

The nurse staffing plan for Milford Campus, Bridgeport Hospital is developed through a comprehensive process drawing 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 annual staffing plan reflects budgeted, core staffing levels for patient care units including inpatient services, inpatient psychiatric services, critical care, and the emergency department. Actual staffing is adjusted daily and shift-by-shift or more frequently 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 Staffing. 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 the individual patient as well as unit intensity, the geographical/physical layout of the patient care unit, the practice environment/ care model, available technology, evaluations 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, Milford Campus, Bridgeport Hospital considers historical staffing and patient data, staff input, patient care support services, and any plans for new programs.

The staffing plan is "designed to provide adequate and appropriate delivery of health care services to patients. The plan shall promote a collaborative practice in the hospital that enhances patient care and the level of services provided by nurses and other members of the hospital's patient care team." (Bill No: 5902, Section 19a-89e. Act 08-79, An Act Concerning Hospital Staffing, Provision of PA 15-91.)

I. Professional Skill Mix For Patient Care Units

The professional skill mix for each patient care unit is articulated in this hospital nurse staffing plan.

Skill mix evaluation is performed within each unit to ensure the skill mix reflects the patient care needs, availability of staff, vacancy rates and budget standards. The professional skill mix staffing plan for each patient care unit is articulated in the hospital's plan for nursing care (this can be located on each patient care unit, and/or in the Central Staffing Office).

The core staffing plan is adjusted as necessary to meet patient care needs by the Nurse Manager or designee as follows:

- A. Determine the skill level of the Registered Nurse (RN), Patient Care Technician (PCT), Business Associate (BA), and any additional caregiver(s) needed to ensure safe and effective patient care and consider the cost of coverage when seeking additional staff.
- B. Request the following people, *in the order presented*, to work:
 1. Staff members "on call" in those areas with approved on-call programs
 2. Staff members who can "float" between patient care areas and are competent/cross-trained to care for the patients assigned (arranged through the Staffing office)
 3. Regular or casual status staff who would *not* receive overtime pay
 4. Regular staff on overtime pay
 5. Utilization of System Resource Pool for long-term assignments
 6. Implement Surge Capacity Protocol

- C. Communicate with the Chief Nurse Officer, Director of Nursing, or the Off-shift Manager if the above options do not result in adequate staffing. The Nurse Manager is ultimately accountable for staffing the unit.

II. The process utilized by the nurse manager and/or designee to meet urgent demands:

- A. The Nurse Manager and/or designee maintains a “staff list”
 - 1. Contains all regular and casual status nursing personnel who can be called to work if the hospital emergency preparedness (disaster) plan is activated or if other extraordinary circumstances necessitate securing a large number of personnel quickly
 - 2. Includes the *names, skill levels* (i.e. RN, PCT, BA), and *telephone numbers* on the Staff List; the list can include additional information deemed by the Nurse Manager to be relevant
 - 3. Is updated as needed, but *at least* annually
 - 4. Is kept in the patient care unit and central staffing office
 - 5. A listing of unit staff members is also available on Smart Web for direct texting to staff mobile devices
- B. The Nurse Manager ensures the staff’s familiarity with and access to the Staff List
- C. The Nurse Manager is prepared to provide the information on the Staff List to the responsible nursing administrator if the Emergency Preparedness Plan is activated

III. Use of Temporary and Traveling Staff Nurses

Milford Campus, Bridgeport 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, unexpected changes in volume projections or special project implementation, as well as the need to fill positions temporarily when staff members are on leave. Temporary and travel staff are used as necessary but only after other options to fulfill staffing needs have been exhausted.

IV. 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.

V. Review of the Nurse Staffing Plan

The staffing plan that reflects core staffing levels is formally established and reviewed biannually; it is evaluated as needed throughout the year. Business plans help inform the need to add budgeted FTEs when necessary. A review of the factors articulated in the section Considerations in Staffing Plan Development and Decisions above is utilized when reviewing and/or updating the nurse staffing plan.

