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Senator James Skoufis
188 States Street, Legislative Office Building
Room 815
Albany, NY 12247

RE: One medical directors experience with COVID-19 in a nursing home

Dear Senator:

In response to a request from your office, I would like to share my experience with COVID-19 as Medical Director of Valley View.

On the evening of Friday April 3, the county Department of Health called with the welcome news that a shipment of COVID testing supplies had just arrived from Albany. I left the dinner table, picked up the box of 120 test kits in the dark parking lot of the county Emergency Services Center, and drove directly to Valley View to begin testing our residents for COVID-19. Before that day, we had only a handful of tests available, and were unable to test every resident with symptoms. Testing residents without symptoms was out of the question. Testing employees wasn't even on the horizon.

Earlier that week, Valley View began admitting patients with known COVID-19 infection, in accordance with the New York Department of Health's ill-advised directive of March 25 that required nursing homes to accept COVID patients. But by the time the first COVID patient arrived from the hospital on March 31, we already knew that four long-term residents were ill with COVID-19. Of the 118 asymptomatic residents we tested that first week in April, 88 were positive for COVID-19. The virus must have been in the facility since at least mid-March. The source could have been asymptomatic patients admitted from the hospital or from the community, asymptomatic employees, or visitors. There was no testing, so there is no way to know.

Valley View is a 360-bed facility, with 60 beds for short-term rehabilitation and 300 beds for long-term care. We care for people with complicated medical conditions who are often frail and approaching the end of life. In an average month, about 6 of our residents pass away. In April 2020, six times that many passed away. It was heartbreaking. The residents who passed were members of our Valley View community, members of our larger community, and often were former neighbors or family members of employees. Some had lived with us at Valley View for decades.

When COVID-19 came to Valley View, there was no known treatment for the virus itself. All we or the hospital could do at the time was provide “supportive care” such as oxygen, fluids, breathing treatments, and mechanical ventilation if needed. Of the treatments listed, only mechanical ventilation was not available at Valley View. Many of our residents had previously chosen to forego CPR and mechanical ventilation because of serious underlying medical conditions. After discussion with the physicians and care team, many families chose to keep their loved ones at Valley View when they became ill with COVID-19.

As medical professionals, we were often helpless to change the ultimate outcome. One resident became critically ill so fast, we couldn’t even bring morphine to him before he was gone. No ambulance would have been able to get there in time. The best I could do for him was call his wife and hold the cellphone up as he died, so they could say goodbye. I have no words for how I felt that day, and of course it was much worse for the gentleman’s wife.

How did this catastrophe occur? While we couldn’t treat the virus at first, we did know how to reduce the spread using basic infection control measures:

1. Test everyone so we know who has the virus and who doesn’t
2. Keep patients with the virus separated from patients who don’t have the virus
3. Use gowns, masks, face shields and gloves (PPE) to prevent transferring the virus from one patient to the next, and to protect health care workers from catching the virus

It was very difficult to implement any of these measures properly when the outbreak began. At first, there were only a handful of tests available. Then, when tests became more available,ⁱ the turnaround time was seven days. So by the time a positive test result came back, an uninfected roommate would have been in the same room with the infected patient for at least a week, and now could well be infected themselves. Additionally, until mandated by the Governor, local hospitals declined to test patients for COVID-19 before transferring them to Valley View. It was impossible to tell in real time who had the virus and who didn’t.

Second, separating the sick from the well was extraordinarily difficult. Seven of our 11 units had people with COVID-19. The four unaffected units of course were kept isolated from the affected units. But on the affected units, almost all of the rooms were occupied, and 90% of patients were in double rooms. Because there were so many patients with

COVID, and many of the “uninfected” were probably already infected by the time we got the test results, it was impossible to separate those residents into COVID-only and non-COVID units. Instead, we switched rooms to place COVID patients in rooms with other COVID patients, and room together those who tested negative. Then we tried to keep everybody in their rooms. This was difficult for all the residents but especially for those with Alzheimer’s disease, who couldn’t understand why they weren’t allowed to walk in the hallway. We consulted with the county and state Departments of Health every step of the way, and they were in agreement with this strategy.

Third, PPE was in short supply from the beginning. Ordinarily we have a handful of patients on isolation precautions. Suddenly we had over 90. At first, our vendors were unable to supply more PPE, so we had to ration what we had. N95 masks in particular were worth their weight in gold. Even now, we still don’t have enough PPE to discard masks after each patient. As a result, we use our N95 masks until they are wet, soiled or no longer hold their shape.

During the long struggle to contain the virus, our coworkers were also falling ill. Staff members that could work, had to work longer hours. Nevertheless, Valley View’s staff came to work each day and cared for our residents to the best of their ability. They truly are essential and they deserve our thanks and admiration.

Fortunately, the measures we implemented did stop the spread of COVID-19. There have been no cases of COVID-19 transmitted in the facility in over 2 months. But the outbreak was much larger and lasted much longer than it should have, due to factors outside the facility’s control. If we had been able to test all employees and residents in February or early March, if there had been earlier restrictions on visitors and vendors coming into the facility, if there had been enough testing supplies, rapid availability of test results, and enough PPE, I am sure that the outbreak would have been more quickly contained.

Due to inadequate pandemic planning, inattention to supply chains, failure to increase testing capacity and failure to manufacture more PPE, society as a whole failed our residents.

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ⁱ In mid-April, our major local hospital (Garnet Health) began preparing viral transport medium, to make their own COVID-19 test kits. They very generously gave 120 of those homemade test kits to Valley View.