Nurse Staffing Plan- New Milford Hospital

Grids and proper planning ensure the availability of qualified nursing staff to provide safe, reliable, and effective care to our patients. The plan is collaborated, evaluated by the staffing committee, and submitted biannually per Connecticut legislation. Every attempt will be made to adhere to the staffing plan. Adjustments may be made for changes in patient needs and safety. -The plan applies to all parts of the hospital that are licensed.

Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing-patients safe, reliable, and effective care.
- Development of staffing grid/ratio considers patient acuity, special medications or procedures occurring or prevalent to the unit, physical layout of the unit, nurse experience, and-other patient and unit characteristics.
- The optimal staffing plan represents a partnership between-nursing leadership and direct care nursing staff (DCRNs).
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
- Each unit will be staffed per grid/plan with the combination of DCRNs, PCT/CNAs and Unit Clerks per budget with the minimum needed to provide safe quality nursing care.
- To maintain the grids there will be the use of PRN, float nurses to like units (per collective bargaining). Staff working additional shifts or overtime will also be utilized.
- Data and measurable nurse sensitive indicators should help apprise the staffing plan. These principles correspond to the American Nursing Association Principles of Safe Staffing.
- Temporary nurses, foreign nurses through agencies, travel nurses are used only when other options that have been documented have been utilized. These nurses will have a specific skill level of expertise that is required and unable to be filled otherwise.

The staffing plan will provide adequate DCRNs in all patient care areas exclusive of the use of nursing management but including appropriate staff support.

Nurse Staffing Plan Process

- The nurse staffing committee (committee) is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable, and effective care to our patients.
- The committee's work is guided by its charter.

- ☐☐The committee meets on a regular basis as determined by-the committee's charter.
- ☐☐The committee's work is informed by information and data from individual patient care units. DCRFNs will have the opportunity to express complaints, needs, and/or information specific to their unit/floor or expertise.

The committee is a collaborative entity of DCRNs, management and leadership as set in the charter.

Appropriate staffing levels for a patient care unit reflect an analysis of:

1. Individual and aggregate patient needs.
2. Staffing guidelines developed for specific units of the hospital.
3. The skills and special training, competencies of the nursing staff.
4. Resources and support for nurses.
5. Anticipated absences and need for nursing staff to take meal and rest breaks.
6. Hospital data and outcomes from relevant quality indicators; and
7. Hospital finances.

- ☐☐The analysis of the above information is aggregated into the hospital's nurse staffing plan.
- ☐☐Staff continuously monitor individual and aggregate patient care needs and adjust staffing per agreed upon policy and collective bargaining agreement.
- ☐☐The committee will perform a biannual review of the staffing plan. If changes are suggested during the year to the staffing plan, it is collaboratively discussed, agreed upon and updated per the staffing committee and be submitted to the DOH. The changes to the staffing plan will be explained in writing to the DOH.
- ☐☐The hospital will commit to ensuring staff can take meal and rest breaks that are needed as required by law, and collective bargaining agreement. The committee considers breaks and strategies to ensure breaks when developing the plan. Patient care units may have discretion in structuring breaks to meet specific needs while meeting the requirements of the law.
    - ☐☐Data as required by the DPH will be submitted as required and requested.

Nurse Staffing Plan Scope

The following areas of the hospital are covered by the nurse staffing plan:

- ☐☐Emergency Department
- ☐☐Oncology (Diebold Family Cancer Center)

- Endoscopy
- Perioperative Services- One Day Surgery, Operating Room, Pre/Post-op, Recovery Room
- 3 East- medical/surgical inpatient unit
- Radiology

Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

- Census; average patient census for the unit.
- Admissions, discharges, and transfers. Usual admission and discharge rates.
- Acuity
- Level of staff experience
- Staffing guidelines/recommendations per specialty nursing organizations.

