Nurse Staffing Plan
The Hospital of Central Connecticut, New Britain

The nurse staffing plan at The Hospital of Central Connecticut, New Britain 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 biannually. 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 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 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 biannual staffing plan, The Hospital of Central Connecticut 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 as follows:

- Staffing is reviewed every four hours by Nursing Leadership, Charge RN and Nursing Staffing Office or on off-shifts by Nursing leadership, Charge RN and Nursing Supervision.
- Inpatient RN Float Pool is utilized as a first resource to fill nursing gaps. Staff are assigned in advance to specific units.

2. Use of Temporary and Traveling Staff Nurses

The Hospital of Central Connecticut, New Britain 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 of 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 biannual 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 biannually; it is evaluated as necessary throughout the year by the HOCC Staffing Committee. Review of the factors articulated in the section *Consideration in Staffing Plan Development and Decisions* above is conducted through a combination of:

- Collaborative bed call daily at 0815 and 1445, including Inpatient Nursing Units, ED, FBP and CCU.
- EW3 and ED ABU perform internal reviews of unit census and staffing every four hours.
- Unit-Based Staff Meetings.
- Monthly Manager/ Director meetings.
- Staffing Committee monthly meetings.

5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via The Staffing Committee at THOCC. This includes representatives from each inpatient nursing unit, ED, ED ABU, EW3, CCU,FBP, and PACU. This is to ensure proper attendance and representation along with real-time cascading of information. The representatives are to report out monthly at staff meetings, monthly one-to-one update with unit manager, and monthly updates of the unit Staffing Committee boards.

6. Staffing Ratios

(A) Registered Nurses (RNs)

Inpatient Nursing Units:

- N5 1:4 - 6
- C5 1:4 – 5
- N4 1:4 – 6
- C4 1:4 – 6
- N3 1:4 – 5
- N2 1:4 – 6
- E2 1:4 – 6

(A) Registered Nurses Continued:

- W2 1:5
- EW3 1:5 – 9
- ED ABU 1:5 - 6
- PP 1:3 Couplets
- L&D 1:1 – 3
- NICU 1:1 - 3
- ICU: 1:2 – 3
- ED: 1:4 – 5
- Pre-Op 1:2 – 3
- OR: 1:1
- PACU 1:1 - 3

(B) Licensed Practical Nurses (LPNs) – LPNs are not employed at Inpatient level at THOCC, New Britain.

(C) Assistive Personnel (UAPs)

- Inpatient Nursing Units 1:6 – 8
- ED 1:8 – 10
- ICU 1:8 – 9
- FBP: 1 PCT per department (total of 3)

(D) The method THOCC uses to determine and adjust patient care staffing levels includes:

- Staffing Office along with unit leadership review census and staffing at 0815 and 1445 M-F.
- Staffing is reviewed every four hours by Nursing Leadership, Charge RN and Nursing Staffing Office or on off-shifts by Nursing leadership, Charge RN and Nursing Supervision.
- Staffing grids are utilized as a resource to determine approved ratios based on census.
- Ongoing acuity assessment of unit needs performed by charge nurse and/or unit leadership. Any concerns regarding acuity and/ or staffing are to be ARCC'd up in real time M-F 7a – 3p to unit leadership and Nursing Supervisor on off-shifts. Leadership to follow THOCC chain of command which includes Nursing Supervision and AOC 24/7.
- Staffing office to review current utilization of staff house-wide with the goal of identifying available resources and deploy where needed.
- Weekend Inpatient On-Call Nurse Manager Friday 3p – Monday 7am.
- Each unit manager responsible for their unit and staffing 24/7.
- Communication of staffing concerns via Safety Huddle that takes place 7 days a week.

(E) Supporting Personnel:

- Patient Care Technician - assists patient and RN with ADLs, Vital Signs, and EKGs.
- 1:1 Sitters – Staff specifically trained to remain at the patient's bedside to ensure their safety.
- Student Nurse Technician – trained as mobility aides.
- Scrub Technician – Specialty trained technician to assist in the Operating Room.
- SWAT RNs – Assist with central line dressing changes, obtaining IV access, Midline placement and respond to all inpatient RRTs and codes.
- FLOW RNs:
    - Inpatient nursing;
    - Utilize per-diem RNs when staffing permits;
    - Provide support to the frontline staff with a focus on admissions and discharges throughout the hospital.

