

Interviewee Name: Heather A. Brehm

Interviewer Name: Emily R. Brehm

Date: 03/22/2020

Location: Delaware, Ohio

Transcriber: Emily R. Brehm

Abstract: Heather A. Brehm was born in Frankfurt, Germany but grew up in the small village of Jewett, Ohio, with her four siblings and parents. After high school she attended Muskingum Area Technical College, where she got her Associate's Degree in Radiology. Heather then started her career as a Radiology Technologist at St. Ann's Hospital in Westerville, Ohio, taking scans of patients with all different types of illnesses. Along with joining a company slow-pitch softball team, she met her husband, James Brehm, who was playing for an opposing team. Living in Delaware, Ohio, raising three girls and working her way up the chain of command, Heather went back to school at Mount Vernon Nazarene College, where she obtained her bachelors and continued to make her way up the company ladder landing in the position she is in now. In this interview, she uses her experience in Radiology to reflect on how the on-going pandemic has affected her and those around her.

EB: [Inaudible] Would you state your name and your occupation for the record?

HB: My name is Heather Brehm and I'm an Operations Manager for Radiology within the Mount Carmel Health system. I perform CAT Scans and—CT, CATS scans—MRIs in Radiology.

EB: Alright, how long have you worked for...

HB: I've been with Mount Carmel...

EB: Okay.

HB: I'm in my 35th year.

EB: Okay. Alright. So obviously the COVID-19 is going around, and you have probably seen a lot of it. What do you know about it?

HB: I know that it is spreading very quickly. It is an unknown virus transmitted originally from an animal to a human and there are quite a few deaths throughout the world from it. —It is an upper—It attacks the upper respiratory system and it is highly contagious.

EB: How are you preparing/have you prepared for everything going on since you work in this—field, medical field during this time?

HB: We have increased the amount of personal protective wear—PPE—within the hospital setting, we have implemented different changes in how we practice our interactions with patients. We have provided education to the staff. That's it.

EB: Okay

HB: I have stocked up on supplies—for—we would be able to survive at home for a month. I have a bag packed in case we get quarantined at the hospital.

EB: Yeah. That seems like a lot! What has changed—like- about your life—like, during this time and, like, what have you seen stay the same? Like, are there any differences, I mean besides extra precautions with your patients? Are there any other differences in the hospital's day to day activity?

HB: We are on lockdown at the hospital. Patients went from being allowed to have one visitor to having no visitors. We are still performing testing as usual, but it is, everyone gets stopped at the main entrance and security is there to back us up. Which is not the norm for us. But they, we ask patients—we ask anyone entering the facility four questions and then proceed. They sign in, they get a temporary name tag and what they're there for, what the purpose is, and then there sent on to Radiology or wherever their destination is and then as they exit the hospital, they have to sign out and they have to turn in their badge—temporary badge. We have medical office buildings that are connected to the hospital and they are barricaded shut, and there is security sitting on one of the floors where the hospital is connected to the medical office building. Not allowing anybody to enter or exit into the hospital.

EB: As a supervisor has that affected how you divvy out tasks to your employees? Like, has it changed how they do their jobs since some of, since the medical—since some of the buildings are cut off from...

HB: Yes, it is. We had to rearrange our staffing, we rearranged how we are entering and exiting the building, and some of the staff have been quarantined because they had been exposed. So we are working short. But we have one clean person and one dirty person. The dirty person after the patient has vacated the scan rooms, then we do an extra deep clean, a terminal clean of the room and let it sit for 15 minutes prior to bringing another patient in. So, it slows down our throughput of patients.

EB: Oh! That's a lot! What, what other crises have you experienced, like, throughout your life and how did you handle them? Like, what can I say? It doesn't have to particularly pertain to diseases, just like any crises.

HB: We survived 9/11, we have survived the Bird-Flu, H1N1-Flu. We—this is a little different. I think some of the measures taken are much more drastic but its needed because there wasn't a lot of knowledge regarding the Coronavirus to start with. [dog sounds] But..

JB [Husband]: Come here Willy. [dog sounds]

HB: I think this has been—the measures have been a little more drastic and the reaction I think of the public is mixed. It really hasn't changed much for me being in the health care setting. I've had to work extra hours but other than that, not much else is different.

EB: Well is there anything that we should know? [dog sounds]

HB: People should stay at home...[whistle] Unless they absolutely need to go out.

EB: Alright. Thank you

HB: [inaudible]

EB: Alright. Thank you...