

Nurse Staffing Plan
Windham Hospital
January 1, 2026

The nurse staffing plan at Windham Hospital is developed 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 annual staffing plan reflects budgeted, core staffing levels for patient care units including inpatient services, progressive care, post-anesthesia, 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 Staffing. Staffing plan development and decisions are carried out with consideration given to patient characteristics 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, available technology, 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, Windham Hospital considers historical staffing and patient data and acuity, 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. Staffing plans for Patient Care Services are developed based on the acuity level of care, diversity of needs and the frequency of the care or services that are required to be given. Based on these criteria, a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed is assigned.

The core staffing plan is adjusted as necessary to meet patient care needs using Registered Nurse per diem staff, on call staff, unit to unit transfer (floating) of staff, extra shifts and overtime.

2. Use of Temporary and Traveling Staff Nurses

Windham Hospital utilizes temporary/traveling staff nurses when necessary to augment adequate levels of staffing. 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 bi-annually and 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 leadership and staff meetings, department specific meetings and daily staffing huddles. We also review the staffing plan at our Nurse Staffing Committee meetings.

5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via meetings at our staffing committee meetings. The hospital also utilizes direct staff participation in quality improvement activities related to patient care and unit operation, weekly leadership rounding, unit workgroup meetings, and daily unit huddles.

6. Staffing Plan Reporting by Unit

Unit	6A RN Ratio	6B LPN Ratio	6C UAP Ratio
Medical-Surgical-Telemetry (Shea North) 7am-7pm	1:4-5	N/A	1:4-7
Medical-Surgical-Telemetry (Shea North) 7pm-7am	1:5-6	N/A	1:4-7
Medical-Surgical-Telemetry (Shea East) 7am-7pm	1:4-5	N/A	1:4-7
Medical-Surgical-Telemetry (Shea East) 7pm-7am	1:5-6	N/A	1:4-7
Medical-Surgical-Telemetry-Ortho (Greer) 7am-7pm	1:4-5	N/A	1:4-7
Medical-Surgical-Telemetry-Ortho (Greer) 7pm-7am	1:5-6	N/A	1:4-7
Progressive Care (Shea North) 7am-7pm; 7pm-7am	1:3	N/A	1:6-8
Emergency Department	1:4-5	N/A	1:7-8
Emergency Department Fast Track	1:4-6	N/A	1:7-8
Post Anesthesia Care Unit	1:1-2	N/A	N/A
Ambulatory Care	1:3-5	N/A	N/A

Supporting Personnel on Patient Care Units:

- **Patient Sitters:** Sit with patients who require 1:1 monitoring for suicidal ideation or behavioral concerns.
- **Unit/Monitor Coordinators:** Perform secretarial duties on the patient care units and may be trained to monitor cardiac rhythms.
- **Respiratory Therapists:** Perform management of airways in inpatient areas & emergency department, airway management during codes, respiratory assessments and treatments; IV insertion
- **Rehabilitation Therapist:** Physical, Occupational and Speech therapists provide therapy with patients to promote effective care transition.
- **Psychiatric Clinicians:** Assist with Emergency Room staff to manage behavioral health patients' assessments and placements to areas outside of the ED.
- **Physical Therapy Aides:** Work with Physical Therapist to enhance mobility and range of motion.
- **Dieticians:** Provide recommendations and plans of care for patients to optimize their nutritional status.
- **Pharmacists:** Participate in care by rounding and providing insight to staff and physicians for medication management.
- **Care Managers:** Registered nurses who coordinate the care transition process for patients.
- **Social Workers:** Evaluate the social needs of the patient and coordinate the needs with community resources
- **Transport Aides:** Provide transport to and from testing.
- **Chaplains:** Certified professionals who attend to the spiritual care of individuals through assessment, prayer, listening, empathy, reframing, counseling, and/or ritual, and bring forth the meaningful connections that the care recipient can more fully use as a resource for their well-being.
- **Rapid Response Team:** Multispecialty team that is available to call for immediate assistance to support in caring for a patient with an acute change in condition.
- **Clinical Educator/Assistant Nurse Manager/Supervisor:** Registered nurses who are available on the units to offer in time support and education to staff as needed.
- **Public Safety Officers:** On site and available to staff 24/7 to assist with facilitating mutual respect and mutual care of patients, families, and staff.

6D. Windham utilizes daily staffing meetings with nursing leadership, regular rounding, census and staff input to determine and adjust patient care staffing levels as needed.

7. Differences Between Staffing Plan and Actual Staffing Levels

While we continue to strive to meet the staffing plan levels as presented in this plan, at times we have not been able to meet the needs of the plan. When this occurs, we utilize many avenues to obtain the staff needed to care for our patients. This includes utilizing a call system to alert staff to the needs of the department. Ask for volunteers to come in for a shift or to voluntarily stay over their shift. Identify patient acuity and look to level load the work of the department. We continually assess the positions needed for staffing at the levels of this plan and work to recruit qualified individuals and retain the current team members we have. Recruitment efforts include career exploration fairs, nursing school career fairs, fellowships and student nurse technician programs to provide exposure to the Windham Hospital culture and environment.

