Health care providers have faced unprecedented changes in practice since the coronavirus disease 2019 (COVID-19) pandemic began in early 2020. Advanced practice nurses in skilled nursing are no exception. Since the onset of the pandemic, it has been widely known that older adults and those with chronic conditions are the most vulnerable to contracting COVID-19 and at high risk for death related to infection.

Social distancing has been a mainstay of preventing the spread of the disease; however, community-living settings, such as skilled nursing facilities, are not conducive to such practices. In some cases, once COVID-19 entered a building, it seemed to spread like wildfire despite the implementation of all the best personal protective equipment (PPE) and isolation practices. This article reflects on the experience of nurse practitioners (NP) caring for older adults with COVID-19 in skilled nursing facilities in Northern California.

In the early months of 2020, there were reports of a novel coronavirus that had shut down Wuhan, China. International travel ceased, governments put entire counties under shelter-in-place orders, and suddenly, the virus hit American soil. It was apparent from the beginning that older adult patients, especially those in skilled nursing facilities, were at high risk of contracting the virus. The facility responses were variable: some began preparations early, while others seemed to have a "wait-and-see" approach. Despite the differences in practice, there was one consistent theme: a lack of understanding regarding what exactly we were dealing with. As more information became available, preparation ramped up.

There were mixed feelings about the level of preparedness and initial impact. Some thought "I was made for this... I was born to do this," and others felt apprehension with a sense of impending doom. Early on, with little reliable information about the virus, there was significant anxiety and confusion among practitioners. The mode of transmission seemed to change almost daily, and accompanying that were changing rules about PPE. Skilled nursing facility leadership did their best to keep up and keep their employees informed. In one facility hit hardest with COVID-19, the NP attributed PPE donning and doffing and testing drills to the facility's success in keeping staff calm and showing up to work each day. In contrast, that same NP described chaos in a facility that did not have the same leadership response. The virus seemed to spread in the facility overnight, the staff were not following PPE recommendations, and many quit shortly after the outbreak.

What has been interesting for all patients who are positive for COVID-19 is the difference in symptoms, and older adults are no exception. In some facilities, the COVID units were something out of a nightmare. The symptomatic patients were "zombie-like" with a flushed look even if afebrile, listless, and constantly sleeping; many did not survive. In contrast, some patients, even our most frail patients, were completely asymptomatic and have gone on to survive the disease with little to no complications.

The personal impact of COVID on NPs is as varied as the symptoms of the patients. Some felt a renewed sense of strength, purpose, and leadership as a nurse, taking on an educator's role to mitigate fear. Others felt paralyzed by the virus. Not only did it take hold of their work lives, but it also overtook their personal lives through increased stress and change in routines. The biggest lesson learned by the NPs is that although nothing can prepare an NP for the physical and emotional toll, education and self-care can lessen the impact.

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