Nurse Staffing Plan
Danbury Hospital

The nurse staffing plan at Danbury 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 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. 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 annual staffing plan, it considers historical staffing and patient data, staff input, patient care support services, and any plans for new programs.

1. **Patient Care Units- Professional Skill Mix**
   The professional skill mix for each patient care unit is articulated in this hospital nurse staffing plan and is related to average daily census, hours per patients visit and other benchmarking data. Staffing levels are adjusted related to fluctuating census data, acuity, activity and transactions for each shift and department. These changes are assessed on an ongoing basis and adjusted accordingly by utilizing resources from the centralized float pool inclusive of per diem staff, staff working additional shifts, placing staff on call, care partnering with other disciplines, and unit to unit floating.

   Each patient care unit is staffed with a combination of registered nurses and patient care technicians to provide direct patient care. Additionally, we continue to utilize LPNs as a part of the care team on multiple units including the emergency department.

2. **Use of Temporary and Traveling Staff Nurses**
   Danbury 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 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 biannually and 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 collaborative meetings and input from nursing leadership, unit-based meetings, and the staffing committee.

5. Direct Care Staff Input

Direct care staff are provided the opportunity to give input regarding the staffing plan. Leadership partners with the staffing committee members to provide education on how a unit- based budget is established, to obtain feedback and to solicit ideas while establishing the plan. Staffing ratios are specifically discussed at the staffing committee. Additionally, discussions are had at unit-based staff meetings, during quality and patient experience reviews, unit rounds, surveys, town meetings, and through periodic newsletters.

6. Staffing Plan by Unit

Census varies on each unit throughout the day related to admissions, discharges, and transfers. Patient through put is a priority as is proactively creating capacity for any arriving patient. Patient flow is monitored on an ongoing basis by unit and hospital leadership. The staffing plan as noted supports the flow of patients throughout the day as the need for beds change, related to discharges, transfers, and volumes in the ED. **Numbers as listed below may change related to acuity and/or the number of patients needing an IP/OBV/EXT bed that are otherwise waiting in the PACU, ED etc. Patients are expected to move as expeditiously as possible into their IP/OBV/EXT bed. The expectation is that the staffing goal below is met at least 80% of the time.**

Unit	Target	Nurse Patient Range	UAP Patient Ratio		Target	Nurse Patient Range	UAP Patient Ratio
	Days	Days	Days		Nights	Nights	Nights
8T-Tele/Med	1:4	1:4-6	1:8		1:4	1:4-7	1:10
9T- Medicine	1:5	1:5-6	1:8		1:6	1:6-7	1:10
10W-Neuro/Med	1:5	1:5-6	1:8		1:5	1:6-7	1:10
10E-PCU	1:3	1:3-4	1:8		1:3	1:3-4	1:10
11E-Onc/Med	1:4	1:4-6	1:8		1:4	1:4-7	1:10
12T-Med/Surg	1:5	1:5-6	1:8		1:6	1:6-7	1:10
7BP-ICU	1:1-2	1:1-2	1:10		1:2	1:1-2	1:10
8BP-Surgical	1:5	1:5-6	1:8		1:6	1:6-7	1:10
IP Behavioral Health	1:6	1:6	1:8		1:9	1-9	1:10

Pediatrics	**1:2-4**	**1:2-4**	**1 if needed as second**		**1:2-4**	**1:2-4**	**1 if needed as second**
Maternity	**1:2-3 couplets**	**1:3 couplets**	**1:12**		**1:2-3 couplets**	**1:3 couplets**	**1:12**
NICU	**1:1-3**	**1:1-3**	**1:9**		**1:1-3**	**1:1-3**	**1:9**
L&D	**1:1-2**	**1:1-2**	**N/A**		**1:1-2**	**1:1-2**	**N/A**
ED	**1:4 main 1:6 express care** **BCU 1:4**	**1:1-5 Main 1:6 Express Care** **BCU 1:5-7**	**1:8** **1 if needed as second**		**1:4 main 1:6 express care** **BCU 1:4**	**1:1-5 Main 1:6 Express** **BCU 1:5-7**	**1:10** **1 if needed as second**
Rehab	**1:5**	**1:5-7**	**1:7**		**1:7**	**1:7**	**1:7**
ASU	**1:2-3**	**1:2-3**					
Cath Lab	**1:3-4 procedural; recovery 1:3**	**1:3-4**	**Dependent on case**				**Dependent on case**
Endo	**1:2-3**	**1:2-3**					
PACU	**1:1-2**	**1:1-2**					
OR	**1:1**	**1:1**					
IR	**1:1 procedural**	**1:1-3 recovery**					
Outpatient Infusion	**1:4-6**	**1:4-6**					

