

# Griffin Hospital Nurse Staffing Plan

## Nurse Staffing Plan Griffin Hospital

The nurse staffing plan at Griffin Hospital is developed by the Shared Governance Staffing Council through a comprehensive process that draws on multiple sources of data and input from registered nurses and other hospital staff members. The staffing plan is continuously evaluated throughout the year and formally reviewed and updated annually. The 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.

### **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. Staffing plan development and decisions are carried out with consideration given to patient characteristics, complexity of care needs and acuity, the number of patients for whom care is provided, levels of individual patient as well as unit intensity, the geography/physical layout of the patient care unit, the practice environment/care model available technology, evaluation of outcomes of nursing care, 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, Griffin Hospital considers historical staffing and patient data, staff input, patient care support services, 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. Griffin Hospital strives to follow the guidelines set forth by the updated 2019 ANA Principles for Nurse Staffing, the guidelines set forth by the 2022 Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), as well as those recommendations prepared by the Huron HealthCare Consulting Group. Staffing factors such as patient census, acuity, and nursing experience are considered with patient assignments. Staff nurses are supported at both the operational and executive level, with management involvement in interdisciplinary and collaborative activities regarding patient needs.

The core staffing plan is adjusted as necessary to meet patient care needs using per diem staff, internal float pool personnel, on call staff, and staff reallocation based on need.

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

Griffin Hospital utilizes temporary/traveling staff nurses 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. 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 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 biannually; 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 individual meetings with Nursing Division Unit Directors & Leadership meetings, and Shared Governance Professional Development/Operations Councils.

### 5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via the Nursing Division & Leadership meetings, Shared Governance, Staffing Council, Professional Development/Operations Council, unit staff meetings, managerial rounding, safety huddles, shift to shift nurse hand-off report, and administrative leadership rounding.

## 6. Staffing Plan Reporting by Unit

(A)

Unit	RNs	LPNs	UAPs
Med/Surg & Telemetry	1 RN to 4-7 patients	4- 6 patients	1 UAP to 10-12 patients
CRCU (ICU)	1 RN to 2-3 patients	2-4 patients	1 UAP to 8-12
Psychiatry	1 RN to 2-7 patients	2-7	1 UAP to 2-14 patients
Childbirth Center	1 RN to 1-4 patients/couplets	N/A	1 UAP to 1-7 patients
Emergency Department	1 RN to 4-5 patients	4-6 patients	1 UAP to 6-8 patients
Observation Unit	1 RN to 4-6 patients	4-6 patients	1 UAP to 10 to 12 patients

(B). The presented staffing ratios were prepared by the Huron Healthcare Consulting Group, based on a multitude of factors. To adjust patient care staffing levels, staffing and patient factors are taken into consideration. Staffing factors include number of patients, total admissions and discharges, levels of intensity of the patients for whom care is being provided, unit layout, and level of experience of those providing care. Patient factors include age, functional ability, cultural and linguistic diversities, severity of condition, scheduled procedures, availability of social supports, and/or other specific needs identified by the patient and by the RN.

E.) Description of supporting personnel of each patient care unit.

1.) **Clinical Nurse Managers:** Oversee care on the unit by evaluating performance of staff nurses. The Clinical Nurse Managers assist in administrative efficiencies which include but are not limited to daily operations, staff coaching, clinical resource, quality of care, fiscal responsibility, human/capital resource management, and interdepartmental coordination and communication.

2.) **Licensed Practical Nurses:** Individuals who work closely and under the supervision of Registered Nurses. LPN day to day duties include but are not limited to: taking vital signs, recording the patient's medical history, administering medications, offering basic levels of care, assisting with ADLs, providing emotional support, and reinforcing teaching done by RNs.

3.) **Multi-skilled Technicians:** 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 nurse.

4.) **IV Nurse:** In conjunction with the RN, the IV Nurse is responsible for the assessment, insertion, care, and maintenance of peripheral intravenous lines, and peripherally inserted central catheters (PICCs). The IV nurse also serves as a mentor and educator, by coaching clinical staff on intravenous therapy procedures, equipment, and vascular access infection control.

5.) **Patient Safety Monitors (PSM):** Under the supervision of an RN, the PSM provides close observation of patients who pose harm to themselves or others. The primary responsibility of the PSM is to assist in the provision of a safe environment, by observing for and detecting precarious, harmful, and/or dangerous patient actions/behaviors.

6.) **Continuous Visual Monitor technicians (CVM):** Under the supervision of the RN, the CVMs primary responsibility is to assist in the provision of a safe environment by remotely monitoring patients to detect precarious, harmful, and/or dangerous patient actions/behaviors. They are utilized to ensure patient safety as an additional tool in the plan of care.

