Connecticut General Statutes §19a-89e

Public Act 23-204 (as amended by PA 24-68)

Hospital Nurse Staffing Plan

Danbury Hospital

Introduction

The nurse staffing plan at Danbury 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 biannually. The staffing plan reflects budgeted, core staffing levels for patient care units including Inpatient Services, Critical Care, and the Emergency Department (ED). 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. 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, historical staffing and patient data, staff input, patient care support services – and any plans for new programs – are taken into consideration.

1. Professional Skill Mix for Patient Care Units

The professional skill mix for each patient care unit is articulated in the Hospital Nurse Staffing Plan – and is related to average daily census, hours per patients visit, and other benchmarking data. Staffing levels are adjusted related to fluctuating census, acuity, activity, and transactions for each shift and department. These changes are assessed on an ongoing basis and adjusted accordingly by utilizing resources from the centralized float pool inclusive of per-diem staff, staff working additional shifts, placing staff on call, care partnering with other disciplines, and unit-to-unit floating.

Each patient care unit is staffed with a combination of registered nurses and patient care technicians to provide direct patient care. Additionally, we continue to utilize LPNs as a part of the care team on multiple units including the Emergency Department.

2. Use of Temporary and Traveling Staff Nurses

When necessary, Danbury Hospital utilizes temporary/traveling staff nurses to ensure adequate levels of staffing needed to provide safe patient care. Instances that may require 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 – and 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 and 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 collaborative meetings and input from nursing leadership, unit-based meetings, and the staffing committee.

5. Direct Care Staff Input

Direct care staff are provided with the opportunity to give input regarding the staffing plan. Leadership partners with staffing committee members to provide education on how a unit-based budget is established, to obtain feedback, and to solicit ideas while establishing the plan. Staffing ratios are specifically discussed at the staffing committee. Additionally, discussions are held at unit-based staff meetings, during quality and patient experience reviews, unit rounds, surveys, town meetings, and through periodic newsletters.

6. Staffing Plan Reporting by Unit

Census varies on each unit throughout the day related to admissions, discharges, and transfers. Patient throughput is a priority as is proactively creating capacity for any arriving patient. Patient flow is monitored on an ongoing basis by unit and hospital leadership. The staffing plan as noted supports the flow of patients throughout the day as the need for beds change, related to discharges, transfers, and volumes in the ED.

Additionally, there may be instances where the acuity of a specific patient diagnosis informs a variation from our targeted staffing plan. These diagnoses have been reviewed in collaboration with nursing and provider partners – aiming to support our patient populations.

Unit	Nurse Patient Target	Nurse Patient Target	UAP Patient Ratio	UAP Patient Ratio
	Days	Nights	Days	Nights
8T-Tele/Med	1:4-5	1:5-6	1:8	1:10
9T- Medicine	1:5	1:6	1:8	1:10
10W-Neuro/Med	1:5	1:6	1:8	1:10
10E-PCU	1:3	1:3	1:8	1:10
11E-Onc/Med	1:4-5	1:5-6	1:8	1:10
12T-Med/Surg	1:5	1:6	1:8	1:10
7BP-ICU	1:1-2	1:1-2	1:10	1:10
8BP-Surgical	1:5	1:6	1:8	1:10
IP Behavioral Health	1:6 / 1:6 / 1:9		1:8 / 1:8 / 1:12	
Pediatrics	1:2-4	1:2-4	1 if needed as second	1 if needed as second
Maternity	1:2-3 couplets	1:2-3 couplets	1:12	1:12
NICU	1:1-2	1:1-2	1:9	1:9
L&D	1:1-2	1:1-2	1	1
ED – Main	1:1-4	1:1-4	1:8	1:10
ED – Express	1:6	1:6		
ED – BCU	1:4	1:5	1:7	1:7
Rehab	1:5 / 1:5 / 1:7		1:7 / 1:7 / 1:14	
ASU	1:2-3			
Cath Lab	1:3-4 procedural; recovery 1:3		Dependent on case	
Endo	1:2-3			
PACU	1:1-2			
OR	1:1			
IR	1:1 procedural 1:2-3 Recovery			
Outpatient Infusion	1:4-6			

There are additional members of the care team within the hospital. The support personnel include – but are not limited to – the Rapid Resource Team, Surgical Technicians, Mental Health Associates, Social Workers, Unit Coordinators, Nurses Educators, Respiratory Therapists, Security Officer Dietary, EVS, Assistant Patient Care Managers, Quality Specialists, Patient Transporters, Sitters, and a variety of Student Interns.

