

COVID-19 Impact on Upstate NY Hospitals

My name is Rebecca Gould, and I am the President and Chief Financial Officer for Schuyler Hospital in Montour Falls, New York. Schuyler Hospital is a 25-bed critical access hospital, with a 120-bed skilled nursing facility attached. Schuyler Hospital has played a role in my life since I was born there in 1978. I worked summer jobs at the hospital when I attended Watkins Glen High School, and started my career there as a data entry clerk in 2000. Over the past few months, the COVID-19 pandemic has presented severe challenges, particularly to our nursing facility. Operating both a critical access hospital and a skilled nursing facility gives us a unique perspective on the challenges of caring for patients across multiple care settings. Today I'd like to discuss the top 4 areas concerns we face in operating our nursing facility during this pandemic:

1. **Changing Regulations**: Keeping up with the constant regulatory changes is laborious; however, we understand the need to keep the Skilled Nursing Facility (SNF) residents safe and have done everything in our power to comply. I will say that execution of the statewide Executive Orders (EO) are burdensome, as SNF's did not have systems in place/created to assist or manage with these types of regulatory requirements.

For example, on March 25, 2020, Gov. Cuomo and the New York Department of Health issued an Executive Order (EO) that prohibited nursing homes from both denying patients admission or readmission to a nursing home based on a confirmed positive COVID-19 diagnosis and requiring hospitalized residents to be tested for COVID-19 prior to admission or readmission. Penalties for non-compliance equate to a misdemeanor and/or loss of the operating certificate. For SNF administrators that also means a loss of their administrative license. This policy left nursing facilities in New York with little choice, regardless of whether they were prepared to safely isolate those patients or not.

We are thankful to be a part of the Cayuga Health System (CHS), in relation to the EO that required SNF's to allow admissions of COVID positive residents. As part of CHS we had a plan to defer any COVID positive patient to Cayuga Medical Center (CMC) for care. It was never our intention to care for COVID positive patients in Schuyler Hospital or the SNF. We knew the potentially damaging outcomes of that decision, and as a system took every measure possible to protect the most vulnerable population. Other facilities did not have such options.

2. **Staffing:** Prior to COVID-19 there was a nationwide shortage of Registered Nurses (RN) and Certified Nursing Assistants (CNA); therefore we were often running at minimum staffing levels. With COVID-19 regulations, we are experiencing this staffing shortage even more as we are required to assign an RN to swab staff to test for COVID and utilizing unit clerks and C.N.A.'s to cover the screening tables to monitor staff for symptoms including fever. This draws attention to the staffing shortages and ultimately the possibility of diminished quality of care in some intuitions.

In addition, the reassignment of staff means less actual face time of nursing staff to resident. Furthermore, a separate statewide order requiring SNF's to work to confine residents to their rooms has stretched activities staff and their ability to provide quality activities to residents.

Finally, the COVID virus itself has created an increase in staff on disability insurance (DBA) either due to risk or anxiety surrounding possible illness - again, putting pressure on already scarce resources.

3. **Resident Quality of Life:** Although we understand the need for measures to protect this population (which we fully support), we would respectfully request that metrics be developed to allow visitation in some SNF's. We have seen that confinement to rooms has resulted in less socialization. Add in additional statewide mandates for visitation, and there is basically no socialization of residents outside of staff. This has resulted in many of the residents having anxiety and depression. I had an encounter with a resident last week where the resident was looking out the door at the end of the hallway. I stopped to comment on how beautiful of a day it was and the woman grabbed my arm and implored me, "Is this going to last forever? They can't do this, I need to see my family." I will never forget the look of sadness in her eyes.

I agree that keeping residents safe should be our number one priority, however, I believe that common sense metrics could be created that would allow visitation to open sooner in areas that meet the criteria.

4. **Reimbursement:** Governor Cuomo has also issued an order originally requiring bi-weekly testing of all staff, regardless whether the facility is in an outbreak area or an area that has not had an active case. Most SNF's run on thin margins to begin with, being required to provide staff testing bi-weekly and now weekly is a burden of \$28,500 per week, \$114,000 per month, or \$1,482,000 per year. This is just for the cost of test

processing and does not include the costs of additional staff to administer these tests. There is no funding for this state mandate being provided to cover these costs either at the state or federal level. If we do not receive funding, this will not be sustainable, and I would suggest that many nursing homes will need a bail out or will fail. If that happens, where does this population go? There will not be enough beds in the state to take in these residents.

We want to provide a safe, caring environment for our patients despite the facing unique natural challenges. However, the issues I've just highlighted today make achieving that goal even more difficult. Thank you and I am ready to answer any questions to the best of my ability.