

**Nurse Staffing Plan**  
**Waterbury Hospital**  
**January 2026**

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 Waterbury Hospital Registered Nurses and other hospital staff members. The nurse staffing plan is continuously evaluated and reviewed throughout the year but formally submitted twice annually. The staffing plan reflects core staffing levels for patient care units, including but not limited to inpatient nursing units, Critical Care, procedural areas (i.e. OR, PACU, IR, etc.) and the Emergency Department. Actual staffing levels are adjusted at least every 4-8 hours or more based on individual patient needs and census.

**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. The staffing plan development and decisions are carried out with consideration given to patient complexity, the number of patients for whom care is provided, as well as the unit intensity, and the geography/physical layout of the patient care unit, just to name a few. In addition to the factors described above, when developing the annual nurse staffing plan, Waterbury Hospital also considers historical staffing, patient data, direct caregiver input, the amount of patient care support services, and any plans for future 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 by utilizing the internal float pool personnel, on-call staff, overscheduled and premium hours, float pool, unit-to-unit floats, per diem staff and travelers as needed.

**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 vacant 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 of absence.

**3. Administrative Staffing**

The annual staffing plan is developed to provide adequate direct-care staff members 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 formally reviewed twice annually and also evaluated as necessary throughout the year when it is warranted. Review of the factors articulated in the section *Considerations in Staffing Plan Development and Decisions* above is conducted through a combination of feedback from front line staff, nursing leadership, and discussions in the Staffing Committee meetings.

#### 5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via the Staffing Committee meetings and individual unit staff meetings at Waterbury Hospital.

#### 6. Adjustment to Staffing:

Staffing is monitored and adjusted every 4-8 hours to census and activity on a shift-by-shift basis. This is done through rounding, direct staff input, and tracking of admission/discharge/transfer activity. Waterbury Hospital will continue to use incentives, such as premium pay and use of per diem staff, as needed to help ensure staffing levels. This regular assessment is performed by the staffing office and Nursing Leadership. Staffing levels are adjusted based on volume, patient activity, and patient needs.

Department	
<b>Emergency Department</b>	<b>RNs:</b> 1:1-4
	<b>UAP:</b> Patient Care Associates 1:6-8 Days and Evenings 1:8-10 Nights
<b>Behavioral Health Emergency Department</b>	<b>RNs:</b> 1:1-4 flexed to volume and acuity on a shift-by-shift basis
	<b>UAP:</b> Patient Care Associates 1:1-4
<b>Interventional Radiology</b>	<b>RNs:</b> 1:1 during hours of operation
	<b>Techs:</b> 2:1-1:1
<b>Outpatient Medical Therapies (OPMT)</b>	<b>RNs:</b> 2 during hours of operation
<b>Stress Lab (Cardiology)</b>	<b>RNs:</b> 1 during hours of operation
<b>CHF Clinic (Cardiology)</b>	<b>RNs:</b> 1 during hours of operation
<b>Outpatient Cardiac Rehabilitation</b>	<b>RNs:</b> 1:1-8 for phase 1 & 2 days
	<b>Assistive Personnel:</b> 1-2 exercise physiologists per class OR 1-2 respiratory therapists per class
<b>One Day Surgery (ODS)</b>	<b>Preop</b> 1:1-5
	<b>UAP:</b> Patient Care Associates 1 daily

