stopped anything that might put patients and staff in a risky situation."



How did the nursing staff get through the worst moments of the crisis? **"We got through on teamwork,"** states Denise King.

King, like all Matheny staff who give direct patient care, is hyper-vigilant concerning infection prevention. She did everything possible not to carry the virus home to family, or from family back to her patients. In-person family gatherings of any size were out; Zoom gatherings and ride-by celebrations took their place; she kept her distance from everyone but her husband after leaving the hospital; and always put all her clothes immediately in the washer when she returned home from work. Back at work, she wore a gown, gloves, hair covering, shoe coverings, and a face shield over her N95 respirator mask when needed.

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She says the NJ Hospital Association's half hour conference calls with hospital personnel across the State every Monday, Wednesday, and Friday helped to see the Matheny staff through the crisis. "We listened, we communicated, we gleaned vital information from each other," she says. "Those three to four weeks in April were really challenging, but the patients were incredibly patient."

What got the nursing staff through the worst moments of the crisis? "It was teamwork," she states definitively. "We got through on teamwork."

Kristen Manthey

Kristen Manthey is Matheny's infection control nurse and, as such, her role in Matheny's fight against the spread of the novel coronavirus is critical. It's a battle that has kept her on her toes for several months. So far. New information about the virus and its spread must be dispersed to all staff immediately, decisions regarding patients' health and safety made quickly, and response time to emergencies needs to be instantaneous—all to thwart the spread of a potentially lethal disease.

Manthey is part of a team that includes a physician, who is head of the Infection Control Committee, and an employee health nurse. They work closely together to prevent and stamp out any infection that threatens to affect this extremely vulnerable population, and simultaneously to protect the staff. Manthey worked in the mental health field for several years prior to her first job at Matheny as a floor nurse, which she held for six years before moving on to her current role 10 years ago.

What is the primary tenet of infection control? "Prevention," she says emphatically. "You have to prevent before there's a full-blown outbreak."

"But some things are unavoidable," she continues, pondering how COVID-19 entered Matheny's hospital. "We live in a densely populated state; and no one could have foreseen this virus." In mid-March, the infection control team activated its emergency plan: restrict patients to a single unit; restrict staff to a single unit; only allow essential staff on campus; and follow all infection control protocols.



All in all, "we were better prepared for this than most organizations," says Kristen Manthey. "We have an outbreak plan, which all our staff and reserves are familiar with. It proved effective."

Right after the first two Matheny patients were diagnosed with COVID-19, all patients were restricted to their rooms, and most three-bedded patient rooms were decompressed.

The challenge with a new disease is that the protocols issued by the CDC and the State Department of Health are constantly changing, according to the most current information, she says. Advice is often modified on a daily basis. Manthey dedicated a lot of time to keeping up with the newest advisories, and then ensuring that all staff had constant updates. "I put out a daily email, and sometimes two or three emails a day, as well as informing staff in person," she says. "And I made sure that all employees had what they needed to do their jobs safely."

Heading that list was personal protective equipment, called PPE, for everyone working with affected patients. "We had enough gowns and N95 masks," she says, "but we needed to take some conservation measures. We were able to acquire more PPE with help from the county and generous monetary donations from Matheny patients' family members."

Manthey accomplished all her tasks by making herself available to Matheny's clinical staff both night and day, seven days a week, during the height of the crisis. "She is a vital resource for frontline staff and management, and balanced the needs of patients and staff expertly, while negotiating the outbreak with a calm objective demeanor," says Dr. Vincent Barba, VP of Patient Care and Safety.

"Kristen always exhibits the utmost professionalism and expertise in nursing and infection prevention," he says. "She is an enormous asset to Matheny and the persons it serves. She deftly balances the needs of staff, patients, and our regulators while never losing sight of the primary objective—keeping patients safe."

Manthey highly commends the "reserve staff," 30 to 40 employees whose jobs do not generally call for direct "activities of daily living" patient care, but who stepped up to be trained and work with patients during the period of staff shortages. "Most are therapists, who are already familiar with the patients and do some patient care, but generally they do not do feeding, changing, and cleaning," she explains. "Each reserve staff member was initially paired with a personal care assistant (PCA) for training, then worked on the unit giving direct care to patients."

"This was all in place as part of our pandemic planning," she continues. "We were prepared for what we would do if a third of our direct care workforce was out. We did have a third out, some who were ill in varying degrees, and some quarantined because of exposure at home or on the job. Those employees could not work with our patients for 14 days, even if they had no symptoms."

Since not much testing was available in March, Manthey says by early April, "we presumed all sick patients were positive

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Joan Ray

Patient Safety Starts With Employee Safety

In matters of employee-health at Matheny, the buck stops at Occupational Health Nurse Joan Ray. Believe it or not, she knows almost all the names, and most of the faces, of the more than 500 staff members who keep Matheny's specialty residential hospital, five group homes, and renowned school operating at the top of their game. "Patient safety starts with employee safety," she states firmly.

Ray has been working at this job since 1994, and started as a per diem nurse at Matheny in 1984, with a few years "off" around the births of her three children. Before COVID-19, her workdays were primarily taken up with being a first stop for all newly hired employees; providing first aid and an initial assessment for employees injured on the job; and administering yearly flu vaccines at all Matheny sites around-the-clock with some help.

But that changed radically when the viral infection advanced into New Jersey during late February and early March. Worldwide travel was certainly a factor in the spread of the novel coronavirus into the metropolitan New York area. At Matheny, where many employees are first-generation Americans who visit family and friends in their birth countries, the return of employee-travelers became a concern.

"We have a very culturally diverse staff here—from Asia, Africa, South America,

the Caribbean islands," states Ray. When COVID-19 came into the State, Ray says she needed to contact staff who had traveled abroad "and make people aware that they could have contracted a dangerous virus, and could possibly pass it to patients." Ray used a screening tool, consisting of a series of questions, and Matheny did temperature screenings of all employees, to help determine if an employee could be infectious.

"Our staff understood, and everyone was concerned for patient safety," she says. "I made a lot of calls to employees when the virus was exploding in the State. We knew then that fever, cough, and shortness of breath were common symptoms."

"If an employee had even one or two of these symptoms, they were not allowed to work," she states. Also, those staff members who had worked with patients who became symptomatic or tested positive for the virus needed to be followed closely by Ray. "I called them every day, or every other day, to check on how they were feeling."

By April, nausea, vomiting, and loss of the sense of taste and sense of smell were added to the list of symptoms and became part of the screening. Ray says she was on frequent conference calls with Matheny Hospital's infection control team from mid-March until mid-June, a period that was "pretty intense."

"People were totally frightened by the virus," she says. "It totally changed my job. I was on the phone with employees all day long, every day of the week. I was really feeling their pain."

"When an employee started having symptoms, they were scrambling. First they wanted to know: how can I protect my family?" she remembers.

She recalls that sometimes "the calls were a wonderful thing. Other times, the employee sounded isolated, scared, and

"Everyone understands that there has to be full transparency here. We have to protect our medically fragile patients," says Joan Ray.



sick. A few went to the ER for observation but were not admitted to the hospital. Sometimes, the person was doing pretty well in the beginning, and then couldn't even hold a book up on the fifth to eighth day. In some cases, there were spouses working at Matheny, and if one became sick, the spouse had to stay out of work, too."

