

NQF Safe Practice #9: Nursing Workforce

NQF# N/A

Developer: The Leapfrog Group

Data Source: Leapfrog Hospital Survey

Practice Statement: Hospitals should implement critical components of a well-designed nursing workforce that mutually reinforces patient safeguards.

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, because 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.

Citations 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.
- Gelin 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.

Citations for 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 theoretical rationale.

Citations for Evidence:

- Gelin 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.