Nurse Staffing Plan 2024
Yale New Haven Health System
Lawrence + Memorial Hospital

The nurse staffing plan at Lawrence + Memorial Hospital is developed through a comprehensive process that draws on multiple sources of data and input from the staffing committee, registered nurses and other hospital staff members. The staffing plan is continuously evaluated throughout the year and formally reviewed and updated bi-annually. 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 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. The hospital also actively engages the staffing committee in the revision of staffing policies, procedures and staffing strategies.

In addition to the factors described above, when developing the bi-annual staffing plan, Lawrence + Memorial Hospital considers historical staffing and patient data, staff input, patient care support services, and any plans for new programs. Additional considerations include trends in seasonal volume surges that drives appropriate short, medium and long term plans.

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 skill mix is designed to provide the best possible mix of individuals and roles as guided by historical, forecasting and national benchmarking data, feedback from staff and leaders, patient population needs, staffing competency, performance trends, expected outcomes with the goal of providing safe delivery of care and patient experience. Annually and whenever necessary, the unit staffing plan is reviewed at the unit level and is part of the annual budgetary process. Ongoing evaluation of staff trends such as vacancy, turnover, retirement and other environmental factors are considered and responded to in order to endure an ongoing adequate workforce.

   The core staffing plan is adjusted as necessary to meet patient care needs. This adjustment is conducted by the nurse manager, clinical coordinator and charge nurse in collaboration with the central staffing office where applicable. Factors brought into consideration in the judgment of adequacy of staff include anticipated patient turnover, patient workload, available skill mix, and nurse competency. Actual staffing can be affected by unanticipated absences. The core staffing plan is adjusted as necessary to meet patient care needs using supplemental staffing such as per diems, float pool, unit to unit floating, and service line

resource sharing to achieve targeted staffing levels. Every effort is made to match the staff to the patient population and competency.

2. **Use of Temporary and Travel Staff Nurses**
Lawrence + Memorial Hospital utilizes temporary/travel staff when necessary to ensure adequate levels of staffing to provide safe patient care. Such instances requiring temporary/traveling nurses may include the inability to fill budgeted staff registered nurse positions due to sustained vacancies and/or limited availability of nurses with specific types and levels of expertise. Temporary/travel staff are used as necessary after other options to fulfill staffing needs have been considered. Additionally, in such situations, nurse managers establish a targeted recruiting strategy with Talent Acquisition in order to fill these positions with regular or per diem Lawrence + Memorial nurses in order to limit the temporary/travel staff contract time.

3. **Administrative Staffing**
The bi-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 the Safe Staffing Committee and nursing leadership.

5. **Direct Care Staff Input**
Direct care staff input regarding the staffing plan is solicited via the Safe Staffing Committee, Senior Leader Rounds, and performance improvement activities related to patient care and unit operations.

6. **Staffing Ratios**
The target guidelines for staffing ratios at Lawrence + Memorial Hospital are as follows:
A) **Registered Nurses (RNs)**
B) **Unlicensed Assistive Personnel (UAPs)**
C) **Licensed Practice Nurses (LPNs)** - Lawrence + Memorial Hospital does not utilize LPNs in the acute care setting on these units.

   Medical/Surgical Inpatient:
   - Days:
     - Registered Nurses (RNs) – 1 RN : 5 adult patients
     - Registered Nurses (RNs) – 1 RN : 4 pediatric patients
     - Assistive Personnel (UAPs) – 1 UAP : 10-15 patients
   - Nights:
     - Registered Nurses (RNs) – 1 RN: 5-6 patients
     - Registered Nurses (RNs) – 4 pediatric patients
     - Assistive Personnel (UAPs) – 1 UAP: 10-15 patients

Critical Care:
- Registered Nurses (RNs) – 1 RN : 1-2 (3 downgraded) patients
- Assistive Personnel (UAPs) – 1 UAP: 10 patients

NICU:
- Registered Nurses (RNs) – 1 RN: 1-2 (3 less acute) patients

LDRP:
- Registered Nurses (RNs)
  - Post-Partum RNs – 1 RN: 1-3 (couplets)
  - Labor + Delivery RNs – 1 RN: 1-2 patients
  - OR – 2 RN: 1 patient
- Assistive Personnel (UAPs) – 1 UAP: 10-24 patients

Inpatient Rehab:
- Registered Nurses (RNs) – 1 RN: 5-6 (7 on nights) patients
- Assistive Personnel (UAPs) – 1 UAP: 8-16 patients

