



April 6, 2020

His Excellency Charles D. Baker
Governor of the Commonwealth of Massachusetts
State House, RM 280
Boston, MA 02133

RE: UPDATE #5

Dear Governor Baker:

We appreciate the state's continued efforts as we address the issues affecting the ability to provide patient care during this pandemic. While there is progress on many of the issues we have raised, as you know, the time it takes to identify issues and bring about a resolution is far slower than the progression of the virus. Additionally, as we are now seeing increasing numbers of patients with the novel coronavirus (COVID-19) present at our hospitals, new issues are emerging for those on the front lines. We continue our efforts to bring those priorities to the attention of you and your administration and remain equally vigilant in our efforts to address them.

What nurses are experiencing at the bedside.

We are now seeing an increase in the number of cases of COVID-19 in patients throughout the state as well as an increase in patients hospitalized for other conditions testing positive for COVID-19. As the Intensive Care Unit (ICU) beds fill up and our Emergency Departments (EDs) face an increase in the number of COVID-19 patients, the preparation for the surge of expected patients becomes paramount. Here is what frontline nurses and health care professionals are reporting this week:

- The continued lack of Personal Protective Equipment (PPE) for frontline healthcare staff remains a critical problem. Healthcare facilities continue to make dangerous decisions and recommendations on the distribution and use of PPE to staff, informed by the supply shortages not science.
- Nurses and other vital, frontline healthcare staff are still having shifts cancelled, being furloughed or laid off even as we call for retired healthcare professionals to return to work and expedite licenses for out-of-state nurses.

- Tests are still not widely available or results readily accessible for frontline healthcare workers. And where tests are available, criteria are not consistent.
- Some healthcare facilities have still not established isolated floors or units for COVID-19 positive and suspected patients.
- While some hospitals have pursued areas of expanded ICU bed capacity and personnel to staff the increased capacity, many still have not. A few hospitals have moved to close their ICUs.
- The need for increased capacity to treat the expected influx of individuals with COVID-19 remains a serious concern as does a shortage of ventilators to treat these patients.
- Some healthcare employers are still planning service closures amid this pandemic, and others seem to be using the pandemic as cover to move or close services without oversight.
- Behavioral health facilities face a unique set of challenges that must be addressed.
- Alternative housing for hospital workers, while improving, is still inconsistent across the state.
- Committees for ethical decision-making processes when inadequate resources exist for the treatment of all, have not been addressed at most healthcare facilities.

What must be done.

It is imperative that at every healthcare facility and level of government the input of frontline healthcare workers be solicited and acted upon. As the nurses and healthcare professionals working to provide care for COVID-19 patients and meet other ongoing patient needs, we call for the following actions:

1. **Protect frontline healthcare workers. We reiterate in the strongest possible way that we should assume all patients are COVID-19 positive.** This approach is the only effective strategy going forward. Given the inability to rapidly test and discern who is or is not positive, the fact that patients have and continue to be co-mingled requires a precautionary approach to assure healthcare workers do not spread the virus among the vulnerable population of patients within the facility or among the healthcare workforce itself. Those providing direct patient care should be wearing N95 masks, face shield, gown and gloves. Those not entering patient care rooms should always be wearing surgical masks inside healthcare facilities. The disastrous effects of failing to follow this precautionary standard for infectious disease control have been made clear in the recent distressing and unforgivable losses at the Holyoke Soldiers Home. These deaths were not inevitable. Rationing of PPE for “when the crisis comes” is a misguided approach that does not improve the situation, but rather invites the crisis by allowing the virus to spread. Irresponsible rationing of PPE will exacerbate the spread of COVID-19 and lead to greater loss of life.

Everything possible must be done to create a local manufacturing supply and distribution of PPE to local healthcare workers. It is imperative that production of PPE begin immediately within regional or domestic geography. Such production must be focused on increasing the supply of N95 masks as well as Power Air-Purifying Respirators (PAPRs,) which safeguard healthcare workers against contaminated air. The benefit of the PAPRs

is that unlike N95 masks, which should be disposed of after each use, the PAPRs can be safely cleaned and reused. We must also address the shortage of visors, face shields, goggles, ventilators and gowns.

Two recent developments are favorable on the issue of PPE: (1) The Joint Commission has indicated that employees who procure their own PPE must be allowed to wear it if an employer is unable to provide appropriate PPE; (2) the Trump Administration has finally utilized the Defense Production Act to require 3M to manufacture N95 masks for domestic distribution to healthcare workers. These recent events would not have happened if healthcare workers and others had remained silent. Therefore, it remains vital that no healthcare worker be threatened or disciplined for speaking out about the current conditions they face in attempting to provide care to their patients.

We are encouraged by reports of PPE donations from various sources, however it remains unclear what PPE is available, where it is available and how it is being distributed. We must have transparency on these issues. Our understanding was this information would be readily accessible on a web site.

