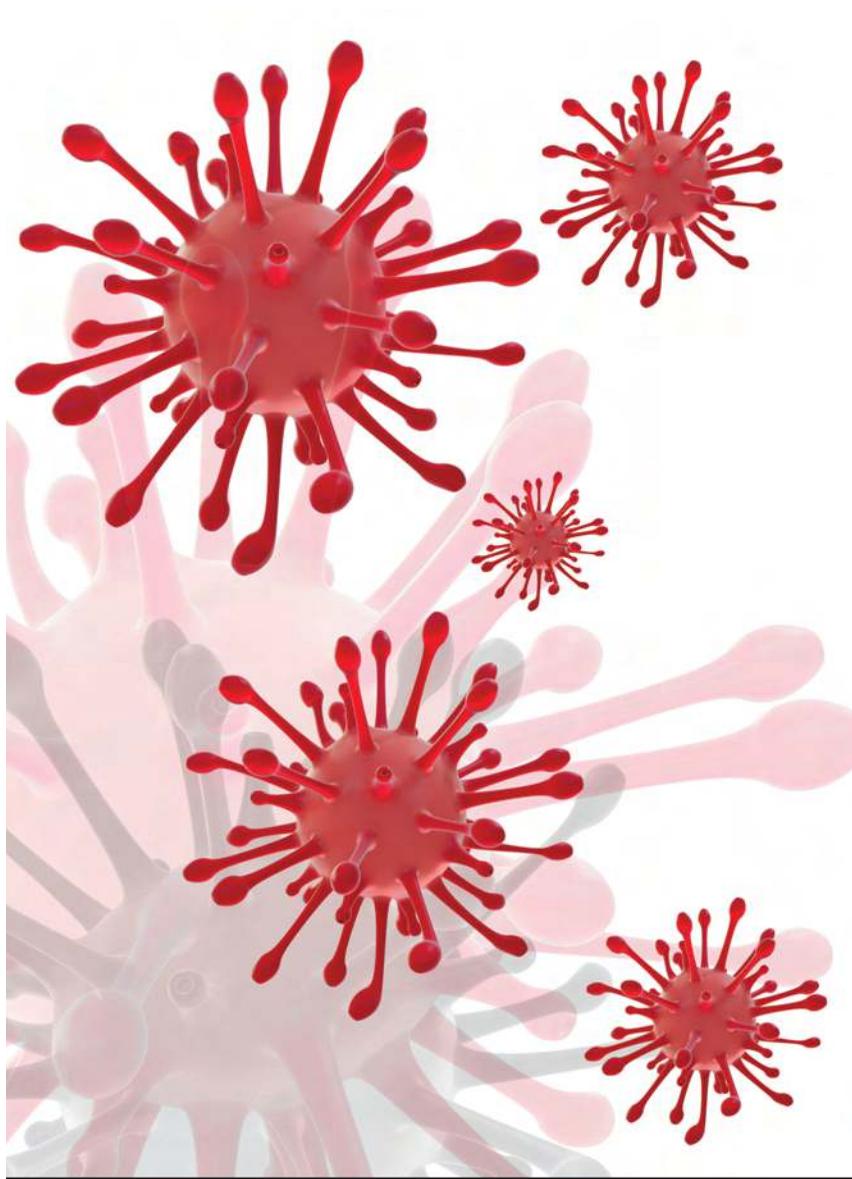


**COVID-19:**

# FROM THE FRONT LINE IN HOME CARE | **The Triumphs and Challenges**

*The Remington Report thanks Pat Kelleher, Executive Director, Home Care Alliance of Massachusetts for submitting COVID-19 stories from the caregivers on the front line of care in the home. As you read these stories, it is reflective of the heroic care provided during a very difficult time. We thank all caregivers for their continued dedication to patient care. We have provided multiple pages of caregiver stories throughout this issue of **The Remington Report**.*



## **It Begins with a Red Banner**

By **JENIFER MCALEAR, BSN, RN,**  
**PARTNERS HEALTHCARE AT HOME**

It begins with a red banner. I open up the chart for one of my admission visits for the day and I see “**COVID-19!!!**” in bold red letters across the patient’s chart. My heart starts to pound a bit faster. My hands become cold and clammy and I can feel a hitch in my breathing. Thoughts begin to swirl. “What do I do? What supplies do I need? Are they still contagious? Do I have the supplies? Do gloves go on first? Do gowns go on first? Do I wear an N95 or surgical mask? When will I get to an office to get the supplies? Will someone be there to give them to me?”

Once I am able to slow down, I remember the basics. The self-talk begins. “Jen, relax. You have been doing this for almost 18 years now. Trust yourself. You are a good nurse. I have successfully been fit-tested for an N95. I have a decontamination station set up in the back of my van. I do a dry run at home. Practice makes progress. I know how to do this.

The patient is someone who works on the front lines himself. A warrior. Someone who bravely serves the public every day. He has a family. He worked at the hospital where he was diagnosed with COVID-19, and he ended up intubated and on a ventilator. I call to explain to the patient’s wife that I will need a

place more than 6 feet away from the patient, preferably another room, to get dressed in my gear.

I don my gear in the sunroom and leave my jacket near the door. It's incredibly hot underneath all of the gear. As my interview and assessment begins, it becomes clear that there is an invisible toll that COVID-19 has taken on my patient. The psychological one. If you can imagine this front-line warrior, stoic and in control, usually helping and not the one who needs help. I see tears well up in his eyes. He tells of being all alone in the hospital without any family contact other than virtual and telephone. He relays how scary and lonely the dark nights had become. He tells me that it has changed him. He is not just someone who is part of the numbers, the charts and the protocols emailed, texted, and called to us electronically every day. He is a human who has had an actual, life-altering experience. An experience from which it will likely take months and years for him to fully process it and heal.

