

October 1,2023

Chairman Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the Health Provider Services Committee, thank you for allowing me to provide written support testimony for HB 236; "The Never Alone Act."

I am a recently retired RN (April 2023) who worked as an inpatient nurse in an acute care hospital during the pandemic.

When the pandemic started, most ancillary staff were sent home to work remotely. Other staff were paid to stay home as their units were shut down due to low census (no elective surgeries, etc). **I worked every scheduled shift** during this tumultuous period. I support this bill after witnessing firsthand the care patients received during this time.

In general:

- Covid positive patients were admitted to a single room (no roommate) for care. A camera was placed in the patient's room to monitor the patients from the nursing station. Many patients also had a second camera in the room. This second camera, a remote 'electronic companion' would order them back into bed if they tried to sit up or go to the restroom. Often a bed alarm was in place with a second loud alarm if the patient moved too much in bed since this indicated they might be a fall risk. Patients were not permitted to leave the room for any reason.
- Meals were brought in and left at the bedside. This is important because a lot of patients were unable to open milk cartons, remove straw wrappers, etc. Other patients had trouble using the phone to call for a specific meal and would instead have a "house tray" with food they were unable to eat delivered.
- Patients were encouraged not to get up to go to the bathroom to urinate. Males were able to use a urinal, but often needed some assistance to prevent spillage. The situation was more difficult for females. An external catheter was placed. This is a small suction system that is supposed to run at a low pressure constantly to collect urine. This system might be appropriate for patients with intermittent incontinence. But as you can imagine, a patient with the ability to consciously void would over-run the system capacity during a normal void. Sometimes staff would increase the pressure to overcome this which would only increase the risk of pressure sores developing on the fragile perianal area. Patients moving in bed could also disrupt the system. These patients then ended up sitting in wet linens leading to potential painful moisture associated dermatitis.

- If the patient needed an ECF (extended care facility) at discharge, the family was unable to take a tour of the facility to determine if this rehabilitation facility would be a good fit for their loved one. Social workers would call them on the phone and let them know which facility had open beds and accepted their insurance.
- When staff did enter the room they were covered in surreal garb covering every aspect of their body
- In the past staff would donate books and magazines for patients in isolation. This was not permitted during the pandemic.

Imagine being sick and alone. Alarms ringing if you moved in bed. A voice over an intercom demanding you 'lay back down!' if you tried to get out of bed. Being unable to void in a natural way. Perhaps unable to make a telephone call, turn the channel on the TV. No magazines or books. Staff coming in covered in protective equipment that made it difficult to hear what they were saying through masks and shields. All this was considered a 'best practice protocol'.

I urge you to pass HB to prevent these events from ever happening again.

Sincerely,

Linda Gemmell