7. Differences Between Staffing Plan and Actual Staffing Levels

Overall patient volumes remained relatively flat over the past year – with an increase in medical volumes and a decrease in surgical volumes. This contributed to an increase in average daily census in some units – and a decrease in others. In the ED, patient volumes remained flat with an increase in the volume of inpatients boarding in the department. While staffing challenges remained an opportunity, some improvement in staffing was realized organizationally. To mitigate staffing challenges, the following initiatives were implemented:

- Utilized travelers with many who have taken a permanent assignment.
- Developed system float pool with internal travelers to expand scope.
- Utilized assistant nurse managers and managers to supplement staffing.
- Maximized team nursing incorporating role of LPN on certain units to supplement care.
- Recruitment and retention strategies specific to RNs and PCTs.
- Enhanced training for the float pool in many specialty areas.
- Sign on bonuses for RNs and PCTs in hard to fill roles.
- Load balancing across the network-transfer center assesses beds and resources at sister hospitals
- Care partnering- RN/PCT partners in care.
- Partnering with area university programs-onsite hiring events for PCTs and new grads.
- New Grad residency program
- Enhanced preceptor program
- Scholarship program for those currently pursuing an RN degree.
- Tuition reimbursement and RN loan forgiveness
- Hired International Travelers
- Partnered with area high schools to create shadowing opportunities for students.
- Student Nurse Internship programs for specialty areas.
- Partnered with the Northwest Regional Workforce Investment Board to expose those who may be interested in a health career.
- Continued review of processes that create “no added value”, create “noise”, is redundant etc. And streamlined where possible (documentation, alarms, remote monitoring etc.)
- Created student roles for area high school students through shadowing, internships and hiring in specific roles.
- Hired Nurse Educators for the night shift.
- Opened patient discharge lounge to improve throughput and decompress inpatient care units.

8. Additional Information to be Reported

a. Information about Objections and Refusals

Objections to staffing were raised through submittal of RN Staffing Complaint forms – the majority related to having to increase the nurse-to-patient ratios by 1 additional patient and/or decreased PCT availability for support. Just-in-time action was taken by leadership to support the staff and attempt to secure additional staff. There will be continued review and discussion of objections raised by staff and continued focus on ways to identify solutions and process changes to support staffing initiatives.

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

Successful implementation of the nurse staffing plan is measured by evaluation of compliance with planned staffing levels based on patient acuity and census, reduction in variance between scheduled and actual staffing, and consistent adherence to committee-developed unit-based staffing plans. The staffing committee regularly reviews staffing data and obtains frontline nurse feedback to ensure the plan remains responsive to patient care needs.

c. Retention, turnover and recruitment metrics

Unit	Headcount 12/2025	Avg RN Experience Years	Open Positions	Vacancy Rate 12 Months	Terms 12/2024 – 12/2025	Turnover Rate 12 Months
8T-Tele/Med	46	7.01	2	4%	5	11%
9T- Medicine	37	4.30	2	5%	1	3%
10W-Neuro/Med	21	9.72	1	5%	0	0%
10E-PCU	27	7.25	1	4%	2	7%
11E-Onc/Med	25	6.99	1	4%	3	12%
12T-Med/Surg	30	8.76	1	3%	6	20%
7BP-ICU	61	13.78	2	3%	1	2%
8BP-Surgical	31	9.50	0	0%	4	13%
IP Behavioral Health	25	10.91	3	11%	4	16%
Pediatrics	12	20.66	1	8%	0	0%
Maternity	26	19.36	1	4%	2	8%
NICU	24	19.36	1	4%	1	4%
L&D	30	16.18	1	3%	4	13%
ED	66	9.24	2	3%	8	12%
Rehab	12	22.00	0	0%	0	0%
ASU	19	23.18	0	0%	0	0%
Cath Lab	19	13.43	0	0%	2	11%
Endo	22	23.35	0	0%	0	0%
PACU	17	19.97	0	0%	1	6%
OR	27	14.15	1	4%	2	7%

d. Non-compliance Calculations

The hospital captures instances of non-compliance four times per 24 hours. Since the last staffing plan was submitted, the 80% threshold for staffing compliance has been met.

Certification of Hospital Nurse Staffing Plan

This Hospital Nurse Staffing Plan has been developed by the Danbury Hospital Staffing Committee through consideration of anticipated population care needs, unit geography, technology and support, and competency/expertise required of staff providing care. It has been reviewed and discussed by the staffing committee, nursing leadership, and senior leadership – and is regularly evaluated. It is appropriate for the provision of patient care, as forecasted.

Certification of Hospital Nurse Staffing Committee

The staffing committee at Danbury Hospital meets monthly. Membership includes a wide array of members with connections to the various nursing units. Agendas and meeting minutes are shared, and all are invited to participate. All statutory requirements have been met.

Members are encouraged to forward agenda items and concerns to the co-chairs of the committee, and information is intended to flow back to the individual units. A charter was developed and approved by the committee.

The staffing plan was developed through discussion and review at the staffing committee. Participation is both in person and online with a Teams option available to offer as much flexibility as possible so staff will attend.

Jennifer Foss, DNP, NEA-BC, RN-BC – Chief Nursing Officer, Hospital Name, Northwell Health

Submission Reminder: Submit this nurse staffing plan to the Connecticut DPH FLIS no later than January 1 and July 1 each year via **dphflisevents.ct.gov**.