7. Differences Between Staffing Plan and Actual Staffing Levels

    - When a staffing variance is identified, each unit will utilize a spreadsheet to document ratios that go above approved staffing plan.
    - Staff will enter their concerns into the Riskonnect application. All data entered in Riskonnect will be reviewed by the manager and director.
    - Each month a report will be generated from Riskonnect for the staffing committee to review.
    - At each staffing committee meeting, the data entered into Riskonnect will be reviewed. Opportunities for improvement will be identified and if determined appropriate by the staffing committee, interventions will be implemented.
- If a staffing variance or concern is identified, the following steps will be implemented:
    - Charge RN to notify immediate supervisor M-F 7a – 3p, Nurse Manager and Nursing Supervisor on off shifts.
    - Unit Leadership to collaborate with the Staffing Office to identify available resources to deploy where needed.

8. Additional Information to be Reported

1. 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.

- When a Competency variance is reported, the Nurse Manager (M-F, 7am-3pm) and or Nursing Supervisor(off shifts, weekends, and holidays) will be notified and an Objection or Refusal form is to be entered into Riskonnect by the staff RN within 12 hours of the event.
    - Unit Leadership to collaborate with available resources to aide in resolving competency variance in real time.

    - If Nursing Leadership is unable to resolve competency variance in real time, Nursing Chain of Command to be activated and RN to complete the Competency Variance Report in Riskonnect within 12hours of the objection or refusal.
    - Riskonnect reports are to be assigned to the Nurse Manager and Director for review and all actions taken will be documented.
- The Staffing Committee is to review any Objections or Refusal and Complaint forms submitted at their monthly meeting. The committee will identify trends, discuss immediate actions taken and areas of opportunities.

2. Provide measures/ evidence to support successful implementation of the nurse staffing plan.

- The implementation of items listed in section (D).
- Daily utilization and monthly review of spreadsheets along with information gathered from the DPH-approved forms which will be entered into Riskonnect, for purposes of identifying variances from the agreed-upon staffing plans.
- The HOCC Staffing Committee will be monitoring the staffing plan and identifying areas of opportunity.

3. 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.

- At the end of every year, the Staffing Committee will obtain, review and report data.

4. 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 for noncompliance, and plans to avoid noncompliance in the future.

- The Staffing Committee will utilize the ongoing spreadsheets and data from the DPH approved forms submissions into Riskonnect to identify noncompliance with the staffing plan and will provide action plans when deemed necessary to avoid noncompliance in the future.

HOCC Nurse Staffing Plan and Reporting 2024

Certification Hospital Nurse Staffing Plan

This hospital nurse staffing plan has been developed by the HOCC 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 THOCC Staffing Committee, Nursing Leadership, and Executive Leadership Team, regularly evaluated, and is appropriate for the provision of patient care as forecasted.

Certification Hospital Nurse Staffing Committee
Certify that the hospital and hospital staffing committee are meeting statutory requirements.

The Nursing Staffing Committee is to be made up of 51% frontline staff and 49% leadership. Upon instituting the HOCC Staffing Committee, a letter from the system CNO was emailed out to all Registered Nurses notifying them of the committee and directing those staff interested in participating to reach out to their Nurse Manager. Moving forward, all Nurses will be notified of the HOCC Staffing Committee upon hire and annually thereafter via Healthstream. Registered Nurses can become members at any time throughout the year; the process to join the committee is posted on each unit board with the unit representatives names and their email for contact. Attendance is maintained. The development of the nurse staffing plan is a collaborative effort between all Staffing Committee members. Concerns related to the staffing plan are brought forth to each unit-based monthly staff meeting and the representatives of each unit relay the necessary information to the Staffing Committee. These concerns are reviewed and documented with an appropriate plan of action.

IMPORTANT NOTICE AND DISCLAIMER

The appended staffing plan ("Plan") is submitted pursuant to Public Act 23-204 (the "Law"). By submitting this Plan, The Hospital of Central Connecticut does not admit the legal propriety of Public Act 23-204. The Hospital of Central Connecticut 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. The Hospital of Central Connecticut 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. The Hospital of Central Connecticut also reserves all rights to raise any objections in defense of any attempted enforcement action under the Law.

Karen Fasano

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*[**Chief Nursing Officer name, title, and signature**]*

Submit the nurse staffing plan, inclusive of listed ratios, to Susan Newton, Supervising Nurse Consultant, at susan.newton@ct.gov no later than January 1 and July 1 each year.

PA 15-91, An Act Concerning Reports of Nurse Staffing Levels, contains a provision requiring hospitals to report not later than January 1, 2016 and annually thereafter, the number of workplace

violence incidents occurring on the employer's premises during the preceding calendar year to the Department of Public Health. Hospitals should report this information separately from the nurse staffing plan/ratios to Rose McLellan, Licensing Processing Supervisor at rose.c.mclellan@ct.gov.