Strong Medicine Interview with Cheryl Webber, 20 June 2014

ILACQUA: This is Joan Ilacqua and today is June 20th, 2014. I'm here with Cheryl Weber at Tufts Medical Center. We're going to record an interview as part of the Strong Medicine Oral History project. Cheryl, do I have your permission to record this interview?

WEBBER: Yes.

ILACQUA: Excellent. So, my first question for you is if you could just tell me a bit about yourself, your professional background, and what your title is here at Tufts.

WEBBER: Well, I've been a nurse for many years. I've been at this institution since 2001. I came just before 9-11, so I've had some experience here. I was originally, in this institution, nurse manager of the emergency department. I did that for about nine years. And then, I missed the bedside, so I went back to the bedside for about two years. And then, I was recruited to do some temporary replacement for a manager in the SICU, and then, the trauma program manager's job was available and I was recruited to do that job and I took it, and that was about two and a half years ago. So I've been doing that, learning that job. I was very unfamiliar with all of that, so I'm becoming more of an expert as we go along.

ILACQUA: Excellent. And so on a typical day at Tufts, what would that look like for you?

WEBBER: As the program manager, you know, you round on the patients, you review charts and make sure everything is documented. You attend meetings for educational purposes. We do sim-lab with the residents and the nurses, respiratory therapists to make sure that everybody is working as a team. Our level designation is a Level I right now. We started out seven years ago with no trauma designation, then we went to a Level II, and then a Level I, which is quite aggressive for this institution, and the trauma program director is really responsible for that, so I support the trauma surgeons. We have a small department, but we're a pretty tight-knit group. But I'm in the emergency room fairly often; I'm pretty comfortable there, anyway. I generally respond if we have a full trauma, which we just had, but I don't have to go, I just respond because I like to be a part of it. So my clinical obligations aren't as -- it's not like an obligation to be there, but it would be good for me to be there to help support the staff and chip in if I'm needed to, or do family outreach or what not.

ILACQUA: Excellent. So have you worked Marathon Monday at Tufts before?

WEBBER: Yes, I have.

ILACQUA: So what does a typical Marathon Monday look like?

WEBBER: It's really a very busy day for this particular institution, and when I was the manager, we couldn't place -- it was many years ago -- we increased the staffing. We recognized that we had some problems on Marathon Monday, so the following year, we put into place a program where we have all the pieces of the hospital that would interact with the emergency department meet to upstep their department, to have a plan in place, and we really made a great plan. The EMS is very pleased with -- the prehospital care providers are really pleased with our response to them because we are very efficient, now, after all these years. So yeah, I've been around for awhile for that, yeah.

ILACQUA: So were you working on Marathon Monday, 2013?

WEBBER: I was. Yeah, I wasn't working in the emergency department, but I was here. And when we got the call, the trauma program manager and I responded to the department -- all the department, actually -- all of our department did that. He and I developed a plan of how to deal with any of the traumas that may come in because we had three trauma surgeons, plus other support staff, other surgeons within the hospital, orthopedic, neurosurgery, regular general

surgeons, everybody responded to the department. So what we had ended up doing was creating two teams and put them in the two trauma rooms to funnel the sickest patients through there and then do the assessment, and then move them on to another area. Either they'd go to another part of the emergency department, or to the OR, to CAT scan, or to wherever we identified they needed to go. We were very organized, I thought. Retrospectively, I think we could have done better, but [05:00] it was the first time we'd ever done anything like that. We had a great response, almost too great. It was almost too chaotic because there were too many people that responded, so we identified some areas that could be improved, which we've done some drills and that's helped a lot. I think you met with Bob Osgood, or someone has.

ILACQUA: Yes.

WEBBER: Yeah. He's done a great job in trying to make sure that we carry out the plans that we put in place.

ILACQUA: And so on that Marathon Monday, could you tell me a bit about how long you were here, or what sort of stuff you were doing?

