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Right Under Our Noses: Nursing Homes and COVID-19.

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Let the Pandemic Serve as the Catalyst for Change

As nurses, it is our duty to help those in need. That obligation led me to answer the call of the governor of California, Gavin Newsome. It was predicted that the coronavirus pandemic would require the aid of all healthcare professionals, including those not current in clinical practice. Despite being a university professor, I hoped I could make a contribution, and submitted my application to join the California Health Corps.

Friday, May 15, 2020, just as I was wrapping up my grading for the semester, I received notice that nurses were urgently needed to join the California Medical Assistance Teams (CAL-MAT). I submitted my grades to the university registrar and boarded a plane to Pasadena on Sunday, May 17th.

The mission was to provide aid to a Skilled Nursing Facility (SNF) severely impacted by the coronavirus. Eleven staff members had tested positive. Over forty patients were infected. On day one I knew we would be fighting a war of attrition. The Navy, the National Guard, and the Veterans' Administration had all turned down this mission. More patients were becoming infected every day, and staff members were refusing to come to work because they feared being infected themselves. We were the last and only hope.

The conditions I saw were shocking, even to an experienced nurse. I saw soggy diapers on the floor at the heads of many beds on most mornings. One day a bedbound patient

needed the bedpan. I searched every closet and drawer but there were no supplies. I filled a basin with warm water and cut up a PPE gown to make wash cloths to clean the patient. On the second day of my deployment I realized that many of the patients were dehydrated. They had no access to water. A demented patient was sipping juice from a cup. I glanced in the cup and saw floating fly carcasses.

One afternoon a CAL-MAT team member pointed down the hall and said, "That's not right – is it?" A petite CNA was holding the doorknob of patient's room and bracing the door with her body to stop the patient from opening it.

The ferocity of my response startled the CNA. "You can't do that! It is illegal! Take your hand off the door!"

She responded, "But then he will get out."

I realized that she meant no harm and did not know the severity of her mistake. She quickly released the door knob and scurried away.

Most patients were full codes and were transferred to a community hospital when symptoms of COVID-19 could not be adequately managed. It felt like they were being sent away to die under someone else's watch. However, I facilitated the change of the POLST (Physician Orders for Life-Sustaining Treatment) of one patient. I managed Mrs. Gonzales' death with what little resources were available to me. I watched as Mrs.

Gonzalez's oxygen saturation level decrease as she slowly slipped away. I called Time of Death at 1000 on Labor Day. She was added to the growing count of Corona Virus deaths in US nursing homes.

Days went on. Health inspectors came and went. I was invited to a meeting of the facility owners and the city health department where I described my observations while offering suggestions. To my surprise the next day many of my suggestions were implemented, yet I ended my mission with the feeling that it was not enough. Stories of patients being bathed only monthly, being dragged down the hall to their beds, and visions of old men hobbling around in only soggy diapers haunted me. The virus had stressed the meager resources of this establishment to the breaking point. Two weeks of intensive support was simply not enough. The CAL-MAT director was able to extend the mission by an additional week, but my deployment of fourteen consecutive twelve hour shifts was over.

My initial reactions were mixed. I was proud of my work but I questioned how many improvements were made just for show. This facility had a long history of health code violations. The situation posed an ethical dilemma. Was my work providing the best outcome for the patients? This SNF lacked the ability to provide the most basic of nursing care. I knew the patients would be better off in a different environment, but, in light of the pandemic, where would they go?

Yesterday, June 8th, I received the text that put my mind at ease. The CAL-MAT team was pulling out. The mission was complete and the decision had been made to close down this SNF. The patients would be transported to other facilities.

The media shows COVID-19 patients in clean hospitals setting, not in the conditions I witnessed - conditions not fit for humans hidden away from view only blocks from the homes of the very wealthy citizens of Pasadena. In the last two weeks of May 2020 I saw, first hand, the inequality of the US healthcare system. I can only believe that the closure of this SNF will give its 60+ patients better lives. Yet I wonder how many times this picture is repeated throughout our country? How often are the poor left to suffer unseen, right under the noses of the privilege class?

It is time for change. Let this pandemic serve as the catalyst to improve the US healthcare system by exposing the reality of forgotten patients in nursing homes in California and throughout our nation.