

Nurse Staffing Plan
MidState Medical Center, Meriden
July 1, 2026

The nurse staffing plan at MidState Medical Center was developed by the Nurse Staffing Committee 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 evaluated throughout the year and formally reviewed and updated biannually. The staffing plan reflects budgeted, core staffing levels for patient care units including inpatient services, critical care, perioperative services, DH, and emergency department. Actual staffing is adjusted 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. Many of which are embodied in the American Nurses Association's (ANA) Principles for Nurse Staffing. Staffing development plans and decisions are carried out with consideration given to the following:

- Patient characteristics
- complexity of care needs and acuity
- number of patients for whom care is provided
- levels of individual patient and unit intensity
- physical layout of the patient care unit
- practice environment/ care model, available technology
- evaluation of outcomes of nursing care
- level of preparation and experience of those providing care

In addition to the factors described above, when developing the staffing plan, MidState Medical Center considers historical staffing and patient data, staff input, patient care support services, and 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 core staffing plan is adjusted as necessary to meet patient care needs using:

- Staffing is reviewed every four hours 7a-11p by Nursing Leadership and Charge RN
- Core staffing plan is adjusted as necessary to meet patient care needs using per diem staff members, on call staff, unit-to-unit floating, and calling staff members for extra shift

2. Review of the Nurse Staffing Plan

Review of the factors articulated in the section *Consideration in Staffing Plan Development and Decisions* above are conducted through:

- Collaborative bed call daily, including Inpatient Nursing Units, Peri-Op Services, ED, FBC, ICU and PCU. ED ABU perform internal reviews of unit census and staffing.
- Unit Based Staff Meetings
- Monthly Manager/ Director Meetings
- Monthly Staffing Committee meetings

3. Use of Temporary Travel Staff Nurses

MidState Medical Center utilizes temporary travel staff nurses when necessary to ensure adequate levels of staffing to provide safe patient care. Such instances requiring temporary travel staff nurses may include the inability to fill budgeted staff registered nurse positions due to shortages and limited availability of nurses with specific types of levels of expertise, as well as the need to fill positions temporarily when staff members are on leave. Travel staff are used as necessary after other options to fill staffing needs have been considered.

4. Administrative Staffing

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

5. Direct Care Staff Input

Direct care staff input regarding the staffing plan is solicited via The Staffing Committee at MidState Medical Center. This includes representatives from each inpatient nursing unit, ED, ABU, FBC, ICU, PCU, DH, and Perioperative services. This is to ensure proper attendance and representation along with real-time cascading of information. The representatives are to report out monthly at staff meetings and will update the unit Staffing Committee boards.

6. Staffing Ratios – Core Minus One

Core staffing minus one (RN / PCT) is applicable for the purpose of covering sick calls – with the exception of ICU and ED. Core minus one is prohibited to cover prime time, LOA, and PTO

(A) Registered Nurses (RNs)

- Pavilion A 1:4 – 5 (2 RN's at all times, exception would be if Pav A had a call out or critical staffing issues on another unit)
- Pavilion B 1:4 – 5
- Pavilion D 1:4 -5 - If > 4 patients with active stroke order sets we would increase the ratios to 1:4 nurses on the day shift
- Pavilion E3 1:4 -5
- Pavilion E4 1:4-5 (When administering Chemo 1:3-4)
- ICU 1:1-2 covering 10 beds (C1-C10)
- PCU 1:3-4
- Family Birthing Center (LDRP) 1: 1-3 following AWHONN Guidelines
- PACU 1:1-2 / Pre-op 1:1-3
- OR 1:1
- Digestive Health Pre- Procedure 1:1-3 / Intra Procedure 1:1 / Post Procedure 1:1-2
- ED Fast Track 1:1-6
- ED ABU 1:4-5
- ED Main

#RNs	RN : PT	RN Specifications
RNs	1:4/+1*	Standard of care will follow ENA acuity based/ratio guidelines. Assignment ratio may resume when patients are deemed clinically stable.

		*Patients alert and oriented, stable VS, waiting for transport or discharge do not count towards ratio *5 th patient may be assigned in a stable 4 patient assignment
Fast Track	RN 1:6	
EMS Triage	RN 1:2	
Float RN	1-3 Float RNs	Responsibilities for Float RN are at the discretion of the Charge Nurse or Emergency Department Leadership

(B) Assistive Personnel (PCTs)

- Inpatient Nursing Units 1:5 – 7
- ED 1:6 – 10
- ABU 1:1-9
- ICU 1:1 – 9
- Family Birthing Center (LDRP) 1:1-13
- Digestive Health 1:1-12

7. The method MidState Medical Center uses to determine and adjust patient care staffing levels includes:

- Staffing is reviewed by Nursing Leadership and Charge RN
- Staffing grids are utilized as a resource to determine approved ratios based on census.
- Ongoing acuity assessment of unit needs is performed by the charge nurse and/or unit leadership.
- Any concerns regarding acuity and or staffing are to be escalated up in real time to unit leadership or Nursing Supervisor on the off-shifts.
- Leadership to follow MidState Medical Center chain of command which includes Nursing Director and AOC 24/7.
- Each unit manager is responsible for their unit and staffing 24/7.
- Communication of staffing concerns via Safety Huddle that takes place 7 days a week.