Leadership and staff consider a variety of sources, including national quality and operational benchmark data, when reviewing and updating the staffing plan. These sources include, but are not limited to employee engagement survey results, NDNQI data and survey results, performance improvement projects, review of serious safety events/RL solutions accompanied by corrective action plans, feedback from professional governance councils, unit-based staff meetings, patients, families and medical staff (inclusive of the Patient Family Advisory Council, i.e., PFAC). Additionally, the evaluation of the department's specific needs and staffing requirements is a component of the annual budgetary process. The staffing plan is a living document continuously evaluated throughout the year and formally reviewed and updated annually by the Milford Campus, Bridgeport Hospital Staffing Committee. Variance reports assist managers in tracking the allocation of resources according to standards of productivity.

VI. Direct Care Staff Input

Direct patient care staff input regarding staffing and the staffing plan is solicited during weekly scheduled leadership rounds, employee engagement survey results, NDNQI data and survey results, and throughout the year from our Milford Campus, Bridgeport Hospital

VII. Staffing Ratios

The staffing ratios for Milford Campus, Bridgeport Hospital are listed below for the inpatient units. Our Assistive Personnel is defined as Patient Care Technicians (PCTs) or Emergency Department Technicians (EDTs). Licensed Practical Nurses (LPNs) are employed on a small number of units at Yale New Haven Hospital. These LPNs are considered part of the skill mixed ratios determination and always assigned with a RN oversight. Note: there could be periods where these staffing ratio numbers are exceeded, for example, during periods of high census, ED surges, seasonal viral transmissions, and/or disaster codes. Charge nurse ratios below in addition to charge responsibilities as outlined in each unit.

A. Emergency Department

1. Registered Nurses (RNs) Ratio: Overall 1:4-5 (Excluding Triage RN and Continuing Care RN)
2. Charge Nurse (RN) Ratio: 1:2
3. Emergency Department Technicians (EDTs) Ratio: Overall 1:8

B. Intensive Care Unit

1. Registered Nurses (RNs) / Licensed Practical Nurses (LPNs) Ratio: 1:1-2
2. Charge Nurse (RN) Ratio: 1:1 (Critical patients), 1:2 (Non-Critical patients (MS;Tele;CMO))
3. Non-critical Patients (MS;Tele;CMO) (RNs) / (LPNs) Ratio: 1:3
4. Patient Care Technicians (PCTs) Ratio: 1:5-10

C. Medical-Surgical Units

1. Registered Nurses (RNs) Ratio: 1:5
2. Charge Nurse (RN) Ratio: 1:3
3. Patient Care Technicians (PCTs) Ratio: 1:7-12

D. Perioperative Services

1. Pre-Op Intake Registered Nurses (RNs) Ratio: 1:2
2. Pre-Op Post Intake Registered Nurses (RNs) Ratio: 1:5
3. Post Op Registered Nurses (RNs) Ratio: 1:1-2 (3 if bed holds)
4. OR Registered Nurses (RNs) Ratio: 1:1
5. OR Techs Ratio: 1:1

E. Diagnostic Treatment Center

1. Pre-Op Intake Registered Nurses (RNs) Ratio: 1:2
2. Pre-Op Post Intake Registered Nurses (RNs) Ratio: 1:5
3. Intra Registered Nurses (RNs) Ratio: 1 RN and 1 GI tech:1
4. Post Op Registered Nurses (RNs) Ratio: 1:1-2
5. Infusion Registered Nurses (RNs) Ratio: 1:3
6. Charge Nurse (RN) Ratio: 1:0 (2 Room Day), 1:1 (1:1-2 if overlapping) Infusion (1 room day)
7. GI Techs outside Intra Ratio: 1 tech for reprocessing (1 room day), 2 techs for reprocessing (2 room days).

VIII. Core Staffing Plan

The core staffing plan is adjusted as necessary to meet patient care needs as described in Section I: Professional Skill Mix for Patient Care Units. At any time the nursing staff may request additional assistance based on clinical judgment and unit activity, either through the Nurse Manager/designee, Nursing Director, or Off Shift Administrative Manager (OSAM). The Central Staffing Office will assist in either temporarily reassigning personnel or calling in staff to keep the patient/caregiver ratios at appropriate levels.