Beyond these shortages, however, there are additional measures to mitigate the spread of the virus within healthcare facilities that must be taken. We once again recommend that protective clothing, including scrubs and gowns, be donned and doffed on location to reduce the risk of spreading the virus outside the healthcare facility. Showers should be made available on site to healthcare staff. And given the shortage in paper gowns, we recommend that cloth gowns be utilized, as they can be laundered after each shift just as scrubs are laundered. Additionally, nurses and health professionals cannot keep up with the plethora of emails on rapidly changing policies while taking care of their patients. Issues should be directly communicated face-to-face on a regular basis to provide support and an opportunity for real-time discussion on what is happening and how it is best addressed.

2. Designate specific areas to address suspected and confirmed COVID-19 cases.

While we have seen many healthcare facilities move to designated floors for confirmed and suspected COVID-19 patients, several still have not done so. We reiterate our call for: establishing ante-room triage; designating floors and ICUs specifically for COVID-19 patients or suspected patients. **It is particularly important at this stage to turn our attention to establishing additional ICU capacity for COVID-19 patients. We must also utilize this time to train the staff of areas impacted by reduced patient census to assist with the increased needs of COVID-19 patients, including the unconventional use of single ventilators to support more than one patient.**

With approximately one week remaining before the estimated surge in Massachusetts, this is the week where clear identification of expanded ICU beds, staff and training must occur. A plan on paper is not enough – the beds should be identified and confirmed by the Department of Public Health (DPH) using appropriate criteria and the staff and training must be communicated and implemented this week to be prepared.

While designated hospitals within hospital systems may have been a viable strategy early on with proper screening, testing and segregation of patient populations, the time has passed for this strategy to be effective. We must prepare for further increases to our capacity across the state through an expansion beyond current hospital beds, such as what has been proposed for the DCU Center.

3. **Support frontline healthcare workers.** Housing for healthcare workers remains an issue in some areas of the state. As Saturday's Boston Globe editorial ("Our Health Care Heroes Need a Place to Sleep") stated, we must do more for these workers. We have been working to facilitate this as best we can, but more can and should be done. Centralized coordination between the state and all hospitality facilities and university/colleges must happen to ensure access for those health care workers who cannot safely return home without putting their families at risk – either while working or exposed and in quarantine. Progress has been made but substantial geographic pockets without access persist, such as western mass, the MetroWest.

Unfortunately, the disparate treatment of frontline healthcare workers who become infected with COVID-19 or are quarantined due to suspected COVID-19 persists. While we again applaud those employers who are supporting their workforce, there seems to be a continued attempt by some employers to default to the assumption that employees who test positive must have contracted the virus in the community rather than in the healthcare facility and therefore, the employer does not consider their illness occupational. For over a month now, frontline personnel have raised concerns regarding the co-mingling of patients, failure to triage and segregate patients, the lack of appropriate PPE, the failure to provide timely testing and results to healthcare workers and the delay in providing onsite facility parking to employees, forcing healthcare workers to cram into crowded shuttle buses to get to their work. To suggest that none of these issues may have contributed to an increased likelihood of viral spread among the workforce remains ridiculous and reprehensible

Action must be taken to ensure health workers who become COVID-19 positive are presumed positive from occupational exposure. There is currently legislation filed in both the Massachusetts House and Senate to achieve this, though it should be expanded to cover all workers in health care facilities. It should be passed and implemented immediately in order to ensure workers of unscrupulous employers are protected. If there is another course of action the state can take to ensure a presumptive occupational cause for those working in healthcare facilities who test positive for COVID-19, it should be taken at once.

4. **Halt all bed, unit and facility closures.** Despite repeated calls to halt these closures, we are still aware of employers who are moving forward with reduction plans. **This is not a time to be eliminating capacity at our healthcare facilities.** We again call on the state to direct healthcare facilities to halt all planned bed, unit and facility closures. This includes the closure of 74 mental health beds at Trinity Health-owned Providence Behavioral Health

Hospital, as the lack of available behavioral health beds will lead to additional patients presenting in already overcrowded emergency departments (EDs). It also includes the planned closure of the Somerville Hospital Emergency Department, set to close on April 30, just as we are expected to see a surge in hospitalizations. **Most recently we have seen Steward Health Care close an ICU at Nashoba Valley Medical Center in order to unilaterally move ICU staff to Morton Hospital. While the clinical staff objected to the loss of ICU access at their hospital, particularly when a nearby cluster of COVID-19 outbreak was occurring, Steward still closed the ICU and furloughed the staff. Other facilities seem to be using the pandemic as cover to avoid state and community oversight over planned services closures. An example for this is last week's announcement by Falmouth Hospital that the Maternal Child Health Unit would close, staff would be laid off and all maternal health care needs serviced by Cape Cod Hospital. This at a time when, well before the COVID-19 pandemic, the south shore had already been designated a "maternal child health desert". The state should request a moratorium on any such closures or loss of services.**

While we understand that the state has chosen to give hospitals additional flexibility to respond to the current COVID-19 crisis, this should not be used as a cover to make irresponsible decisions that in normal times would receive more scrutiny and opposition.

