

NURSE STAFFING PLAN

The nurse staffing plan at Saint Francis Hospital and Medical Center, Hartford, Connecticut, 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 bi-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, Saint Francis Hospital and Medical Center considers historical staffing and patient data, staff input, patient care support services, and any plans for new programs.

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 per diem, internal float pool, on call, unit to unit floating, etc.

USE OF TEMPORARY AND TRAVELING STAFF NURSES

Saint Francis Hospital and Medical Center utilizes temporary/travel staff nurses when necessary to ensure adequate levels of staffing to provide safe patient care. Such instances requiring temporary/travel 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.

¹ Public Act 15-91, An Act Concerning Reports of Nurse Staffing Levels and Public Act 23-204, An Act Concerning the State Budget for the Biennium June 30, 2025 and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget

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.

REVIEW OF THE NURSE STAFFING PLAN

The staffing plan 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 unit-based practice council, staffing committee and leadership meetings.

DIRECT CARE STAFF INPUT

Direct care staff input regarding the staffing plan is solicited via Nurse Staffing Committee and participation in unit-based quality improvement activities related to patient care.

STAFFING PLAN REPORTING BY UNIT

INPATIENT MEDICAL SURGICAL UNITS LEVEL OF CARE:

- A. Registered Nurses: One (1) RN with zero (0) to six (6) patients.
- B. Licensed Practical Nurses: One (1) LPN with one (1) to six (6) patients.
- C. Assistive Personnel (UAPs): One (1) Nursing Assistant/Technician with eight (8) to twelve (12) patients.

CARDIOVASCULAR UNITS LEVEL OF CARE:

- A. Registered Nurses Day Shift: One (1) RN with zero (0) to five (5) patients.
 - a. Registered Nurses Night Shift: One (1) RN with zero (0) to six (6) patients.
- B. Registered Nurse/Licensed Practical Nurse Team Model: One (1) RN and One (1) LPN with zero (0) to seven (7) patients.
- C. Assistive Personnel (UAPs) Day Shift: One (1) Nursing Assistant/Technician with one (1) to ten (10) patients.
 - a. Assistive Personnel (UAPs) Night Shift: One (1) Nursing Assistant/Technician with one (1) to twelve (12) patients.

INTENSIVE CARE UNITS LEVEL OF CARE:

- A. Registered Nurses: One (1) RN with zero (0) to two (2) patients
- B. Licensed Practical Nurse: One (1) LPN with one (1) to two (2) patients.
- C. Assistive Personnel (UAPs): One (1) Nursing Assistant/Unit Secretary with zero (0) to twenty-two (22) patients.

INTERMEDIATE CARE UNIT LEVEL OF CARE:

- A. Registered Nurses: One (1) RN with zero (0) to four (4) patients.
- B. Assistive Personnel (UAPs): One (1) Nursing Assistant/Technician with eight (8) to sixteen (16) patients.
- C. Supportive personnel utilized on the various units includes FirstChoice float/float pool nurses are available to be utilized when census and/or acuity increases. Clinical areas may utilize the following for support: Nursing Assistants, IV Therapy Nurses, Cardiac Monitor Technicians, Virtual Registered Nurses, Respiratory Therapists, Physical Therapists, RN Case Managers, Social Workers, Speech and Swallow Therapist, Nutrition Aides, Phlebotomists, Nurse Navigators, Nurse Educators and Nursing Administrative Supervisors. There are some clinical areas in which Physician Assistants assigned 24 hours/7 days per week.
- D. Staffing is determined and adjusted every four (4) hours and on an as needed based on the acuity level of care of the patients. Leadership assesses patient acuity and staffing needs based on patient rounding, collaboration with staff nurses, and daily Interdisciplinary Rounds (IDRs).

EMERGENCY DEPARTMENT LEVEL OF CARE:

- A. Registered Nurses- assignments based upon patient acuity, care needs and number of assistive personnel, with an overall average goal of One (1) Nurse to Four (4) to Seven (7) Emergency Patients.
- B. Licensed Practical Nurses- assignments based upon patient acuity, care needs and number of assistive personnel, with an overall average goal of One (1) Nurse to Four (4) to Seven (7) Emergency Patients.
- C. Assistive Personnel (UAPs): One (1) Nursing Assistant/ED Technician with an overall average goal of eight (8) to twelve (12) Emergency Patients.
- D. Nursing models: both Primary and Team Nursing.

E. Patient care staffing is determined by using the annual average daily census by time of day. The nursing staffing plan flexes up and down throughout the day to mirror the changes in average census. Patient care staffing is adjusted daily based on actual daily census, overall patient acuity using the Emergency Severity Index (ESI) triage tool, patients' change in condition, and assessment of patient care needs (e.g., need for continuous observation, 1:1 nursing care, etc.)

