

**Nurse Staffing Plan**  
**William W. Backus Hospital**  
**7.1.26**

The nurse staffing plan at William W Backus Hospital (Backus 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, Backus 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**

Backus 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, 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 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

The staffing ratios below do not include those RN's or UAP's who are on orientation.

| UNIT                         | 6A<br>RN Ratio<br>7a-7p | 6A<br>RN Ratio<br>7p-7a | 6B<br>LPN Ratio | 6C<br>UAP Ratio |
|------------------------------|-------------------------|-------------------------|-----------------|-----------------|
| Med-Surg-Ortho               | 1:4-5                   | 1:4-6                   | N/A             | 1:6-8           |
| Cardiology                   | 1:4-5                   | 1:4-5                   | N/A             | 1:6-8           |
| Oncology                     | 1:3-5                   | 1:3-6                   | N/A             | 1:6-8           |
| Critical Care                | 1:1-2                   | 1:1-2                   | N/A             | 1:6-8           |
| PCU                          | 1:3-4                   | 1:3-4                   | N/A             | 1:6-8           |
| Labor & Delivery - Labor     | 1:1-2                   | 1:1-2                   | N/A             | N/A             |
| Labor & Delivery -Postpartum | 1:4-5                   | 1:4-5                   | N/A             | N/A             |
| Labor & Delivery-Nursery     | 1:1-5                   | 1:1-5                   | N/A             | N/A             |
| Psychiatric Unit (D1)        | 1:6-9                   | 1:6-9                   | N/A             | 1:8             |
| Emergency Department         | 1:1-5                   | 1:1-5                   | N/A             | 1:6-8           |
| Results Waiting (ED)         | 1:6-8                   | 1:6-8                   | N/A             | 1:6-8           |
| ED Psych Pod                 | 1:6-7                   | 1:6-7                   | N/A             | 1:6-8           |
| PACU                         | 1:1-2                   | 1:1-2                   | N/A             | 1:8             |

### Supporting Personnel on Patient Care Units:

- **Patient Observers:** Sit with patients who require 1:1 monitoring for suicidal ideation or behavioral concerns or virtually monitor patients from central location
- **Vascular Access:** Assist in placement of IV catheters, dressing changes for central lines, administration of chemotherapy.
- **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.
- **Mental Health Workers:** Assist and engage patients with ADL's, conduct group sessions and facilitate effective communication.
- **Nurse Navigator:** specialty driven nurse navigators to help coordinate patient care and assist with optimal outcomes.
- **Obstetrical Surgical Technicians-** Assist in cesarean sections, stocking of supplies, and data collection.
- **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.

- **Dietitians:** 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.
- **Managers/Clinical Educator/Assistant Nurse Manager/Supervisor/Clinical Service Leaders:** 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. Backus 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

While we continue to strive to meet the staffing plan levels as presented in this plan, at times we have not been able to meet the needs of the plan. When this occurs, we utilize many avenues to obtain the staff needed to care for our patients, this includes utilizing a call system to alert staff to the needs of the department, asking volunteers to come in for a shift or to voluntarily stay over their shift, identifying patient acuity and ways to level load the work of the department. We continually assess the positions needed to staff at the levels of this plan and work to recruit qualified individuals and retain the current team members we have.

## 8. Additional Information to be Reported

- Per C.G.S. § 19a-89e(e)(5), "information about any objections to or refusals to comply with the nurse staffing plan by hospital staff that were communicated to the hospital staffing committee." Backus Hospital's Staffing Committee has routinely reviewed objections to or refusals to comply with the nurse staffing plan at our scheduled staffing committee meetings. To the extent any objections or refusals were not communicated to Backus Hospital management or the committee through the process outlined in CGS 19-89e(h) and (i), and instead communicated directly to DPH or through some other process, the committee lacks sufficient information to form a belief related to those objections or refusals.
- Evidence of compliance with the staffing plan has been demonstrated through review of staff-to-patient data and addressing staff objections/complaints. Staff-to-patient data and objections/complaints were reviewed at staffing committee meetings. Measurements of compliance are reflected in the data provided in this report to meet the requirements of C.G.S. 19-89e(e)(4).
- Per C.G.S. § 19a-89e(e)(4), upon information and belief Backus Hospital complied with its January 1, 2006 nurse staffing plan, and more specifically has been in compliance with the plan for the timeframe December 1, 2025, through May 31, 2026. The Hospital identified 965 instances in which staffing did not fully align with the nurse staffing plan. Backus Hospital believes it remains in compliance with the plan in excess of the eighty percent compliance rate identified in C.G.S. § 19a-89e(n), and continuously assesses means to improve upon that compliance rate. For the few instances the plan was not in compliance, Backus believes the reason was due to call outs and the inability to backfill, increase in hospital census with the inability to staff to the census needs and pockets of vacancies due to FMLA's and

open positions. Generally, Backus Hospital plans to avoid future noncompliance by implementing this plan and exploring means to bolster recruitment and retention.