5. **Halt all staff reductions.** Despite dire warnings that we may not have enough staff to meet the increased demands that will be put on our healthcare system, and despite the federal passage of a health care financial relief funding, healthcare facilities are proceeding with planned layoffs and furloughing healthcare staff. As stated in previous communications, we applaud the creation of an online Commonwealth site for volunteers, but reiterate our call for these individuals to be trained and deployed to assist with increased capacity needs deriving from COVID-19 patients in the coming weeks and months.

The state's recent waiver of the ICU staffing law has already seemed to entice employers to reduce staffing even when there are available staff, justifying their decision with the state's waiver. COVID -19 patients are acutely ill – those needing ICU care and ventilation are not stable patients. **Many of the institutions such as Holyoke Soldiers home were already understaffed, the state needs to send a clear message that the relaxation of the regulations is not a justification to lower standards of care as some of our institutions seem to believe.**

6. **Support vulnerable hospitals and healthcare organizations.** We have seen both the state and federal government take steps to allocate money to support healthcare facilities, but we are still somewhat unclear as to how these funds will be allocated. We must ensure these resources are distributed appropriately and in a timely manner and that institutions receiving relief honor the intent of the relief in order to both respond to the current crisis and ensure restoration of full services when the pandemic crises is over.

7. **Increase access to testing.** While testing capabilities increase each day, we are still not

where we need to be. We must get to the point where everyone who should get tested can get tested and receive their results in a timely manner. We should make every effort to:

- Make drive through testing widely available.
- Prioritize testing for healthcare personnel. These tests should be available at the facility where worker is employed with results available within a 24-hour period.
- Standardize and communicate testing criteria for patients and healthcare personnel.
- Clinicians should be trained to provide testing at sites with high-risk populations, such as nursing homes and assisted living facilities.

Rapid testing and results are increasingly important not only for mapping and strategy to address the pandemic, but for clinicians on a real-time basis making decision about limited resources and which patients they should be appropriately allocated to. For patients and clinicians this is an extreme ethical dilemma.

Additionally, “return to work” criteria for health care personnel is inconsistent. In some instances, a health care worker must self-quarantine for 14 days and receive two negative tests before being cleared to return to work. In other instances, workers are pushed to return to work in less than 14 day and do not require negative tests. We ask the state to establish a consistent “return to work” criteria based on best practices.

8. **Ethical decision making.** We are already hearing stories of various institutions making decisions of who to intubate and place on vents, though currently vents and ICU beds remain available in the Commonwealth. Much like N95 masks, the concept of rationing care has already invaded the thinking and decision-making process, causing extreme strife among and between clinicians and families. **In the coming week as we prepare for these issues to become more prevalent, it is important that institutions have in place decision making groups that include frontline staff of various disciplines along with clergy and social services support.** The loss of life, including among their own colleagues, and the physical and emotional toll of this work and this time will have lasting effects on the workforce. Assuring communication, input and support during these difficult decisions will help with the lasting effects those decisions will have on the people who will have to make and implement them.

9. **Activation of the National Guard to support COVID-19 response.** We again encourage the expansion of the National Guard coverage to assist in the opening of additional space to address the increased capacity needs of COVID 19 patients. We also continue to encourage both the National Guard and state and local law enforcement visibility in areas common for large social gatherings to remind and dissuade the public from engaging in activities that exacerbate the spread of the virus. While many citizens are taking this pandemic seriously, too many are still not adhering to the recommended social distancing practices.

10. **Further enlist the public in the response to COVID-19.** At this point, all citizens of the Commonwealth should consider themselves as part of the healthcare team responding to

COVID-19. The actions the public takes, or does not take, will greatly affect whether the flow of patients into our healthcare facilities is manageable or a deluge. We know it is difficult to ask people to drastically curtail their everyday lives, but the actions of the public are crucial to how this pandemic will play out in the Commonwealth.

- We recommend that the state impose a strict “shelter in place” order like San Francisco and NYC and that construction should be halted as there is no means to address appropriate techniques to avoid the potential spread of the virus. At minimum this should continue through June 1st for re-evaluation on whether lesser restrictions can then be applied.
- This week, the CDC finally came forward with a recommendation for all citizens to wear a mask when in public spaces shared with other individuals. We ask that this message be reinforced on a regular basis by all state officials. Additionally, we recommend the public, particularly any in the designated at-risk groups, should wear light gloves and sunglasses or other glasses when out in public as these actions can curtail the touching of the face which commonly and inadvertently leads to contracting the virus.

We seek implementation of these recommendations so that we can respond effectively to this pandemic. Our members are on the frontlines and are increasingly anxious and frustrated by the slow pace of action on their recommendations and the use of their expertise as they look to the experience of their colleagues across the globe, especially in New York.

We will continue to be available as a resource to both you and the healthcare community as things progress and we look forward to working together in service to the citizens of the Commonwealth.

Thank you.

A handwritten signature in cursive script that reads "Donna Kelly-Williams, RN". The signature is written in black ink and is positioned above the typed name and title.

Donna Kelly-Williams, RN
President, Massachusetts Nurses Association

Cc: Secretary Marylou Sudders
Massachusetts Legislature