

Dear Members of the Committee,

My Name is Anne Hagan, I am a Registered Nurse and I live in Warwick. I am writing to you today about bill H6088 which would allow a Certified Foot Care Specialist, (CFCS) to provide certain at-home foot care, including routine foot and nail care including nail clipping. I support this bill as I am a CFCS. I have been Nursing for 26 years. My career began in cardiac Nursing (6 years) and then Home Care Hospice Nursing. During my years in Hospice, many patients would need foot care to improve their quality of life. Long toenails would often be in issue when a patient attempted to walk in their home. This increased their pain and made them an even higher fall risk. For many years the patient's Podiatrists came to their homes to cut toenails but when Covid hit the Podiatrists no longer came out to the home. My staff and myself called over a dozen Podiatrists who all said they couldn't come to homes any longer even if they had a long relationship with the patient. It was at this time I learned of Tina McDonald, CFCS. We referred all of our patients to her and our agency relieved we had someone to meet our patient's needs. Upon retirement I was planning on working part time doing something different and decided I would speak to Tina about foot care. There was such a great need and she was so encouraging, I studied for my foot care certification which included 25 hours of didactic and 30 hrs. of hands on training with a Podiatrist or Certified Foot Care RN and also required a Certification exam. Below are some of the stories I would like to share with you.

Many of my patients were on Hospice, some of them were nearing end of life and although I tried to explain to families perhaps the nails should not be the focus, they all stated the same, it was a matter of dignity for the patient. One patient was actively dying but she was aware I was trimming her nails. She would look at me and smile and then drift off to sleep. Her son called me the following day to say she had passed away and wanted to thank me again stating having her nails cut was so important to the patient as they had tried for many months to find someone. "she was so embarrassed by her nails, you truly made a difference."

I had a homebound Veteran with long and thick toenails, so thick he tried multiple times to cut them with clippers and scissors. He eventually used his jackknife and ended up in a pool of blood. In desperation, he contacted me. When I saw him the wounds were so severe on his foot I explained it would not be safe to provide foot care at this time. He refused to go to ER. I contacted his primary care and we were able to get the patient on Home care where a wound RN would visit and heal his wounds. Once healed he became a regular patient having his nails trimmed every 3 months.

Many patients I saw for nail clipping were in their 90's, some of them over 100 years old. All were homebound. All of them expressed being embarrassed by the condition of their feet and would start off apologizing for their appearance. They would share how they could no longer cut their nails and shared how they felt helpless, many repeating the same, they can't see and can't bend over due to aging and chronic illness.

I also cared for many patients with dementia. One story I will share is a male patient who no longer was able to walk and was combative. His wife stated he would kick and hit me but I told her I was willing to try. His nails had not been cut in 2 years. It took an hour to cut his nails as I used distraction and worked on building trust. I successfully was able to cut his nails without the kicking and hitting. His wife hugged me and expressed deep gratitude. Before calling me, she and several other family members tried to cut his nails and they were kicked and screamed at.

Another patient with mental illness in a Nursing Home refused to let the Podiatrist see her. Her perception was the Podiatrist hurt her just by touching her feet and felt the experience too painful. The patient's sister asked me if I could try since the patient's pain was worse with her

toenails long. This was a chair bound patient only able to stand and pivot to her recliner or bed. The patient has very swollen feet at baseline and her toes very close together due to swelling. I took my time and was gentle reassuring this highly anxious patient. The service took much longer than others but I was able to cut her nails without her screaming at me or throwing me out as her sister thought could happen. She then became a regular patient of mine.

Block Island has approximately 900 residents who lost their Podiatrist a couple of several years ago. These aging patients are unable to get on the ferry to leave the island for foot care. Most of my patients there between 92 and 102 yrs. of age. All of the patients and families so grateful for someone to come to the island.

One last story of a couple who I saw regularly, both in their 90's. The wife has heart failure and early stages of dementia. On one of my visits I recognized severe edema (swelling) in her feet and shortness of breath. I told her I thought she may be having heart failure. I contacted the patient's PCP right from the home and was able to get her an appt. that day. Her husband contacted me stating the Doctor wanted to commend me for recognizing the patient need to be seen and how it had prevented a hospitalization for heart failure.

These are just a few of the stories. There are hundreds of homebound patients in our State requiring basic foot care. As Nurses, we take our time with the patient and provide assessment, foot care, and education. We make referrals to Podiatrists, Physicians and Home care agencies. We do not diagnose or medically treat any patient. Our State has one of the highest aging populations. Many families are trying to keep their loved ones home and we believe a highly trained RN in foot care/wound care would likely to be able to meet the needs of our patients in need as well as collaborate with our Podiatrists. We understand the concerns of some Podiatrists in our State, but the bottom line is there are not enough Podiatrists to care for the home bound patients. With proper training and certification, we are willing, able and competent to bridge the gap to help meet the needs in our patients. We had multiple Podiatrists referring to us in the past who expressed gratitude for seeing their patients. We are hoping to forge a path forward with this bill in which Nursing can take care of some basic needs for our patients at home and collaborate with our Podiatrists. Although I am fully retired, I am passionate about this bill and hope that Nurses will be able to provide the needed foot care for our patient's in Rhode Island who need these home services desperately.

Sincerely,

Anne Hagan