



**Nurse Staffing Plan  
Hartford Healthcare Northwest Region  
Charlotte Hungerford Hospital**

**This document represents The Charlotte Hungerford Hospitals Nurse Staffing Plan and the elements for reporting to meet the requirements of Section 19a-89e of the General Statutes, as amended by Public Act 15-91, An Act Concerning Reports Of Nurse Staffing Levels. This plan meets both the July 1, 2009 deadline of Section 19a-89e (which was enacted by Public Act 08-79, An Act Concerning Hospital Staffing) and the January 1, 2017 reporting provision of PA 15-91.**

The nurse staffing plan at The Charlotte Hungerford Hospital is developed through a comprehensive process that draws on multiple sources of data and input from registered nurses and other hospital staff members via our Nurse Staffing Committee. The staffing plan is continuously evaluated throughout the year and formally reviewed and updated bi-annually. The annual staffing plan reflects budgeted, core staffing levels for patient care units including inpatient services, critical care, and the emergency department. Actual staffing is adjusted on a daily or more frequent basis to meet patient care needs and volume of patients.

**Considerations in Staffing Plan Development and Decisions**

A broad range of factors are considered in the development of the core staffing plan and ongoing staffing adjustments, many of which are embodied in the American Nurses Association's (ANA) Principles for Nurse Staffing. Staffing plan development and decisions are carried out with consideration given to patient characteristics and acuity, the number of patients for whom care is provided, levels of individual patients as well as unit intensity, the geography/physical layout of the patient care unit, available technology, and level of preparation and experience of those providing care, among others.

In addition to the factors described above, when developing the annual staffing plan, The Charlotte Hungerford Hospital considers historical staffing and patient data, staff input, patient care support services, financial factors and any plans for new programs.

## **1. Professional Skill Mix for Patient Care Units**

The professional skill mix for each patient care unit is articulated in this hospital nurse staffing plan and detailed in each department Scope of Service and Plan for the Provision of Care document.

The core staffing plan is adjusted as necessary to meet patient care needs using per diem staff (in each unit, and shared between units), unit to unit floating of personnel and on call staff (placing staff on call and calling them in when patient care needs dictate).

## **2. Use of Temporary and Traveling Staff Nurses**

The Charlotte Hungerford Hospital utilizes temporary/traveling staff nurses ONLY when necessary to ensure adequate levels of staffing to provide safe patient care. Such instances requiring temporary/traveling staff nurses may include the inability to fill budgeted staff registered nurse positions due to shortages and limited availability of nurses with specific types and levels of expertise, as well as the need to fill positions temporarily when staff members are on leave of absence. Temporary and travel staff are used as necessary after other options to fulfill staffing needs have been considered.

## **3. Administrative Staffing**

The annual staffing plan is developed to provide adequate direct care staff for forecasted patient care needs and volume projections exclusive of nursing management and inclusive of appropriate support.

## **4. Review of the Nurse Staffing Plan**

The staffing plan that reflects core staffing levels is formally established and reviewed bi-annually; it is evaluated as necessary throughout the year. Review of the factors articulated in the section *Considerations in Staffing Plan Development and Decisions* above is conducted through a combination of unit staff meetings, Operational Nurse Leadership Council, Nurse Staffing Committee and budgetary meetings with the Executive Leadership Team. Additionally, minimum staffing levels have been developed for each unit per Policy # 200.S30.

## **5. Direct Care Staff Input**

Direct care staff input regarding the staffing plan is solicited via the Nurse Staffing Committee, unit staff meetings, staff rounding by Leadership, direct care staff participation in quality improvement activities and clinical improvement committees, such as the Falls Committee and Wound Care Committee.

## 6. Staffing Ratios

The ratios below indicate the minimum prospective number and ratio of staff to patients for each of the following providing direct patient care:

(A) Registered Nurses (RNs)

(B) Unlicensed Assistive Personnel (UAPs). UAP's are defined as: Unlicensed individuals trained to function in an assistive role to nurses in the provision of patient care, as delegated by and under the supervision of the registered nurse. Include: nursing assistants, patient care technicians/assistants. Exclude: unit secretaries, clerks or schedulers, monitor technicians, therapy assistants, or transportation staff whose sole responsibilities are to assist with transport of the stable patient to another phase of care (i.e., nursing unit, a vehicle for transportation home), student nurses who are fulfilling educational requirements, sitters who either are not employed by the facility or who are employed by the facility but are not providing typical UAP activities.

