

UConn Health | UConn John Dempsey Hospital

The nurse staffing plan at UConn John Dempsey Hospital is developed by the JDH 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, UConn John Dempsey 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. The nurse staffing plan is updated biannual to review changes in unit census, and if applicable, changes in patient population aggregation, unit operational changes and patient acuity.

The hospital nurse staffing plan is a unit-based document that utilizes a staffing matrix to provide guidelines for staffing at each census point in an effort to meet unit needs, with consideration to patient population, preferred model of care, unit layout and industry standards for like units. The staffing matrices guidelines for nursing staff are used in conjunction with assessment of patient acuity and staff competency level to determine staffing. Actual staffing is adjusted every four hours or more frequent basis in an effort to meet patient care needs during periods of variability in census and patient acuity.

The core staffing plan is adjusted as necessary to meet patient care needs by utilizing internal RN and support float pool staff, unit to unit RN/unlicensed assistive personnel (UAP) staff floating, overtime opportunities and per diem RN staff (Nurse Pros).

2. Use of Temporary and Traveling Staff Nurses

UConn John Dempsey 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.

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. Review of the factors articulated in the section “Considerations in Staffing Plan Development and Decisions” above is conducted through a combination of the JDH Nurse Staffing Committee, nursing leadership meetings, monthly variance meetings, practice councils and senior administration to reflect changes in census and acuity, census projection meetings with finance to adjust position control, along with the annual unit budget review with a focus on nursing personnel and support staff.

5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via the JDH Nurse Staffing Committee, unit staff meetings, leader rounding on staff, unit environment of care rounds, NDNQI RN satisfaction survey, labor management staffing committee (UHP union collaborative), professional governance councils, quality department review of apparent cause and root cause analysis, falls committee, infection control committee, unit patient safety coach committee, medication safety committee, and any additional direct care staff participation in quality improvement activities related to patient care and unit operations.

6. Staffing Plan Reporting by Unit

A. Registered Nurses (RNs)

- 1) Emergency Department – RN FTE's – 54.05
 - 1 RN to 2-7 patients dependent on Emergency Severity Index acuity assessment and time of day
- 2) Intensive Care Unit – RN FTE's – 61.1
 - 1 RN to 1-3 patients
- 3) Intermediate Unit – RN FTE's – 45.69
 - 1 RN to 3-5 patients
- 4) UT3 Medicine Unit – RN FTE's – 31.15
 - 1 RN to 4-7 patients
- 5) UT4 Medicine Unit – RN FTE's – 26.7
 - 1 RN to 4-7 patients
- 6) Medical/Surgical 5 (Corrections) Unit – RN FTE's – 11.15
 - 1 RN to 4-6 patients
- 7) UT6 Oncology Unit – RN FTE's – 36.60
 - 1 RN to 4-7 patients
 - 1 RN to 2 patients (Bone Marrow Transplant)
- 8) UT5 Orthopedics/Surgery Unit – RN FTE's – 31.4
 - 1 RN to 4-7 patients
- 9) Psychiatry 1 Unit – RN FTE's – 20.5
 - 1 RN to 4-10 patients
- 10) Obstetrics (Mother/Baby) Unit – RN FTE's – 41.7
 - 1 RN to 4-9 patients (OB)
 - 1 RN to 1-3 patients (L&D)
- 11) Float Pool – RN FTE's – 21.45
 - FTE decreased by approximately 7.0 due to staffing overflow unit which is now permanently staffed (UT4 Medicine Unit)

B. Licenses Practical Nurse (LPNs)

There are currently zero LPNs employed in our hospital.

C. Assistive Personnel (UAPs)

The NDNQI (Nursing Database of National Quality Indicators) definition of assistive personnel are those individuals trained to function in an assistive role to nurses in the provision of patient care as delegated by and under the supervision of the registered nurse.

- Includes: nursing assistants, medical assistants, patient care technicians/assistants OB/surgical technicians, student nurse techs.
 - Excludes: unit secretaries, clerks or schedulers, monitor technicians, therapy assistants, orderlies, or transportation staff whose sole responsibilities are to assist with transport of the stable patient to another phase of care (i.e., nursing unit, a vehicle for transportation home), student nurses who are fulfilling educational requirements, sitters who either are not employed by the facility or who are employed by the facility but are not providing typical UAP activities.
- 1) Emergency Department – UAP FTE’s – 30.5
 - 3-4 Medical Assistants (MA/Certified Nursing Assistants (CNA) on within a 24-hour period dependent on time of day
 - 2) Intensive Care Unit – UAP FTE’s – 15.75
 - 1 CNA to 8-20 patients
 - 3) Intermediate Unit – UAP FTE's – 15.6
 - 1 CNA to 8-15 patients
 - 4) UT3 Medicine Unit - UAP FTE's – 21.05
 - 1 CNA to 8-14 patients
 - 5) UT4 Medicine Unit - UAP FTE's – 15.9
 - 1 CNA to 8-14 patients
 - 6) Medical/Surgical 5 (Corrections) Unit – UAP FTE’s - 1
 - 1 CNA to 8-10 patients (staffed from Float Pool)
 - 7) UT 6 Oncology Unit – UAP FTE’s – 15.4
 - 1 CNA to 8-14 patients
 - 8) UT 5 Orthopedics/Surgery Unit – UAP FTE’s – 20.65
 - 1 CNA to 8-14 patients
 - 9) Psychiatry 1 Unit – UAP FTE’s - 12.3
 - 1 Mental Health Worker/CNA to 8-12 patients
 - 10) Obstetrics (Mother/Baby) Unit – UAP FTE’s – 5.2
 - 1 CNA to 8-18 patients
 - 11) Float Pool - UAP FTE’s – 25.15

