

HARTFORD HOSPITAL STAFFING PLAN 2023/2024

Nurse Staffing Plan HARTFORD HOSPITAL

The nurse staffing plan at Hartford Hospital is developed by the Nurse Staffing Committee 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, Hartford 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. The core staffing plan is adjusted as necessary to meet patient care needs using unit-based per diem staff; a centralized float pool (STAR Team) of RNs, PCTs, PAAs; on call staff; unit to unit resource sharing (floating); scheduling of staff hours beyond budgeted FTEs (overtime, incentivized bonus shifts, etc.); travel/agency nurses.

2. Use of Temporary and Traveling Staff Nurses

Hartford 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 the following mechanisms:

- Review and discussion during the following regularly scheduled meetings: Nurse Executive Council (CNO and Nurse Directors), Department Nursing Leadership Meetings (Patient Care Operations Meeting, Nurse Manager/Director Meeting), Nursing Council Meeting, Hospital Staffing Committee, unit-based staff meetings.
- Review of the monthly staffing schedule prior to posting (between Nurse Manager and Staffing Office unit scheduler)
- Review of shift schedule during daily morning huddles, throughout day during discussions with unit resource nurse/Nurse Manager/Central Staffing Office, during afternoon handoff with Nurse Coordinator (Supervisor), and during discussions with Nurse Manager/Director and resource nurse regarding unexpected staffing needs throughout the shifts

5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via the Hospital Staffing Committee. Other mechanisms that the hospital uses for soliciting direct care staff input regarding the staffing plan include unit staff meetings, daily unit-based huddle meetings, daily centralized bed management meetings, daily shift handoff (between Nurse Managers and the Nursing Coordinator/Supervisor), unit rounds (Nurse Manager; Leadership Rounding to Influence; Executive Rounding), surveys (Employee Engagement Survey; Culture of Safety Survey), direct care staff participation in quality improvement activities related to patient care and unit operations (including event reviews and formal Root Cause Analysis meetings), and during focused projects and accreditation/regulatory preparation meetings such as for Joint Commission accreditation and certification surveys.

6. Staffing Plan Reporting by Unit

Table below indicates the prospective number and ratio of staff to patients for each unit type for the following staff providing direct patient care:

- Registered Nurses (RNs)
- Assistive Personnel (UAPs) – 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.

Nursing Area	Registered Nurse: Patient	Nurse Assistant/PCT/Emergency Room Tech/Mental Health Worker: Patient
Inpatient Rehab Unit	1:4-7	1:7
Medical/Surgical/Telemetry Units	1:4-7	1:6 to 14
Step Down	1:3	1: 6-16
ICU	1:1-2	1: 1-16
Women's Health, Labor and Delivery, Newborn Nursery, Post-Partum	1-2:1 -6	1:1-13
Behavioral Health (Institute of Living)	1:1-14	1:1-14
Emergency Department	1: 1-6	1:1-15

Hartford Hospital does not employ LPNs in the acute setting on these units at the time of submission of this report, however it is likely that this role will be incorporated in to the staffing plan in some locations within the next 6 months.

Hartford Hospital uses several methods to determine and adjust patient care staffing levels, including but not limited to:

- Daily shift huddles
- Daily rounding, including Patient Progression Rounds, Nurse Manager Rounds
- Assessment of patients' needs
- Evaluation of skill mix and staff experience level on the unit during any given shift
- Evaluation of current unit ADT activity (admissions, discharges, transfers) and patient acuity
- Evaluation of staffing every 4 hours with review of census and staffing guidelines
- Daily handoff with Nursing Coordinator/Supervisor

In addition to RNs and UAPs, the following personnel roles provide support on some of the units, as clinically necessary; most roles are not budgeted to individual units:

- Patient care associates/observers ('sitters')
- IV team RNs
- Non-licensed internal transport staff
- RN Transport staff
- RN and PCT rounders
- Mobility volunteers
- Fall prevention volunteers
- Central Monitor Unit technicians

7. Differences Between Staffing Plan and Actual Staffing Levels

The Nursing Staffing Plan was evaluated during 2022/2023. Staffing was evaluated for each unit, comparing staff levels described in this plan as well as budgeted staffing with actual staffing levels for each patient care unit and identifying any changes in patient acuity or patient care needs for each unit. Anticipated changes in unit designations and expansion of support services were considered in the evaluation. The plan was consistent with actual staffing level ranges required on most units with changes to the staffing matrices for 2 ICUs – addition of 1 RN 12 hours/day for each unit. Changes in administrative support were made for the behavioral units – 1.0 nurse manager position for oversight of the nurse coordinators (supervisors) and 1.0 nurse coordinator position were added to the FY 2024 budget.

8. Additional Information to be Reported

Number of instances since the last nurse staffing plan was submitted when the hospital was not in compliance with such plan – as this is a new requirement effective October 1, 2023, we are creating formal processes to assist in tracking and reporting this information; we anticipate that such processes will provide us with the information needed to report on this metric in future filings

Certification Hospital Nurse Staffing Plan

The hospital nurse staffing plan for FY 2024 was developed through the Hospital budget process prior to 10/1/2023 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 with the newly formed Hospital Staffing Committee and nursing leadership, and approved by the executive leadership team as appropriate for the provision of patient care as forecasted.

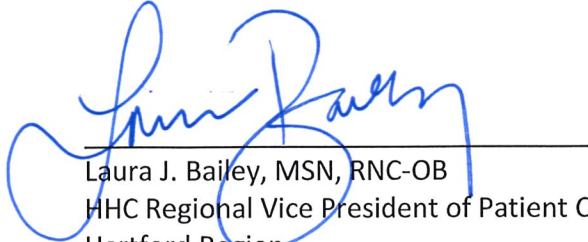
Certification Hospital Nurse Staffing Committee

I certify that the hospital and the hospital staffing committee are meeting statutory requirements.

The staffing committee is composed of direct care registered nurses representing hospital services across inpatient units, critical care units, perioperative services and the emergency department and were selected by a process determined by the existing nursing staffing committee. The committee is also composed of non-direct care registered nurses and other personnel selected by hospital management. The staffing committee composition reflects the statutory requirements for membership (e.g., number of direct care vs. non-direct care registered nurses). The staffing plan for FY 2025 will be developed by all members of the Hospital

Staffing Committee and will align with the Hospital's budget planning processes. As per statutory requirements, concerns will be brought to the attention of the Committee through multiple sources, including nurse-submitted forms detailing objections or refusals to participate in an activity, policy, practice or assigned task or perceived violations of the nurse staffing plan or policy. The staffing committee will review and analyze concerns and complaints, consulting and collaborating as needed with other hospital committees or departments such as risk management or patient safety. Actions taken in response to the analysis of concerns and complaints will be documented and provided to the Department of Public Health per statutory requirements.

The nurse staffing plan shall be submitted 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>.



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Hartford Region

IMPORTANT NOTICE AND DISCLAIMER

The appended staffing plan ("Plan") is submitted pursuant to Public Act 23-204 (the "Law"). By submitting this Plan, Hartford Hospital does not admit the legal propriety of Public Act 23-204. Hartford 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. Hartford 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. Hartford Hospital also reserves all rights to raise any objections in defense of any attempted enforcement action under the Law.