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Dear Esteemed Members of the Public Health Committee,

Thank you for taking the time to read this testimony. I am writing regarding nursing home policies during this current pandemic. I ask that you please indulge me in a brief personal account.

My grandmother, battling and holding her own against a ureteral carcinoma for the last couple of years, at the age of 90, has had her ups and downs. I have been her primary caregiver and care coordinator for several years. Earlier this year she had a stay at a local skilled nursing facility after suffering a decline in function and weakness. With our encouragement and support, she battled through it and strengthened enough to return to her home, where she continued to care for herself. In the latter part of this past June, she suffered a similar decline, compounded with the side effects of a new treatment. Subsequently she had two falls in the span of a couple of weeks. The second was in her kitchen, while I was at work. The EMS crew arrived and suspected she may have bumped her head, though she otherwise seemed uninjured and completely oriented. I insisted that she go to the ER because of the possibility of a head injury with her use of an anticoagulant. I now wish I never had insisted on that.

She was brought to Bridgeport Hospital, where she was evaluated. A former colleague of mine asked the charge nurse to allow me to be with her. I arrived shortly after leaving work, and I spent the next 5-6 hours with her, until there was a plan in place. Sadly, I never knew those few hours with her would be the last I would ever spend in the same room with her. A very thorough hospitalist service at Bridgeport determined several issues that needed to be corrected before she could return home. At first, I was quite appreciative of that. It was difficult not being able to see her, but one nurse helped me to Zoom with her, and I could speak with her by phone daily. It was hard not being able to visit, and I could hear her discouragement from feeling so alone. However, the nursing and medical attention she received was great, they ensured she was well-cared for and did their best to encourage and motivate her. She became weaker during her hospital stay though, and she required short term rehab.

She was transferred to Cambridge in Fairfield. She was placed in COVID-19 isolation for two weeks, despite having tested negative for COVID-19 at the hospital. Even though the facility allowed outside, socially distanced visits, which had been told to us, those are not allowed for those in isolation. She had a phone in her room that had to be replaced several times because she could not hear it ring. She quickly declined as she felt alone, abandoned, discouraged and depressed. After several days I was finally provided a video visit with her, not knowing that had been an option in previous days. I was able to encourage her through a physical therapy session, but the physical decline of the past couple weeks was obvious. I continued with as many video visits as I could, some went better than others, but I could continue to see how discouraged she was becoming. While the video visits were of some value to me, I knew that they were hard for her. She couldn't see the screen; it was hard for her to hear. She didn't feel a personal connection. Other than my scheduled visits, it continued to be hard to reach her on the phone as she couldn't hear it. Finally, after two weeks she was freed from isolation and moved to another room. I immediately tried to schedule an in-person visit, and was told it would be at least two weeks before they could accommodate an in-person visit. I couldn't believe it! Had I been told that initially, I would have had it scheduled at the start of her stay! She was moved to a room that did not

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have a phone. I argued with the staff as to how that could be, and it had to do with repurposing areas of the building to meet state regulations. I ensured that she had a cell phone at that point, but of course at 90, she had little idea how to operate it, could not adjust the volume or understand how to turn it on or off. I asked staff to help her with it, they claimed they did. Her new room had an outside window. I went by and attempted to slide the window open to see her, it was locked and I was caught by a staff member. She provided a phone to my grandmother so that we could at least look through the window and speak on the phone. I was thrilled because she seemed more motivated than she had been in a month at that point, since this had all began. She then at the end of the conversation told me to make sure my mother knew she was ok, and to let my wife and son know how much she loved them. At the time it didn't seem that abnormal. In hindsight, the way she said it should have tipped me off. Over the next two days she suddenly declined, stopped eating and drinking, dropped her blood pressure and could barely awaken. IV fluids and blood pressure medications were started to try to bring her around again, this was really nothing she hadn't done before, so I sadly thought little of it. I had one last video visit with her during those couple of days, after she was too weak to have the first planned in person visit that I had fought for and been granted. The video visit haunts me, as she had little idea what was happening, no energy to stay awake during it. Just over a day later she took her morning meds and was getting dressed for the day when her body decided it was finally done. She died, July 27th, exactly a month after this episode began. Not at home, surrounded by her family as she should have been, but in a rehab, with a stranger by her side. No opportunity after 90 years of life to say goodbye to her daughters, her grandchildren, her great-grandchildren. Instead her life was just over, and now we are left trying to pick up the pieces, come to grips with what happened and how it happened, how COVID-19 stole our loved one, without ever being infected. I wish I had never sent her to the hospital that night.

As a PA, practicing emergency medicine, I have dealt with my share of COVID-19, from mild cases (including the one that afflicted me) to ones that resulted in the death of my patients. I have had to tell family that they cannot visit, tell patients that they must stay in the hospital alone. It's never easy, but even as hospitals have allowed more flexibility with visitation (including the allowing of visitation for compassionate care, such as end of life), that is apparently not the case with nursing homes.

It is clear to me that the inability for me and my family to visit my grandmother was a direct cause of her decline. As I went through her belongings that were returned to us, I found bag after bag that I had delivered just untouched. She never had the energy to open them, to see the pictures I included and the artwork my 5-year-old son drew to encourage her. I found her cell phone that had dozens of missed calls, and not a single answered one because she couldn't operate it. I have no doubt that she died thinking that we had just abandoned her in that place. Elderly individuals need extra attention and stimulation. As it is care and attention in most nursing homes is not ideal, the staffing numbers just aren't what they are in the hospital settings. I am sure my grandmother is not the only to have suffered such a fate. I certainly understand the need to protect our patients, but for the sake of keeping COVID-19 mortality statistics down, we are still killing our patients by abandoning them in these facilities where they suffer such mental decline. We need to do better; I implore you to please ensure that we do.

Thank you for your time,

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