

Stamford Health Nurse Staffing Plan 2024

The nurse staffing plan at Stamford Hospital is developed by the Resource Management Board /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 bi-annually. The staffing plan reflects budgeted, core staffing levels for patient care units including inpatient services, critical care, emergency services, perioperative services, and procedural departments. Actual staffing is adjusted on a daily and shift-to-shift basis to meet patient care needs.

The Nursing Resource Management Board/Staffing Committee members are responsible for sharing information discussed during the board meetings with their respective units. Direct care clinical nurse input is solicited and brought back to the board by the board members.

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, the practice environment/care model, available technology, evaluation of outcomes of nursing care, and competency and experience of those providing care, among others.

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 professional skill mix for each unit depends upon unit type and patient care needs. The skill mix on inpatient units, emergency services, perioperative services, and procedural departments may consist of a Nurse Manager, Assistant Nurse Manager, Registered Nurses, Clinical Nursing Assistants, Medical Assistants, Technicians, and Unit Clerks (who perform administrative duties).

Stamford Hospital does not utilize LPNs on the acute care inpatient units, the Emergency Department, or in Perioperative/Procedural units.

2. Use of Temporary and Traveling Staff Nurses

Stamford Hospital utilizes temporary/traveling staff nurses when necessary to ensure adequate levels of staffing to provide safe patient care. 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 staff.

4. Review of the Nurse Staffing Plan and Direct Care Staff Input

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 discussions at the Nursing Resource Management Board/Staffing Committee as per our charter which includes 51% of direct care nurses from a variety of clinical areas.

5. Staffing Plan Reporting by Unit

The nurse staffing plan is continuously re-evaluated throughout the year as needed. Mechanisms utilized include unit staff meetings, the Nursing Resource Management Board monthly meeting, and the weekly Nursing Leadership meetings. Staffing is adjusted for each unit based on volume and acuity on a shift-by-shift basis to ensure that high quality and safe patient care is provided. Acuity is based on the use of Kronos extensions and continuous staff feedback throughout each shift. Professional organization clinical specialty guidelines are utilized in developing unit specific staffing plans.

Budgeted FTE's:

Inpatient & ED/ICC RNs FTE's	419.90
Inpatient & ED/ICC Tech FTE's	59.94
Inpatient & ED/ICC CA/Sitter FTE's	155.56
Perioperative RN FTE's	124.54
Perioperative CA/ORAs FTE's	25.01
Perioperative Tech FTE's	29.96
Cath Lab/EP RN FTE's	21.20
Cath Lab/EP Tech FTE's	7.00
VIR RN FTE's:	8.80
VIR Tech FTE's:	4.20

Nursing Units

Medicine	<ul style="list-style-type: none"> • RN 1:5-6 • CA 1:6-12
Oncology	<ul style="list-style-type: none"> • RN 1:5-6 • CA 1:6-12
Cardiology	<ul style="list-style-type: none"> • RN 1:3-5 • CA 1:6-12
Intermediate Care (IMCU)	<ul style="list-style-type: none"> • RN 1:3-4 • CA 1:6-12
Intensive Care (ICU)	<ul style="list-style-type: none"> • RN 1:1-2 • CA 1:5
Rehabilitation	<ul style="list-style-type: none"> • RN 1:5-6 • CA 1:7-12

