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**NEWS RELEASE**



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### Quality of Care

## **Connection between Nurse Staffing and Patient Outcomes Can Be Made in All Hospital Clinical Areas with Expanded Measures**

**SILVER SPRING, MD** – The nation’s largest database assessing nursing care quality has expanded its measures of nurse staffing to the entire clinical practice area of hospitals by adding several new patient care unit types.

By measuring staffing in emergency departments, perioperative services and perinatal services as part of [NDNQI®](#), a quality improvement solution of the American Nurses Association (ANA), hospital quality improvement teams now can generate data to correlate nurse staffing levels with patient outcomes in these areas. That data can assist the teams in developing staffing plans and strategies to improve outcomes, such as reductions in patient falls and infections that result from hospitalization.

“Optimal nurse staffing is a critical component in improving the quality of patient care and preventing avoidable complications,” said ANA President Karen A. Daley, PhD, RN, FAAN. “The expansion of the NDNQI staffing measures to these new areas will give hospitals a complete view of their performance when developing their staffing plans.”

The emergency, perioperative and perinatal areas present more complexities in measuring staffing than other patient care areas because of short patient lengths of stay and involvement of other, specialized types of personnel, such as paramedics, surgical technologists or lactation consultants who may or may not be nurses. Perioperative care includes services provided before, during and after surgery; the portion of perinatal care being measured for staffing levels includes postpartum services.

**MORE . . .**

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ANA worked with the [Emergency Nurses Association](#) (ENA), the [Association of Perioperative Registered Nurses](#) (AORN) and the [Association of Women’s Health, Obstetric and Neonatal Nurses](#) (AWHONN) in developing the method to quantify staffing levels per amount of patient time spent in each of the three care areas. Each specialty nursing organization is an organizational affiliate of ANA. Each organization sets its own standards for nurse staffing; the NDNQI measure is not intended to replace those standards, but to help identify the connection between staffing and patient outcomes and to facilitate comparison of staffing levels with the standards developed by the nursing specialty organizations.

“We are grateful for the collaboration with ENA, AORN and AWHONN,” said Daley. “NDNQI relied on their experts’ generous contributions to help inform the development of staffing measures for these units,” she said.

About 2,000 hospitals participate in NDNQI, which tracks a broad range of outcomes that indicate the quality of nursing services, such as hospital-acquired pressure ulcers. NDNQI establishes links between patient outcomes and nurse staffing characteristics, such as nursing care hours, education level, certification and turnover. NDNQI allows nursing units to compare their performance to similar units at other hospitals in their community, region or nationwide, and use the data to set benchmarks for excellence in nursing care.

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*ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.*