

Statement for the record for the Select Subcommittee on the Corona Virus -
Examining the Impact of the Corona Virus in Nursing Homes
Chaired by Representative James E. Clyburn

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Thank you for allowing me to submit my statement.

The healthcare model in long term care and assisted living is and has been obsolete even prior to the advent of Covid-19. The models were created when the practice of medicine was simpler and life expectancy was less than it is today. What worked in the 1950's and 1960's certainly isn't working today as medicine has become far more complex. There are more medications and drug classes for heart failure, diabetes, cancer, etc. and more procedures being done at facilities including intravenous infusions of antibiotics, iron therapies and blood transfusions. The long term care facility has transitioned into a hospital medical surgical unit. Unfortunately the complexity of care has not been met with proper staffing with the proper expertise, i.e installing nurse practitioners full-time, BSNs who have a broader scope of practice. This needs to be examined and changes implemented. The pandemic just heightened and brought the gaps in care to the forefront.

The impact of Covid-19 has been devastating and continues to this day. Initially the facilities went on universal lockdown in March of 2020 and families/loved ones were separated from the residents. This enforced isolation led to increased depression, cognitive decline, increase in suicidal ideation, elopement (leaving premises), weight loss. Residents were prescribed antipsychotics to control behavioral disturbances at exponential rates, antidepressants for weight loss and depression. There were increased hospitalizations aside from Covid due to changes in condition that were not caught by staff due to shortages and lack of family visitation. Facilities would arrange FaceTime on iPads and window visits but there was no human contact or touch. Dementia residents and those with vision/hearing impairments truly suffered. FACE NJ - an advocacy group was formed in July of 2020 for families of loved ones in Assisted Living and Long Term Care facilities. To date, we have over 1,400 members. We launched aggressive email campaigns resulting in an Executive Order for Essential Caregivers to be allowed in facilities. This was signed by governor Murphy and modified multiple times by Judith Persichilli - Commissioner of Health. Unfortunately 660 facilities in NJ interpreted legislation as they saw fit - it was difficult because the legislation was often not clear. After vaccination was implemented, visitation was inconsistent. There were national coalitions established to support Essential Caregivers and in June 2021- Representative John B. Larson (CT) and Claudia Tenney (NY) introduced a bipartisan bill, HR3733 - The Essential Caregivers Act of 2021 - allowing for two essential caregivers to be permitted into facilities during a national pandemic/health emergency. The Essential Caregivers would comply with the same rules as staff. To date, there are 75 cosponsors in the House. As a nurse practitioner who practiced during Covid, I have witnessed the most cruel circumstances /events I have ever encountered as a nurse and nurse practitioner.

Today, there is such neglect in many facilities due to shortages in staff resulting in delays in care. Residents often aren't dressed and fed in a timely fashion. Meals and diaper changes skipped. Food trays are delivered but residents aren't fed because there isn't enough staff. Yesterday I counted 7 call lights on in one hallway with only one aide. It isn't right. There have been falls with fractures requiring surgery/hospitalizations. The aides cannot always identify a change in condition. Residents have become septic and have required hospitalization. Staffing - the right staffing - needs to be implemented. There are shortages and there is burnout. We must actively recruit staff and at a higher level.

We were caught off guard in 2019-2020. There was no pandemic playbook coupled with a shortage of PPE. Infectious disease can be prevented with good hand washing, proper use of PPE and vaccination when available. Attestations and temperature screenings are now routine in facilities. PPE is in three month supply. Infectious disease processes have been updated and infectious disease staff/consultants in place. In order to complete the pandemic playbook we must allow family/friends/caregivers into the facilities. I am asking that HR3733 be cosponsored and pass through the two committees - Ways& Means and Energy& Commerce and introduced to the floor for a vote.

Lockdown/no visitation was a human rights violation for both the residents and their loved ones. As a nurse practitioner I bore witness to such cruelty. I videotaped residents actively dying and sent to relatives. Family standing outside a window watching a loved one pass. That is beyond cruel. I bore witness to the increase in depression, weight loss, cognitive decline and suicidal ideation of the residents and saw the pain of families day in and day out when they weren't allowed to see, hold, hug their loved ones. The residents were prisoners and the families were tortured. It was so painful and heart wrenching for me.

I worked very hard as a practitioner to educate about vaccination. I participated in numerous clinics where we administered over 600 vaccinations for staff and residents in January 2021 and boosters in 2021. I personally educated staff at facilities (one on one counseling) and our staff vaccination rate went from 34% to over 93%. We need rigorous counseling.

Lastly, legislation needs to be passed for palliative and hospice awareness/education for families and residents to truly understand goals of care and transitioning when health starts to decline.

Thank you for reading my statement.