Inpatient Psychiatry:
- Registered Nurses (RNs) – 1 RN: 5-6 (7 on nights) patients
- Mental Health Counselor (MHCs) – 1 MHC: 1-18 patients

Pequot Emergency Department:
- Registered Nurses (RNs) – 1 RN : 5-6 patients
- Assistive Personnel (UAPs) – 1 UAP: 12 patients

L+M Emergency Department:
- Registered Nurses (RNs) – 1 RN: 4-5 patients
- Rapid Triage Area Nurses (RTA RNs) – 1 RN : 4-6 patients
- Assistive Personnel (UAPs) – 1 UAP: 10 - 15 patients

Psychiatric Emergency Services:
- Registered Nurses (RNs) – 1 RN: 1- 6 patients
- Mental Health Workers (MHWs) – 1 MHW: 1 - 8 patients

Perioperative Services:
- Registered Nurses (RNs)
  - Pre-Op RNs – 1 RN: 4 - 6 patients
  - Post Op RNs – 1 RN: 1 – 2 patients (3 patients if bed holds)
  - OR RNs – 1 RN: 1 patient
- OR Techs - 1 Tech: 1 patient

Cath Lab:
- Registered Nurses (RNs) – 2 RN: 1 patient
- Techs – 1 RN: 1 patient

Interventional Radiology:
- Registered Nurses (RNs) – 1 RN: 1 patient
- Techs – 1 RN: 1 patient

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

The 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 the determination of staffing mentioned earlier in the plan. Additionally, regular rounding, assessment of patients' needs, staff input, safety huddles, early warning systems, clinical surveillance and bed flow systems help guide adjustments to staffing. 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.

E) Provide a description of supporting personnel on each patient care unit.
- Sitters: used to provide additional care to patients who may be a safety risk due to impulsive behavior, pulling at medically necessary equipment, altered mental status, or suicidal / homicidal ideations.
- IV Therapy: RNs available to assist with difficult to place peripheral IV access or PICC access.
- Monitor Technician: Unit Clerk with additional training to monitor telemetry and remote telemetry throughout the hospital. This information is then verified by a nurse on the telemetry nursing unit.
- Clinical Resource Nurse (CRN): RNs with critical care training that provide off-shift advanced clinical support in the patient care setting as resources are available.
- Virtual Nurse: RNs that work virtually to support admissions/discharges/education for the primary nurse.

7. Differences Between Staffing Plan and Actual Staffing Levels
  i. Differences between actual staffing levels and the planned staffing levels.
    a) The planned staffing levels are evaluated daily on a periodic 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. An electronic staffing system provides staff the opportunity to pick up extra shifts to mitigate the differences between planned and actual staffing. The actual staffing levels are evaluated every 4 hours and adjustments are made based on census changes, acuity and unit activity. Resource sharing among units is used to meet this type of actual, daily fluctuating staffing need.
  ii. Describe the actions the hospital intends to take to address future staffing plans.
    a) Budgeted staff is evaluated at least annually, or more frequently if needed, to ensure budgeted resources match expected department level volumes.

8. **Additional Information to be Reported**
   a. No objections or refusal forms were reported by hospital staff.
   b. Successful implementation of the nurse staffing plan is evidenced by budgeted staffing plans that align with reported nurse to patient ratios in the plan and the hospital posted staffing plan ratios on all inpatient units. Additionally, patient quality outcomes, patient satisfaction scores and staff engagement scores are available upon request.
   c. Unit level retention, turnover and recruitment metrics are discussed with the staffing committee meetings. Metrics are available upon request.
   d. Instances when staff felt the hospital was not in compliance with the staffing plan are discussed within the staffing committee. Such instances are tracked and trended to mitigate future instances.

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. Lawrence + Memorial Hospital has benchmarked with national databases such as National Database of Nursing Quality Indicators (NDNQI). It has been reviewed and discussed by nursing leadership and a staffing committee made up of staff nurses and nursing leadership and is appropriate for the provision of patient care as forecasted.

Certification Hospital Nurse Staffing Committee

The staffing committee is comprised of 51% frontline nursing and remaining members are in leadership roles. The committee meets bimonthly and all members bring forward concerns for discussion on the agenda. The committee reviews the staffing plan bi-annually with the most recent approval vote on x.

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[Chief Nursing Officer name, title, and signature]

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 and July 1 each year.

***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.*