DIFFERENCES BETWEEN STAFFING PLAN AND ACTUAL STAFFING LEVELS

UNIT	STAFFING PLAN	ACTUAL PLAN	VARIANCE	NOTES
Med Surg Unit	RNs: 0 – 6 patients LPNs: 1 – 6 patients UAPs: 8 – 12 patients	RNs: 1 – 7 patients LPNs: 1 – 6 patients UAPs: 8 – 12 patients	Minimal variance as the unit(s) flex up/down and are evaluated every 4 hours	Charge RN has been in a full assignment. Goal: to have Charge RN without a patient assignment
CV Unit	RNs: 0 – 5/6 patients RN/LPNs: 0 -7 patients UAPs: 10 – 12 patients	RNs: 1 – 5/6 patients RN/LPNs: 0 -7 patients UAPs: 10 – 12 patients	Minimal variance as the unit(s) flex up/down and are evaluated every 4 hours	Charge RN has been in a full assignment. Goal: to have Charge RN without a patient assignment
ICA Unit	RNs: 0 – 4 patients UAPs: 8 – 12 patients	RNs: 1 – 4 patients UAPs: 8 – 12 patients	Minimal variance as the unit(s) flex up/down and are evaluated every 4 hours	Charge RN has been in a full assignment. Goal: to have Charge RN without a patient assignment
Critical Care	RNs: 0 – 2 patients LPNs: 1 – 2 patients UAPs: 1 - 22 patients	RNs: 1 – 3 patients LPNs: 1 – 2 patients UAPs: 1 - 22 patients	Minimal variance as the unit(s) flex up/down and are evaluated every 4 hours	Charge RN has been in a full assignment. 3-pt assignments are patients with a lower level of accommodation code awaiting transfer to those unit(s) - ICA, Med/Surg, CV level of care Goal: to have Charge RN without a patient assignment
Emergency Dept	RNs: 4 – 7 patients LPNs: 4 - 7 patients UAPs: 8 – 12 patients	RNs: 4 – 8 patients LPNs: 4 - 8 patients UAPs: 8 – 12 patients	Variances occur as the ED adjusts utilizing the ESI triage acuity tool	Charge RN has been in a full assignment. Goal: to have Charge RN without a patient assignment

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ADDITIONAL INFORMATION TO BE REPORTED

1. Number of objections and/or refusals submitted to the Saint Francis Nurse Staffing Committee: **N/A**
 - a. Nature of the concern: N/A
 - b. Action Taken: N/A
 - c. Summary: The SFH Nurse Staffing Committee is active and meets monthly.

2. Evidence to support successful implementation of the nurse staffing plan:
 - a. Nursing Staffing Committee meeting agenda and minutes are available to all colleagues via the SFH Nursing SharePoint site.
 - b. Staffing touch base meetings are held 3/4x per day to determine patient care needs and the support/resources allotted for safe staffing.

3. RECRUITMENT/RETENTION/TURNOVER DATA

UNIT	RN RECRUITMENT #s 12/1/2022 thru 12/26/2023	RETENTION as RN Net Hire Ratio (# of RN hires for every termination) Goal > 1.0	TURNOVER %	AVERAGE YEARS OF RN EXPERIENCE
Neuroscience Unit	2	1.0	39.02 %	7.4
CV Surgery	20	1.83	36.09 %	6.8
CV Medical	8	1.67	53.04 %	9.6
Medicine	7	0.5	47.46 %	7.4
Surgery	14	1.0	66.9%	7.5
CHF	14	2.5	30.55%	3.2
Oncology	4	1.0	28.4%	14.1
Intermediate Care	9	1.2	20.96%	10.8
MSICU	31	1.78	38.0%	8.2
CVICU	23	3.25	21.27%	5.2
ED	32	0.52	70.09%	4.9

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4. Number of instances since the last submission of the staffing plan in which the hospital was not in compliance and plan(s) to avoid noncompliance in the future.

N/A

CERTIFICATION HOSPITAL NURSE STAFFING PLAN

This hospital nurse staffing plan has been developed by the Nurse Staffing Committee 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 Saint Francis Nursing Staffing Committee. The staffing plan is regularly evaluated; and is appropriate for the provision of patient care as forecasted.

CERTIFICATION HOSPITAL NURSE STAFFING COMMITTEE

The Saint Francis Hospital Nursing Staffing plan has been reviewed and discussed by staffing committee and is appropriate for the provision of patient care as forecasted. The staffing committee and staffing plan are meeting the Connecticut statutory requirements.

RESPECTFULLY SUBMITTED:

Name: LISA ZAPATA, DNP, RN, NEA-BC Title: Chief Nursing Officer (interim)

Signature:  Date: 12/27/2023