**NQF Safe Practice #9: Nursing Workforce**

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<th>NQF# Not NQF Endorsed</th>
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<td>Developer: The Leapfrog Group</td>
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<td>Data Source: Leapfrog Hospital Survey</td>
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**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:**


**Impact:**

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

**Evidence of High Impact:**


**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:**

NQF Safe practices for better healthcare-2010 update: A consensus report