WEBBER: So I was, what would you call it, triage person? So I was paired with Dr. Rabinovici, who's the trauma director, and initially, we were in a room, and then we decided that

that probably wasn't the best place for us, so he decided actually and I just went along, (laughter) but that we should be at the back door and greet the patients and decide where they should be dispersed to because someone has to make a decision about really what real triage is, who's the sickest patient versus -- in the emergency department, when you have a patient come in and you triage someone, it's a different kind of triage than it is in the field. And then, once those decisions are made, the next decision is who goes to the OR first, and you don't want to send someone to the OR initially if you think something worse is coming through the door, so we sort of held back a short time to make sure that everything was stable and we had as many patients as we were going to get, and that takes time for the scene to tell you what's going on. It was very confusing at the beginning.

But there were lots of things we discovered we could do better at. One of them was documenting. It's really difficult to document the required components to any kind of trauma; it's pretty stringent. And so, when you're trying to get them in and out quickly, you can't really document in the same fashion that you would've if it was a trauma that would come in, one trauma versus six traumas at

the same time.

Because of that, we met as a group, and the Boston hospitals developed the Boston Collaborative. I don't know if you've heard about this, but all the trauma chiefs and the trauma program managers are now a part of what they call the Boston Collaborative, and we meet monthly and discuss some of the issues that we had, and one of them was a documentation issue, and we developed a tool that's actually being rolled out to the rest of the trauma program managers within the state of Massachusetts, actually, next week. We've trialed it in a couple of different scenarios and made some edits, and this is one of the final edits that's going out next week.

So the Boston Collaborative has been very active. They've written two articles, one that just has been published and the other one has just been accepted for publication. They're talking about additional research opportunities. They are actually going through IRBs. It's a nice outcome of what happened on Marathon Monday because, not that we were contentious or anything, but it's competition. Everybody is fighting for the same patients, and there's five trauma centers in the city of Boston, which actually

worked in our favor on that day, you know, having so many centers.

So we were here until early evening, I would say. The patients that we got were all taken care of and settled. Most were out of the OR before the early evening before we left, and they really didn't require so much of the trauma surgeons' attention as much as orthopedic surgeons. And then, life changed in the city after that for the first couple of weeks. We came to work the next day and the Army was at the door looking for three bags and it was really quite distressing.

ILACQUA: Had you ever worked in a situation like that?

WEBBER: Never. Never.

ILACQUA: How did you [10:00] deal with the extra security and the media that week?

WEBBER: I'm pretty easygoing and flexible, so you do what you need to do to get to work. It was just disconcerting to walk to the door where you always come in and can't get in that door, you're redirected, and then have to have everything searched before you come in. It was just really uncomfortable in the beginning, you know. You felt safer, I guess, because there were guys with guns out in front of the hospital, (laughter) which I'd never seen before. And

then, when they put us in lockdown, when the whole city was in lockdown --

ILACQUA: Oh yeah, on Friday.

WEBBER: Yeah, yeah. Our surgeons couldn't get to work because one of them lives near Watertown, so he couldn't get out. He couldn't get out of his house, so that was a little distressing as well. I mean we all manage because that's what we do. It's part of our role, and most of us have been doing for a long time, so it doesn't faze you so much. You just keep plugging along.

ILACQUA: So on -- or rather, as that week went by, and you had security and media here, what was work like that week? Were things immediately almost back to normal, or…?

WEBBER: Oh no, I wouldn't say they were back to normal for a while after that. I guess you feel like you're on high alert and there's a heightened sense of urgency to everything. We wanted everything to go well for the poor people that were affected by this whole thing. And then, we had one of the nursing supervisors that we work with, her son was impacted tragically. I mean, he survived and he's been on the news -- I don't know if you even know who he is, but Consuelo Donohue's son. Anyway, so it was more personal because you knew somebody that you cared about's family member was -- and there were lots of people that had

that happen. The only one I knew was Consuelo, so. And then you got involved with families of the patients that were here...

I think some of the nurses were really quite involved. The nurses, I think, particularly on Proger 5 North, even had one of the patients come back for repeat surgery. I don't know, they just developed such a bond and relationship with them. Patients and their families became more like their family then.

ILACQUA: So, actually I'm curious, because you had talked about your staff developing relationships with the patients, did the sense of community at Tufts between staff members change? What was that like during that time?