There are additional members of the care team within the hospital. The support personnel include, but is not limited to, the Rapid Resource Team, Surgical Technicians, Mental Health Associates, Social Workers, Unit Coordinators, Nurses Educators, Respiratory Therapists, Security Officer Dietary, EVS, Assistant Patient Care Managers, Quality Specialists, Patient Transporters, Sitters, and a variety of Student Interns.

7. Differences Between Staffing Plan and Actual Staffing Levels

While volumes remained flat over the past year overall there was an increase in medical patients. Volumes and the average daily census on the medical units increased while volumes in the surgical units saw a decrease over the past year**.** Overall volumes continue to recover with days of census surge in our emergency department and high census days throughout the hospital. Other outpatient

and procedural areas continue to see recovery in volume post Covid. Average daily census fluctuated throughout the year but for the most part followed historical variation. We continued with staffing challenges last year. The number of people who stopped working nationally and those who retired or moved out of state coupled with the inability to recruit a matching number of med surg nurses to off- set this created a gap. Because of this we hired international RNs, expanded the number of LPNs in various areas, utilized travelers and focused on hiring new graduate nurses.
Staffing goals were often challenging to meet for a good part of the year. To maintain the flow of patients in the emergency department patients were often moved to an inpatient bed which created higher patient assignments. Many units were often short 1-2 RNs and/or PCTs. Every effort was made to supplement RN shortages with additional supports such as ancillary staff.

The following were utilized to mitigate the staffing challenges:

- Utilized travelers with many who have taken a permanent assignment.
- Utilized managers to supplement staffing.
- Maximized concepts around team nursing.
- Monetary incentive plans.
- Aggressive and intensive recruitment and retention strategies specific to RNs and PCTs.
- Enhanced training for the float pool to many specialty areas.
- Recruitment bonuses.
- Sign on bonuses for RNs and PCTs.
- Load balancing across the network-transfer center assesses beds and resources at sister hospitals
- Care partnering- RN/PCT partners in care.
- Expanded the hiring of LPNs onto additional units.
- Partnering with area university programs-onsite hiring events for PCTs and new grads.
- New Grad residency program expanded to specialty areas-
- Opened the Transition unit with expanded hours of nursing education hours for new grads.
- Enhanced preceptor program
- Scholarship program for those currently pursuing an RN degree.
- Tuition reimbursement
- RN loan forgiveness
- Hired International Travelers
- Partnered with area high schools to create shadowing opportunities for students.
- Student Nurse Internship programs for specialty areas.
- Partnered with Northwest Regional Workforce Investment Board as a means to expose those who may be interested in a health career.
- Continued review of processes that create “no added value”, create “noise”, is redundant etc. And streamlined where possible (documentation, alarms, remote monitoring etc.)
- Created student roles for area high school students through shadowing, internships and hiring in specific roles.
- Hired Nurse Educators for the night shift.
- Developed a PCT residency program- go-live 2024.

Certification Hospital Nurse Staffing Plan

This hospital nurse staffing plan has been developed by the Danbury 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.

The staffing plan, specifically the range included that allows for the regular flow of patients throughout the day related to admissions, transfers and discharges was voted “no” by the committee on 12/31/2023 through an evote.
While the overall goal is to have a 1-5 patient assignment on days and 1-6 on nights on med surg, patient arrivals and discharges do not always fall properly which could negatively affect flow and create unbalanced assignments in other departments.
Further discussion will be had at the next staffing committee with an attempt to work on a collective decision.

Certification Hospital Nurse Staffing Committee

The staffing committee at Danbury Hospital meets monthly. 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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Dawn Martin RN BSN MS NEA-BC
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.***

Revised 11/13/23