

# **Nurse Staffing Plan and Reporting Template 2023**

## **December 2023**

*This document represents a sample Nurse Staffing Plan and elements for reporting to meet the requirements of Section 19a-89e of the General Statutes.*

*This plan was developed by CHA for hospitals to incorporate within their staffing plan documents in response to the enactment of Public Act 08-79, An Act Concerning Hospital Staffing and subsequently has been revised to reflect amendments to the Statutes made in 2015 and 2023.*<sup>1</sup>

## **Nurse Staffing Plan**

### **Yale New Haven Hospital**

The nurse staffing plan at *Yale New Haven Hospital (YNHH)* is developed through a comprehensive process that draws on multiple sources of data and input from various roles and staff members. The staffing plan is continuously evaluated throughout the year and formally reviewed and updated annually. Beginning January 1, 2024, the plan will be formally reviewed and approved by the staffing committee *biannually*. The staffing plan reflects budgeted, core staffing levels for patient care units, including inpatient services, critical care, and the emergency department. The plan also reflects additional resources available to support the staffing and care delivery of the units identified. Actual staffing is adjusted throughout the day as needed 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, *Yale New Haven Hospital* considers historical staffing and patient data, 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. *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, and 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 vacancies,*

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<sup>1</sup> Public Act 15-91, An Act Concerning Reports of Nurse Staffing Levels and Public Act 23-204, An Act Concerning the State Budget for the Biennium June 30, 2025 and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget

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*turnover, retirement, and other environmental factors are considered and responded to ensure an ongoing adequate workforce.*

*The core staffing plan is adjusted as necessary to meet patient care needs using **per-diem staff, internal and system resource personnel, unit-to-unit floating/transfer, and service line resource sharing.** Staffing floats and or transfers are based on the most ideal staff competency and patient needs. Every effort is made to match the staff to the patient population and competency.*

**2. Use of Temporary and Traveling Staff Nurses**

*Yale New Haven 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. Travel and temporary staff may also be used to support volume surges or growth. 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 **and supportive 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 annually; it is evaluated as necessary throughout the year. Beginning January 1, 2024, the plan will be formally reviewed and approved by the staffing committee **biannually**. Review of the factors articulated in the section **Considerations in Staffing Plan Development and Decisions** above is conducted through a combination of **nursing leadership, budget meetings, financial analysts, unit meetings, and task forces where appropriate.** Data analysis tools and reports are also available to help the unit evaluate performance and variances. These tools allow the unit leadership and organization to adjust resources or skill mix where necessary to ensure the safe delivery of care.*

**5. Direct Care Staff Input**

*Direct care staff input regarding the staffing plan was solicited via **the Professional Governance Practice Excellence Council, which served as the staffing committee for Yale New Haven Hospital until October of 2023.** Effective October 2023, a new staffing committee was installed with co-chairs of direct nurses (greater than 51% of the committee). Direct care staff also participate in quality improvement activities related to patient care and unit operations. These activities allow staff to understand their roles in*

*influencing patient outcomes. The hospital also uses rounding by leaders, open forums, and surveys to obtain feedback about staffing.*

**6. Staffing Plan Reporting by Unit (Please see attachment Table 1)**

**(A) Registered Nurses (RNs)**

**(B) Licensed Practical Nurses (LPNs)** *are not employed within the IP, ICU or ED settings at Yale New Haven Hospital.*

**(C) Assistive Personnel (UAPs) - YNHH (Yale New Haven Hospital)** *employs individuals trained to function in an assistive role to nurses in the provision of patient care, as delegated by and under the supervision of the registered nurse. Including nursing assistants, patient care technicians/assistants. UAPs are considered part of the unit staffing plan skill mix.*

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

*Yale New Haven 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 determination as well as safety huddles, caregiver evaluation, patient care needs, early warning systems, clinical surveillance, and bed flow systems. Unit staffing grids are designed to support flexing for patient needs and serve 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.**

