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To: [DH, LTCRegs](#)
Subject: [External] Proposed Regulations Re. NHPPD Increase
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To whom it may concern,

I am writing you this morning to provide my opinion regarding the proposed regulations that seek to require nursing homes increase the requirements for staff from 2.7 Nursing Hours Per Patient Day (NHPPD) to 4.1 NHPPD on each shift.

A particular NHPPD does not equal quality. Each nursing home has unique qualities such as acuity of residents, training, competency and tenure of staff, and characteristics of the building. I say this as I think about the nursing home that I work in and we have 4 neighborhoods within the healthcare center. Some of the neighborhoods house residents with dementia, behaviors, etc., which do require a higher NHPPD. With this being said there also seems to be a staffing crisis, here and all over our neighboring nursing homes. DOH does not seem to understand the realities of the current, and perhaps worst, staffing crisis of our time. Our facility strives to provide excellent, 5-star quality care but I hear countless days when nursing staff are “pulling from other areas” to meet the higher demands and acuity of residents on one neighborhood vs. another. I also cannot remember the last time we weren’t trying to higher a CNA, LPN, or RN. I do not work in the nursing department, but consistently hear how we have so many openings in positions. If the NHPPD is increased, it seems impossible to meet the demand of 4.1 when we are already struggling to just find staff to work and to hire.

If the NHPPD does increase to 4.1, there is uncertain timing of when the regulation will be effective and gives nursing homes no time to ramp up. The proposed regulations state that the 4.1 NHPPD will become effective on the date of publication as final. There is no way to know when this might occur. I think there should be consideration to this in that Nursing Facilities (NFs) cannot plan to increase staffing without notice and time to ramp up. It may be wise to give at least one year from publication of the final regulations to comply with any increase in staffing minimums in order to give nursing homes time to try to meet any new staffing mandate.

Additionally, nurses and nurse aides are not the only staff that provide care to nursing home residents. Therapists, life enrichment staff/activity staff, social services staff, resident care assistants and others provide care and services that add to the overall wellbeing of residents. The Centers for Medicare and Medicaid Services (CMS) even recognizes this in their definition of direct care staff. I am hoping that you will consider asking that DOH modify their proposal to include other staff that provide care and services to residents in the calculation of the 4.1 staffing proposal. For example, a speech therapist will assist an individual to eat a meal while they evaluate swallowing. A social worker will provide support following a loss of a loved one or sit with a resident 1:1 who is experiencing increasing restlessness and agitation. An activity aide will spend hours with residents

providing increased socialization and stimulation both 1:1 and in a group setting. These are just a few examples of how non-nursing staff provide direct care day in and day out! It will be nearly impossible to implement a new minimum staffing number when we don't have information about what a staffing ratio might look like when it is introduced sometime in the future.

I do hope you take into consideration what "those in the trenches" do day in and day out and provide careful consideration before implementing new regulations on NFs who are already struggling and trying to be as innovative as possible to continue to try and provide the best quality of care that these older adults deserve! Thank you for your time,

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