<b>Reed PACU</b>	<b>RNs:</b> Phase I Recovery                      2:1, 1:1, 1:2 Phase II Recovery                      1:1-3 Extended Care                          1:3-5
	<b>UAP:</b> Patient Care Associates 1 daily
<b>Operating Room</b>	<b>RNs:</b> 1:1
	<b>Surgical techs:</b> 1:1
<b>Main Post Anesthesia Care Unit (PACU)</b>	<b>RNs:</b> Phase I Recovery                      2:1- 1:2 Phase II Recovery                      1:3 Extended Care                          1:3-5
	When called in, one additional employee to be present. The additional employee may be RN, PCA, or any other employee deemed appropriate.
<b>Gastrointestinal lab</b>	<b>RNs:</b> 1:1-3
	<b>UAP:</b> GI Specialty Techs 2 Daily unless <4 procedures scheduled, then one tech scheduled.
<b>Cardiac Cath Lab</b>	<b>RNs:</b> 2:1 or 1:1
	<b>Cath lab techs:</b> 2:1 or 1:1
<b>Critical Care / Stepdown Unit</b>	<b>RNs:</b> 1:1-2
	<b>Stepdown RN:</b> 1:3 <b>Charge RN</b> to have one patient that is 1:2 ratio to account for acuity
	<b>UAP:</b> 1:8
<b>Family Birthing Center (FBC)</b>	<b>RNs:</b> 1:1-6 based on needs and AWHONN standard.
	<b>Scrub tech:</b> 24 hours/day
<b>Special Care Nursery (NICU)</b>	<b>RNs:</b> 1:1-3
<b>Telemetry</b>	<b>RNs:</b> 1:3-4 Days 1:4-5 Nights
	<b>UAP:</b> Patient Care Associates 1:6-8 Days and Evenings 1:8-10 Nights
<b>Medical Unit Pomeroy 5</b>	<b>RNs:</b> 1:4-5 Days and Evenings 1:5-6 Nights
	<b>UAP:</b> Patient Care Associates 1:6-8 Days and Evenings 1:8-10 Nights
<b>Medical/Surg overflow Unit Pomeroy 6</b>	<b>RNs:</b> 1:4-5 Days and Evenings 1:5-6 Nights.
	<b>UAP:</b> Patient Care Associates: 1:6-8 for Days and Evenings, and 1:8-10 nights
<b>Ortho/Neuro Unit Pomeroy 7</b>	<b>RNs:</b> 1:4-5 Days 1:5-6 Nights
	<b>UAP:</b> Patient Care Associates 1:6-8 Days and Evenings

	1:8-10 Nights
<b>General Medical Surgical Unit Pomeroy 9</b>	<b>RNs:</b> 1:4-5 Days and Evenings 1:5-6 Nights
	<b>UAP:</b> Patient Care Associates 1:6-8 Days and Evenings 1:8-10 Nights
<b>Behavioral Health Pomeroy 8</b>	<b>RNs:</b> 1:6 Days and Evenings 1:12 Night
	<b>UAP:</b> Patient Care Associates: 1:15-30
	<b>Psych Technicians:</b> Days and Evenings 1:12, 2:13-22, 3:23-30 Nights-1

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

**7. 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.
- b. Provide measures/evidence to support the successful implementation of the nurse staffing plan. Evidence of compliance with the staffing plan has been demonstrated through review of staff-to-patient data and addressing staff objections/complaints. Measurements of compliance are reflected in the data provided in this report to meet the requirements of C.G.S. 19-89 (e )(e )(4).
- 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.

**8. Turnover and retention by unit for prior 12 months.**

Department	5/31/2025	12/1/2025	Avg Active	Terminated	Turnover Rate	New Hires
6011-Intensive Care - Loc 2	51	45	48	11	23%	4
6030-Coronary ICU	3	3	3	0	0%	0
6031-Cardiovascular Care	30	31	30.5	5	16%	2
6070-Neonatal ICU	22	22	22	1	5%	0
6170-Medical/Surgical Acute - Loc 1	19	22	20.5	0	0%	4
6171-Medical Acute	21	16	18.5	5	27%	3
6172-Surgical Acute	16	19	17.5	2	11%	5
6340-Psych Adult (Pps)	34	34	34	3	9%	2
6380-Obstetrics	46	44	45	0	0%	0

7010-Emergency Room	69	68	68.5	5	7%	6
7013-Behavioral Health ED	6	5	5.5	1	18%	0
<b>Grand Total</b>	<b>317</b>	<b>309</b>	<b>313</b>	<b>33</b>	<b>11%</b>	<b>26</b>

### Average Years of Experience by Unit

Department	Avg YoE Union RNs
6011-Intensive Care - Loc 2	7.74
6030-Coronary ICU	22.67
6031-Cardiovascular Care	12.23
6070-Neonatal ICU	26.51
6170-Medical/Surgical Acute - Loc 1	10.55
6171-Medical Acute	6.46
6172-Surgical Acute	8.39
6340-Psych Adult (Pps)	14.98
6380-Obstetrics	11.72
7010-Emergency Room	6.61
7013-Behavioral Health ED	30.18
<b>Grand Total</b>	<b>11.23</b>

### 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 members 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 can be brought to the nurse 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.

### **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. The hospital certifies that the nurse staffing plan developed pursuant to Connecticut General Statutes Section 19a-89e subsections (d) and (e) of this section is sufficient to provide adequate and appropriate delivery of health care services to patients in the ensuing period of licensure.

*Gina Spatafore, RN MSN*  
Gina Spatafore, MSN, RN  
Chief Nursing Officer/Vice President Quality, Regulatory

12/30/2025  
Date