Johnson Memorial Hospital
Trinity Health

Nurse Staffing Plan January 2026

NURSE STAFFING PLAN

The nurse staffing plan at Johnson Memorial Hospital in Stafford Springs, Connecticut, is 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 in the committee and formally reviewed and updated biannually. The staffing plan reflects budgeted, core staffing levels for patient care units including inpatient services, critical care, surgical services, 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. 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 annual staffing plan, Johnson Memorial Hospital's staffing committee considers historical staffing and patient data, staff input, patient care support services, and any plans for new programs.

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 using per diem, on call, unit to unit floating, etc.

USE OF TEMPORARY AND TRAVELING STAFF NURSES

Johnson Memorial Hospital utilizes temporary/travel staff nurses when necessary to ensure adequate levels of staffing to provide safe patient care. Such instances requiring temporary/travel staff nurses may include the inability to fill budgeted staff registered

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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.

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.

REVIEW OF THE NURSE STAFFING PLAN

The staffing plan reflects core staffing levels is formally established and reviewed biannually; 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 practice committee, staffing committee and leadership meetings.

DIRECT CARE STAFF INPUT

Direct care staff input regarding the staffing plan is solicited via Nurse Staffing Committee and participation in unit-based quality improvement activities related to patient care.

STAFFING PLAN REPORTING BY UNIT

INPATIENT MEDICAL, SURGICAL, & BEHAVIORAL HEALTH:

A. Registered Nurses: One (1) RN to five (5) – seven (7) patients.
B. Assistive Personnel (UAPs): One (1) Nursing Assistant/Technician to ten (10) – fourteen (14) patients.

- Staffing is determined and adjusted every four (4) hours and as needed based on the acuity of patients. Additional nursing and UAPs may be added based on acuity. Patient acuity is assessed during Interdisciplinary Rounds (IPRs) in collaboration with the Team. Acuity Tool in TogetherCare may be used for assessment.

INTENSIVE CARE UNITS

A. Registered Nurses: One (1) RN to one (1) – two (2) patients

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B. Assistive Personnel (UAPs): UAPs will be added based on acuity in the Department.

INTERMEDIATE CARE UNIT:

A. Registered Nurses: One (1) RN to one (1) – three to four (3-4) patients.
B. Assistive Personnel (UAPs): UAPs will be added based on acuity in the Department and with a fourth patient.

- Supportive personnel utilized on the various units includes FirstChoice float/float pool nurses are available to be utilized when census or acuity increases. Clinical areas may utilize Nursing Assistants, Cardiac Monitor Technicians, Respiratory Therapists, Physical Therapists, RN Case Managers, Social Workers, Speech and Swallow Therapist, Nutrition Aides, Phlebotomists, Nurse Educators, Nursing Administrative Supervisors, Security, Chaplains, and Group Facilitator.
- Staffing is determined and adjusted every four (4) hours and as needed based on the acuity of patients. Leadership assesses patient acuity and staffing needs based on patient rounding, collaboration with providers, staff nurses, and daily Interdisciplinary Rounds (IDRs).

EMERGENCY DEPARTMENT:

A. Registered Nurses: One (1) RN to one (1) – seven (7) patients.
B. Assistive Personnel (UAPs): One (1) Nursing Assistant to Eight (8) – fourteen (14) patients.

- Patient care staffing is determined by using the annual average daily census by time of day. The nursing staffing plan flexes up and down throughout the day to mirror the changes in average census. Patient care staffing is adjusted daily based on actual daily census, department acuity using the Emergency Severity Index (ESI) triage tool, and assessment of patient needs (such as need for continuous observation or 1:1 nursing care) through leadership rounding and staff input.

SURGICAL SERVICES:

A. OR 1:1
B. Post-Anesthesia Care: Phase 1-1:1
Phase 2-1:2
Pediatric Phase 1-2:1
Pediatric Phase 2-1:1

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DIFFERENCES BETWEEN STAFFING PLAN AND ACTUAL STAFFING LEVELS

Staffing is evaluated every four hours, with input from staff and nursing supervisor as well as the nursing leadership.

ADDITIONAL INFORMATION TO BE REPORTED

1. Number of objections and/or refusals submitted to the Johnson Memorial Nurse Staffing Committee: 49 received for CY2025 to date (Med Surg= 11; Behavioral Health=38; ED=0, ICU=0)

    a. Nature of the concern: Request for additional staff.

    b. Action Taken: Staff is notified of need via "RAVE" System. Nurse Supervisor assisted with patient care on unit as needed.

    c. Summary: Every effort was made to provide requested staff based on the acuity of the Department. Leadership, at times, assisted and became involved in patient care.