Of the more than 100 employees with confirmed or suspected COVID-19, two were hospitalized, and, sadly, one died. "It was such a hard time," she says. "Everyone was depending on us to help them."

If COVID-19 comes around again, Ray says everyone will be better prepared.

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The Meaning of essential



Marcia Brown Rose

Matheny's personal care assistants (PCAs) have always been recognized as essential, but in April and May, they became indispensable in ways previously unforeseen. During the most critical days of New Jersey's virus spread, with the number of Matheny employees reduced by illness, quarantine, underlying health conditions, and family needs, Matheny staff came to better understand the role of the PCA as a lifeline for patients. Many patients are completely dependent on PCAs for the spectrum of activities of daily living: bathing, eating, dressing, getting in and out of bed and into a wheelchair, safely changing positions in bed, and using a toilet or getting a diaper change. Life for Matheny residents cannot go on if the PCAs are not there.

Now enter COVID-19, which not only affected the health of some residents and "locked-down" everyone in their rooms for a period of weeks, but kept family members at a distance, and waylaid some employees. However, there were staff members who never missed a day of work, recognizing how crucial their presence was at Matheny, and how now, more than ever, what they provided was essential.

The word "essential" has become absolutely essential to our vocabulary during the COVID-19 crisis. Essential workers are indispensable, all-important, critical, necessary, life-saving, but often not accustomed to the limelight. Many are hands-on patient care providers, who have risked their own health during the COVID-19 crisis, encountering extreme physical and mental exhaustion, day-after-day, working to pull very sick patients through life-threatening crises, tending them with compassion and kindness. "Essential" workers have even stood in for family members, doing all they could to fill that painful absence.



Ethredge Hansen

“The PCA does for patients whatever patients cannot do for themselves,” says Dr. Peter Longa, Director of Personal Care Assistants and Community Resident Assistants. He was a PCA for a decade, has worked at Matheny for 25 years, and holds Masters of Science in Nursing and Doctor of Nursing Practice degrees. He is also an advanced practice nurse (APN).

“If not for the PCA, that patient could be lying in bed all day,” he states. Dr. Longa directs the work of 150 PCAs and 50 CRAs (community resident assistants), who provide 24-hour care for all Matheny’s hospital and group home residents, and students. When hiring a staff member, he always looks for “someone who is patient, caring, and compassionate. This job is all about caring.”



Dr. Peter Longa

Take Ethredge Hansen for one. She’s worked at Matheny for 14 years in the same department, moving from a PCA position to a supervisor and now a manager in charge of nine supervisors, who direct the efforts of all PCAs. Her prior work experience included four years of therapeutic work with individuals with mental challenges and a job at “a wonderful group home that gave me the background to work at Matheny.” Even after she learned about Matheny and expressed an interest in working there, it took nine months before she was called, but then just a short telephone chat to be invited in for an interview. Why? “They wanted to meet the person with the strange

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Meet PCA Hyacinth Wright

Hyacinth Wright has worked as a PCA on Matheny Hospital’s Red Zone since 2011. Her 7 AM to 7 PM shift is filled with constant activity; she often works with three or four patients on a shift. Wright has several underlying chronic medical conditions, “so it was scary going in to work every day,” she says. “But I knew that I had to be there for the patients.”

And she was there for every one of her assigned shifts during the crisis. “When I come to the door of Matheny, I leave all my fears behind and I put a smile on my face. I know the patients need that,” she tells. “We needed to show even more love for patients during this time. Some patients were afraid. Their families could not come to see them. We tried to keep them calm.”

She remembers providing encouragement to other PCAs. “It was so busy during that time, but everybody came together as one, and we got the job done. No fighting, no arguing. We knew we had to be there to get the patients up and out of bed,” she says. “And the reserve staff helped so much. Everybody was so willing.”

COVID-19 put a strain on everybody, but “things are so much better now,” Wright says. “There are no infections. The patients can go outside. Everybody is happy.”

Being an essential worker is important to Wright. “I feel so attached to the patients—I’ve known them a long time. I like to make them laugh; and they really appreciate us. I love my job.”



Meet PCA Toyin Akinpeloye

Toyin Akinpeloye has worked on Matheny Hospital’s Yellow Zone for 15 years, where her job involves supervising the PCAs, who take care of patients and get them ready for their different daily activities. As a supervisor, she gets updates from the previous shift on each patient’s status report; ensures the patients are safe and comfortable; and always tries to create an environment that is conducive to peace and the patients’ well-being. Making a difference in the lives of patients as well as the PCAs is her highest priority, she says.

“Before the virus, the PCAs would take patients to school, recreational activities, and programs. Their assignments varied day by day,” she explains.

However, after the hospital’s first cases of COVID-19, the patients were initially in lockdown in their rooms. “That was very tough,” she remembers. “We had to make sure everyone followed infection control protocol for the safety of our patients and staff.”

Akinpeloye feels lucky to have stayed healthy. But she says it was a very difficult and emotional time for the patients. “Some knew what was going on and some did not understand. We talked with them, trying to explain,” she says. “Even though families could not visit, we made sure we brought a beautiful smile to patients’ faces, because they missed going to all of their activities.”

It’s summer now and patients are gradually resuming their activities. “We can take them outside five at a time,” she says. “Each zone is assigned their own playground and we continue to maintain social distancing.”

The patients are very appreciative and much happier. “Everybody is fine now, Thank God!” she says. “We survived it. We were emotionally drained but we are all better now. Life is coming back to normal.”

What are her hopes for the future? “We always want to make the patients happy,” she says. “We are all in this together. We don’t want anyone to ever feel they are alone.”





All Hands

Onboard

Cindy LaBar



Heroism is certainly not confined to the battlefield. Health care workers on the frontlines have likened their efforts to thwart the spread and damage of COVID-19 to a war-like battle. Hospitals have been overrun, personal risk has been high, employees have worked to the point of total exhaustion, and “reserves” have been called in to relieve staff pushed to the brink.

So, what kind of person willingly walks onto a battlefield for “active duty” with eyes wide open? Many would call that person a hero. At Matheny, when reserve staff were needed, many employees readily stepped into direct patient care roles at the pinnacle of the COVID-19 crisis. But none see themselves as heroes. All agree that it was just the right thing to do.

Managing Available Resources

The priority of any hospital is taking good care of its patients. In times of epidemics, in a hospital whose patients have complex medical conditions, that charge can present huge challenges. One of the biggest is how to provide adequate staffing when a sizeable number of staff are unable to work for a period of time.

Matheny was better prepared for COVID-19 than most hospitals since its “epidemic plan” had been tested and refined through the years. Its first action—lockdown of patients and staff to one of three hospital zones—means no staff can work on more than one zone even when staff shortages occur.

The plan for providing reserve patient-care staff was also in place long before COVID-19. Cindy LaBar, Director of Therapeutic & Rehabilitative Services, says that staff members were asked to step out of their typical job duties and fill in as PCAs [personal care assistants] during the most critical time. Approximately 30 staff members stepped up. “Many were therapists; others included physical therapy aides, recreation therapy assistants, adult services instructors, and Arts Access staff,” she says. “We assigned the staff by zone, Red Zone first since that’s where the need was greatest.”

