

NQF Safe Practice #9: Nursing Workforce

NQF# Not NQF Endorsed

Developer: The Leapfrog Group

Data Source: Leapfrog Hospital Survey

Practice Statement: Implement critical components of a well-designed nursing workforce that mutually reinforce patient safeguards, including the following:

- A nurse staffing plan with evidence that it is adequately resourced and actively managed and that its effectiveness is regularly evaluated with respect to patient safety.
- Senior administrative nursing leaders, such as a Chief Nursing Officer, as part of the hospital senior management team.
- Governance boards and senior administrative leaders that take accountability for reducing patient safety risks related to nurse staffing decisions and the provision of financial resources for nursing services.
- Provision of budgetary resources to support nursing staff in the ongoing acquisition and maintenance of professional knowledge and skills.

Objective: Ensure that nursing staff services and nursing leadership at all levels, including senior administrative and unit levels, are competent and adequate to provide safe care.

Rationale: Registered nurses constitute the largest group of health care professionals, with about 59% of nurses employed in hospitals. Nurses continue to be the primary hospital caregivers. The frequency of harm to which patients are exposed, as a result of insufficient nurse staffing and lower levels of nurse education is apparent. Inadequate staffing has been linked to increased mortality, complications, adverse events, hospital length of stay, and resource usage. However, there is a lack of specificity on the preventability of the effects of inadequate nurse staffing in each care setting.

Evidence for Rationale:

- Aiken L, Clark SP, Sloane DM, et al. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA* 2002 Oct 23-30;288(16):1987-93.
- Amaravadi RK, Dimick JB, Pronovost PJ, et al. ICU nurse-to-patient ratio is associated with complications and resource use after esophagectomy. *Intensive Care Med* 2000 Dec;26(12):1857-62.
- Gelinas LS, Loh DY. The effect of workforce issues on patient safety. *Nurse Econ* 2004 Sep-Oct;22(5):266-72, 279.
- Holzemer WL. Building a qualified global nursing workforce. *Int Nurs Rev* 2008 Sep;55(3):241-2.
- National Quality Forum (NQF). Safe practices for better healthcare—2010 update: A consensus report. Washington (DC): National Quality Forum (NQF); 2010.
- Needleman J, Buerhaus P, Mattke S, et al. Nurse staffing levels and the quality of care in hospitals. *N Engl J Med* 2002 May 20;246(22):1715-20.
- Needleman J, Buerhaus PI, Steward M, et al. Nurse staffing in hospitals: is there a business case for quality? *Health Aff (Milwood)* 2006 Jan-Feb;25(1):204-211.
- Pronovost PK, Jenckes MW, Dorman T, et al. Organizational characteristics of intensive care units related outcomes of abdominal aortic surgery. *JAMA* 1999 Apr 14;281(14):1310-7.

Impact:

- Frequency of harm apparent.
- Severity of harm has been demonstrated.

Evidence of High Impact:

- National Quality Forum (NQF). Safe practices for better healthcare—2010 update: A consensus report. Washington (DC): National Quality Forum (NQF); 2010.

Opportunity:

- Opportunity for improvement exists, based on the coefficient of variation for the measure.

Evidence:

- Supported by suggestive clinical evidence and theoretical rationale.

Citations for Evidence:

- Gelinas LS, Loh DY. The effect of workforce issues on patient safety. *Nurse Econ* 2004 Sep-Oct;22(5):266-72, 279.
- National Quality Forum (NQF). Safe practices for better healthcare—2010 update: A consensus report. Washington (DC): National Quality Forum (NQF); 2010.

