

**Nurse Staffing Plan and Reporting Template
January 2024-Updated 03/01/2024**

**Nurse Staffing Plan
Waterbury Hospital**

The nurse staffing plan at Waterbury Hospital is developed by the 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, many of which are embodied in the American Nurses Association's (ANA) Principles for Nurse Staffing². 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, Waterbury 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 the internal float pool personnel, on-call staff, overscheduled and premium hours, unit-to-unit floats, and per diems.

2. Use of Temporary and Traveling Staff Nurses

Waterbury 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 annually; it is evaluated as necessary throughout the year. A review of the factors articulated in the section *Considerations in Staffing Plan Development and Decisions* above is conducted through a combination of feedback from staff, Nursing Leadership, and review of quality, volume, and budget data. These discussions occur periodically and when there are revisions to the core plan at applicable unit meetings, Staffing Committee meetings, the Nurse Practice Committee, Nursing Leadership and Coordinating Council.

5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via individual discussions, unit meetings, unit rounds/huddles, and via quality improvement activities and ongoing data analysis. It is also solicited at the Nurse Practice Committee, which serves as the Staffing Committee.

6. Committee Approved Staffing Ratios

Emergency Department:

RN's: 1:1-4 Staffing is flexed to volume and acuity on a shift-by-shift basis.

UAP: Patient Care Associates: 1:8-12

Supportive Personnel: Clinical Information Associates 24hrs/day and Security staff performing constant staff companion roles based on volume and patient acuity.

Critical Care / Stepdown Unit:

RN's: 1:1-3 Staffing is flexed to volume and acuity on a shift-by-shift basis.

UAP: Patient Care Associates: 1:8

Supportive Personnel: May include Clinical Information Associates.

Behavioral Health Emergency Department:

RN's: 1:1-4 Staffing is flexed to volume and acuity on a shift-by-shift basis.

UAP: PCA 1:1-4

Supportive Personnel: Security staff 24 hours/day

Behavioral Health:

RN's: 1:6-12 Staffing is flexed to volume and acuity on a shift-by-shift basis.

UAP: Patient Care Associates: 1:15-30

Psych Technicians: 1:12-30

Supportive Personnel: May include Clinical Information Associates based on volume and patient acuity. The care team may also include Security Officer, Social Work, Activities Therapist, and Occupational Therapist.

7. Committee Split Decision Staffing Ratios

Plans as voted upon by direct care nurses only:

Telemetry:

RN's: 1:4-5 Staffing is flexed to volume and acuity on a shift-by-shift basis.

Day shift Charge RN only— to have a modified assignment

UAP: Patient Care Associates: 1:6-10 plus a monitor watcher 24 hrs/day.

Supportive Personnel: May include Clinical Information Associates and Security staff performing constant staff companion roles as based on volume and patient acuity.

Medical Unit Pomeroy 5:

RN's: 1:5-6 Staffing is flexed to volume and acuity on a shift-by-shift basis.

Charge RN – to have a modified assignment

UAP: Patient Care Associates: 1:6-10

Supportive Personnel: Clinical Information Associates from 7a-11p and Security staff performing constant staff companion roles as based on volume and patient acuity.

Ortho/Neuro Unit Pomeroy 7:

RN's: 1:5-6 Staffing is flexed to volume and acuity on a shift-by-shift basis.

Charge RN – to have a modified assignment

UAP: Patient Care Associates: 1:6-10

Supportive Personnel: Clinical Information Associates from 7a-11p and Security staff performing constant staff companion roles as based on volume and patient acuity.

General Surgical Unit Pomeroy 9:

RN's: 1:5-6 Staffing is flexed to volume and acuity on a shift-by-shift basis.

Charge RN – to have a modified assignment

UAP: Patient Care Associates: 1:6-10

Supportive Personnel: Clinical Information Associates from 7a-11p and Security staff performing constant staff companion roles as based on volume and patient acuity.

Family Birthing Center (FBC):

RN's: 1:1-6 based on AWHONN standard. Staffing is flexed to volume and acuity on a shift-by-shift basis.

UAP: Patient Care Associates: 1

Supportive Personnel: Clinical Information Associates 24hrs/day

Special Care Nursery (NICU):

RN's: 1:1:4 Staffing is flexed to volume and acuity on a shift-by-shift basis.

UAP: Patient Care Associates: shared w/ FBC

Supportive Personnel: Clinical Information Associates from 7a-3p

* Waterbury Hospital does not employ LPNs in the acute setting on these units.

- 8. Adjustment to Staffing:** Patient care staffing levels are monitored on a 4-8 hour basis and adjusted as needed. This is done through rounding, direct staff input, and tracking of admission/discharge/transfer activity. This is performed by the staffing office and Nursing Leadership. Staffing levels are adjusted based on the assessment of patient needs and acuity.