LaBar, who took on the role of assigning and managing reserve staff, said she and her team tried to diversify by specialties, placing occupational, physical, speech, recreation and music therapists, and adult instructors, on every zone when possible.

“Their instructions were to act in the role of a PCA, a role that was nothing like their usual job,” she explains. “They were bathing patients, changing diapers, putting on orthotics, helping patients get dressed and eat; they were making beds and putting away laundry. In addition to this new role as a PCA, the therapy staff were continuing to address any urgent therapeutic needs for all of our patients.”

Some reserve staff were assigned nonpatient-care tasks, such as stocking supplies, and picking up and delivering medications and clean laundry. “They helped make life a little easier for the hands-on patient care staff and ultimately for our patients.”

LaBar herself pitched in with hands-on care where it was needed. “Everyone was anxious about the virus, about doing a job that was not their typical role, and working with a different team. Schedules changed frequently. There were so many moving parts and many incredible team players that stepped up to care for our patients,” she explains. “This group of hands-on patient care staff is to be commended for their time, positive energy, and dedication to our patients.”

“Our patients needed the reserve staff

and the PCAs needed assistance. The reserve staff that came to help were all very accommodating and flexible,” she says. “The Therapy and Adult Services staff complete annual competencies for lifting and positioning, mealtime strategies, and dressing. Being up-to-date with these skills made the transition into a new role a little smoother for them, yet still presented challenges.”

There were still many tasks and processes that the reserve staff needed to learn on the job. “There is a lot that goes into caring for our medically complex patients,” says LaBar. “The PCA and nursing teams assisted the reserve staff in learning many aspects of the job.”

As part of the infection control effort, the hospital created additional patient bedrooms in the therapy wing, and “everything had to be reorganized. There were a lot of transfers going on,” she states. “Everyone was exhausted, but the staff was inspiring. They always put the patients first—smiling, joking, laughing, engaging the patients as much as possible, and never showing them their fatigue or anxiety. This was truly remarkable given the circumstances and one of the many things I am most grateful for.”

LaBar is now back in her regular job full time and many therapists are back doing therapy again. Matheny is returning to normalcy. But will things ever be the same?

“By working so closely together, the PCAs and reserve staff developed connections that will change how they relate to each other in the future,” she states. “Everyone was supportive of each other. There’s a stronger sense of teamwork here than ever before.”

It Takes a Village

Katrina Low-Ber, a physical therapist at Matheny for just over three years, became a “reservist” during the peak COVID-19 period. She describes her job prior to this as a “Jack of All Trades”—doing fixes on wheelchairs, attending to skin breakdowns, providing individualized physical therapy (PT) treatments, accompanying clients to seating clinic (wheelchair), psychiatry and other clinics. She also assisted patients with

horseback riding—skilled therapy sessions utilizing equine movement—at Mane Stream in Oldwick each fall, ice skating sessions in the winter, and swimming in Matheny’s outdoor pool in the summer.

In mid-March, most therapy was discontinued, and therapists were on leave for two weeks. But on March 26, the five hospital physical therapists, as well as other staff members, returned to work as PCAs. “I was just happy to be back,” she remembers. “I have a feeling of anxiety when I’m away from here. This is a very compromised population.”

Assigned to the Hospital’s Red Zone, she says zone restrictions were strictly enforced. Staff and residents must stay on their assigned zone. “Initially, preventing

“It takes a village,” says Katrina Low-Beer. “I’ve always known that. But now I appreciate that even more.”



the germ from spreading was the priority,” she explains.

Although she has always done some hands-on care of patients, “I had to learn the nitty-gritty,” she says. “For instance, I had never done much patient-feeding, or oral care.” The first two weeks were challenging, she remembers.

Low-Beer served fulltime as a PCA until the week of May 17, when she started back to being a therapist. “I learned a lot,” she says. “I learned so much more about the patients as individuals and built stronger relationships with them. I also got

a whole different appreciation for the PCA staff and what they do.”

Did she feel protected from this contagious virus while giving direct patient care? “Definitely,” she says. “There were enough safety measures in place to assuage any fears of contagion. And we were very careful.”

Working on the 3 to 11 PM shift, she says time went quickly: “We were always busy—bathing, showers, dinner, changing, repositioning, getting ready for bed. You think you know the clients, but you got to know a whole extra layer as a PCA.”

“We were able to keep most residents with COVID-19 inhouse and take good care of them,” she says proudly. “It takes a village. I’ve always known that. But now I appreciate that even more.”

Life on the Frontlines

Met Ronni Armellino, an occupational therapist (OT) who has worked at Matheny since finishing graduate school in 2008. When COVID-19 hit New Jersey, shutting down schools and putting Matheny Hospital’s patients into lockdown, initially many therapists were placed on leave for two weeks. “I was flooded with feelings of disappointment,” she says. “A lot of us wanted to stay and help. We care deeply for the patients and we were concerned, and we did not want to abandon the nurses and the PCAs.”

In late March, the occupational therapist returned to Matheny to assist with temperature screenings of staff, and shortly thereafter, “The therapists were asked to return to work as PCAs, not to do therapy. We came back with no hesitation,” she remembers.

Armellino was assigned to the hospital’s Red Zone, where initially the need was greatest, and she signed-on for a mix of the 7 AM to 3 PM and the 3 to 11 PM shifts weekdays, and for weekends as needed. Her husband, a teacher, was working from home, and they took turns looking after their two children, ages 8 and 4.

As a reserve staff member, she worked alongside nurses and PCAs to care for patients, helping with showering, dressing, bed positioning, changing, bathing, and

feeding. “I had a decent handle on how to do these things, but there was still a learning curve, especially with people I didn’t work with on a regular basis,” she says. “There was a lot to keep track of with each resident’s individual personal care needs that are best known by the caregivers. PCAs are with them at their most intimate times of day, and many of our nurses and PCAs have years-long relationships and know the residents so well. I’m grateful that the PCAs were so patient during our learning period.”

She says many residents were feeling sad and confused. “They were not hearing the same voices or seeing the same faces. And we were facing a lot of unknowns. But you have to put your own stresses aside and connect with the patients. With time, we felt more relaxed.”

At the peak of the pandemic, when the emotional toll on residents became more apparent, the staff started doing FaceTime or Zoom calls connecting residents with their loved ones. “I think this was the highlight of everyone’s day. To see that connection—even through a computer screen—was a bittersweet and heartwarming experience.”

Armellino describes her two-month reserve job as “an eye-opening experience, a humbling experience, an often-tiring experience. You come to understand the word essential. At the end of the day, you have to make sure the residents’ basic needs are met, but also balance that with their social-emotional and activity needs.

“Often, we acted as both PCA and therapist in order to take care of various needs that are a part of our role as therapists, such as equipment and wheelchair issues, feeding and independent eating skills, bed positioning concerns, and skin integrity,” she explains. “These were still essential and still needed to be addressed on a daily basis. We always kept that in mind.”

Now back to her work as an occupational therapist, she says that many frustrations and fears still linger. “We are currently required to work under many restrictions, which is very different from our prior roles as therapists at Matheny,” she says. “Overall, we work under the guiding principle of ‘provide the least restrictive environment possible’ in order



Ronni Armellino

to allow those with disabilities to reach their highest potential, achieve the most independence possible.”

