

Waterbury Hospital

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Nurse Staffing Plan Waterbury Hospital July 2025

The nurse staffing plan at Waterbury Hospital is developed by the Staffing Committee through a comprehensive process that draws on multiple sources of data and input from Waterbury Hospital Registered Nurses and other hospital staff members. The nurse staffing plan is continuously evaluated and reviewed throughout the year but formally submitted twice annually. The staffing plan reflects core staffing levels for patient care units, including but not limited to inpatient nursing units, Critical Care, procedural areas (i.e. OR, PACU, IR, etc.) and the Emergency Department. Actual staffing levels are adjusted at least every 4-8 hours or more based on individual patient needs and census.

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. The staffing plan development and decisions are carried out with consideration given to patient complexity, the number of patients for whom care is provided, as well as the unit intensity, and the geography/physical layout of the patient care unit, just to name a few. In addition to the factors described above, when developing the annual nurse staffing plan, Waterbury Hospital also considers historical staffing, patient data, direct caregiver input, the amount of patient care support services, and any plans for future 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 core staffing plan is adjusted as necessary to meet patient care needs by utilizing the internal float pool personnel, on-call staff, overscheduled and premium hours, float pool, unit-to-unit floats, per diem staff and travelers as needed.

2. Use of Temporary and Traveling Staff Nurses

Waterbury 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 vacant 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 of absence.

3. Administrative Staffing

The annual staffing plan is developed to provide adequate direct-care staff members for forecasted patient care needs exclusive of nursing management and inclusive of appropriate support.

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4. Review of the Nurse Staffing Plan

The staffing plan that reflects core staffing levels is formally established and formally reviewed twice annually and also evaluated as necessary throughout the year when it is warranted. Review of the factors articulated in the section *Considerations in Staffing Plan Development and Decisions* above is conducted through a combination of feedback from front line staff, nursing leadership, and discussions in the Staffing Committee meetings.

5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via the Staffing Committee meetings and individual unit staff meetings at Waterbury Hospital.

6. Adjustment to Staffing:

Staffing is monitored and adjusted every 4-8 hours to census and activity on a shift-by-shift basis. This is done through rounding, direct staff input, and tracking of admission/discharge/transfer activity. Waterbury Hospital will continue to use incentives, such as premium pay and use of per diem staff, as needed to help ensure staffing levels. This regular assessment is performed by the staffing office and Nursing Leadership. Staffing levels are adjusted based on volume, patient activity, and patient needs.

Department	
Telemetry	RNs: 1:4 Days 1:5 Nights
	Charge RN to have a modified assignment
	UAP: Patient Care Associates 1:6-8 Days and Evenings 1:8-10 Nights
Medical Unit Pomeroy 5	RNs: 1:5 Days and Evenings 1:6 Nights
	Charge RN to have a modified assignment
	UAP: Patient Care Associates 1:6-8 Days and Evenings 1:8-10 Nights
Medical/Surg overflow Unit Pomeroy 6	RNs: 1:5 Days and Evenings 1:6 Nights
	Charge RN to have a modified assignment
	UAP: Patient Care Associates: 1:6-8 for Days and Evenings, and 1:8-10 nights
Ortho/Neuro Unit Pomeroy 7	RNs: 1:5 Days 1:6 Nights (1:6 ratio to start at 1900)
	Charge RN to have a modified assignment
	UAP: Patient Care Associates 1:6-8 Days and Evenings 1:8-10 Nights
General Medical Surgical Unit Pomeroy 9	RNs: 1:5 Days and Evenings 1:6 Nights

