

Nurse Staffing Plan **Windham Hospital**

The nurse staffing plan at Windham 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, progressive care, post-anesthesia, 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, Windham Hospital considers historical staffing and patient data and acuity, 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. Staffing plans for Patient Care Services are developed based on the acuity level of care, diversity of needs and the frequency of the care or services that are required to be given. Based on these criteria, a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed is assigned.

The core staffing plan is adjusted as necessary to meet patient care needs using unlicensed personnel, per diem staff, on call staff, unit to unit transfer (floating) of staff, extra shifts and overtime.

2. Use of Temporary and Traveling Staff Nurses

Windham Hospital utilizes temporary/traveling staff nurses when necessary to augment adequate levels of staffing. 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 bi-annually and 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 leadership and staff meetings, department specific meetings and daily staffing huddles. We also review the staffing plan at our Nurse Staffing Committee meetings.

5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via meetings at our staffing committee meetings. The hospital also utilizes direct staff participation in quality improvement activities related to patient care and unit operation, weekly leadership rounding, unit workgroup meetings, and daily unit huddles.

6. Staffing Plan Reporting by Unit

| Unit | 6A RN Ratio | 6B LPN Ratio | 6C UAP Ratio |
|--|----------------|-----------------|-----------------|
| Medical-Surgical-Telemetry (Shea North) 7am-7pm | 1:4-5 | N/A | 1:4-7 |
| Medical-Surgical-Telemetry (Shea North) 7pm-7am | 1:5-6 | N/A | 1:4-7 |
| Medical-Surgical-Telemetry (Shea East) 7am-7pm | 1:4-5 | N/A | 1:4-7 |
| Medical-Surgical-Telemetry (Shea East) 7pm-7am | 1:5-6 | N/A | 1:4-7 |
| Medical-Surgical-Telemetry-Ortho (Greer) 7am-7pm | 1:4-5 | N/A | 1:4-7 |
| Medical-Surgical-Telemetry-Ortho (Greer) 7pm-7am | 1:5-6 | N/A | 1:4-7 |
| Progressive Care (Shea North) 7am-7pm; 7pm-7am | 1:3 | N/A | 1:6-8 |
| Emergency Department | 1:4-5 | N/A | 1:7-8 |
| Emergency Department Fast Track | 1:4-8 | N/A | 1:7-8 |
| Post Anesthesia Care Unit | 1:1-2 | N/A | N/A |
| Ambulatory Care | 1:3-5 | N/A | N/A |

Supporting Personnel on Patient Care Units:

- **Patient Sitters:** Sit with patients who require 1:1 monitoring for suicidal ideation or behavioral concerns.
- **Unit/Monitor Coordinators:** Perform secretarial duties on the patient care units and may be trained to monitor cardiac rhythms.
- **Respiratory Therapists:** Perform management of airways in inpatient areas & emergency department, airway management during codes, respiratory assessments and treatments; IV insertion
- **Rehabilitation Therapist:** Physical, Occupational and Speech therapists provide therapy with patients to promote effective care transition.
- **Psychiatric Clinicians:** Assist with Emergency Room staff to manage behavioral health patients' assessments and placements to areas outside of the ED.
- **Physical Therapy Aides:** Work with Physical Therapist to enhance mobility and range of motion.
- **Dieticians:** Provide recommendations and plans of care for patients to optimize their nutritional status.
- **Pharmacists:** Participate in care by rounding and providing insight to staff and physicians for medication management.
- **Care Managers:** Registered nurses who coordinate the care transition process for patients.
- **Social Workers:** Evaluate the social needs of the patient and coordinate the needs with community resources
- **Transport Aides:** Provide transport to and from testing.
- **Chaplains:** Certified professionals who attend to the spiritual care of individuals through assessment, prayer, listening, empathy, reframing, counseling, and/or ritual, and bring forth the meaningful connections that the care recipient can more fully use as a resource for their well-being.
- **Rapid Response Team:** Multispecialty team that is available to call for immediate assistance to support in caring for a patient with an acute change in condition.
- **Clinical Educator/Assistant Nurse Manager/Supervisor:** Registered nurses who are available on the units to offer in time support and education to staff as needed.
- **Public Safety Officers:** On site and available to staff 24/7 to assist with facilitating mutual respect and mutual care of patients, families, and staff.

6D. Windham utilizes daily staffing meetings with nursing leadership, regular rounding, census and staff input to determine and adjust patient care staffing levels as needed.

7. Differences Between Staffing Plan and Actual Staffing Levels

As this is a new requirement effective October 1, 2023, we are creating formal processes to assist in tracking and reporting this information. We anticipate that such processes will provide us with the information needed to report on this metric in future filings.

8. Additional Information to be Reported

As this is a new requirement effective October 1, 2023, we are creating formal processes to assist in tracking and reporting this information. We anticipate that such processes will provide us with the information needed to report on this metric in future filings.

Certification Hospital Nurse Staffing Plan

This hospital nurse staffing plan has been developed by the Windham Hospital 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 our Windham Hospital Staffing Committee, nursing leadership, and senior management and is appropriate for the provision of patient care as forecasted.

The staffing plan for 2024 will be reviewed per statute via our hospital staffing committee meetings throughout 2024.

Certification Hospital Nurse Staffing Committee

The Windham Hospital Staffing Committee is comprised of front-line nurses and nursing leaders from a variety of care settings within the hospital. Membership is maintained according to the statute. The staffing plan is developed collaboratively within the staffing committee and reviewed periodically. Concerns are brought forward via direct reports from nurses to members of nursing leadership, the staffing committee and/or documented in our internal complaint/variance documentation system. These concerns are reviewed and resolved at hospital staffing committee meetings.

IMPORTANT NOTICE AND DISCLAIMER

The appended staffing plan ("Plan") is submitted pursuant to Public Act 23-204 (the "Law"). By submitting this Plan, Windham Hospital does not admit the legal propriety of Public Act 23-204. Windham Hospital reserves any and all objections to the Law including, by way of illustration, but not limitation, objections that (1) the Hospital has the legal and administrative authority over the business, affairs and operations of the Hospital, including, but not limited to, staffing pursuant to Department of Public Health, Centers for Medicare and Medicaid Services, and Joint Commission regulation, standards, and requirements, and (2) the dispositive effect accorded committee recommendations in the Law conflicts with the National Labor Relations Act ("NLRA") Section 8(d), and the committee formation and structure mandated by the Law violates Section 8(a)(2) of the NLRA. Windham Hospital does not waive its right and expressly reserves all legal rights to pursue any appropriate statutory, declaratory, legal, equitable, or other relief concerning the Law. Windham Hospital also reserves all rights to raise any objections in defense of any attempted enforcement action under the Law.



Rebecca Durham, RN, MS, CENP
Vice President for Patient Care Services