“The pandemic has made this difficult,” she states. “We are all working as a team to come up with new and creative ways to provide meaningful and therapeutic activities throughout the day, while keeping everyone safe and healthy.”

Boots on the Ground

Kim Foreman, Director of Quality Improvement and Patient Safety, has worked at Matheny for five years following a long career, first as a cancer nurse and subsequently in the quality improvement and hospital patient safety field. Raised on a ranch in Texas, she and her husband ventured north for her husband’s job, and they stayed—raising two children in New Jersey.

She describes her work at Matheny as “collecting, analyzing, and using data to improve processes, and trying to develop new and better processes.” With additional background in risk and emergency management, she was eager to jump in and help organize an effective response to COVID-19.

“Infection Control is part of the Quality Improvement/Patient Safety team. Before this pandemic, our infection control experts had a lot of things already in place for flu season,” she says. “First, they restricted residents and staff to a single zone. Next, patients were restricted to their rooms. Later, three-bedded bedrooms were decompressed by creating new patient rooms; and Facilities Management put windows in the patients’ doors so staff could check on them frequently without entering the rooms; and installed negative pressure in many bedrooms to help contain the spread of the virus. There was great teamwork.”

When staff temperature screening was started at the end of March, Foreman helped coordinate the screenings. “I’m a nurse and I wanted to help, so it made sense. We had screeners at four doors at various times, each day including weekends. Our job was to try to keep COVID-19 out.”

Once the virus got into Matheny, it moved quickly. “But we got it corralled rapidly, too. We had plenty of PPE and test kits. After a while, if anyone showed any symptoms, we presumed they were positive and implemented necessary precautions.”

Staff generally stayed home if they were not feeling well, protecting residents and fellow staff members. However, this created a staff shortage, which was remedied by bringing on reserve staff. Foreman helped coordinate “the runners,” reserve staff who did nonclinical duties to help the hands-on staff. They identified many processes to help save time and provide ongoing assistance to the caregivers.

She and her QI/Patient Safety team spent most of their time in the Spring months collecting, organizing, and reporting data that streamed in daily. The data were provided to the executive team and various regulatory agencies. The agencies requested the data on a daily basis.

When she screened staff in the afternoons and evenings, she wore a mask, gloves, and her glasses as eye protection, but was not worried. “I had no patient contact. I gave each staff member a medical mask and hand sanitizer at the door, and asked each person how they were feeling and documented it. We sent anyone home who did not feel well.”

What could the hospital have done better? “We are surveying our staff to obtain that very information. We will then have meetings where the suggestions will be reviewed and action plans developed,” she says. “We will definitely do more training to get ahead of another pandemic and be more ready to jump in.”

“Things were changing so fast. Every day there was something new,” Foreman continues. She says data reports were submitted daily, “but initially, staff had to get used to the reports and some information had to be reported slightly differently to fulfill various agencies’ requests. The next time around, the QI/Patient Safety Department will coordinate reporting from the start to standardize the process.”

“Data is not glamorous. It’s behind the scenes work,” she states, “but we hope to use it to improve processes that make the lives of patients, caregivers, and those who care for the caregivers easier.”

She commends all staff for “settling in, and getting the work done. We did the right thing for our patients; we protected ourselves; we built strong teams. Overall, Matheny did a great job.” **MM**

The Zoom Boom

Matheny's group home residents—living in five different houses located in Somerset, Sussex, and Warren counties in New Jersey—never envisioned themselves logging on to their computers from home each weekday to take classes and visit with friends. In pre-pandemic times, they trooped off happily every morning, Monday through Friday, to the Adult Learning Center at Hillsborough, where they met and chatted; attended daily classes, including adaptive sports, creative arts, group exercises, and wheelchair yoga and meditation; participated in club meetings; played board games; celebrated events; and ventured into the community several times each month for social and volunteer activities.



So, when the spread of the novel coronavirus shut the doors to the Hillsborough Day Program in mid-March, leaving residents quarantined in their group homes, it was a sad day indeed. Luckily, all had learned basic computer skills in the Hillsborough Center's technology/computer lab, equipped with 14 computers and six iPads with special switches and assistive technology. Most participants had also learned how to work independently on their own devices to write and send emails, access music via iTunes, and even play video games.

By early April, when the Adult Day Center's program coordinator, Todd Deremer, along with instructors at the Center, realized that the stay-at-home orders could extend several more months, they jumped into action. They decided it was time to create new programs, accessible online for the Center's 30-plus participants in multiple locations (in the group homes plus several participants who live in the community with family or independently with help from aides). This would be a new venture for all of them—instructors, group home staff, and clients. Everyone enthusiastically stepped up to the challenge.

Zoom was not in many people's vocabulary before the pandemic set in. But



and crafts, and a wheelchair yoga class, which includes gentle stretches, that Rutecky co-teaches with another instructor, have been other client-favorites.

Shortly after the program had closed in March due to COVID-19, instructors

to have a one-on-one conversation with a staff member, or two clients to chat with each other and a staff member from the Center.

“We’ve expanded the virtual programming, offering all clients additional opportunities for daily participation,” says Deremer. “Those who requested more classes will be offered two one-hour classes in the morning in addition to their one-hour group and one-on-one sessions in the afternoon. Clients are paired with peers from each group home or community residence.”

Science experiments; reading groups; virtual visits to museums and other U.S. landmarks and virtual travel to far flung locales to experience different cultures, followed by discussions; a theme week about the shuttle launch and space travel with Deremer providing a home-made-rocket launch as the finale; virtual cooking demonstrations by instructor Jonathan Riano; and experiencing the “hidden rides” at Disney World—all of these have been incorporated into the Zoom curriculum. Board games like Connect 4, Sorry, and Memory; and checkers and chess have also proven popular. With Webcams placed strategically, everyone can see and take part in the happening of the hour.

Deremer has also conducted a virtual summer campfire, complete with campfire stories and memories told by group members; scored a baseball game using official MLB symbols while watching an archived world series game with participants; and conducted a virtual wood-working class where a tablet-mount was constructed for a group home resident to use for Zoom group sessions.

He points out that many musical artists are livestreaming from home, and that couch choirs and orchestras are also on their Zoom watchlist. “We get music from these artists, share it with the group, and residents weigh-in with a thumbs up or thumbs down,” he continues. “These types of music groups allow clients to recognize that everyone has been affected and that we are all in this together.”

Clients often suggest topics for upcoming meetings. Enthusiasm for all the programs is still running high more than 12 weeks after the Zoom Boom began.

magically it appeared at just the right time; and the Adult Learning Center’s instructors quickly understood how it could benefit their clients. Each participant has different skills, abilities, and interests; and the virtual experiences needed to be accessible to all of them, and also highly interactive, according to Deremer. Instructors obtained the clients’ personal devices from their homes to set up for Zoom participation; and with help from IT, transportation, and group home staff, they made sure every client had a personal device that was ready to go within one week.

Next the instructors needed to plan learning and social activities that would work on Zoom. Lisa Rutecky, who has worked at Matheny for 15 years, 13 of them at the Hillsborough Center, had run three “groups”—or classes—there each weekday until the March shutdown. A disability awareness group based on book and movie discussions; a power wheelchair driving group, to work with clients on such challenges as “negotiating turns and driving through crowds”; and a class that publishes a newsletter several times yearly, featuring the clients’ articles, movie reviews, and creative work, such as poems, have all been favorites over the years. “We tailor classes to the clients’ interests,” she states.