9. Differences Between Staffing Plan and Actual Staffing Levels

For the following departments, telemetry, medical unit Pomeroy 5, medical unit Pomeroy 6, ortho-neuro unit Pomeroy 7, the direct care nurses of the staffing committee held a vote on their proposed staffing plan. The outcome of the vote indicates that the direct care nurses have collectively passed the plan.

It is important to note that the non-direct care nurses abstained from voting, expressing concerns about the current feasibility of successfully implementing the plan in its presented form. Rest assured, we acknowledge these concerns and are committed to addressing them in an attempt to achieve the proposed staffing plan as often as possible.

For FBC and Special Care Nursery, the direct care nurses of the staffing committee held a vote on their proposed staffing plan. The outcome of the vote indicates that the direct care nurses have collectively passed the plan.

It is important to note that the non-direct care nurses abstained from voting, expressing concerns about the current feasibility of successfully implementing the plan in its presented form. It was made clear that there would not be an ability to provide a PCA as it is not consistent with budgeted staffing. The direct and non-direct care committee members acknowledged these concerns. It was agreed that, as needed, the FBC/NICU direct care nurses may contact the staffing office, supervisor, or manager should they have an urgent need for a PCA during times of high volume and/or acuity.

Emergency Department – The plan is consistent with budgeted staffing levels and therefore will remain the same. Will continue to use incentives, premium pay, and per diem staff, as needed.

Critical Care / Stepdown Unit - The plan is consistent with budgeted staffing levels and therefore will remain the same. Will continue to use incentives, premium pay, and per diem staff, as needed.

Behavioral Health - The plan is consistent with budgeted staffing levels and therefore will remain the same. Will continue to use incentives, premium pay, and per diem staff, as needed.

Behavioral Health ED - The plan is consistent with budgeted staffing levels and therefore will remain the same. Will continue to use incentives, premium pay, and per diem staff, as needed.

Telemetry- The plan is not consistent with budgeted staffing levels (modified charge RN assignment) and therefore Waterbury Hospital is expressing concerns about the current feasibility of successfully implementing the plan in its presented form. We acknowledge these concerns and are committed to addressing them in an attempt to achieve the proposed staffing plan as often as possible. We will continue to use incentives, premium pay, and per diem staff, as needed.

Medical Unit Pomeroy 5 – The plan is not consistent with budgeted staffing levels (modified charge RN assignment) and therefore Waterbury Hospital is expressing concerns about the current feasibility of successfully implementing the plan in its presented form. We acknowledge these concerns and are committed to addressing them in an attempt to achieve the proposed staffing plan as often as possible. We will continue to use incentives, premium pay, and per diem staff, as needed.

Ortho/Neuro Unit Pomeroy 7 – The plan is not consistent with budgeted staffing levels (modified charge RN assignment) and therefore Waterbury Hospital is expressing concerns about the current feasibility of successfully implementing the plan in its presented form. We acknowledge these concerns and are committed to addressing them in an attempt to achieve the proposed staffing plan as often as possible. We will continue to use incentives, premium pay, and per diem staff, as needed.

General Surgical Unit Pomeroy 9 – The plan is not consistent with budgeted staffing levels (modified charge RN assignment) and therefore Waterbury Hospital is expressing concerns about the current feasibility of successfully implementing the plan in its presented form. We acknowledge these concerns and are committed to addressing them in an attempt to achieve the proposed staffing plan as often as possible. We will continue to use incentives, premium pay, and per diem staff, as needed.

Family Birthing Center – The plan is not consistent with budgeted staffing levels (PCA) and therefore Waterbury Hospital is expressing concerns about the current feasibility of successfully implementing the plan in its presented form. The direct

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and non-direct care committee members acknowledged these concerns. It was agreed that, as needed, the FBC/NICU direct care nurses may contact the staffing office, supervisor, or manager should they have an urgent need for a PCA during times of high volume and acuity. We will continue to use incentives, premium pay, and per diem staff, as needed.

Special Care Nursery – The plan is not consistent with budgeted staffing levels (PCA) and therefore Waterbury Hospital is expressing concerns about the current feasibility of successfully implementing the plan in its presented form. The direct and non-direct care committee members acknowledged these concerns. It was agreed that, as needed, the FBC/NICU direct care nurses may contact the staffing office, supervisor, or manager should they have an urgent need for a PCA during times of high volume and acuity. We will continue to use incentives, premium pay, and per diem staff, as needed.