  -DCRNs and committee are responsible for providing input and collaborating with leadership concerning budget, quality issues, patient outcomes, length of stay and patient experiences, etc., to establish staffing plan.
- Strategizes to enable Registered Nurses to take breaks and meals.
- Availability of support staff; PCTs, Unit Clerks

Staffing Ratios/Plan

Hours per patient day, the average unit census, budget, average admissions, discharges as well as national benchmarks, and evidence-based practice are utilized to establish nurse to patient ratios. Staffing is essential to provide safety for both patients and nurses. Studies have shown that appropriate nurse staffing ratios help to achieve clinical and economic improvements in patient care, including:

1. Enhancement of patient satisfaction and HCAHPS scores
2. Reduction in medication errors, patient mortality, hospital readmission, length of stay
3. Improved safety outcomes by reducing incidents of falls, pressure ulcers, and healthcare associated infections (HAIs)
4. Reduced patient care costs through avoidance of unplanned readmissions
5. Prevention of nurse fatigue

The ANA and like-minded organizations support public reporting of staffing data to promote transparency and the fining-of institutions that fail to comply with minimal safe staffing standards.

Variance in Staffing Levels

Staffing ratios assist in creating optimal staffing for each unit and are essential to provide the best care possible and supported by evidence- based practice. At

NMH, leadership and NurseSupervisors who have hospital-wide perspective in collaboration-with DCRNs/charge nurses on various units suggest adjustment to RN staffing and mitigate the stressors of short staffing, floating. The PRNs are available to provide the flexibility needed to accommodate variations in acuity or volume.
Nursing staff plan matrices are a guide for shift by shift-based-staffing that may be adjusted down depending on the skill mix, students, new nurses, orientees and based on patient factors. Adjusting upwards may put the patients, nurse safety and quality of care at risk.
The census and acuity levels may change frequently. There are patients who are relatively healthy and awaiting a safe discharge with a conservator. There are also sick patients at any given time requiring multiple service interventions, RT, PT, OT, cardiac diagnoses, serious cancer diagnoses, fractures, elderly who are bedbound or who require frequent care to avoid skin breakdown. Every week there may be several orthopedic surgery post-ops, requiring extensive help from multiple services.

Staffing for 3 East Medical Surgical

Unit	Nurse Patient Ratio		PCT Patient Ratio	
	Days	Nights	Days	Nights
3 East	1:5-6	1:5-7	1:8	1:10

This is a basic need listed above. If the RN needs to go higher up in RN; patient ratio, additional PCT staff should be sought.That is, if RNs need to take additional patients above ideal ratio, then additional PCT or RN should be available or incentivized to work on unit.

Staffing for other NMH departments

Diebold Family Cancer Center-
4 RNs and 1 medical assistant will be scheduled daily. 1 RN navigator to be added as part time position. Staffing will be adjusted up or down if scheduled volume permits.
Radiation Oncology/Infusion – Need 1RN:1 patient.

Interventional Radiology –
Need – 1 RN: 1 patient.

PACU –
Need – 1 RN: 1 patient. The department is ideally staffed with 3 RNs on 1:1 ratio with 3 RN's and 3 patients.

Endoscopy-

Need- 1 RN: 1-2 patients. Each pre/post room has 2 RN's admitting and discharging patients, additional RN assigned to procedure room.

One Day Surgery

Need – 2 RNs for admissions, 2 RNs for discharges. Pre-admission testing RN needed as well daily.

Operating Room

1RN: 1 patient per operating room running and 1 additional RN if 2 or more rooms are running per day.

Emergency Department-

Need - dependent on patient acuity levels, which are determined by the ESI triage system (Level1-5; Sickest to least sick)
Level 1- 1 RN:1patient (highest level of acuity, ie unstable MI/chest pain, STEMI, AAA, CVA)
** May have stable cases of example Dx above and be able to have 1 RN:2 patients, the second being a lower acuity level.
For patients of acuity 2-5, ratios are determined by charge nurse and staff on shift based on multiple patient and department factors which allows for flexibility of RN to take a variety of acuity levels at any given time.
1 PCT from 11AM – 11PM daily with option to upstaff to 2 PCTs on high volume days with flexible hours.

Certification Hospital Nurse Staffing Plan

This hospital nurse staffing plan has been developed by the New Milford Hospital nursing 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 staffing committee, nursing leadership and senior management and is regularly evaluated; and is appropriate for the provision of patient care as forecasted.

Certification Hospital Nurse Staffing Committee

The staffing committee at New Milford Hospital meets regularly as planned. 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 charter speaks to representation and the length of time in office for the members and co-chairs.
The staffing plan was developed through discussion and review at the staffing committee.

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