Nurse Staffing Plan 2025
Submitted July 2025

Nurse Staffing, Plan
Manchester Memorial Hospital

The nurse staffing plan at *Manchester Memorial 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 medical inpatient services, psychiatric 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, *Manchester Memorial* 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.

Patient Care Services utilizes a staffing matrix based on worked hours per patient day (WHPPD) for all nursing units except the emergency department and surgical/procedural areas. The Emergency Department (ED) staffing is based on a worked hour per patient visit (WHPPV) metric in collaboration with the ENA recommendation of Nurse-to-patient ratios. The worked hour metric only includes those hours worked in direct patient care responsibilities. These responsibilities include patient centered nursing activities by unit-based staff such as patient assessment, medication administration, nursing treatments, nursing rounds, admission, transfer, discharge activities, patient teaching, patient communication, coordination of patient care, documentation time, and treatment planning. Unit based staff include RNs, LPNs, nursing assistants, emergency room techs and behavioral health techs.

The core staffing plan is adjusted as necessary to meet patient care needs using float pool staff (RN's CNA's), per diem staff, on call staff, staff picking up extra shifts, and floating staff between units. Nurses in the float pool have experience in the following nursing modalities: med-surg, critical care, emergency medicine and behavioral health nursing. Float CNA staff are trained as sitters for the behavioral health units and nursing assistants/sitters for med-surg units. The per diem nursing assistant pool was expanded to support the inpatient and ED's.

2. Use of Temporary and Traveling Staff Nurses
Manchester Memorial Hospital uses temporary or traveling staff nurses when timing, market conditions, labor shortages, economic and operational efficiencies and/or other business factors preclude the hiring of equivalent regular staff.

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; 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, leadership rounding and the nurse staffing committee. A standardized tool was created to evaluate "felt" vacancies for each nursing area. This tool includes not only vacant positions, but those on orientation, FMLA's and LOA's so there is a true sense of working staff. This tool is utilized to anticipate projected needs for staffing. In addition, there is a collaborative nurse leadership staffing meeting daily held to review/ adjust staffing.
A formal annual review occurs during our nurse staffing committee meeting in December and June before submission to the DPH in January and July. This meeting meets quarterly and is composed of bedside staff and leadership.

5. Direct Care Staff Input
Direct care staff input regarding the staffing plan is solicited via the Patient at Manchester Memorial Hospital. In addition, unit huddles, staff meetings and leadership rounds serve as mechanisms in obtaining staff's input regarding staffing plans. The staff also have a formal avenue to electronically submit any questions or concerns to the RN staffing committee. This is monitored by the co-chairs of the nurse staffing committee. Nurse Quality indicators are monitored to ensure nursing quality standards are supported by the staffing model. Indicators include but are not limited to fall with injury rate, central line associated blood stream infection, pressure ulcer rate, and catheter associated urinary tract infection.

6. Staffing Ratios
Critical Care Unit:
Registered Nurses: 1:2 (depending on acuity of patient)
Licensed Practical Nurses: does not employee LPNs for critical care
Assistive Personnel: 1:11-16
Step Down Unit
Registered Nurses: 1:4-5 patients
Licensed Practical Nurses: does not currently have any LPN's, would keep ratios the same as RN
Assistive Personnel: 1: 6-15 patients
Medical Unit
Registered Nurses 1:5-8 patients
Licensed Practical Nurses: does not currently have any LPN's, would keep ratios the same as RN

Assistive Personnel 1:6-10 patients

Surgical Unit
Registered Nurses 1:5-8 patients
Licensed Practical Nurses does not currently have any LPN's, would keep ratios the same as RN
Assistive Personnel 1:6-10 patients
Adult Behavioral Health Unit/Dual Diagnosis
Registered Nurses: 1:6-12 patients
Licensed Practical Nurses: does not employee LPNs for behavioral health
Assistive Personnel: 1:6-12 patients
Social Workers: 1:8 (day shift only)
Geriatric Behavioral Health Unit
Registered Nurses: 1:5-8 patients
Licensed Practical Nurses: does not employee LPNs for behavioral health
Assistive Personnel: 1:5-10 patients
Social Workers: 1:8 (day shift only)
Adolescent Behavioral Health Unit
Registered Nurses: 1:6 patients
Licensed Practical Nurses: does not employee LPNs for behavioral health
Assistive Personnel: 1:6 patients
Social Workers: 1:8(day shift only)
Neonatal Intensive Care
Registered Nurses: 1:2-3 patients
Licensed Practical Nurses: does not employee LPNs for Neonatal Intensive Care
Obstetrics
Registered Nurses: 1:1-2 for laboring patients
Registered Nurses: 1: 3-4 mother baby pairs
Licensed Practical Nurses: 1: 3-4 mother baby pairs
Emergency Department
Registered Nurses 1:4-5 patients
Licensed Practical Nurses 1:4-5
Assistive Personnel (Emergency department tech) 1:10
Ambulatory Medical unit
Registered Nurses 1:4-5
Operating room
Registered Nurses 1:1
GI Unit
Registered Nurses 1:1-5
Pacu/Recovery
Registered Nurses 1:1-3 Phase 1
Registered Nurses 1:2-5 Phase 2
Ambulatory Service Unit
Registered Nurses 1:1-3

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Obstetrics: Staffing plan was evaluated; added nursing assistance to the staffing plan 24/7 with extra per diems for surge months and backfill. Travelers utilized this area for a short time while staff on orientation.

Emergency Department: Staffing plan was evaluated. Continue to utilize travelers but difficulty getting staff from agencies.

Float Pool: To provide better coverage for census surges, budgeted and per diem positions are available in the float pool.

