



From: [Jenn Shropshire](#)
To: [DH, LTCRegs](#)
Subject: [External] Concerns about Proposed Changes in Staffing Regulations
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Attachments: [Concerns about DOH Proposed Changes in Staffing Regulations 8_30_2021.pdf](#)

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August 30, 2021

Lori Gutierrez RA-DHLTCRegs@pa.gov

Deputy Director, Office of Policy

Department of Health

625 Forster Street, Room 814

Health & Welfare Building

Harrisburg, PA 17120

Dear Lori Gutierrez,

I want to express my deep concerns around the proposed changes in staff requirements from 2.7 Nursing Hours Per Patient Day to 4.1 Nursing Hours Per Patient Day on each shift.

As a Board member for a senior living community that includes a skilled nursing facility, I am an advocate for what is best for the resident. While I assume that this proposed legislation is well intended, it seems misaligned with what is best for residents, especially given current realities.

There are many issues. Here are a few that stand out from my perspective:

- Skilled nursing facilities are experiencing a staff crisis. Too few people trained and eager to work at a SNF compared with the number of positions needed. That was BEFORE the pandemic. COVID-19 and attendant issues have heightened the workforce needs.
- More Nursing House Per Patient Day Per Shift doesn't automatically equate to higher quality of care. The federal government allows the particular facility and resident care plans to determine appropriate staffing. I don't understand why the Commonwealth feels comfortable with a cookie-cutter mandate.
- Other staff (beyond nurses/nursing aides) provide care to nursing home residents, which is central to their well-being. Why isn't this recognized and included in the proposed 4.1 calculation?
- The regulations are intended to be issued in five parts and the regulations would be effective on the date the legislation is published. This seems hasty and piece meal, setting up an unreasonable and un-executable mandate. Again, how is this in the best interests of the resident? Wouldn't it increase the chances of success and outcomes if the process allowed for time to plan with all of the information provided at once?

In closing, I repeat – I do not understand the rationale behind the proposed staffing requirements. I urge the DOH to reconsider and refine any changes based on greater insight, more collaboration and better alignment between intent and implications.

Sincerely,

Jennifer Shropshire

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