She also runs a popular video yearbook group, in which participants create a slideshow that features events and activities of the past 12 months, which they put to music. “We document what has gone on that year; and show the video yearbook to everyone at Thanksgiving time,” she says. “Everyone enjoys it.” Arts



started providing programming at each group home for the residents. But by early April, when the infection started spreading more rapidly, the instructors could no longer go inside the homes. “All of the activities stopped suddenly and we felt terrible for the clients,” she remembers. It was time to switch gears.

The Zoom classes proved to be a hit from the start. “Clients were so excited to participate,” Rutecky remembers. “Clients and staff were so happy to reconnect with one another, and that same enthusiasm still exists today, three months later.”

Class sizes were small—about six people—and classes were offered to two groups from 9 to 10 and two groups from 10:30 to 11:30 each morning, and to three groups from 2 to 3 each afternoon. Small-group meetings, one or two clients with one staff member, were available by request daily from 1 to 1:30 PM. Rutecky says these half-hour sessions allow a client

“We’re currently planning our 20th annual Fantasy Football league, one of the most anticipated events of the year. Clients will draft players for their individual teams. Some have participated in the league all 20 years. This year it will be a bit different,” he says.

“There is a lot of planning involved beforehand for all Zoom activities,” Rutecky points out. “Everything needs to be absolutely ready to go.”

“Zoom classes are even helping some participants to thrive,” she observes. “There are clients who may be overwhelmed by in-person group activities and are generally very quiet. We’re seeing a whole different side to some personalities.”

The staff fully understands that without visitors to the group homes and trips to the Hillsborough Center and out into the community, “we are their connection with the world and each other. While Zoom certainly does not replace face-to-face interactions, the technology allows clients to regularly see each other and the staff, and is much needed for everyone involved,” Deremer points out.

“This period of time has been so hard for the clients. They just want everything to be back to normal,” Rutecky states.

“But the Zoom classes have been a lot of fun, and have helped to keep up everyone’s spirits.”

Is there anything particularly exciting on the summer-calendar? Actually yes. Rutecky is planning a special Zoom program with her sister-in-law in Chicago, who is part of a Hawaiian dance group. The dancers will explain the instruments, talk about Hawaii, and give background on the Hula before demonstrating the dance. Perhaps Matheny participants will even be inspired to try some of the Hula movements with long-distance instruction.

Rutecky says that Zoom has given her a whole new appreciation for the friendships among clients. “They’re so excited to see each other,” she says. “They really care about each other.”

“With the virtual classes, they can see each other, and I can see them. **They don’t feel so isolated,**” says instructor Jonathan Riano.

“Aside from a few minor hiccups in the beginning, it just took off from the start,” Deremer concludes. “We had no idea it would be this successful.”

Music, Meditation, More

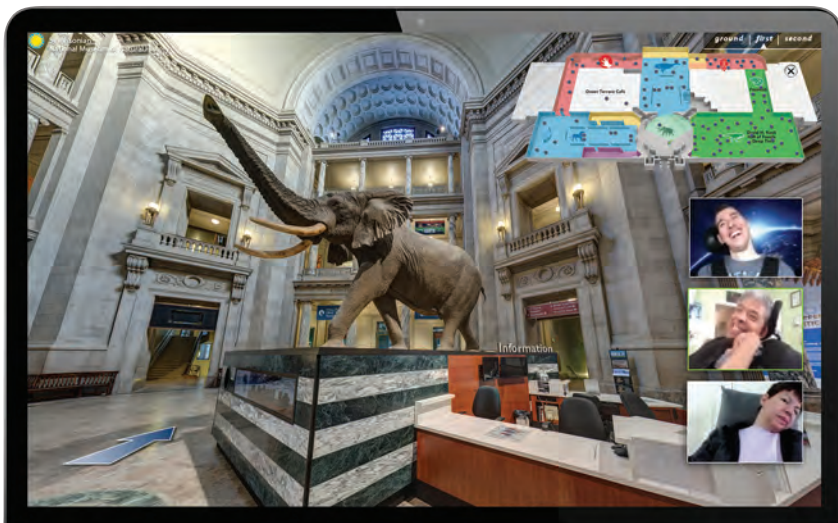
Jonathan Riano, an instructor at the Adult Learning Center at Hillsborough, absolutely loves his job. But he didn’t come by it quickly, or easily.

A minister who oversaw a district composed of 10 churches in the Philippines for more than 10 years, he came to the US to join his wife, who had started a nursing job at Matheny in 2006. “I wanted to keep my family together,” he says.

But finding chaplaincy work in his new country was difficult. Initially, he took on a series of restaurant and sales jobs to pay the bills, then went to Maryland where he was offered a position in his field. But it was too far from his family. In 2010, he successfully applied for a job as a personal care assistant (PCA), working on Matheny’s main campus, and then moved to the Hillsborough Center as a PCA in 2015. The match with Matheny’s clients and mission was instantaneous and very positive.

In 2018, there was an opening for an instructor at the Adult Learning Center, and Riano successfully applied for the job. The new role would allow him to develop different skills and interact in new ways with “this community of students, whom I love serving,” he says.

Riano plays guitar and keyboard, and shares a love of music with many of the Hillsborough clients. Before COVID-19, he led music classes that provided students the opportunity to play musical instruments like guitar, piano, and drums using an app with an iPad with hand-over-hand assistance; conducted the adaptive sports program, including basketball, baseball, bowling, hockey, miniature golf, bocce, corn hole, and a Ninja Warrior exercises-activity; and offered meditation classes with aromatherapy and relaxing music. Alternate positioning sessions, in which clients are helped out of their wheelchairs



where they spend most of their waking hours, and onto beanbags, where they can stretch and move differently, were also an important aspect of the Center's offerings, according to Riano. He and Hillsborough Center director, Todd Deremer, played guitar together, to set a positive and relaxing mood for clients during these sessions.

When the Adult Learning Center closed in mid-March due to COVID-19, Riano, like other staff members, started creating new virtual offerings. Since April, "We've studied animals—many different kinds; and states of America, using maps and learning new information about each state. Students have also participated in activities such as Mad Libs, Jib Jab, and music trivia quizzes; and created comic strips," he says. "They write poems, read books, and have taken virtual tours all over the world. You have to offer variety. Every class is different. They love it."