- D. UConn John Dempsey Hospital utilizes staff assessment of patients needs, patient and staff rounding, staff input and changes in patient acuity (to include ESI levels in the Emergency Department) and census to determine and adjust patient care staffing levels at regular intervals throughout the shift.
- E. Supporting personnel on each patient care unit include:
- Float Pool Patient Sitters
 - Unit Secretaries (Office Assistants)
 - Office Assistant/Monitor Techs (OA's as certified monitor techs only on monitored units and in the Float Pool)
 - Transportation Aides
 - Float Pool RN staff
 - Float Pool CNA staff
 - Float Pool Office Assistant/Monitor Techs
 - Per Diem RN Staff (Nurse Pros)
 - Rapid Response Team
 - Behavioral Intervention Team
 - Medical Emergency Team
 - Central Monitoring Unit
 - Epilepsy Monitor Unit Techs

7. Differences Between Staffing Plan and Actual Staffing Levels

RN staffing ratios are at higher levels than the documented staffing plan. RN staffing is evaluated throughout the year and adjusted dependent on acuity and census.

8. Additional Information to be Reported

- A. There was one (1) staffing complaint submitted to nursing leaders on June 24, 2024, to comply with the nursing staffing plan that was communicated to JDH Nursing Staffing Committee on September 25, 2024. The staffing complaint was sent to DPH on July 1, 2024.
- B. To support a successful staffing plan implementation as determined by the JDH Nurse Staffing Committee the position control is reviewed regularly, recruitment of vacancies is ongoing and open shifts are filled by overtime, per diem staff or travelers.
- C. UConn Health uses recruitment bonuses to attract new hires as well as the utilization of retention stipends for staff in targeted hospital units. 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 is as follows:

1) RN Metrics (6/1/2023-5/31/2024)

ORG#	Assigned Organization	Average Number Employees over Reporting Period	Average Years of Experience for Employees as of 05/31/2024	Number of Vacant Positions Posted in Reporting Period	Average Vacancies per Year	Number of Separations in Reporting Period	Turnover Rate
81003	Critical Care RN Float Pool	9.5	8.2	4	.29	3	31.6%
81005	Float Pool	17.0	12.5	2	.08	1	5.9%
81007	Medicine 3 Unit	37.0	6.2	7	.16	1	2.7%
81008	Surgery/Orthopedics Unit	40.0	9.4	5	.14	10	25.0%
81009	Psychiatry 1 Unit	22.0	14.4	5	.46	4	18.2%
81010	OB/GYN	50.0	15.3	4	.10	3	6.0%
81013	Intensive Care Unit	56.5	12.0	12	1.14	2	3.5%
81015	Medical - Surgical 5 Unit	9.5	9.5	3	.16	0	.0%
81019	Medical/Surgical/Oncology Unit	36.5	7.0	11	.92	6	16.4%
81021	Emergency Room Unit	59.5	8.0	19	.78	6	10.1%
81030	Intermediate Unit	54.5	7.6	5	.30	6	11.0%
81036	Medicine 4 Unit	16.5	6.3	14	1.59	1	6.1%

D. There are no 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 of noncompliance, and plans to avoid noncompliance in the future.

9. Certification Hospital Nurse Staffing Plan

This hospital nurse staffing plan has been developed by the JDH 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 the JDH Nurse Staffing Committee and unit staff, shared governance councils, nursing leadership committee, quality assessment and performance improvement committee (QAPI) and senior administration and is appropriate for the provision of patient care as forecasted. Continuous review of the plan occurs throughout the year.

10. Certification Hospital JDH Nurse Staffing Committee

This is to certify that John Dempsey Hospital and its JDH Nurse Staffing Committee meet the statutory requirements. Nurses are represented by University Health Professionals (UHP) who are authorized to appoint direct care members of the JDH Nurse Staffing Committee. The JDH Nurse Staffing Committee includes a broad representation of members from across hospital units and its composition includes a majority of direct care nurses. Employees are provided with details about the committee and its role through new hire orientation, and periodic direct communications from the Chief Nursing Officer and UHP. Employee concerns may be directed to the committee through committee members and placed on meeting agendas for action as appropriate.

Caryl Ryan, MS, BSN, RN

Date

Chief Operating Officer, JDH

VP Quality and Patient Services & Chief Nursing Officer

**Submit the nurse staffing plan to the Connecticut Department of Public Health's Facility Licensing and Investigations Section (FLIS) no later than January 1 and July 1 each year via the portal found at <https://dphflisevents.ct.gov>*