*Yale New Haven Hospital uses a combination of on-unit and centralized supporting personnel to ensure the safe delivery of care and staffing. Examples include - Please see attachment Table 2*

**7. Differences Between Staffing Plan and Actual Staffing Levels**

*The planned staffing levels are evaluated daily periodically 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. Any significant differences are managed by using resources such as casual, other nursing staff, centralized, and agency staff. An electronic staffing system gives staff opportunities to self-select open and available shifts after the staffing schedule is completed or when there is a need for unexpected or unplanned staff. The actual staffing levels are evaluated every 4 hours and adjustments are made based on census changes, acuity, and unit activity. Internal and system resource pool nurses, resource sharing among units/service lines are used to meet this type of actual, daily fluctuating staffing need. The current staffing plan has been evaluated and is consistent with the actual staffing levels required. These levels will remain the same until data supports a change in staffing levels.*

**(ii) Describe the actions the hospital intends to take to address such differences or adjust staffing levels in future staffing plans.**

*Each unit is assessed, and changes are made based on factors such as acuity or patient population. Defined patient placement or unit changes help to maintain planned staffing levels. Units with a diverse*

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*patient population may be changed to a single cohort of patients to provide a more focused specialized approach to care. Opening of additional spaces and sharing of locations may be used to balance resources.*

**8. Additional Information to be Reported.**

Data such as safety quality, patient experience, vacancy and turnover are reviewed with the staffing committee to assist with continuous evaluation of the staffing plan.

**Certification Hospital Nurse Staffing Plan**

*This Yale New Haven Hospital nurse staffing plan has been developed in collaboration with the Yale New Haven 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 the staffing committee, nursing leadership and senior nursing management. It is appropriate for the provision of patient care as forecasted. The staffing plan was voted and approved by the staffing committee on December 19, 2023.*

**Certification Hospital Nurse Staffing Committee**

*There are 21 members of the Yale New Haven Nurse Staffing Committee, comprised of direct care and non-direct care nurses. Staffing Committee membership will run over a two-year period. The top nine direct care nurses will serve on the committee through December 2024, and the bottom nine will rotate off the committee at the end of 2025.*

***[Describe or demonstrate the composition of the Nurse Staffing Committee, the process of how the membership is developed and maintained, process used to develop the nurse staffing plan, and how concerns are brought to the Committee's attention and dealt with]***

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## Staffing Committee Members

### Direct Care Nurses

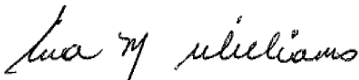
- Childrens/YNHCH PICU \*
- Critical Care/YSC MICU
- Digestive Health/EP 6-5
- Emergency Dept
- Informatics/IRU Milford
- Medicine/SRC Col 2
- Oncology/YSC NP8
- Preop/PACU
- Prof Dev/CTICU
- Psychiatry/YPH WS3
- Quality & Safety/NP 8
- Surgery/SLA2 \*
- Women & Infants/WP4
- Night Council/YSC SWAT
- Practice Excellence/HVC \*
- Practice Excellence/WP8
- Practice Excellence/NNICU
- Central Staffing

\* Chairs

### Non-Direct Care Nurses & Non-Nurses

- Chief Nursing Officer
- Nursing Administrative Liaison
- Financial Coordinator Nursing
- Assistant Patient Services Manager, NROC, Interim Patient Services Manager, NBO
- Assistant Patient Services Manager, CH Pediatric & Cardiac ICU
- Senior Operational Financial Analyst
- Patient Services Manager, Medicine
- Assistant Patient Services Manager, Medicine
- Coordinator Budget & Financial Analyst
- Executive Director Emergency Department
- Director CCC & Off Shift Operations
- Director Talent Acquisition

Yale  
NewHaven  
Health



*Ena M. Williams, PhD, MBA, RN, CENP, FAAN*  
*Chief Nursing Officer*  
*Yale New Haven Hospital*

***\*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 12/29/23.