This document represents a sample Nurse Staffing Plan and elements for reporting to meet the requirements of Section 19a-89e of the General Statutes, as amended by Public Act 15-91, An Act Concerning Reports Of Nurse Staffing Levels. This plan was developed for hospitals to incorporate within their staffing plan documents to meet the July 1, 2009 deadline of Section 19a-89e (which was enacted by Public Act 08-79, An Act Concerning Hospital Staffing) and has been revised to meet the January 1, 2022 reporting provision of PA 15-91.

Nurse Staffing Plan
Greenwich Hospital

The nurse staffing plan at *Greenwich 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 bi-annually. The annual 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 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, *Greenwich Hospital* 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.

   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, and level of preparation and experience of those providing care, among others. In addition to the factors described above, Greenwich Hospital considers historical staffing and

patient data, staff input, patient care support services, and any plans for new programs, when developing the annual staffing plan. Evaluation of the service specific needs and staffing requirements is a component of the annual budgetary process in which staff and managers participate. In addition, a nurse staffing committee exists. Skill mix evaluation is performed within each unit to ensure the skill mix reflects the patient care needs availability of staff, vacancy rates and budget standards.

The core staffing plan is adjusted as necessary to meet patient care needs using flexible staffing including, per diem staff, on call staff, local and YNHH System float pool, travelers and unit to unit floating/transfer. Staff transfers to units are based on determined need and staff qualifications. Cross training of personnel optimizes resources.

A. Request the following people, *in the order presented*, to work:
    1. Utilization of the System float pool personnel (PSOC / CSO-Central Staffing Office)
    2. Staff members "on call" in those areas with approved on-call programs
    3. Staff members who can "float" between patient care areas and are competent/cross-trained to care for the patients assigned (arranged through Managers/Directors and or Staffing office)
    4. Regular or causal status staff who would *not* receive overtime pay
    5. Regular staff on overtime pay and or STSI (Short Term Staffing Incentive)
    6. Utilization of System Resource Pool
    7. Implement Surge Capacity Protocol

B. Communicate with the Chief Nursing Officer, if the above options do not result in adequate staffing. The Nurse Manager is ultimately accountable for staffing the unit.

2. ***Process utilized by nurse manager and/or designee to meet urgent demands:***

A. Nurse Manager and/or designee maintains a "staff list"
    1. Contains all regular and casual status nursing personnel who can be called to work if the hospital emergency preparedness (disaster) plan is activated or if other extraordinary circumstances necessitate securing a significant number of personnel quickly
    2. Includes the *names*, *skill levels* (i.e. RN, PCT, BA), and the *telephone numbers* on the Staff List; list can include additional information deemed by Nurse Manager to be relevant
    3. Is updated as needed, but *at least* annually
    4. Is kept on the patient care unit and staffing office
    5. A listing of unit staff members is also available on Smart Web for direct texting to staff mobile devices
B. The Nurse Manager ensures staff's familiarity with and access to the Staff List
C. The Nurse Manager is prepared to provide the information on the Staff List to the responsible nursing administrator if the Emergency Preparedness Plan is activated.

3. *Use of Temporary and Traveling Staff Nurses*

Greenwich 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 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. (Please see attached DPH approval of overflow space for a 9 bed Medical Ambulatory and 10 bed Surgical Ambulatory units).

4. *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.

5. *Review of the Nurse Staffing Plan*

The staffing plan that reflects core staffing levels is formally established and reviewed annually; 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 unit staff meetings, nursing staffing council, and leadership meetings. Biweekly analysis of shift utilization, "call offs" and productivity trend reports assist managers in tracking the allocation resources according to predetermined standards productivity. Included in the budget is an allocation of budgeted hours for educational programs to support clinical improvements and innovations in practice. Staffing levels are planned in a proactive manner to ensure and promote meeting attendance and staff participation.

Leadership and staff consider a variety of sources when reviewing and updating the staffing plan. These sources include; but not limited to performance management projects, professional governance councils, unit based staff meetings, patients, families and medical staff. Additionally, evaluation of the department specific needs and staffing requirements is a component of the annual budgetary process. The staffing plan is a living document continuously evaluated throughout the year and formally reviewed and updated annually by the Professional Governance (Staff Nurse) Coordinating Council. Variance reports assist managers in tracking the allocation of resources according to standards of productivity.

