
Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes : Executive Summary

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EXECUTIVE SUMMARY

Background and Rationale

Expanding access to healthcare, improving the quality of care, and reducing cost have long been goals for “reform” of the U.S. healthcare system.¹ The Affordable Care Act (ACA), passed in 2010, has implemented new models of healthcare delivery and payment aimed to improve quality and reduce cost. Central to health reform is the emphasis on value-based healthcare. New programs reward or penalize hospitals based on their ability to meet certain quality, outcomes, and cost metrics. As a result, hospitals are exploring many approaches to improve quality and patient outcomes and contain costs.

As nurses comprise the largest clinical subgroup in hospitals, a common reaction to cost-containment pressures is to reduce professional nurse labor hours and their associated costs. This strategy, however, is shortsighted as appropriate nurse staffing levels are essential to optimizing quality of care and patient outcomes in this era of value-based healthcare.

Methods

In this, the first in a series of papers that makes the case for nursing value, American Nurses Association (ANA) collaborated with Avalere to explore the clinical case for using optimal nurse staffing models to achieve improvements in patient outcomes. Avalere conducted a targeted review of recent published literature, government reports, and other publicly available evaluations of nurse staffing and patient outcomes. Avalere also convened a panel of leading nurse researchers, thought leaders, managers, and those in practice from across the country to provide additional context and to help identify best practices in nurse staffing. While this analysis focused on nurse staffing in acute care hospitals, the principles can be applied to other settings such as post-acute care.

Key Findings

- Optimal staffing is essential to providing professional nursing value. Existing nurse staffing systems are often antiquated and inflexible. Greater benefit can be derived from staffing models that consider the number of nurses and/or the nurse-to-patient ratios and can be adjusted to account for unit and shift level factors. Factors that influence nurse staffing needs include: patient complexity, acuity, or stability; number of admissions, discharges, and transfers; professional nursing and other staff skill level and expertise; physical space and layout of the nursing unit; and availability of or proximity to technological support or other resources.

- Published studies show that appropriate nurse staffing helps achieve clinical and economic improvements in patient care, including:
 - Improvements in patient satisfaction and health-related quality of life
 - Reduction/decrease in:
 - Medical and medication errors
 - Patient mortality, hospital readmissions, and length of stay
 - Number of preventable events such as patient falls, pressure ulcers, central line infections, healthcare-associated infections (HAIs), and other complications related to hospitalizations
 - Patient care costs through avoidance of unplanned readmissions
 - Nurse fatigue, thus promoting nursing safety, nurse retention, and job satisfaction, which all contribute to safer patient care.
- Organizations such as ANA support state and federal regulation and legislation that allows for flexible nurse staffing plans. In addition to promoting flexible staffing plans, ANA and like-minded constituents support public reporting of staffing data to promote transparency and penalizing institutions that fail to comply with minimal safe staffing standards.
- Further, ANA has introduced a legislative model in which nurses themselves are empowered to create staffing plans. Optimal staffing is much more than just numbers, and direct care nurses are well equipped to contribute to the development of staffing plans.

To conclude, appropriate nurse staffing is associated with improved patient outcomes. With the increased focus on value-based care, optimal nurse staffing will be essential to delivering high-quality, cost-effective care. Implementation of a legislative model will help set basic staffing standards, and encourage transparency of action through public reporting and imposing penalties on institutions that fail to comply with minimal standards.

Note: A glossary of nurse staffing terms is provided in Appendix A.