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	<p>Charge RN - to have a modified assignment</p> <p>UAP: Patient Care Associates</p> <p>1:6-8 Days and Evenings</p> <p>1:8-10 Nights</p>
Emergency Department	<p>RNs: 1:1-4</p> <p>1 Triage RN 24hrs</p> <p>1 Pivot RN 24hrs</p> <p>Resource RNs 11a-1a</p> <p>Charge RN - to have modified assignment</p> <p>UAP: Patient Care Associates</p> <p>1:6-8 Days and Evenings</p> <p>1:8-10 Nights</p>
Family Birthing Center (FBC)	<p>RNs: 1:1-6 based on needs and AWHONN standard.</p> <p>Scrub tech: 24 hours/day</p>
Special Care Nursery (NICU)	RNs: 1:1-3
Behavioral Health Emergency Department	<p>RNs: 1:1-4</p> <p>UAP: Patient Care Associates 1:1-4</p>
Outpatient Medical Therapies (OPMT)	RNs: 2 during hours of operation
Stress Lab (Cardiology)	RNs: 1 during hours of operation
CHF Clinic (Cardiology)	RNs: 1 during hours of operation
Outpatient Cardiac Rehabilitation	<p>RNs: 1:1-8 for phase 1 & 2 days</p> <p>Assistive Personnel: 1-2 exercise physiologists per class OR 1-2 respiratory therapists per class</p>
One Day Surgery (ODS)	<p>Preop: 1:1-5</p> <p>UAP: Patient Care Associates</p> <p>1 daily</p>
Reed PACU	<p>RNs:</p> <p>Phase I Recovery 2:1, 1:1, 1:2</p> <p>Phase II Recovery 1:3</p> <p>Extended Care 1:3-5</p> <p>UAP: Patient Care Associates</p> <p>1 daily</p>
Operating Room	<p>RNs: 1:1</p> <p>Surgical techs: 1:1</p>
Main Post Anesthesia Care Unit (PACU)	<p>RNs:</p> <p>Phase I Recovery 2:1-1:2</p> <p>Phase II Recovery 1:3</p> <p>Extended Care 1:3-5</p> <p>When called in, one additional employee to be present. The additional employee may be RN, PCA, or any other employee deemed appropriate.</p>

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Gastrointestinal lab	RNs: 1:1-3
	UAP: GI Specialty Techs 2 Daily unless <4 procedures scheduled, then one tech scheduled.
Cardiac Cath Lab	RNs: 2:1 or 1:1
	Cath lab techs: 2:1 or 1:1
Critical Care / Stepdown Unit	RNs: 1:1, 1:2, 1:3 based on acuity Charge RN to have a modified assignment
	UAP: 1:8
Behavioral Health Pomeroy 8	RNs: 1:6 Days and Evenings 1:12 Night
	UAP: Patient Care Associates: 1:15-30
	Psych Technicians: Days and Evenings 1:12, 2:13-22, 3:23-30 Nights-1
Interventional Radiology	RNs: 1:1 during hours of operation
	Techs: 2:1-1:1

* Waterbury Hospital does not employ LPNs in the acute setting in these units.

7. Additional Information to be Reported

- Provide information about any objections to or refusals to comply with the nurse staffing plan by the hospital staff that were communicated to the hospital committee.
- Provide measures/evidence to support the successful implementation of the nurse staffing plan. Evidence of compliance with the staffing plan has been demonstrated through review of staff-to-patient data and addressing staff objections/complaints. Measurements of compliance are reflected in the data provided in this report to meet the requirements of C.G.S. 19-89 (e) & (e) (4).
- Provide retention, recruitment and 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.

8. Turnover and retention by unit for prior 12 months.

Department	12/1/2024	5/31/2025	Avg Active	Terminated	Turnover Rate	New Hires
6011-Intensive Care - Loc 2	50	51	50.5	2	4%	4
6030-Coronary ICU	3	3	3	0	0%	0
6031-Cardiovascular Care	32	30	31	4	13%	1
6079-Neonatal ICU	15	22	20.5	1	5%	2
6170-Medical/Surgical Acute - Loc 1	19	19	19	2	11%	3
6171-Medical Acute	24	21	22.5	2	9%	1

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6172-Surgical Acute	15	16	16	2	13%
6340-Psych Adult (Pps)	36	34	35	5	14%
6380-Obstetrics	44	46	45	2	4%
7010-Emergency Room	72	69	70.5	6	9%
7013-Behavioral Health ED	6	6	6	0	0%
Total	321	317	319	26	8%

Average Years of Experience by Unit

Department	Avg YoE Union RNs
6011-Intensive Care - Loc 2	8.47
6030-Coronary ICU	22.18
6031-Cardiovascular Care	13.17
6070-Neonatal ICU	28.02
6170-Medical/Surgical Acute - Loc 1	12.36
6171-Medical Acute	5.58
6172-Surgical Acute	10.30
6340-Psych Adult (Pps)	14.08
6380-Obstetrics	10.81
7010-Emergency Room	8.77
7013-Behavioral Health ED	29.24
Total	11.54

9. Provide the number of 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.
- From December 1, 2024, to May 31, 2025, seventy-two (72) complaint forms were received, documenting concerns related to staffing levels.
 - From December 1, 2024, to May 31, 2025, Waterbury Hospital reported 11,797 instances of noncompliance out of a total of 68,667 staffing events.