6. *Direct Care Staff Input*

Direct care staff input regarding the staffing plan is solicited via unit staff meetings, Staffing Council's meetings and direct care staff participation in quality improvement activities related to patient care and unit operation. In addition, the employee engagement survey, conducted every other year, also serves as a tool to obtain input regarding respective unit staffing.

7. Staffing Ratios (A), (C)

Inpatient:	Medicine:	1 RN to 4-6 patients; 1 NA to 8-11 patients
	Surgery:	1 RN to 4-6 patients; 1 NA to 8-11 patients
	Oncology:	1 RN to 4-6 patients; 1 NA to 8-11 patients
	Maternity:	1 RN to 3-6 couplets (1 couplet is 1 mom/1 baby)
	Labor and Delivery:	1 RN to 1-2 patients
	Pediatric:	1 RN to 2-3 patients
Emergency Department:		1 RN to 5-7 patients; 1 Tech to 8-10 patients
Critical Care:		MSICU: 1 RN to 1-2 patients; 1 NA
	Intermediate Care:	1 RN to 3- 4 patients; 1 NA to 8-11 patients
	NICU:	1 RN to 1-2 patients
	NICU Intermediate:	1 RN to 3 patients

(B) Greenwich Hospital does not employ LPNs.

***(D) Describe the method the hospital uses to determine and adjust patient care staffing levels*.**

Greenwich Hospital uses patient population, patient acuity, unit configuration, projected census data, benchmarking comparisons, business plans and forecasting trends to determine staffing levels. Adjustments of staffing levels are done using similar strategies indicated for determination as well as safety huddles, caregiver evaluation, patient care needs, early warning systems, clinical surveillance, and bed flow systems. Unit staffing grids are designed to support flexing for patient needs and serves as a guide to the charge nurse and others to adjust staffing as needed.

(i)- Describe the differences between actual staffing levels and the planned staffing levels.

The planned staffing levels are evaluated daily on a period basis and on average are maintained according to the plan. This is done by monitoring patient volume, vacancy, and turnover rates, sick time, and long-term absences. Any significant differences are managed by using resources such as casual and agency staff. An electronic staffing system provides staff with opportunities to self-select open and available shifts. The actual staffing levels are evaluated every 4 hours and adjustments are made based on census changes, acuity, and unit activity. Internal and system resource pool nurses, resource sharing among units/service lines are used to meet this type of actual, daily fluctuating staffing needs.

(II)- ***Describe the actions the hospital intends to take to address future staffing plans.*** Each unit is assessed, and changes are made based on factors such as acuity and patient population. Defined patient placement or unit changes help to maintain planned levels. Units with very diverse patient population may be changed to a single cohort of patients to provide a more focused specialized approach to care. Opening of additional spaces and sharing of locations may be used to balance resources.

(E) Provide a description of supporting personnel on each patient care unit.
Greenwich hospital uses a combination of on-unit and centralized supporting personnel to ensure the safe delivery of care and staffing. Examples include:

Transition of Care Nurse- works with the inpatient medical unit staff to reduce inpatient length of stay and post-discharge re-admissions.

Transition Nurse – works with the labor and delivery staff to assist and assess in proper bonding with newborn and parents. Prompts initial skin to skin and first breastfeeding.

IV Team and Peripheral Insertion Central Catheter Team
A group of nursing personnel who are responsible to provide direct or assistance with venipuncture for peripheral and central line access. They support nursing from 7AM-11pm.

Lactation Nurse – works in conjunction with the maternity nurses to ensure proper feeding, handling and bonding with mother and baby and supports community. Lactation consultant will educate staff on breastfeeding techniques to help ensure correct feeding of baby.

Newborn Screening Coordinator – works with nursing to ensure that all babies have proper newborn screening performed (blood draws and hearing screening) prior to discharge. Screener also coordinates with nursing that all babies born alive are entered into the CT newborn screening program for registration and follow up with the pediatrician.

Patient Safety Nurse – support the clinical staff in ensuring a high reliability, conduct case reviews, track and monitor safety events and provides feedback and supports continuous quality improvement.

Clinical Nurse Transition Coach CNTC)
Inpatient RN Administrative Coordinators (evening/night supervisors)whose responsibility is to round on all new gradated nurses to support and help in problem solving on the off shifts.

Certification
This hospital nurse staffing plan has been developed 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 Nurse Managers, Staffing Council, Executive Directors and CNO and is appropriate for the provision of patient care as forecasted.

Anna Cerra, DNP, MSN, MHA, BSN, RN, FAAN
Senior Vice President of Patient Care Services/CNO
December 31, 2023

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, 2024.

****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.***