Behavioral Health	<ul style="list-style-type: none"> • RN 1:6-8 • Tech 1:7-10
Maternity	<ul style="list-style-type: none"> • RN 1:4-6 (Mother Baby Couplets) • CA 1 per shift; may be added based upon census and acuity
Nursery	<ul style="list-style-type: none"> • RN 1 for the unit on a day-to-day basis. Infants are absorbed in the MB couplet model in the Maternity unit. Additional RNs are added based on census and acuity
NICU	<ul style="list-style-type: none"> • RN1:2-4
Labor & Delivery	<ul style="list-style-type: none"> • RN 1:1-2 • Tech 1 per shift. Additional techs may be added based on census and acuity
Pediatrics	<ul style="list-style-type: none"> • RN 1:3-5 • CA 1:6-11
General Surgery & Orthopedics	<ul style="list-style-type: none"> • RN 1:5-6 • CA 1:6-12
ED Adult	<ul style="list-style-type: none"> • RN 1:1-6 and 1 Lead Flow Coordinator • Tech 1:2-15
ED Pediatric	<ul style="list-style-type: none"> • RN 1:1-4 • Tech 1:1-8
Immediate Care Center (ICC)	<ul style="list-style-type: none"> • RN 2 per 7a-8p shift and 1 Lead Flow Coordinator Mon-Fri • Tech 2 per shift
Perioperative Services	<ul style="list-style-type: none"> • OR- RN 1:1.5 • OR Tech 1:1 • PACU- RN 1:1 for Phase 1 Recovery and RN 1:3 Non-Complex Recovery
Cath Lab/EP	<ul style="list-style-type: none"> • RN 1:1 Prep for Procedure and 2 RNs per Procedure Room • PACU- RN 1:1 for Phase 1 Recovery and RN 1:3 Non-Complex Recovery
VIR	<ul style="list-style-type: none"> • RN 1:1 Prep for Procedure and 2 RNs per Procedure Room • PACU- RN 1:1 for Phase 1 Recovery and RN 1:3 Non-Complex Recovery

Support Personnel for Patient Care Units (Does Not Include Job Descriptions)

- Nurse Managers
- Assistant Nurse Managers
- Resource RN
- Nurse Educators
- Patient Sitters
- Patient Transporters

- Lactation Consultants
- Support Associates
- Respiratory Therapists
- Physical, Occupational, and Speech Therapists
- Pharmacists
- Case Managers
- Dieticians and Dietary Staff
- Substance Abuse Counselors
- Activity Therapists
- IV RNs
- Wound Care Clinicians
- Patient Relations Representatives
- Nursing Supervisors
- Informatics Nurses
- Environmental Services Staff

6. Differences Between Staffing Plan and Actual Staffing Levels

Staffing needs are assessed each shift and as needed. This is done by a combination of nursing leadership, the central staffing office, the Nursing Supervisor, and input from direct care nurses. The Nursing Supervisor manages bed assignments for patient admissions, facilitates transfers, responds to emergencies, and makes staffing adjustments as needed throughout the shift based on unit activity.

Staffing contingency planning due to unplanned absences, volume increases, or changes in patient acuity includes a variety of strategies, including assignment of Float Pool staff, the use of overtime, incentive pay, use of per diem staff, and activation of an on-call system for specified areas and temporary reassignment of staff.

7. Additional Information to be Reported

- Recruitment
 - From January 2023-December 2023 there have been 115 RN's have been hired

- Turnover data for RNs for each unit

Inpatient Turnover Rate by FTEs					
Unit	Staff Type	Jan 2023 Actual FTE	Dec 2023 Actual FTE	FTE Departures	Turnover Rate
General Surgery & Orthopedics	RN	43.13	46.73	6.40	14.2%
Oncology	RN	20.40	23.80	3.20	14.5%
Medicine	RN	32.10	32.80	10.00	30.8%
Cardiology	RN	40.00	34.60	11.00	29.5%
In Pt Psych & Hold	RN	15.60	16.40	4.00	25.0%
In Pt Rehab	RN	15.50	14.80	3.80	25.1%
Float Dept	RN	5.44	4.59	0.75	15.0%
Labor & Delivery	RN	35.50	34.70	4.60	13.1%
Maternity	RN	25.80	27.10	-	0.0%
Nursery/NICU	RN	19.10	19.40	4.40	22.9%
Pediatrics	RN	11.40	10.60	2.00	18.2%
Emergency Dept	RN	53.40	52.90	13.60	25.6%
Immediate Care Center	RN	6.00	6.00	-	0.0%
Intensive Care Unit	RN	27.90	27.50	2.60	9.4%
Intermediate Care Unit	RN	19.80	23.10	2.00	9.3%
Dialysis	RN	3.60	4.00	-	0.0%
Total Inpatient	RN	374.67	379.02	68.35	18.1%