Our hospital employs LPN's on our Medical floors.

### Staff to Patient Ratios by unit

Department/Unit	RN: Patient Ratio	UAP: Patient Ratio
ICU	1:1-4	1:1-10
3 <sup>rd</sup> Floor Maternity	1:1-5	N/A
4 <sup>th</sup> Floor Telemetry	1:4-8	1:4-14
5 <sup>th</sup> Floor Medical	1:4-8	1:4-15
6 <sup>th</sup> Floor Pedi/Ortho/OBS	1:4-9	1:4-9
7 <sup>th</sup> Floor Psychiatry	1:5-9	1:9-17
Emergency Department	1:6-9	1:8
WHC- Emergency Department Winsted	1:2-6	1:6

(D) Charlotte Hungerford Hospital adjust patient care staffing levels continuously throughout the day. Directors, managers, supervisors and clinical leads conduct staffing huddles at multiple times during the day in consultation with the Staffing Coordinators to determine patient care needs, census and number of staffs scheduled. As a team, staffing decisions are made- to place staff on call, to float to other units and/or rearrange staff based on patient care needs and staff competency.

Every effort is made to ensure that staffing levels are appropriate for the patients' needs and the skill level of the staff within the unit.

(E) Each patient care unit may have some additional staff which help during each shift. Charlotte Hungerford Hospital utilizes patient observers to help keep patients safe, mobility aides from the Physical Therapy department, transporters who support the entire organization, multiskilled workers (patient care technicians with special training to handle desk functions) who at times cover multiple floors assisting with non-patient care related items and our Rapid Response Team, Code Blue Team and Behavioral Health Intervention Teams who assist with critically ill patients throughout the hospital. Each unit has ancillary staff based on patient care needs including: respiratory therapists, physical therapists, occupational therapists, speech and language pathologists, care managers and social workers.

(F) For each unit noted above, during the annual budgetary process, staffing for each area was evaluated and an FTE plan was developed based on the volume projections and acuity needs. This FTE plan is evident and demonstrated in the budgetary process which each department concluded prior to the beginning of the fiscal year.

(G) Utilization of Graduate Nurses, per CT General Statutes:  
The NW Region employs Graduate Nurses multiple times per year as a recruitment effort. Following guidelines, the graduate nurse may work up to 90 days prior to passing the NCLEX exam. Our Graduate Nurses are mentored and followed closely to ensure this requirement is met. If the Graduate Nurse does not pass the NCLEX exam within the allotted time period, employment will be maintained at a lower level position until the exam is passed.

**Certification**

This hospital nurse staffing plan has been developed through consideration of anticipated patient population care needs, unit geography, technology and support, competency/expertise required of staff providing care and approved by the Nurse Staffing Committee in compliance with Nurse Staffing Legislation. It has been reviewed and discussed by the Operational Nursing Leadership Council and the Executive Leadership Team and is appropriate for the provision of patient care as forecasted.



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Vice President Patient Care Services

**IMPORTANT NOTICE AND DISCLAIMER**

The appended staffing plan ("Plan") is submitted pursuant to Public Act 23-204 (the "Law"). By submitting this Plan, Charlotte Hungerford Hospital does not admit the legal propriety of Public Act 23-204. Charlotte Hungerford Hospital reserves any and all objections to the Law including, by way of illustration, but not limitation, objections that (1) the Hospital has the legal and administrative authority over the business, affairs and operations of the Hospital, including, but not limited to, staffing pursuant to Department of Public Health, Centers for Medicare and Medicaid Services, and Joint Commission regulation, standards, and requirements, and (2) the dispositive effect accorded committee recommendations in the Law conflicts with the National Labor Relations Act ("NLRA") Section 8(d), and the committee formation and structure mandated by the Law violate Section 8(a)(2) of the NLRA. Charlotte Hungerford Hospital does not waive its right and expressly reserves all legal rights to pursue any appropriate statutory, declaratory, legal, equitable, or other relief concerning the Law. Charlotte Hungerford Hospital also reserves all rights to raise any objections in defense of any attempted enforcement action under the Law.

HHC NW Region Nurse Staffing Plan for 2024