



**Compassionate Caregivers Act  
HB 120**

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**Testimony of**

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Good afternoon Chairman Huffman, Vice Chairman Antani, Ranking Member Antonio, and distinguished members of the Senate Health Committee. My name is Dr. Joette Greenstein and I am the Medical Director for VITAS Healthcare. I am Board Certified in Family Medicine and Hospice and Palliative Medicine. I am a Fellow of the American Academy of Hospice and Palliative Care and a certified Wound Management physician. I have been in practice for 25 years. I started my practice in Newark, Ohio and developed the love of house calls. I now do house calls as a hospice physician.

Hospice patients live in their own house. Hospice care takes place where the patient lives. Hospice professionals care for terminally-ill patients daily, primarily in the patients' homes, but also in inpatient hospice units as well as in hospitals, nursing homes and assisted living communities and residential care facilities for the elderly.

Last year was the first time in 25 years I have not been able to make a house call for one of my patients due to the restrictions of long term care and assisted living facilities during the COVID pandemic. As a result, I had to visit my patients who lived in these facilities through a window. To properly assess a patient's medical conditions, I need to touch them and provide reassurance on their care plan. Last year I was forced to see one of my patients through a window visit and she could not hear me nor see me very well. It actually frightened her to see me outside the window. I was not able to reassure her through the window or provide a Face time visit with her daughter. Face time visits with her daughter help me her anxiety. It was also how I connected the patient to her daughter as she has not been in the facility in over a year.

I was not the only one from hospice not able to see our patients. Hospice care is provided by an interdisciplinary team of professionals including physicians, nurses, hospice aides, social workers, spiritual caregivers, volunteers and even music therapists. During this pandemic all these people who provide hospice care were denied the ability to access their patients and work as a team to meet their individual needs. Hospice aides in particular are vital to the wellness of our patients.

During the pandemic, residents were not eating as well. Some patients with dementia take up to an hour to eat. Before the restrictions, the hospice aides were able to provide this care. During COVID out breaks, the residents were quarantined to their rooms and trays were left at their bedside until someone was available to feed them. Most times the food was cold by the time the resident got to eat. For these reasons, we saw weight loss and failure to thrive in our patients.

I completed more death certificates during the pandemic than I have ever done in my medical career. The majority of patients didn't die from COVID specifically but from being isolated from their caregivers and essential workers. Their depression and failure to thrive were contributors to their deaths.

Dying is not comfortable. People don't think hospice is a crisis, but if I have a patient who is dying uncomfortably, that is a crisis. Our hope is to get patients comfortable when they are short of breath, in extreme pain and restless. Hospice provides end of life crisis care to manage these symptoms effectively at the bedside. Unfortunately, due to lack of access to facilities, we were getting patients two days before they died. We want to see our patients six months before imminent death so we can provide the interdisciplinary team they are entitled to. More importantly we want to be there when they pass because they probably will pass uncomfortable without our help.

During these access restrictions, we were not able to get inside their home to do crisis care. Many times, I was prescribing medications without knowing if my patients actually got them. Most of these patients were not being turned frequently, so they are died with bedsores. Patients died alone and uncomfortable.

While facilities can establish their own guidelines on restricted visitation, hospice providers are a key part of the healthcare team. We work in collaboration to enhance quality of life in the final days and months of life and are needed to continue to provide the holistic support to residents and their families.

Thank you Representative Richardson and Fraizer for sponsoring this important legislation. We need this situation of access restriction to never happen again. We need to be able to get into these facilities and take care of our hospice patients. We are essential workers and a conduit to their families. Thank you very much.

Thank you for the opportunity to submit these comments. You can contact me with any questions or comments at (614) 822-2700 or [mark.knepper@vitas.com](mailto:mark.knepper@vitas.com).