8. Additional Information to be Reported

- Per C.G.S. § 19a-89e(e)(5), "information about any objections to or refusals to comply with the nurse staffing plan by hospital staff that were communicated to the hospital staffing committee." Windham Hospital's Staffing Committee has routinely reviewed objections to or refusals to comply with the nurse staffing plan at our scheduled staffing committee meetings. To the extent any objections or refusals were not communicated to Windham Hospital management or the committee through the process outlined in CGS 19-89e(h) and (i), and instead communicated directly to DPH or through some other process, the committee lacks sufficient information to form a belief related to those objections or refusals.
- Evidence of compliance with the staffing plan has been demonstrated through review of staff-to-patient data and addressing staff objections/complaints. Staff-to-patient data and objections/complaints were reviewed at staffing committee meetings. Measurements of compliance are reflected in the data provided in this report to meet the requirements of C.G.S. 19-9 (e)(e)(4).
- Per C.G.S. § 19a-89e(e)(4), upon information and belief Windham Hospital complied with its January 1, 2026, nurse staffing plan, and more specifically has been in compliance for the timeframe since it submitted such on July 1, 2025. While Windham Hospital has identified instances when it is out of compliance with the plan, it remains in compliance with the plan in excess of the eighty percent compliance rate identified in C.G.S. § 19a-89e(n), and continuously assesses means to improve upon that compliance rate. For the few instances the plan was not in compliance, we believe the reason was due to RN call outs and the inability to backfill, increase in hospital census and pockets of vacancies due to FMLA's and open positions. Generally, Windham Hospital plans to avoid future noncompliance by implementing this plan and exploring means to bolster recruitment and retention.
- For Windham Hospitals retention, turnover and recruitment metrics for direct care registered nursing staffing December 1, 2024- November 30, 2025 see appendix A.

Certification Hospital Nurse Staffing Plan

Per C.G.S. § 19a-89e(e)(5), Windham Hospital and its nurse staffing committee certify they are meeting the requirements set forth in the above referenced statute and that this plan was developed by the committee through consideration of anticipated patient care needs, historical patient census trends, assessment of retention, turnover, and recruitment evidence, refusals and objections pursuant to C.G.S. § 19a-89e(h) and (i), facility geography, colleague feedback, and industry standards and best practices. The committee meets quarterly to discuss these topics as relevant. Committee membership consists of members representing various nursing disciplines and units in accordance with C.G.S. 19-89e(c)(1). Committee meeting agendas and meeting minutes are shared with membership. The committee, nursing leadership, and senior management regularly review the plan and discuss improvements when needed, and have determined that the foregoing plan meets the requirements set forth in C.G.S. § 19a-89e(e).

IMPORTANT NOTICE AND DISCLAIMER

The appended staffing plan ("Plan") is submitted pursuant to Public Act 23-204 (the "Law"). By submitting this Plan, Windham Hospital does not admit the legal propriety of Public Act 23-204. Windham Hospital reserves any and all objections to the Law including, by way of illustration, but not limitation, objections that (1) the Hospital has the legal and administrative authority over the business, affairs and operations of the Hospital, including, but not limited to, staffing pursuant to Department of Public Health, Centers for Medicare and Medicaid Services, and Joint Commission regulation, standards, and requirements, and (2) the dispositive effect accorded committee recommendations in the Law conflicts with the National Labor Relations Act ("NLRA") Section 8(d), and the committee formation and structure mandated by the Law violate Section 8(a)(2) of the NLRA. Windham Hospital does not waive its right and expressly reserves all legal rights to pursue any appropriate statutory, declaratory, legal, equitable, or other relief concerning the Law. Windham Hospital also reserves all rights to raise any objections in defense of any attempted enforcement action under the Law.

Rebecca Durham

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Department Name	Employee Headcount	Turnover Rate
Ambulatory Surgery Center	14	0.0%
Cardiac Rehab	2	0.0%
Cardiology Diag	5	44.4%
Emergency Room General	40	25.5%
OR General Surgery	12	0.0%
Oncology Infusion Windham	7	0.0%
Pain Management	3	0.0%
Preadm Testing Ctr PATC	3	0.0%
Prenatal Clinic	1	0.0%
Shea	43	27.0%
WCC Surg Clinic	3	0.0%

Appendix

HR BU Name	Turnover Rate	Avg. Time to Fill (Days)	Internal Fill Rate %	Vacancy Rate
Windham	18.4%	65.1	34.1%	11.8%

Department Name	Avg. Professional Experience (years)
Ambulatory Surgery Center	23.5
Cardiac Rehab	37.5
Cardiology Diag	16.8
Emergency Room General	9.0
OR General Surgery	12.0
Oncology Infusion Windham	16.4
Pain Management	34.6
Preadm Testing Ctr PATC	24.8
Prenatal Clinic	19.4
Shea	12.0
WCC Surg Clinic	24.6