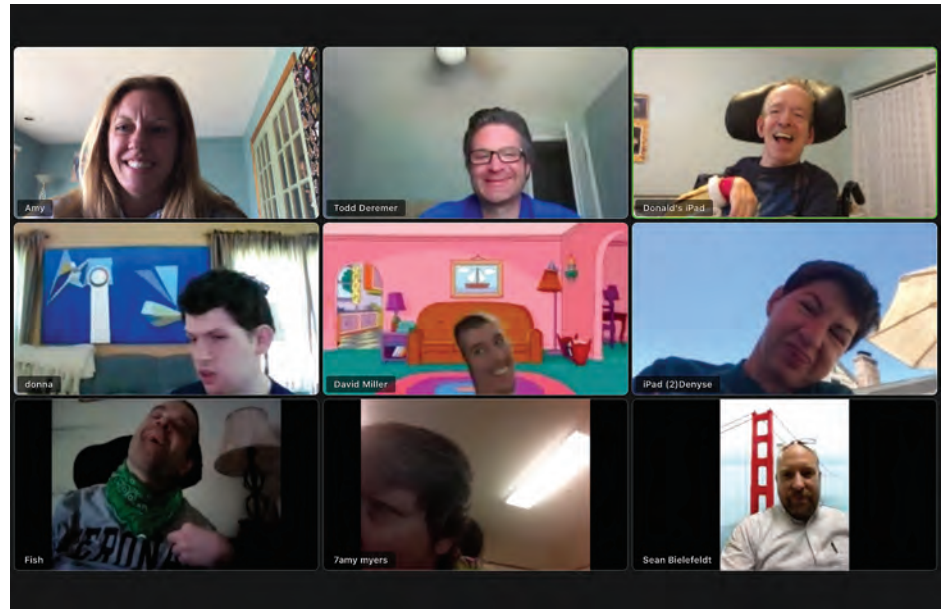
"There are so many activities you can do. I'm learning a lot, too," he continues. Among the favorites were cooking classes featuring banana bread, apple pie, doughnut balls, and bagels; sports trivia games; playing online games such as Who Wants to be a Millionaire, Deal or No Deal, and The Price Is Right. The instructors are planning new classes for the future.

"The clients miss Hillsborough a lot. They miss being together," he says.

"But with the virtual classes, they can see each other, and I can see them. They don't feel so isolated. I like to see their faces, and I really like to see smiles on their faces."

What Does an Onsite Social Worker Do During Quarantine-Time?

In the time of COVID-19, Amy Kappmeier, social worker for the Matheny group homes and day program for 15 years, luckily has new tools at her disposal. Technology has had to provide opportunities for meetings with clients, which in the past have happened face-to-face at her office in Hillsborough, and with clients and house managers at Matheny's five group homes. Counseling clients one-on-one, and running self-advocacy groups,



Top row: Amy Kappmeier, Todd Deremer, Donald McCready. Center row: George Hoehn, David Miller, Denyse Petrone. Bottom row: Philip Fisher, Amy Myers, Sean Bielefeldt.

have constituted the essence of her work over the years.

During the months of "stay-at-home" orders, the social worker has been using video conferencing and phone calls to check in with all five group home managers on a daily basis, and to respond immediately when a client needs help. "Some clients have experienced anxiety, behavioral issues, or have difficulty coping. In this time of great uncertainty, I try to give them a little sense of normalcy, a voice they recognize. I also try to make sure that they keep in contact with family and friends."

The Hillsborough Day Center's virtual programs have been a huge positive, says Kappmeier. "Clients can actually see their peers over Zoom and talk with them. Everyone is asking each other how they're doing. They care about each other a lot. It brightens my day so much seeing them able to do that."

From her meetings with clients, and also observing them during their daily classes, she rates the Zoom sessions as extremely valuable. "Not only are my clients fully engaged, but they're eager and excited to hear about what class is planned next. They also are active in helping choose the topics with many providing a range of creative ideas. It's so encouraging to witness

first-hand how quickly they have adapted to Zoom."

In addition to three classes a day when residents went to Hillsborough, Kappmeier says they enjoyed "hands-on" activities, such as playing a game where they could move pieces. "They also always enjoy events, celebrating special occasions and having a good time."

In June, more than 25 clients from Hillsborough's virtual program, as well as its staff members, and residents and staff from Matheny's main campus, 40 in all, attended a virtual dance party. Music playlists were chosen by clients during weekly groups. During a pause in dancing, the group sang "Happy Birthday" to a group home resident as staff members played guitar. "The feedback was very positive from everybody," says Deremer.

"I'm so proud of them," added Kappmeier. "Even though they are accustomed to onsite support and services, our clients have proved to be resilient and flexible when it comes to this new normal. That pride is also directed toward our entire staff. Together we've ensured our ability to provide uninterrupted support despite not being there in-person."

For the social worker, the online Zoom sessions have provided a "way to see clients and read their body language. These

visuals are critical when it comes to understanding their needs, easing some of their anxieties, and helping to bring them a sense of normalcy.”

Is there a place for Zoom even after the world reopens? Yes, she says. It provides individuals with an option, a way to participate in activities at the Center even if they can't attend that day, a way to stay connected.

And who wouldn't want to take a tour of Graceland or virtually experience the rides at Disneyland on a too-quiet day? With new online experiences now at their disposal, the world has opened up for the Hillsborough Center's clients in ways it never did before.

Group Home Residents Stay Healthy

Matheny's five group homes have six residents each, and all 30 residents made it through March, April, May and June with zero COVID-19 infections. Since many of the residents have complex chronic medical conditions that leave them more vulnerable to contagious disease, particularly respiratory infections, this is certainly an achievement to applaud.

Cyndi Audibert, Matheny's Manager of Community Residential Services, recognizes the team effort that made this possible. "The strain on the staff was enormous," she says. "We could not share staff among the group homes, so when a staff member got sick, or couldn't come to work, we had to cope with staff shortages. And I could only help out in one home. But no resident in any of the group homes got the virus, which speaks volumes for the care that was given."

In many ways, all Matheny staff are well prepared for just such an extraordinary situation as a worldwide pandemic. The infection control protocols are not new, maybe just a bit more stringent now. All Matheny's hospital and group home employees are trained to help head-off the

"We were better prepared— one step ahead," explains Cyndi Audibert, "because we have to be ready to deal with this kind of thing all the time."



spread of highly contagious, and potentially deadly, infectious disease.

Audibert, who has an extensive background managing the care of those with developmental disabilities, went back to school at age 50 to earn her registered nurse (RN) certification, which she followed with several years of hands-on nursing experience. Her now-40 years working in a variety of different settings and jobs prepared her well for her current role, which she took on a little over one year ago. "I oversee operations of the five group homes, working on day-to-day issues with each of the managers," she says.

In mid-March 2020, Audibert's job took a new turn in response to the growing number of COVID-19 cases in NJ, and then at her own worksite. "Six employees in one of our group homes tested positive for the novel coronavirus, including the manager and nurse, so I went in to manage the home for three weeks," she explains.

How did the staff handle it? "At first, we had to quarantine the residents in their

individual rooms," she says. "At the same time, we didn't want to alarm them. We explained the situation as simply as we could and did not turn on TV news programs."

With direction from Matheny's infection control team, residents' temperatures were taken twice each day; and staff temperatures were taken daily and all staff members were screened with a series of questions before starting their shifts. When indicated, employees were sent back home, and residents with ongoing fevers were quarantined in their rooms.

After the quarantine period, residents were allowed outside to the patios adjacent to their rooms to enjoy the outdoors and into shared areas within the house. Luckily, the virtual programming provided by the Hillsborough Day Center's team relieved the residents' feelings of isolation, making it possible for them to see their peers in other group homes and the Center's staff, and participate in interesting programs.

Likely, what saved lives of group home residents were the protocols that Matheny has in place all the time to protect them from the spread of infections. "We were better prepared—one step ahead," Audibert says, "because we have to be ready to deal with this kind of thing all the time. We have a specialty hospital that guides us."

