



Department of Social and Behavioral Sciences

Department of Social and
Behavioral Sciences

son.sbs@ucsf.edu

415.476-3964 (voicemail)
415.476-6552 (fax)

Site Address:
490 Illinois St, Floor 12
San Francisco, CA 94158

Mailing Address:
UCSF, Dept. of SBS
490 Illinois St, Floor 12, Box 0612
San Francisco, CA 94143

August. 30, 2021

Lori Gutierrez, Deputy Director. Office of Policy
Pennsylvania Department of Health

Re: PA Long-Term Care Nursing Facilities Proposed Nurse Staffing Regulations
PA Code Cite: 28 Pa. Code 201.1, 201.2, 201.3 and 21.1.120.

I am writing to give my strongest support for the proposed regulations that will change PA Code Cite: 28 Pa. Code 201.1, 201.2, 201.3 and 21.1.120 to require a minimum for 4.1 nursing hours per resident day in all licensed long-term care nursing facilities in the Commonwealth.

This proposed change is based on many scientific research studies in the US, including my own research, showing that higher minimum staffing levels in nursing homes are associated with improvements in the processes and the outcomes of nursing home care. Studies have shown that higher nurse staffing levels are associated with improved resident outcomes, including: better functional improvement, and reduced incontinence, urinary tract infections pain, pressure ulcers; weight loss, dehydration, use of antipsychotics, infections, falls, restraint use, catherization, rehospitalization, emergency department use, missed care, and mortality rates. Studies clearly show higher staffing levels are associated with fewer deficiencies.

A CMS study in 2001 established the importance of having a minimum of 0.75 registered nurse (RN) hours per resident day (hprd), 0.55 licensed nurse (LVN/LPN) hprd, and 2.8 (to 3.0) certified nursing assistant (CNA) hprd, for a total of 4.1 nursing hprd to meet federal standards. These recommendations were confirmed in an observational study by Schnelle and colleagues in 2004. More recently, Schnelle and colleagues (2016) completed a simulation study of staffing and showed that CNA staffing should range from a minimum of 2.8 hours per resident day up to 3.6 hours per resident day depending on resident acuity.

A number of organizations have endorsed the minimum of 4.1 hprd standard, including a least 30 percent by licensed nurses and 24-hour RN care (Institute of Medicine, 2004; American Nurses Association (2014), and the Coalition of Geriatric Nursing Organizations (2013) including the Consumer Voice.

More recently, research has shown the benefits of higher nurse staffing, especially RN staffing on reductions in COVID-19 resident infections and deaths.

Research on staffing during the pandemic confirmed the importance of meeting minimum staffing levels. Early in the pandemic, California nursing homes with RN staffing levels below the recommended minimum of .75 hours per resident day had a twice the probability of having COVID-19 infections. In Connecticut, a twenty-minute increase in RN staffing per resident per day was associated with 22 percent fewer COVID-19 cases and 26 percent fewer COVID-19 deaths. Nursing homes with lower star ratings that reflect staffing, had an increased probability of having COVID-19 resident cases or deaths. Other studies of US nursing homes with one or more COVID-19 cases found higher staffing hours were associated with a lower probability of a COVID-19 outbreak and with fewer deaths.

Black and Latinx nursing home residents have been disproportionately affected by COVID-19 infections. Nationally, nursing homes with more racial/ethnic minority residents have had more confirmed resident cases and/or deaths and more staff cases than nursing homes with fewer minority residents. It has been well documented that these disparities for minorities are related to their placement in facilities that have the lowest staffing levels and the poorest quality of care. By setting a minimum staffing standard, some of these disparities will be reduced for minority residents.

Recently, nursing experts from across the country have strongly urged the establishment of higher minimum staffing standards (See Kolanowski, and colleagues in the American J. of Nursing, 2021). I strongly urge you to adopt the proposed minimum standards to protect the health and safety of nursing home residents.

Sincerely,

A handwritten signature in blue ink that reads "Charlene Harrington". The signature is fluid and cursive, with the first name "Charlene" being more prominent than the last name "Harrington".

Charlene Harrington, Ph.D., RN
Professor Emeritus of Nursing and Sociology