10. Additional Information to be Reported

- a. **Provide information about any objections to or refusals to comply with the nurse staffing plan by the hospital staff that were communicated to the hospital committee.** There have been zero objections/refusals since 10/01/2023.
- b. **Provide measures/evidence to support the successful implementation of the nurse staffing plan.** After implementation, an evaluation will be completed.
- c. **Provide retention, recruitment and turnover data for direct care registered nurses for each hospital unit for the preceding twelve months and average years of experience of permanent direct care registered nursing staff per unit.**

i. Turnover and retention by unit CY2023

Row Labels	12.29.22 Active	12.28.23 Active	Avg Active	Terminated	Turnover Rate	New Hires
6011-Intensive Care - Loc 2	47	53	50	17	34%	13
6030-Coronary ICU	5	4	4.5	0	0%	0
6031-Cardiovascular Care	39	34	36.5	13	36%	7
6070-Neonatal ICU	17	17	17	3	18%	2
6170-Medical/Surgical Acute - Loc 1	22	22	22	4	18%	8
6171-Medical Acute	19	19	19	7	37%	10
6172-Surgical Acute	13	14	13.5	4	30%	6
6340-Psych Adult (Pps)	29	34	31.5	8	25%	8
6380-Obstetrics	57	50	53.5	9	17%	3
7010-Emergency Room	67	75	71	20	28%	12
7013-Behavioral Health ED	5	4	4.5	0	0%	0
TOTAL	320	326	323	85	26%	69

ii. **Average Years of Experience by Unit**

Department Name	Average Years of Experience for Union RNs
6011-Intensive Care - Loc 2	8.55
6030-Coronary ICU	20.33
6031-Cardiovascular Care	11.10
6070-Neonatal ICU	28.17
6170-Medical/Surgical Acute - Loc 1	10.50
6171-Medical Acute	7.32
6172-Surgical Acute	12.79
6340-Psych Adult (Pps)	16.05
6380-Obstetrics	10.75
7010-Emergency Room	8.27
7013-Behavioral Health ED	27.50
Grand	14.67

d. **Provide the number of instances since the last nursing staff plan was submitted when the hospital was not in compliance with the plan including nurse staffing ratios, description and rationale of noncompliance, and plans to avoid noncompliance in the future.**

- i. Data not collected. Commencement of data collection to begin on 01/01/2024, as required.

Certification Hospital Nurse Staffing Committee

Waterbury Hospital developed a dedicated nursing staffing committee to assist in the preparation of the nurse staffing plan as required. Direct care registered nurses employed by Waterbury Hospital account for not less than fifty percent (and an odd number of members) of the membership of the staffing committee. The hospital, in collaboration with CHCA members, modified the existing committee to assist in the preparation of the nurse staffing plan. The total number of direct care registered nurses is one more than the total number of non-direct care registered nurses of the committee. The staffing committee includes broad-based representation from across hospital services. The collective bargaining unit (CHCA) selected the direct care registered nurse members which comprise not less than fifty percent of the total number of members of the committee. A representative of the collective bargaining unit provided the hospital with a list of multiple names of direct care registered nurses from which hospital management selected one additional direct care registered nurse member beyond the fifty percent of the direct care registered nurse members.

The nurse staffing plan was developed through the presentation of the proposed plans by direct care registered nurses, review of evidence-based data regarding staffing plans, collaborative discussion regarding proposed plans by direct care registered nurses and certification by vote.

Concerns are brought to the staffing committee's attention through several methods including but not limited to submitting an objection/refusal form or submitting a staffing plan complaint form. The committee shall analyze the complaint(s) and actions taken in response to the complaint(s).

Certification of Hospital Nurse Staffing Plan

The hospital nurse staffing plan has been developed by the Staffing Committee through consideration of anticipated patient population care needs, unit geography, technology and support, and competent/expertise required of staff providing care. It has been reviewed and discussed at individual unit meetings, the Nurse Practice Committee, and Nursing Leadership and Coordinating Council meetings, is regularly evaluated; and is appropriate for the provision of patient care as forecasted.

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Vice President of Patient Care Services

03/01/2024
Date

References

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

² **ANA's Principles for Nurse Staffing, Third Edition, American Nurses Association, 2020**

Almenyan, A. A., Albuduh, A., & Al-Abbas, F. (2021). Effect of nursing workload in Intensive Care Units. *Cureus*. <https://doi.org/10.7759/cureus.12674>

Ray, C. E., Jagim, M., Agnew, J., McKay, J. I., & Sheehy, S. (2003). ENA's new guidelines for Determining Emergency Department Nurse Staffing. *Journal of Emergency Nursing*, 29(3), 245–253. <https://doi.org/10.1067/men.2003.92>