



August 30, 2021

Ms. Lori Gutierrez
Deputy Director, Office of Policy
625 Forster Street, Room 814
Health and Welfare Building
Harrisburg, PA 17120

RE: July 31, 2021 proposal to update nursing facility regulations the Department of Health (DOH) published in the Pennsylvania Bulletin a portion of its proposal to update nursing facility regulations

Dear Ms. Lori Gutierrez,

I have had the privilege to serve as a Director of Nursing for 18 years in Westmorland County in 4 different Long Term Care Facilities. The proposed regulations seek to require nursing homes to increase the requirements for staff from 2.7 Nursing Hours per Patient Day (NHPPD) to 4.1 NHPPD on each shift. I currently serve and have been serving as Director of Nursing for the past two years at St. Anne Home located in Greensburg Pa, a part of Westmoreland County. This is a 155 bed Skilled Nursing Facility which is part of a Continuing Care Retirement Community, established in 1964. I have witnessed firsthand the critical nursing shortage. Despite constant creative recruitment and retention interventions as well as the blessings of a long term leadership core group that have remained constant and dedicated to recruiting and retaining staff the challenges at times seem insurmountable. It appears there is no one to recruit. Retention has also become very difficult for so many reasons including but not limited to the ageing workforce amidst a pandemic. I have observed RNs, LPNs and nurse aides who simply elected not to work in healthcare during this pandemic for a variety of reasons. Fear of spreading COVID to their families, inability to wear the required personal protective equipment (PPE) and the constant physical and mental demands were found to be too much. At a time when nurses are needed more than ever none can be found in Westmoreland County with many of our neighboring facilities reporting the same concerns and fears. Working, recruiting and retaining staff during a Pandemic takes on a whole other multitude of challenges, one that I have never experienced in my 18 years serving as a Director of Nursing.

Today I worked covering for the RN Supervisor with a large portion of my day working on the nursing schedule to ensure along with the Human Resource Department that we were above the current 2.7 NHPPD in an attempt to fill all vacancies. To reach over a 3.0 today I pulled St. Anne Home's Medical Record Staff person who is also a LPN. I pulled a Registered Nurse Assessment Coordinator to the floor (RNAC) as a unit nurse with a med cart and I pulled the Central Supply Clerk who is a CNA to assist with the podiatry clinic. The wound nurse was also pulled to a unit with a med cart. Cross training of all Non direct care givers who have nursing credentials is how the facility has survived the facilities self-mandated desire to be at a 3.0 or higher. The nursing department has been taking this all hands on deck approach for a very long time and even with all hands on deck we cannot reach 4.1 for each shift.

I understand the intent to raise Nursing Hours Per Patient Day is one that recognizes Long term Care facilities are now serving individuals who are sicker than ever and require a higher level of attention and care however to require this level of staffing at this time almost seems like a cruel joke. As I reread the July 31, 2021 proposal to update nursing facility regulations the Department of Health (DOH) published in the Pennsylvania Bulletin a portion of its proposal to update nursing facility regulations I keep thinking "This can't really be happening—it must be some kind of joke. The joke's on somebody." We have done our best using the limited resources we have to not only provide the highest level of care to those served but to provide care and support to our front-line staff. Despite this lack of reasonable reimbursement from Pennsylvania we still managed to staff at levels above the current 2.7 NHPPD all during a pandemic that appears to be never ending. Also I question 4.1 per shift instead of 4.1 for a 24 hour period. When one looks at "smart healthcare" principles it does not make sense to staff the same during a night shift at 4.1 as you do during a day or evening shift.

Many struggles remain including now many staffing agencies that have not be able to provide us with nursing staff despite contracts in place. I also foresee facilities reducing the number of beds in order to attempt to meet the 4.1 mandate. However as I write this letter today we currently have 154 individuals being served out of 155 beds. So what happens when the facility closes beds? What is the trickle down affect? Will I has Director of Nursing be less likely to serve residents who are difficult to care for or have a higher acuity? Will this result in a backup in hospitals? Will this result in higher acute care costs as timely discharges from the hospital into a lower cost level of care such as nursing facilities will not occur? Will my community report no acute care beds for there are any long term care facilities taking new admissions? Will I then be mandated to take admissions despite the facility's inability to meet staffing requirements? How many units will the facility have to close? Will more and more nursing homes close making placement of a loved one even more difficult?

I would hope that before finalizing such a proposed regulation of this magnitude that the Department of Health (DOH) would at least wait for resolution as well as recovery after a life and industry changing COVID 19 pandemic. The proposed regulations seek to require nursing homes to increase the requirements for staff from 2.7 Nursing Hours Per Patient Day (NHPPD) to 4.1 NHPPD on each shift at this time in healthcare history that has never been seen in this century. This would be impossible to meet.

Respectfully Submitted,

Ann Donovan, RN, MSN, CWON