The staffing requirements may be waived under the following circumstances:

1. In the event of a national, state, or local emergency
2. In the event of an outbreak of illness among hospital staff
3. In emergency circumstances identified by Human Resources
4. In the event of implementation of a Hospital Facility Disaster Plan
5. If the Hospital has made reasonable efforts to contact all qualified on-call nursing

staff and nursing services or staffing agencies as defined in the written hospital-wide staffing plan for nursing services

Milford Campus, Bridgeport Hospital provides supplemental staffing to the various units. These include daily support teams such as float nurses, rapid response teams, SWAT Nurses, and float patient care technicians. In 2022 Patient Safety Nurses and an IV team utilizing nurses was established to provide patient safety on both campuses. We have an in-house Hospitalist team and student nurses and instructors who assist with patient care. Additionally, we utilize technological tools such as the Rothman Index, Broset tool, Centrella Hill-Rom Beds, and telehealth cameras, and are piloting the Epic workload measurement tool.

The planned staffing levels are evaluated daily on a periodic basis and on average are maintained according to the plan. This is done by monitoring patient volume, vacancy and turnover rates, sick time, and long-term absences. Any significant differences are managed by using resources such as casual and agency staff. An electronic staffing system provides staff with opportunities to self-select open and available shifts. The actual staffing levels are evaluated every four hours and adjustments are made based on census changes, acuity and unit activity. Internal and system resource pool nurses, resource sharing among units/service lines are used to meet this type of actual, daily fluctuating staffing need.

Each unit is assessed and changes are made based on factors such as acuity or patient population. Defined patient placement or unit changes help to maintain planned staffing levels. Units with a very diverse patient population may be changed to a single cohort of patients to provide a more focused specialized approach to care. Opening of additional spaces and sharing of locations may be used to balance resources.

IX. Additional Information to be Reported

1. No assignment refusal forms were reported by hospital staff. Objection forms were submitted and reviewed by the MC Staffing Committee when they convene on a monthly basis. All forms are documented and archived and available upon request.
2. Successful implementation of the nurse staffing plan is evidenced by budgeted staffing plans that align with reported nurse to patient ratios in the plan and are posted on all inpatient units. Patient quality outcomes, patient satisfaction scores, and staff engagement scores are available upon request.
3. Unit level retention, turnover, and recruitment metrics are discussed within the MC Staffing Committee. Unit level metrics are available upon request.
4. Instances when the hospital was not in compliance with the plan including nurse staffing ratios are discussed within the MC Staffing Committee. Description and rationale of noncompliance and plans to avoid noncompliance in the future are tracked and trended within MC Staffing Committee meeting minutes. Meeting minutes are available upon request.

X. Certification

This hospital nurse staffing plan has been developed through consideration of anticipated patient population care needs, unit geography, technology and support, and competency/expertise requirements for staff providing care. It is reviewed biannually and discussed by direct patient care staff; the Milford Campus, Bridgeport Hospital Staffing Committee, Milford Campus RN Union President, nursing leadership, senior management, and the board of trustees, and is appropriate for the provision of patient care as forecasted.

*I certify on behalf of the hospital that:

1. In accordance with Connecticut General Statutes Section 19a-89e, as amended by Section 54 of Public Act No. 23-204, the hospital staffing committee has developed the nurse staffing plan being implemented by the hospital; and
2. The nurse staffing plan was developed pursuant to subsections (d) and (e) of

Connecticut General Statutes Section 19a-89e, as amended by Section 54 of Public Act No. 23-204; and

3. That the nurse staffing plan is sufficient to provide adequate and appropriate delivery of health care services to patients in the ensuing period of the hospital's licensure.

*I warrant and declare under penalty of perjury that the information included in the foregoing certification is true in every respect. Submission of any material false statement in the certification is subject to the penalties of false statements pursuant to Connecticut General Statute section 19a-500.

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