Everything worked just as it should have, she says, and the three weeks that she spent working in a group home also gave her time to "get to know the six residents a lot better—to see how resilient and strong they are, and how understanding. It reconfirmed my belief in my work and why I have loved what I do for 40 years."

Audibert also had the opportunity to see firsthand "how stretched the staff was, how many extra hours they worked, and yet how committed they were to providing the best possible care for the residents." Her advice to those struggling through these challenging times: "Be well-prepared; planning is always good. Then take one day at a time. We're all going to make mistakes, that's how we learn. Just look out for each other and for yourself during these tough times; we need to take care of everybody." **MM**

On the Mend

The Matheny dance party, planned by the Hillsborough Adult Learning Center Services staff for the afternoon of June 12, was a grand success—just what the doctor ordered. More than 40 group home residents, and Matheny adult patients and staff, “came out” to sing, dance, laugh, listen to the music, chat with friends, and generally make merry for almost two hours. And all of it was done with no risk to anyone’s health.

The gathering was virtual, a Zoom party, but felt quite wonderful to the residents, who had been quarantined for weeks. Sean Bielefeldt, Director of Recreation Therapy and Adult Day Health Services, can attest to the feelings of sadness

Residents and their families were really struggling because no visits were allowed. “So, I started putting families and patients together with FaceTime and video-chatting. It was great connecting patients with their family members.”

experienced by many Matheny patients, cut off from visits by family and friends when their world changed in mid-March.

Life for Matheny’s adult patients is normally very busy, filled with interesting classes, a variety of therapies, sports, creative arts, socializing, and frequent trips into the community. The lockdown halted the spread of infection and sadly shut down those highly valued activities.

Soon after the Hospital went into lockdown, and routine activities stopped, Bielefeldt, along with other Matheny staff, were temporarily reassigned to help



out in the hospital. “All the recreation and therapy programs were suspended with all the staff’s emphasis focused primarily on our patients’ care,” he explains. By late March, some staff members had become ill, and others, who had been exposed to the virus, or had family members who had been exposed, had to quarantine.

According to the Recreation Therapy and Adult Day Services Director, the reserve staff members were eager to pitch in. Bielefeldt says the first few days were challenging, but everyone learned quickly and there was a strong team spirit. For his first two days, he was partnered with veteran PCA Claudette Brown, an “amazing teacher who cares deeply for our patients. I was very fortunate to have such an excellent partner,” he says. Together they took care of six to eight patients per shift.

Matheny’s therapists already had close relationships with the patients, and there was a level of comfort on both sides, he says. “Many of our therapists have been at Matheny many years, and the residents know them and trust them.”

During his initial training days, Bielefeldt says he noticed that all of the PCAs’ tasks involved a lot of running around. He

thought that if he and a few others could do the running for them, the PCAs could concentrate fully on hands-on care. His idea was a good one. Those who became runners delivered clean laundry, kept the supply closets fully stocked, delivered meals and snacks, and did other tasks, thereby relieving PCAs of thousands of steps and much lost time.

The month of April proved tough, with some patients sick with COVID-19, some quarantined because of exposure, and some hospital staff members unable to work. “The reserve staff had to be quickly trained to correctly use PPE, and instructed on policies and procedures governing infection control; and were regularly informed about each patient’s status, and if that status had changed,” he explains. “There was a lot of communication going on.”

All patients remained indoors until mid-May, and Bielefeldt says residents and their families were really struggling because no visits were allowed. “So, I started putting families and patients together with FaceTime and video-chatting. It was great connecting patients with their family members.”

On June 6, Bielefeldt came in on a Saturday to help a patient participate in his nephew’s Bar Mitzvah via Zoom. “This was a very special day for the family and I was honored to help. Watching the patient participate and say the final prayer was a very special moment,” he recalls happily.

“Residents were longing for socialization; they were longing for a sense of normalcy,” he continues. By mid-June, they were allowed outside, five at a time with social distancing. Physical, occupational, speech, and recreation therapy programs were also reintroduced on a limited basis.

“Everybody is happier now. But most residents can’t wait to go home for a day, get back in the pool, and take trips. It’s been so tough on them,” he observes.

There were many changes, but the staff tried hard to minimize the impact on the residents, Bielefeldt says. “But like the rest of us, they can’t wait to return to their old routines. At the dance party, people were laughing, dancing, so happy to see their friends. I saw smiles on some faces that I hadn’t seen in a good long while.” MM

Nursing

continued from page 8

and cared for them as if they were positive.” Some “quick changes” made it safer for both staff and patients. Facilities Management, under the leadership of George Doumar, put windows in the doors, so staff could observe patients when the door was closed. They also installed negative pressure systems and air scrubbers in patient-rooms, helping to keep everyone safer. Rooms holding three patients were decompressed to hold two.

“In my dream facility, everyone has their own room,” Manthey states. Even though the current physical plant does not allow for that, Matheny did everything possible to make the environment of care as safe as possible, Barba points out. That includes an in-depth infection control plan that is administered by an interdisciplinary Infection Control Committee, led by Matheny’s medical staff.

All in all, “we were better prepared for this than most organizations,” Manthey states. “We have an outbreak plan, which gives us a very good base to work with. We know how to restrict movement

of patients and staff. All our staff and reserves are familiar with our outbreak plan. It proved effective.”

She says that while the critical period at Matheny was about four weeks long, “part of the challenge with COVID-19 is the up to 14-day incubation period. You can’t bring staff right back even if they have no symptoms.”

What would Manthey do differently if COVID-19 threatens a resurgence? “I would try to get the staff more comfortable using the N95 respirators, putting them on and taking them off correctly. Some did not have much experience with this equipment prior to the outbreak.”

She says patients are “tired of being restricted. We can’t live in a bubble. We need to find how to balance this with keeping them safe.”

Patients have been going outside, sometimes in small groups with social distancing. “That’s going well,” Manthey says. “And our staff is taking this disease very seriously, and are staying home if they do not feel well. We’ve also started family visits and patients are very happy about this. I’m just thankful that most of our patients did so well. And the staff, too.” **MM**

Employee Safety

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They will be fully trained in how to correctly put on an N95 respirator mask and other personal protective equipment (PPE).

“Everyone understands that there has to be full transparency here. We have to protect our medically fragile patients. If an employee has symptoms, they must get a test, and often have to wait more than five days for the test results and can not work,” which Ray understands can be very hard on everyone.

Now life is almost back to normal for Ray. During the most intense period, she carried two binders with her all the time. One contained the newest information on COVID-19. The other had all the employee case information, color-coded in yellow, pink, and blue, with yellow being the newest cases. “It was a way to keep the employee health information organized and easily accessible,” she says.

Now she’s able to take a deep breath and catch up with her paperwork. “I’m just praying that we can keep this under control and if it comes around to New Jersey again, it will not be so deadly.” **MM**

The Meaning of Essential

continued from page 11

name,” she says laughing.

She was hired and has never regretted taking that call. “I love it here. It’s a nice place to work, but it’s mostly the patients. You become a voice for those who have no voice. You bring joy to them, and they also bring joy to you,” she says.

Hansen is one of those compassionate, patient people. In her current management role, which she finds challenging but very fulfilling, she is “constantly talking with supervisors about their concerns and those of the staff, following up and following through to resolve issues and concerns, and dealing with staffing challenges,” especially during crisis times such as COVID-19. While her current job calls for less hands-on patient care, it demands way more overall responsibility.