I feel honored and privileged to be able to take care of this patient. We did make a real connection. I realize that this is the invaluable and unmeasurable part of nursing that I love. It is the reason why I do this work. However, I'd be lying if I told you that the mental load isn't much greater and more exhausting on us in the thick of COVID-19.

I get in the car after my decontamination process. I take a deep breath and cry for a good 5 minutes before I am able to drive home. The duality of feeling great pride in what I do, but knowing how COVID-19 is changing everyone, overwhelms me. It is both a blessing and one of the hardest things I have ever experienced. I look forward to seeing this brave man and his family again in 2 short days. They need me. I need them. |



## High Tech and High Touch Care

By **ROBIN THULIN, PHYSICAL THERAPIST, LAHEY HEALTH CARE AT HOME**

In mid-April, a peak time during the pandemic, our agency received a call from a very distraught wife of a patient. Her husband had been recently hospitalized after suffering a stroke. He would have benefitted from a short stay in rehab, but their fear of contracting the virus was overwhelming and they opted for home with our services. Once home, the wife was adamant that we provide an exercise plan for the patient, but also adamant that the therapist not enter her home for fear of contracting the COVID virus. We were concerned about providing any recommended treatment without fully evaluating the patient.

I contacted the wife and explained the importance of fully evaluating her husband in order to prevent harm but also to promote effective recuperation. She asked if they could compromise; would the couple accept the therapist evaluating from outdoors while the patient remained indoors? There was agreement, so I met them from their back porch and evaluated the patient through open doors while the patient remained inside.

I continued working with the patient through video visits, educating the wife and the patient regarding treatment and home exercises. Follow up in-person visits were conducted from their porch. The patient progressed with this plan and emotions of fear and anxiety transitioned to reassurance and hope. This case showed me how I was able to acknowledge both a patient's fear and their needs and develop a creative way to help him gain back valuable functioning. |

## COVID in 50 Words By PAMELA, HOSPICE NURSE, HEBREW SENIOR LIFE

**“I arrive at the Assisted Living facility. My patient is near death with COVID. Unrecognizable staff hover about in head to toe PPE.**

“The patient isn't breathing,” cried one aide, then I hear another calling for help with a patient, and then another.

I was in a battlefield, I was overwhelmed with sadness and using adrenaline to help me to help those who could no longer help themselves.”



## Easing Isolation with Technology at Home

By MEREDITH MCNEILLY AND ELENA FINNEY, HOSPICE AND PALLIATIVE CARE PROGRAM, MERRIMACK VALLEY HOSPICE

100-year-old Rita D. has struggled with isolation at her home in an Assisted Living in Lawrence.

To ease her loneliness, we presented her with a tablet and taught her how to conduct video chats. In addition to communicating with her caregivers, social worker, chaplain, and a music therapist, Rita was thrilled to have more personal contact with her two daughters, Jeanne and Shirley, who have been restricted from visiting from their respective homes in New Hampshire.

Prior to COVID, Rita had been an active member of her community participating in exercise classes and playing bingo and Pokeno. She was known as a fashionista whose jewelry and shoes – some of which she made – match her carefully styled outfits.

When we first met Rita in June 2020, she had become quite withdrawn. She's such a people person. It didn't take long before the companionship she experienced through the tablet enabled her natural self to shine again.

Rita was so pleased to learn new things, and quickly found the tablet preferable to talking on the phone. "You get to see people's eyes and their smiles," she said. You don't know how much I've missed that."

It can't be overstated how much video visits have given the home health and hospice industry an additional way to provide face-to-face support – virtual support – to enhance the physical, spiritual and psychosocial well-being of our patients and their loved ones.

With education and the quick touch of a button, the entire hospice team has the ability to "visit." The nurse is able to assess a new concern, or the music therapist can engage with the patient in singing a song. We are excited to see how this tool continues to grow, as well as its ongoing use in our everyday practice. |

## Going the Extra Distance

By MAUREEN COLLIER AND JO MARY KOOPMAN, ALL CARE VNA AND HOSPICE

**As of August of 2020, our VNA and hospice have cared for 273 patients with COVID.**

From the start of the pandemic, we swiftly worked to secure enough PPE to keep our patients and employees safe. We were fortunate to receive donations from over 50 different agencies (City of Lynn, Cambridge/Somerville, Boston Public Health Commission, Alcohol Distribution Company). These organizations donated masks, gloves, sanitizer, soap, goggles, gowns. We received enough cloth masks to give each of our staff 2 each as well. We also partnered with a non-profit "Hope and Comfort" for Hygiene products that they donated to us to distribute to patients to help stop the spread of infection.

There were so many memorable patient stories, but one in particular that we would like to share was a patient of our VNA who was declining quickly. He wanted to be able to speak with his priest who also happened to be on service with our Agency.

We coordinated a FaceTime call with the patient and the priest. The patient received the Sacrament of the Sick during this call. The priest commented that this was the first time in over 65 years of being a priest that he had ever conducted the last rights via audio/visual. Both were amazed by the technology and our staff thinking creatively on how to make things happen during these very unsettling times.

In 2 days, we also organized a social distance car parade for the patient who was very active in the local community and politics. This was attended by the Mayor of Boston, State Representative from the 2nd Suffolk District, and the commissioner of Veterans Affairs for the state of Massachusetts. We had over 100 cars join in the parade, including several of our staff with their VNA cars. The family and the community were very appreciative of our work and being able to coordinate and orchestrate something like this so quickly. |