7.) **Telemetry Technicians:** Responsible for ongoing surveillance of patient cardiac monitors. Main job function is to provide RNs and/or clinicians with immediate notification of any changes in cardiac rhythms and according to clinician/provider orders.

8.) **Activities Therapist (psychiatry):** The Activities Therapist is responsible for employing safe leisure activities geared towards individuals with psychiatric illnesses. Through the use of games, crafts and more, these activities maintain the patients' physical and emotional well-being, thereby preparing them for integration back into their communities.

9.) **Occupational Therapy (psychiatry):** Occupational therapists working in the mental health setting focus on enabling individuals to re-engage in meaningful occupations through a variety of skill sets such as skills development, establishing positive habits and

routines, setting therapy goals, using cognitive-behavioral techniques (CBT), and understanding underlying physiological influences.

10.) **Nursing Professional development specialists (NPDS):** The NPDSs promote patient care excellence through clinical leadership, consultation, education, and research. Additionally, the NPDS assess staff learning needs to assist in the development of orientation, in-servicing, and continuing education programs.

11.) **Nurse Educator:** The nurse educator is responsible for providing continuing education for nurses and other medical staff to complete requirements or to update clinical nursing skills as new methods and technology become available. RN clinical nurse educators organize, schedule, and present continuing education for nurses via in-person seminars or classes, hands-on demonstrations, and virtual learning, such as webinars or podcasts. Teaching methods vary depending on what type of information they are disseminating.

12.) **Rapid Response Team/Code Team:** A designated group of healthcare clinicians who deliver critical care expertise in response to grave clinical deterioration of a patient located outside a critical care unit.

The above staffing plan was evaluated and found to be consistent with actual staffing levels required. Staffing levels were adjusted in 2022 to include LPNs into the nursing care model. The staffing plan will be evaluated on a regular basis as described in questions four and five.

## **7. Differences Between Staffing Plan and Actual Staffing Levels**

Staffing for each unit was evaluated, the plan was consistent with actual staffing levels required and therefore will remain the same. We continue to utilize Travel RNs in the ED, Float Pool on night shift to ensure we remain in the range of the staffing plan. As we recruit and onboard staff the plan is to eliminate travel labor as it is not efficient for the long term. Staffing is reviewed every 4 hours and as needed to ensure patient census, acuity, and staffing mix are taken into account.

## **8. Additional Information to be Reported**

- 1. We have received no refusal or complaint forms as of 12/20/23**
- 2. We have been in compliance with our staffing plan per the requirements.**
- 3. Griffin Hospital turnover Data by unit for RN and LPN: see below:**

**Griffin Hospital Turnover by Unit and Avg years of RN experience per unit**

<b>Unit</b>	<b>Turnover Rate RN</b>	<b>Average years of experience</b>	<b>Turnover Rate LPN</b>	<b>Average Years of Experience</b>
Float Dept	17%	8	42.86%	11
GI Lab	0%	31	No LPNS	
Observation Unit	14%	11	33.33%	4
CP South	9%	29	0%	15
Childbirth Center	9%	18	No LPNS	
CRCU	5%	14	33.30%	12
1North	32%	7	25%	17
2NA	6%	7	25%	12
2NB	15%	8	27%	8
Operating Room	3%	16	No LPNS	
Pacu	0%	21	No LPNs	
Same Day Surgery	0%	17	0%	20
Emergency Dept	21%	19	6.50%	9

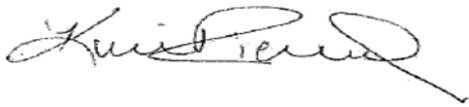
## **Certification Hospital Nurse Staffing Plan**

This hospital nurse staffing plan has been developed by the (Nurse Staffing Council) through consideration of anticipated patient population care needs, unit geography, technology and support, and competency/expertise required of staff providing care. It has been reviewed and discussed by The Nurse Staffing Council, the Coordinating Council, **unit** based practice councils, nursing leadership, and senior management. It continued to be regularly evaluated; and is appropriate for the provision of patient care as forecasted.

## **Certification Hospital Nurse Staffing Council**

**I certify that the Griffin hospital Nurse Staffing Council is meeting legislative requirements.**

**The Griffin Hospital Staffing Council is one of the arms of Nursing Shared governance. It is comprised of 51% front line nursing staff and other members of the education and management team comprise 49%. The council has met monthly since September and will meet monthly through March of 2024 as voted on by the members of the committee.**



***Kimberlee Richard, MHA, MSN, RN, NEA-BC  
Vice President, Patient Care Services***

***\*Submit the nurse staffing plan to the Connecticut Department of Public Health's Facility Licensing and Investigations Section (FLIS) no later than January 1 and July 1 each year via the portal found at <https://dphflisevents.ct.gov>.***