This represents an 82.9% compliance rate with the approved staffing plan.

b. Description and Rationale for Noncompliance

- The primary factors contributing to episodes of noncompliance include:
 - Persistent vacancies across multiple departments have significantly impacted staffing levels.
 - Planned time off (PTO) utilization has led to temporary shortfalls in available nursing staff.
 - Unanticipated absences, such as sick leave or emergencies, have disrupted scheduled coverage.
 - Extended leave of absence (LOA) utilization among staff has compounded staffing shortages, particularly in specialized units.

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5. The challenge related to the protracted ambiguity surrounding the Yale/PMH transaction—exacerbated by the 441-day delay in the Office of Health Strategy's (OHS) approval of the Certificate of Need (CON)—has been further intensified by the recent bankruptcy announcement. This series of destabilizing events has significantly heightened concern and uncertainty regarding future ownership and organizational direction, further impairing Waterbury Hospital's ability to recruit and retain qualified staff.

c. Plans to Avoid Future Noncompliance

1. Waterbury Hospital has implemented and will continue to develop the following strategies to mitigate noncompliance:
 1. Engaging traveling nurses to provide temporary staffing support for critical areas.
 2. Expanding the per diem nursing staff to ensure flexibility in addressing short-term shortages.
 3. Premium pay incentives have been increased, and an additional per diem incentive program has been introduced to encourage staff to take on extra shifts during peak demand periods, as well as to provide coverage for extended leaves of absence and vacations.
 4. Enhancing recruitment efforts to fill vacancies, including job fairs, targeted advertisements, and expedited onboarding processes.
 5. Implementing retention strategies, such as professional development opportunities, and recognition programs to reduce turnover.

While the hospital has faced challenges in maintaining full compliance with the nursing staff plan, these episodes are primarily attributable to systemic and external factors. Waterbury Hospital remains committed to addressing these challenges through a combination of staffing flexibility measures and long-term recruitment and retention initiatives. These actions aim to enhance compliance rates and maintain the highest standards of patient care.

Certification Hospital Nurse Staffing Committee

Waterbury Hospital developed a dedicated nursing staffing committee to assist in the preparation of the nurse staffing plan as required. Direct care registered nurses employed by Waterbury Hospital account for not less than fifty percent (and an odd number of members) of the membership of the staffing committee. The hospital, in collaboration with CHCA members, modified the existing committee to assist in the preparation of the nurse staffing plan. The total number of direct care registered nurses is one more than the total number of non-direct care members of the committee. The staffing committee includes broad-based representation from across hospital services. The collective bargaining unit (CHCA) selected the direct care registered nurse members, which comprise not less than fifty percent of the

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total number of members of the committee. A representative of the collective bargaining unit provided the hospital with a list of multiple names of direct care registered nurses from which hospital management selected one additional direct care registered nurse member beyond the fifty percent of the direct care registered nurse members.

The nurse staffing plan was developed through the presentation of the proposed plans by direct care registered nurses, review of evidence-based data regarding staffing plans, collaborative discussion regarding proposed plans by direct care registered nurses and certification by vote.

Concerns can be brought to the nurse staffing committee's attention through several methods including but not limited to submitting an objection/refusal form or submitting a staffing plan complaint form. The committee shall analyze the complaint(s) and actions taken in response to the complaint.

Certification of Hospital Nurse Staffing Plan

The hospital nurse staffing plan has been developed by the Staffing Committee through consideration of anticipated patient population care needs, unit geography, technology and support, and competent/expertise required of staff providing care. The hospital certifies that the nurse staffing plan developed pursuant to Connecticut General Statutes Section 19a-89e subsections (d) and (e) of this section is sufficient to provide adequate and appropriate delivery of health care services to patients in the ensuing period of licensure.

Gina Spatafore, MSN, RN
Chief Nursing Officer/Vice President Quality Regulatory

Date

Sent from my iPhone
John Brady RN
Vice President
AFT Connecticut



**UConn Health Staffing Plan
2025.pdf**
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