2. Evidence to support successful implementation of the nurse staffing plan:
    a. Nursing Staffing Committee meeting agenda and minutes are available to all colleagues upon request.

3. **RECRUITMENT/RETENTION/TURNOVER DATA:** December 2024 through November 2025

UNIT	RECRUITMENT	Retention as RN Net Hire Ratio (# of new RN hires for every termination. Goal >1)	TURNOVER %	AVERAGE YEARS OF RN EXPERIENCE
Med Surg Unit	6	1.20	34.09%	10.3
Critical Care	4	1.00	55.17%	10.1
Emergency Dept	7	1.40	17.70%	6.9
South 2	3	0.33	69.23%	13.5
Geri Wellness	6	0.86	61.31%	18.1

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	Surgical Services:				
	Operating Room	0	0.00	34.62%	22.8
	Johnson Surgical Center	0	1.00	0.00%	22.5
	Anesthesia – Post Care	1	1.00	0.00%	39.0

CERTIFICATION HOSPITAL NURSE STAFFING PLAN

This hospital nurse staffing plan has been developed by the 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, discussed and approved by Johnson Memorial Hospital Nursing Staffing Committee. The staffing plan is regularly evaluated; and is appropriate for the provision of patient care as forecasted.

CERTIFICATION HOSPITAL NURSE STAFFING COMMITTEE

The Johnson Memorial Hospital Nursing Staffing plan has been reviewed and discussed by staffing committee and is appropriate for the provision of patient care as forecasted. The staffing committee and staffing plan are meeting the Connecticut statutory requirements.

RESPECTFULLY SUBMITTED:

Name: Lindsey Gamble

Title: Vice President/Patient Care Services and Operations; Chief Nursing Officer

Signature: Lindsey Gamble Date: 12/18/2025

IMPORTANT NOTICE AND DISCLAIMER:

The appended staffing plan ("Plan") is submitted pursuant to Public Act 23-204 ("the Law"). By submitting this Plan, Johnson Memorial Hospital does not admit the legal propriety on Public Act 23-204. Johnson Memorial 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, Center 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 Section8(a)(2) of the NLRA. Johnson Memorial 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. Johnson

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Memorial Hospital also reserves all rights to raise any objections in defense of any attempted enforcement action under the Law.

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MINUTES

Johnson Memorial Hospital
Nurse Staffing Committee

DATE Friday, June 06, 2026
LEADER **Michelle Cunha, BSN, RN and Sarah Magistri, RN**
RECORDING SECRETARY **Elizabeth Remington**
LOCATION **Via Microsoft Teams and In-Person in Mission Control Room**
PARTICIPANTS ✓= Present ✷Signifies a Voting Member

Stacey Bell ✷ (Management)	✓	Madeleine Therese Causapin ✷ (ED)		**GUESTS:**	
Michelle Cunha ✷ (Management)	✓	Rebecca Green ✷ (BH)	✓		
Lindsey Gamble ✷ (Management, CNO)	✓	Maureen Ingram ✷ (Surgical)			
Lauren Muccino ✷ (Management)	✓	Sarah Magistri ✷ (ICU & M/S)	✓		

Agenda Item		Discussion Presented	Action/Comment
CALL TO ORDER			Time: 10:32am
REFLECTION		A reflection was offered.	
REVIEW OF MINUTES: JMH NURSE STAFFING COMMITTEE		▪ April 3, 2026	Minutes were reviewed and approved as written.
REVIEW OF COMPLAINTS (if any)		▪ One Med/Surg complaint was received in May 2026. This complaint was reviewed, discussed and noted to be unfounded since the appropriate staffing plan was in place, with the RN Supervisor being available on the unit to assist staff with needs.	Informational: Suggestions: ▪ Staff will be reminded that all complaints/concerns should always be discussed directly with the RN Supervisor.

Agenda Item		Discussion Presented	Action/Comment
			▪ Sarah M. agreed to attend the upcoming MedSurg Staff meeting to review the RN staffing complaint process.
REVIEW OF JANUARY 2026 STAFFING PLANS		• The staffing plan from January 2026 will remain as is. • The next Staffing Committee is scheduled to take place on September 04, 2026 to review the staffing plans.	Staffing plan from January 2026 was voted/approved by 2 RN's and one management team member. Plan will remain as is.
ADJOURN			Time: 10:48am
NEXT MEETING		September 4, 2026	Informational.

People-Centered Care	Engaged Colleagues	Operational Excellence	Physicians & Clinicians	Leadership Nationally	Effective Stewardship