WEBBER: I think it's -- I likened it to -- you guys weren't even alive, but the blizzard of '78. You couldn't go to work, you couldn't even get out of your house, and no stores were open, and people were out in the street and they were -- neighbors you never even knew before were now like -- it was a much smaller community at that time. That's the way it felt to me, like you just became -- even though we all know each other here, in this particular institution, I've worked in a couple of places -- this feels like a community hospital and that everybody knows

everybody. In the hallway, when you walk down the hall -- you're a newbie, so not so much you, but you can get work done in the hallway. You can do things and know everybody when you're walking around. It got closer-knit than even that is. I guess I felt like it was -- any kind of tragic time, people support each other and suck it up and you do what you got to do and you do it together as a team. It's more of a team effort, I guess.

ILACQUA: Moving closer to when the anniversary was coming up this past year, was there a support system put in place for staff to turn to after such a tragic incident?

WEBBER: I know that Father Shaughnessy [15:00] and Mary put some things together upstairs in the chapel, and they had a service and that kind of thing, that did happen. And I think people were given the opportunity to speak to social service and/or whatever that program is, what's the thing called, the employee -- oh, gosh, (inaudible) go right out of my head. There's a grief counseling through the employees -- through Human Resources; I can't remember the name of the program, because I'm old and I can't remember stuff, but anyway, that was made available to people, if they wanted to take advantage. I'm sure there were people -- I don't know personally anybody that was experiencing anything terrible during that time, but I'm sure there

were.

ILACQUA: So as the anniversary came around again, what did Tufts do to either remember or memorialize? Did you have anything going on?

WEBBER: Oh yeah, there were quite a few things going on, yeah. Public Relations did some stuff. I can't remember, now, isn't that awful? I think I'll have to pass on that because I can't remember specifics, but I know there were things that go on. Everyone participates, so that's probably why -- so sometimes, if you don't want to remember things, you just don't participate.

ILACQUA: Is that how you're processing?

WEBBER: I do that, yep. That's part of my personality.

ILACQUA: I think it's a New England kind of thing, that's why (laughter) I was asking.

WEBBER: I was born and bred. And Irish, too, so you don't talk about bad things, and you just figure it out and you just move on, you know?

ILACQUA: So as you're moving on from this, you had mentioned sort of lessons learned in the hospital in general. Do you feel like your role changed or how you think about your profession was changed or affected by the Marathon?

WEBBER: No, I think not at my level, no. I don't know if anybody -- I'm sure people -- we all learned from the

tragic events and we take away from that and you apply it to the future of what you do, but I don't think I personally felt any -- I didn't change my role in anyway, no, I wouldn't say that. I think maybe the nurses at the bedside might have had a different experience than I had. Mine was more global. I talk about paperwork and I'm not at the bedside taking care of the patients so it's a little different for me. I'm sure they would have a different reaction.

And I think that when you're nursing, you take whatever happens to you during the course of your career and you incorporate it into how you react to other things in the future, so I'm sure the young nurses have done that for themselves. I would expect they would, anyway.

ILACQUA: So really, we've hit most of my questions in the course of the conversation, so I'm curious if you have any other thoughts or stories that you'd like to share.

WEBBER: I can't think of anything right now because I'm on the spot. You know how that works. Five minutes from now, I'll be all set. I don't know, I think I've hit most everything that affected me. I wish I had an opportunity to -- that you had actually had an opportunity to talk to a bedside nurse versus somebody that's more global; it would

have been a little more touching, I think.

ILACQUA: It depends on the person, though. These are really stories about your experience.

WEBBER: Yeah, I think I learned a lot. I mean, I learned how to be more collaborative as the Boston hospitals are, and we've done a lot of changes within the hospital to make things better, God forbid it should happen again, or anything like that happen again. Hopefully, nothing like that will happen again. And I think we've shared those experiences with other institutions so that they could learn from them as well. So in that respect, I think that [20:00] the positive things that come out of something that's tragic. I don't know if there is anything else I could share. Sorry.

ILACQUA: That's OK. Well, thank you so much for speaking with me today, and I'm just going to hit end.

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