

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2019-26

TO: All Providers

FROM: Cheryl Davis, RN, BSN, Public Health Services Manager
Facility Licensing and Investigations Section *CAO*

DATE: November 27, 2019

SUBJECT: Submission of Hospital Prospective Nurse Staffing Plan Connecticut General Statutes 19a-89e and Records and Reports regarding Incidents of Workplace Violence Connecticut General Statutes 19a-490r

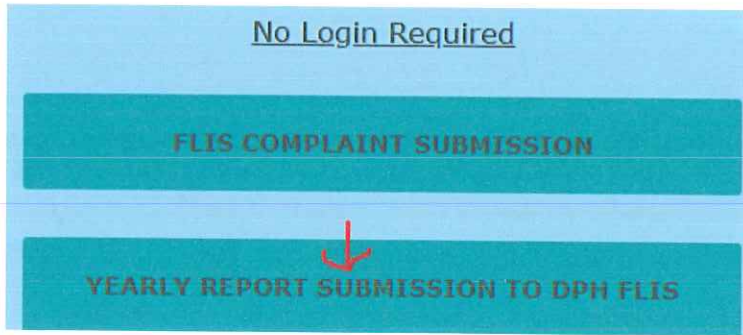
In accordance with Connecticut General Statutes 19a-89e and Connecticut General Statutes 19a-490r, please submit these documents as they apply to your facility type to the Department by **December 31, 2019**.

The Yearly Report Submission to DPH-Facility Licensing and Investigations Section (FLIS) is a web based submission. Please do not submit paper or faxed reports to the Department.

How to Submit:

1. Please visit <https://dphflisevents.ct.gov> and select "Yearly Report Submission to DPH-FLIS" button as shown in the picture below





2. Please select the appropriate report in the “Submission type”.

Submission Type *

Facility Type *

Facility Name *

Facility LicenseNumber *(ex. CCNI)

Submission Type dropdown menu options:

- CMS-Hospital Database Worksheet *
- Nurse Staffing Plan *
- Workplace Violence *

3. Complete the entire form and follow the prompts. Please make sure to check the “Affidavit of Submitter” before clicking the submit button.
4. Upon successful submission the website will display a confirmation number for your future reference.

Please contact Surjit Sethuraman @ Surjit.sethuraman@ct.gov or Michael Lavorgna @ Michael.lavorgna@ct.gov with any technical questions.

Sec. 19a-89e. Development of prospective nurse staffing plan by hospitals. Report. (a) For purposes of this section:

(1) "Department" means the Department of Public Health; and

(2) "Hospital" means an establishment for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals.

(b) Each hospital licensed by the department pursuant to chapter 368v shall report, annually, to the department on a prospective nurse staffing plan with a written certification that the nurse staffing plan is sufficient to provide adequate and appropriate delivery of health care services to patients in the ensuing period of licensure. Such plan shall promote a collaborative practice in the hospital that enhances patient care and the level of services provided by nurses and other members of the hospital's patient care team.

(c) Each hospital shall establish a hospital staffing committee to assist in the preparation of the nurse staffing plan required pursuant to subsection (b) of this section. Registered nurses employed by the hospital whose primary responsibility is to provide direct patient care shall account for not less than fifty per cent of the membership of each hospital's staffing committee. In order to comply with the requirement that a hospital establish a hospital staffing committee, a hospital may utilize an existing committee or committees to assist in the preparation of the nurse staffing plan, provided not less than fifty per cent of the members of such existing committee or committees are registered nurses employed by the hospital whose primary responsibility is to provide direct patient care. Each hospital, in collaboration with its staffing committee, shall develop and implement to the best of its ability the prospective nurse staffing plan. Such plan shall: (1) Include the minimum professional skill mix for each patient care unit in the hospital, including, but not limited to, inpatient services, critical care and the emergency department; (2) identify the hospital's employment practices concerning the use of temporary and traveling nurses; (3) set forth the level of administrative staffing in each patient care unit of the hospital that ensures direct care staff are not utilized for administrative functions; (4) set forth the hospital's process for internal review of the nurse staffing plan; and (5) include the hospital's mechanism of obtaining input from direct care staff, including nurses and other members of the hospital's patient care team, in the development of the nurse staffing plan. In addition to the information described in subdivisions (1) to (5), inclusive, of this subsection, nurse staffing plans developed and implemented after January 1, 2016, shall include: (A) The number of registered nurses providing direct patient care and the ratio of patients to such registered nurses by patient care unit; (B) the number of licensed practical nurses providing direct patient care and the ratio of patients to such licensed practical nurses, by patient care unit; (C) the number of assistive personnel providing direct patient care and the ratio of patients to such assistive personnel, by patient care unit; (D) the method used by the hospital to determine and adjust direct patient care staffing levels; and (E) a description of supporting personnel assisting on each patient care unit. In addition to the information described in subdivisions (1) to (5), inclusive, of this subsection and subparagraphs (A) to (E), inclusive, of this subdivision, nurse staffing plans developed and implemented after January 1, 2017, shall include: (i) A description of any differences between the staffing levels described in the staffing

plan and actual staffing levels for each patient care unit; and (ii) any actions the hospital intends to take to address such differences or adjust staffing levels in future staffing plans.

(d) On or before January 1, 2016, and annually thereafter, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning hospital compliance with reporting requirements under this section and recommendations concerning any additional reporting requirements.

Sec. 19a-490r. Health care employer: Records and report re incidents of workplace violence. A health care employer shall maintain records which detail incidents of workplace violence and include the specific area or department of the employer's premises where the incident occurred. A health care employer shall report not later than January 1, 2016, and annually thereafter, to the Department of Public Health the number of workplace violence incidents occurring on the employer's premises during the preceding calendar year and the specific area or department where such incidents occurred.