Recalling the beginning of the COVID-19 crisis at the end of March and early

April, she says, “When our first two patients went out [to Morristown Medical Center] and tested positive, and everyone started hearing about it, panic set in among staff who had worked with those patients. Some talked with me about their fears of coming to work. They were scared for their families,” she says. “But when those PCAs came in the door and saw the team working together, that motivated them. It was teamwork at its best.”

“We talked to each other and knew we had to be strong for our patients,” Hansen states. In addition, the department held daily group meetings with the infection control team to keep all staff up-to-date.

“These were such challenging times for staffing,” she continues. “Before COVID-19, when staffing changes needed to be made, there were always people on board to call. We had a system in place,” Hansen explains. All of that was challenged when the virus spread in April.

“But many employees never called out

during that time. They are very dedicated. A few weeks were difficult, but after that, everything was OK.” Hansen explains that in addition to the department’s regular staff, there were reserves who were called in, and trained by the PCAs and Director of the Reserve Staff Cindy LaBar. “They learned very quickly,” she says.

She applauds the staff for “responding so well to a lot of changes. There were temperature checks every morning. Hygiene became even more strictly enforced; masks had to be worn all the time. There were strict protocols for the use of PPE. Our PCAs love the patients, but suddenly there was no hugging.” She calls the staff “champions. They were so professional and a comfort to each other. I highly respect all of them.”

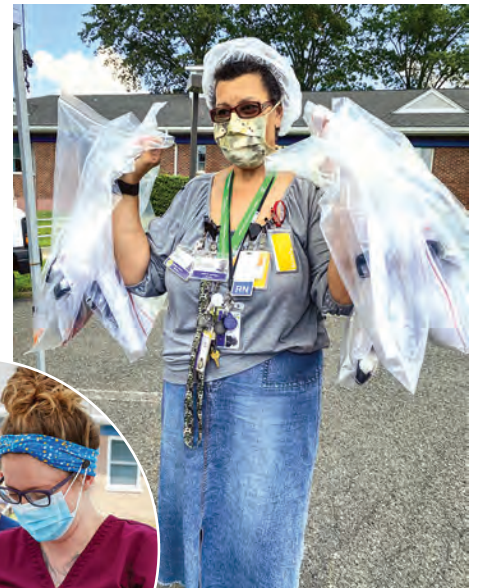
Looking back, Hansen chiefly sees the positive: “This came on unexpectedly, but it taught us what we can do to better prepare for future emergencies. We learned some great lessons.” **MM**

Welcome Gifts

On Tuesday, August 11, healthcare workers at Matheny received about \$20,000 worth of free personal protective equipment (PPE) from Cut Red Tape 4 Heroes, a New York City-based non-profit initiative that is putting PPE directly in the hands of frontline workers during the COVID-19 crisis. A kit with one KN95 mask, seven surgical masks, and a face shield, as well as two hair bonnets, an ear saver, and hand sanitizer were provided to each employee who came out. More than 6,500 pieces of PPE were distributed.

Since its launch in April, Cut Red Tape 4 Heroes, a project of the New York City not-for-profit Art Science Research Laboratory in partnership with Housing Works, has donated more than 725,000 PPE items to more than 110,000 workers in hospitals, nursing homes and other long-term care facilities, which have been struggling to keep up with the demand.

Art Science Research Laboratory's founder, Rhonda Roland Shearer, took out a loan against her home equity to pay for the PPE. "We are pleased to support



the employees at Matheny. As numbers of COVID-19 cases decline across the region, many believe that everyone has enough PPE to keep frontline workers safe. This is truly not the case," Shearer said. "Every day we receive countless requests from organizations just like Matheny asking for everything from critical supplies to advice on how to procure them. The PPE supply chain is broken, and the current need is enormous."

"We are extremely grateful to Rhonda Roland Shearer, founder of the organization, and everyone at Cut Red Tape 4 Heroes for their generosity," said Dr. Kendell R. Sprott, president and CEO of Matheny, "We all want to make sure that our frontline workers and patients are protected."

To learn more or make a tax-deductible donation visit cutredtape4heroes.org.



A Special Thanks

We extend a special thank you to long-time Matheny volunteer **Linda Horton**, who retired in May after heading up the Second Chance Thrift Shop in Gladstone for 25 of its 36 years in operation. More than 140 Friends of Matheny volunteers have dedicated many thousands of hours to making this a popular shopping spot; and the shop has donated more than \$100,000 annually for 13 consecutive years to support a broad array of projects that enhance the lives of Matheny's patients, students, and group home residents. This year, once again, the Thrift Shop donated \$100,000 to Matheny, for a grand total of more than \$3 million. Linda, a true leader and a Matheny hero, says: "I enjoyed every minute of the time I spent in the shop."

There's No Stopping miles

If you thought COVID-19 would cancel out this year's Miles for Matheny in its 23rd consecutive year, then you've underestimated the power of the Matheny spirit. It just took some ingenuity, flexibility, and a lot of reconfiguring, but the show went on.

In these pandemic times, the traditional gathering of hundreds of walkers, runners, cyclists, wheelchair riders, volunteers, and devoted family, friends, and neighbors was just not an option. The music and food were absent, but the spirit remained unchanged. Participants could still walk, run, or cycle (while social distancing) any time between June 13 and 20 to raise funds, with every dollar going directly to Matheny's programs and services.

The Matheny community still "came together" to celebrate the incredible work done at Matheny, and the patients, staff, families and friends who make it all happen. So many individuals, families, teams, and corporations participated to make this traditional event a major success.

This year's sponsors include: Peapack-Gladstone Bank (Cycling Sponsor); Pfizer (5K Sponsor); Partlow Insurance Agency (Fitness Walk Sponsor); Porzio Bromberg & Newman (Kids Fun Run Sponsor); Mariner Wealth Advisors (Rest Stop Sponsor); J.T. Petrucci (Entertainment Sponsor); FinPro (Community Sponsor); The Tustin Group (Contributing Sponsor)

The 2020 top individual and team fundraisers are: Team Andy Lash; Team Desatnick; Julie Gordon; Danny's "A-Team"; Patrick Scaglione; the Grier family

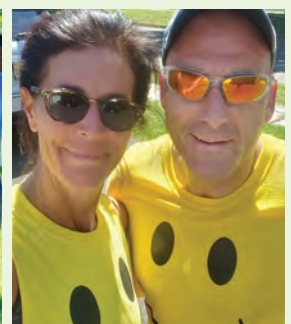
The event raised more than \$78,000 to help support programs and services, such as medical care, education, physical therapy, music therapy, adult day care, recreational therapy, and fine arts, which better the quality of life of Matheny's patients and students. A big thank you to everyone who helped make it happen.



← June Sat, Jun 13

Outdoor Run
100% Complete
6:58 PM - 7:24 PM
↑ Dover

Total Time	Distance
0:25:21	3.10mi
Active Calories	Total Calories
270cal	303cal
Elevation Gain	Elevation
85ft	▲ 228FT MAX ▼ 143FT MIN
Avg. Cadence	Avg. Heart Rate
184spm	155BPM
Avg. Pace	
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Our boundless thanks to the skilled and caring teams whose relentless fight beat back COVID-19 from our doors