(A) Supporting Personnel:

- Patient Care Technician - assists patient and RN with ADLs, Vital Signs, and EKGs.
- 1:1 Sitters – Staff specifically trained to remain at the patient’s bedside to ensure their safety.
- STAR RNs – Trained critical care nurse that provides assistance to staff as needed for complex patient care needs. In addition, they assist with central line dressing changes, obtaining IV access, ultrasound guided IV placement, and respond to all emergencies.

8. Differences Between Staffing Plan and Actual Staffing Levels

- Differences between staffing plan and actual staffing levels will be placed into Risk Connect (RC) and reviewed by manager and director
- Each month a report will be auto generated from Risk Connect for the staffing committee to review
- Opportunities for improvement will be identified and if determined appropriate by the staffing committee, interventions will be implemented.

9. Additional Information to be Reported

- Nursing staff will utilize Risk Connect to report a staffing plan complaint or an Objection / Refusal after ARRC-ing to Nursing Leadership and unresolved issues.
- RC forms will be reviewed by the Nurse manager and reported to Nursing Director
- Evidence of compliance with the staffing plan has been demonstrated through the review of staff to patient data and addressing staff objections / complaints.
- Staff to patient data and objections / complaints are reviewed at staffing committee meetings
- The committee will identify trends, discuss immediate actions taken and areas of opportunities.
- 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.
- 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 rational of noncompliance, and plans to avoid noncompliance in the future.

Nurse Staffing Plan Certification

• Per C.G.S. § 19a-89e(e)(5), MidState Medical Center and its nurse staffing committee certify they are meeting the requirements set forth in the above referenced statute and that this plan was developed by the 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. The committee, nursing leadership, and senior management regularly review the plan and discuss improvements when needed and have determined that the foregoing plan meets the requirements set forth in C.G.S. § 19a-89e(e).

General Disclaimer re Objections and Refusals

• Per C.G.S. § 19a-89e(e)(5), below is “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.” To the extent any objections or refusals were not communicated to MidState Medical Center 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.

19a-89e(e)(4) Compliance

Per C.G.S. § 19a-89e(e)(4), upon information and belief MidState Medical Center complied with its January 1, 2026, nurse staffing plan, and more specifically has been in compliance with the plan > 80% of the time for the timeframe since it submitted such plan.

- For the few instances the plan was not in compliance, we believe the reason was due to sick calls, need for 1:1 sitters and increased acuity
- Generally, MidState Medical Center plans to avoid future noncompliance by implementing this plan and exploring means to bolster recruitment and retention.

10. Data Collection

(A) Objections to or Refusal to Comply with the Nurse Staffing Plan

- MMC hospital staffing committee will routinely reviews objections to or refusals to comply with the nurse staffing plan at our scheduled staffing committee meetings
- There have been zero objections or refusals to comply with the nurse staffing plan since December, 2025 .

(B) Measurements of and Evidence to Support Successful Implementation of the Plan

- *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 regularly at staffing committee meetings. Measurements of compliance are reflected in the data provided in this report to meet the requirements of C.G.S. 19-89 (e)(e)(4).*

(C) Retention, Turnover, and Recruitment Metrics for Direct Care Registered Nursing Staffing

- MMC retention, turnover, and recruitment metrics for direct care registered nursing staffing. December 2025 – May 2026. See appendix (2A-2C).

(D) Staffing Ratio Complaints

- MMC has been in compliance > 80% of the time with our staffing ratios.

Certification Hospital Nurse Staffing Plan

This hospital nurse staffing plan has been developed by the MMC 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 MMC Staffing Committee, Nursing Leadership, and Executive Leadership Team.

Certification Hospital Nurse Staffing Committee

Certify that the hospital and hospital staffing committee are meeting statutory requirements.

The Nursing Staffing Committee is to be made up of 51% frontline staff and 49% leadership. The direct care RN's were selected by the collective bargaining union. Direct care RN interested in future membership, will inform their collective bargaining representative. All Nurses will be notified of the MidState Medical Center Staffing Committee upon hire and annually thereafter via Healthstream. Attendance is maintained. The development of the nurse staffing plan is a collaborative effort between all Staffing Committee members. Concerns related to the staffing plan are brought forth to each unit based monthly staff meeting and the representatives of each unit will relay the necessary information to the Staffing Committee. These concerns are reviewed and documented with an appropriate plan of action.