- For the Backus Hospital retention, turnover and recruitment metrics for direct care registered nursing staffing July 2025- May 2026 see appendix A

### **Certification Hospital Nurse Staffing Plan**

Per C.G.S. § 19a-89e(e)(5), Backus Hospital and its nurse staffing committee through consideration of anticipated patient care needs, historical patient census trends, assessment of retention, turnover, and recruitment evidence, refusals and objections pursuant to C.G.S. § 19a-89e(h) and (i), facility geography, colleague feedback, and industry standards and best practices. The committee meets monthly to discuss these topics as relevant. Committee membership consists of members representing various nursing disciplines and units in accordance with C.G.S. 19-89e(c)(1). Committee meeting agendas and meeting minutes are shared with membership.

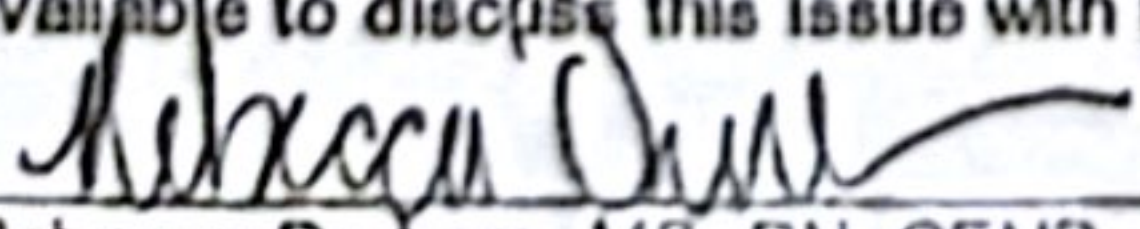
### **Certification Hospital Nurse Staffing Committee**

The Backus 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, Backus Hospital does not admit the legal propriety of Public Act 23-204. Backus 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 violate Section 8(a)(2) of the NLRA. Backus 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. Backus Hospital also reserves all rights to raise any objections in defense of any attempted enforcement action under the Law.

Please be aware that the Nurse Staffing Committee could not agree upon a complete Staffing Plan that would be supported by the Hospital administration, ultimately leading to an impasse between the parties. The Hospital intends to adhere to and post the plan being submitted today, which is the Hospital supported plan. The Hospital will continue to collaborate with the Nurse Staffing Committee to reach an agreement; however, in the meantime, the Hospital remains available to discuss this issue with the Department of Public Health.

  
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Vice President for Patient Care Services

## Appendix A

| HR BU Name | Turnover Rate | Avg. Time to Fill (Days) | Internal Fill Rate % | Vacancy Rate |
|------------|---------------|--------------------------|----------------------|--------------|
| Backus     | 15.4%         | 61.5                     | 37.1%                | 5.5%         |

| Department Name              | Employee Headcount | Turnover Rate | Department Name              | Avg. Professional Experience (years) |
|------------------------------|--------------------|---------------|------------------------------|--------------------------------------|
| CCU                          | 37                 | 13.7%         | CCU                          | 6.6                                  |
| Cardiology E4                | 43                 | 2.6%          | Cardiology E4                | 5.4                                  |
| Dept Of Psychiatry Inpatient | 29                 | 17.9%         | Dept Of Psychiatry Inpatient | 11.7                                 |
| ED Plainfield                | 24                 | 13.0%         | ED Plainfield                | 9.7                                  |
| Emergency Room General       | 76                 | 16.4%         | Emergency Room General       | 6.3                                  |
| Family Birthing Center       | 59                 | 17.1%         | Family Birthing Center       | 12.5                                 |
| GI Endoscopy                 | 10                 | 10.0%         | GI Endoscopy                 | 15.4                                 |
| Non Maternity A3             | 37                 | 15.6%         | Non Maternity A3             | 7.7                                  |
| Non Maternity A4             | 34                 | 18.5%         | Non Maternity A4             | 6.6                                  |
| Nursing Float pool           | 18                 | 36.4%         | Nursing Float pool           | 8.9                                  |
| OR Ambulatory PACU           | 23                 | 12.8%         | OR Ambulatory PACU           | 17.7                                 |
| OR General Surgery           | 35                 | 12.5%         | OR General Surgery           | 8.8                                  |
| OR Minor Surgery             | 10                 | 9.1%          | OR Minor Surgery             | 10.9                                 |
| Oncology A2                  | 28                 | 29.6%         | Oncology A2                  | 10.7                                 |
| Oncology Infusion Plainfield | 6                  | 30.8%         | Oncology Infusion Plainfield | 9.1                                  |
| Oncology Infusion Service    | 8                  | 11.8%         | Oncology Infusion Service    | 27.7                                 |
| Oncology Infusion Waterford  | 6                  | 16.7%         | Oncology Infusion Waterford  | 18.7                                 |
| PCU E3                       | 30                 | 22.2%         | PCU E3                       | 4.9                                  |
| Preadm Testing Ctr PATC      | 8                  | 0.0%          | Preadm Testing Ctr PATC      | 23.2                                 |
| Radiation Therapy General    | 2                  | 0.0%          | Radiation Therapy General    | 24.5                                 |
| Same Day Admission SDA       | 18                 | 11.1%         | Same Day Admission SDA       | 23.2                                 |
| Vascular Access Team         | 13                 | 8.3%          | Vascular Access Team         | 22.2                                 |
| Wound Center                 | 11                 | 0.0%          | Wound Center                 | 20.1                                 |