New areas added to the staffing plan this year include interventional radiology, stress lab and cardiac rehabilitation. All areas with nurses are now represented in the staffing plan with the signs related to patient care levels posted in all areas.

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 Nursing Leadership, Nurse Staffing Committee, and the Position Control Committee. The hospital nurse staffing plan is appropriate for the provision of patient care as forecasted. It is sufficient to provide adequate and appropriate delivery of health care services to patients and promote a collaborative practice to enhance patient care by all members of the hospital's patient care team in the ensuing period of licensure.

_Karin Foley_____
Karin Foley, Chief Nursing Officer

References

Public Act 15-91, An Act Concerning Reports of Nurse Staffing Levels and Public Act 23-204, An Act Concerning the State Budget for the Biennium June 30, 2025, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget

ANA's Principles for Nurse Staffing, Third Edition, American Nurses Association, 2020
Chief Nursing Officer

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Nurse Staffing, Plan
Rockville General Hospital

The nurse staffing plan at *Rockville General 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, 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, *Rockville General* Hospital 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.

Patient Care Services utilizes a staffing matrix based on worked hours per patient day (WHPPD) for all nursing units except the emergency department, and surgical/procedural areas. The Emergency Department (ED) staffing is based on a worked hour per patient visit (WHPPV) metric. The worked hour metric only includes those hours worked in direct patient care responsibilities. These responsibilities include patient centered nursing activities by unit-based staff such as patient assessment, medication administration, nursing treatments, nursing rounds, admission, transfer, discharge activities, patient teaching, patient communication, coordination of patient care, documentation time, and treatment planning. Unit based staff include RNs, LPNs, and nursing assistants, and emergency room techs.

The core staffing plan is adjusted as necessary to meet patient care needs using float pool staff (RN's CNA's), per diem staff, on call staff, staff picking up extra shifts, and floating staff between units. Nurses in the float pool have experience in the following nursing modalities: med-surg, critical care, emergency medicine and behavioral health nursing. Float CNA staff are trained as sitters and nursing assistants.

Use of Temporary and Traveling Staff Nurses
Rockville General Hospital uses agency staff nurses when timing, market conditions, labor shortages, economic and operational efficiencies and/or other business factors preclude the hiring of equivalent regular staff.

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 that 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 unit staff meetings, leadership rounding and the nurse staffing committee. A standardized tool is used to evaluate "felt" vacancies for each nursing area. This tool includes those on orientation, FMLA's and LOA's so there is a true sense of working staff. This tool is utilized to anticipate projected needs for staffing. A collaborative nurse leadership staffing meeting is held daily to review/ adjust staffing. A formal annual review occurs during our nurse staffing committee meeting in December and June before submission to the DPH in January and July. This meeting meets quarterly and is composed of bedside staff and leadership.

Direct Care Staff Input
Direct care staff input regarding the staffing plan is solicited via the Patient at *Rockville General Hospital*. In addition, unit huddles, staff meetings and leadership rounds serve as mechanisms in obtaining staff's input regarding staffing plans. The staff also have a formal avenue to electronically submit any questions or concerns to the RN staffing committee. This is monitored by the co-chairs of the nurse staffing committee. Nurse quality indicators are monitored to ensure nursing quality standards are supported by the staffing model. Indicators include but are not limited to fall with injury rate, central line associated blood stream infection, pressure ulcer rate, and catheter associated urinary tract infection.

6. Staffing Ratios
Critical Care Unit:
Registered Nurses: 1:1-2 (depending on acuity of patient)
Licensed Practical Nurses: does not employee LPNs for critical care
Assistive Personnel: 1:9 (9 bed unit)
Medical-Surgical Unit
Registered Nurses 1:4-8 patients
Licensed Practical Nurses 1:4-8 patients
Assistive Personnel 1:9 patients (9 bed unit)
Emergency Department
Registered Nurses 1:4-5 patients
Licensed Practical Nurses 1:4-5
Assistive Personnel (Emergency department tech) 1:10

References

Public Act 15-91, An Act Concerning Reports of Nurse Staffing Levels and Public Act 23-204, An Act Concerning the State Budget for the Biennium June 30, 2025, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget

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GI Unit
Registered Nurses 1:1-5
Float Pool: To provide better coverage for census surges, budgeted and per diem positions will be available in the float pool. More guidelines around holiday and minimum commitments were standardized.

Staffing levels are adjusted as needed based on fluctuations in unit census, pending admissions, discharges, and acuity of the patients. Managers and off shift supervisors will evaluate the activity/acuity of the nursing unit and make staffing adjustments. In addition, staff has the autonomy to adjust staffing levels utilizing staffing guidelines (matrixes) for their respective nursing units.

Supporting personnel include health unit secretaries on day and evening shift. ED as well as float pool CNAs are used for patients requiring constant observation, high fall risk patients (case by case basis).

Evaluation of Prior Year's Staffing Plan

Critical Care Unit: Staffing plan was evaluated; no change was made to 14 WHPPD.
Medical Surgical Unit: Staffing plan was evaluated with no change to 8 WHPPD.
Emergency Department: Staffing plan was evaluated. No changes to the current model. Travelers are utilized in this area.
GI: Staffing plan was evaluated. No changes
Float Pool: Staffing plan was evaluate and no change.

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 Nursing Leadership, Nurse Staffing Committee, and the Position Control Committee. The hospital nurse staffing plan is appropriate for the provision of patient care as forecasted. It is sufficient to provide adequate and appropriate delivery of health care services to patients and promote a collaborative practice to enhance patient care by all members of the hospital's patient care team in the ensuing period of licensure.

Karin Foley

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Karin Foley, Chief Nursing Officer