Table 1.1: From internal position control database January 2023-December 2023

Periop Turnover Rate by FTEs					
Unit	Staff Type	Jan 2023 Actual FTE	Dec 2023 Actual FTE	FTE Departures	Turnover Rate
Amb Surg Pre-op	RN	7.80	5.60	-	0.0%
Main OR & Open Heart	RN	17.80	29.30	3.70	15.7%
Main PACU	RN	10.00	13.60	-	0.0%
PAT POP	RN	7.25	9.43	1.00	12.0%
Tully GI	RN	14.76	15.41	1.00	6.6%
Tully OR	RN	10.78	10.78	-	0.0%
Tully PACU	RN	13.25	15.16	-	0.0%
HSS Main OR	RN	9.00	9.90	4.00	42.3%
HSS Main PACU	RN	12.00	11.20	1.80	15.5%
HSS Tully OR	RN	2.14	3.41	-	0.0%
HSS Tully PACU	RN	4.27	4.67	1.00	22.4%
Total Periop	RN	109.05	128.47	12.50	10.5%

Grand Total	RN	483.72	507.49	80.85	16.3%
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Table 1.2: From internal position control database January 2023-December 2023

- Average Years of Experience

Department	Avg Yrs Exp (Date of RN License)
Medicine	6.4
Oncology	5.4
Cardiology	6.2
Intermediate Care	8.3
Intensive Care Unit	12.5
Rehabilitation	9.2
Behavioral Health	12.5
Maternity	17.6
Nursery/NICU	13.9
Labor & Delivery	11.9
Pediatrics	21.1
General Surgery & Orthopedics	11.1
Emergency Department	7.2
Immediate Care Center	31.4

Float Pool	8.2
Hemodialysis	5.7
Ambulatory Surgery	15.8
Main Operating Room & Open Heart	12.8
Main PACU	17.6
PAT POP	23.0
Tully Endoscopy	20.4
Tully Operating Room	21.7
Tully PACU	27.0
HSS Main Operating Room	4.9
HSS Main PACU	8.8
HSS Tully Operating Room	21.5
HSS Tully PACU	9.8
Cath Lab & EP	13.2
VIR	10.6

Table 2: From internal Human Resources database

- Proof of successful staffing plan implementation

The Resource Management Board/Staffing Committee reviewed the 2024 Nurse Staffing Plan for the organization and approved the plan for fiscal year 2024 budget (which began on Oct. 1, 2023). Professional organization guidelines were used to determine the nurse-to-patient ratios outlined in the plan where applicable. The board members reviewed considerations in the staffing plan development, professional skill mix, use of travel nurses, staffing plan reporting by unit, budgeted FTEs, nursing unit ratios, support personnel, and contingency plans for differences between staffing plan and actual staffing levels. The implementation plan and dissemination process was identified.

Table 3.2: From Staffing Committee Minutes documentation

- Data collection for noncompliance of nurse staffing plan
 - For this fiscal year (October 1, 2023-December 31, 2023) the staffing plan has not been out of compliance. Staff RN's submit staffing information into Kronos Extensions for each shift. Additionally, staffing ratios are disseminated prior to the start of each shift to department managers, charge nurses, and clinical nurses. Assignments are posted on each unit's Teletracking board 24/7.

Department	RN:Patient Ratio
Medicine	4.97
Oncology	4.95
Cardiology	3.78
Intermediate Care	2.39
Intensive Care Unit	1.72
Rehabilitation	4.44
Behavioral Health	5.25
Maternity	3.29
Nursery/NICU	2.12
Pediatrics	2.19
General Surgery & Orthopedics	4.35

Table 4: Kronos Extensions Ratio data October 1, 2023-December 31, 2023

- Data for staff refusal of assignment
 - There have not been any submissions to object or refuse an assignment this fiscal year (October 1, 2023-December 31, 2023)

Certification Hospital Nurse Staffing Plan

This hospital nurse staffing plan has been developed by the Nursing Resource Management Board/Staffing Committee members 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 Executive Leadership, Nursing Leadership, and the Nursing Unit Boards and regularly evaluated; and is appropriate for the provision of patient care as forecasted.

Certification Hospital Nurse Staffing Committee

I certify that Stamford Hospital and the Nursing Resource Management Board/Staffing Committee are meeting statutory requirements.

The Nursing Resource Management Board/Staffing Committee membership consists of registered nurses employed by the hospital. Members represent at least 51% direct care nurses from various specialties. Membership guidelines and accountabilities are defined in the charter.



Ellen Komar, Sr. Vice President, Patient Care Services & Chief Nursing Officer

****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>.***