IMPORTANT NOTICE AND DISCLAIMER

The appended staffing plan ("Plan") is submitted pursuant to Public Act 23-204 (the "Law"). By submitting this Plan, MidState Medical Center does not admit the legal propriety of Public Act 23-204. MidState Medical Center 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. MidState Medical Center 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. MidState Medical Center also reserves all rights to raise any objections in defense of any attempted enforcement action under the Law.

Date: _____

[Chief Nursing Officer name, title, and signature]

****Submit the nurse staffing plan, inclusive of listed ratios, to Susan Newton, Supervising Nurse Consultant, at susan.newton@ct.gov no later than January 1 and July 1 each year.***

*****PA 15-91, An Act Concerning Reports of Nurse Staffing Levels, contains a provision requiring hospitals to report not later than January 1, 2016 and annually thereafter, the number of workplace violence incidents occurring on the employer’s premises during the preceding calendar year to the Department of Public Health. Hospitals should report this information separately from the nurse staffing plan/ratios to Rose McLellan, Licensing Processing Supervisor at rose.c.mclellan@ct.gov.***

Appendix-2A

Department Name ▲	Employee Headcount	Turnover Rate
Acute Behavioral Health ED	13	23.1%
Ambulatory Surgery Center	17	11.4%
Cardiac Laboratory Adult	1	0.0%
Clinic Urgent Care Mediquick	5	33.3%
Critical Care	33	12.1%
Emergency Room General	70	12.9%
Family Birthing Center	43	4.7%
GI Endoscopy	17	5.7%
HEMO ONC Service	2	0.0%
Holding Unit	17	21.6%
Nursing Float pool	4	22.2%
OR General Surgery	49	9.8%
Pain Management	1	0.0%
Pavilion A	25	7.8%
Pavilion B	28	15.4%
Pavilion C	38	10.1%
Pavilion D	38	10.3%
Pavilion E3	41	4.9%
Pavilion E4	24	8.9%
Post Anesthesia Care Unit	30	16.1%
Preadm Testing Ctr PATC	9	0.0%
Vascular Access Team	12	0.0%

Appendix (2B)

Department Name	Employee HC	Employee Termination	Turnover Rate	Vacant FTE	Budgeted FTE	Vacancy Rate	Hires	Transfers	Internal Fill Rate %	Avg. Time to Fill (Days)	LOA HC
Grand Total	517	56	10.7%	24.83	407.1	5.8%	47	18	28.8%	63.3	30
Acute Behavioral Health ED	13	3	23.1%	0.60	9.2	6.5%	3	0	0.0%	45.0	1
Ambulatory Surgery Center	17	2	11.4%	1.03	9.7	10.6%	2	1	33.3%	32.1	1
Cardiac Laboratory Adult	1		0.0%	0.00	1.0		0	0		2.0	0
Clinic Urgent Care Mediquick	5	2	33.3%	0.03	3.3	0.8%	0	0		50.6	1
Critical Care	33	4	12.1%	1.20	24.8	4.8%	3	4	57.1%	38.1	1
Emergency Room General	70	9	12.9%	2.63	48.8	5.4%	7	2	22.2%	78.1	7
Family Birthing Center	43	2	4.7%	0.00	31.4	0.0%	2	1	33.3%	62.2	1
GI Endoscopy	17	1	5.7%	0.90	15.5	5.8%	0	1	100.0%	81.4	1
HEMO ONC Service	2	0	0.0%	1.00	2.0	50.0%	0	0			0
Holding Unit	17	4	21.6%	2.70	16.7	16.2%	3	0	0.0%	61.9	1
Nursing Float pool	4	1	22.2%	0.90	4.5	20.0%	0	0		33.0	1
OR General Surgery	49	5	9.8%	3.05	38.7	7.9%	2	0	0.0%	189.8	4
Pain Management	1		0.0%	0.00	1.0		0	0		8.0	0
Pavillion A	25	2	7.8%	1.80	21.6	8.3%	1	1	50.0%	60.0	3
Pavillion B	28	4	15.4%	1.50	29.7	5.1%	8	1	11.1%	47.0	1
Pavillion C	38	4	10.1%	0.60	31.6	1.9%	4	2	33.3%	50.5	1
Pavillion D	38	4	10.3%	2.40	28.9	8.3%	3	0	0.0%	56.9	2
Pavillion E3	41	2	4.9%	1.80	33.7	5.3%	4	0	20.0%	32.5	1
Pavillion E4	24	2	8.9%	0.90	20.4	4.4%	3	2	40.0%	50.3	2
Post Anesthesia Care Unit	30	5	16.1%	0.90	18.9	4.8%	2	2	50.0%	36.1	1
Preadm Testing Ctr PATC	9		0.0%	0.00	6.3		0	0		74.7	0
Vascular Access Team	12	0	0.0%	0.90	9.0	10.0%	0	1	100.0%	22.3	0

Appendix (2C)

HR BU Name	Turnover Rate	Avg. Time to Fill (Days)	Internal Fill Rate %	Vacancy Rate
Midstate	10.7%	63.3	28.8%	5.8%