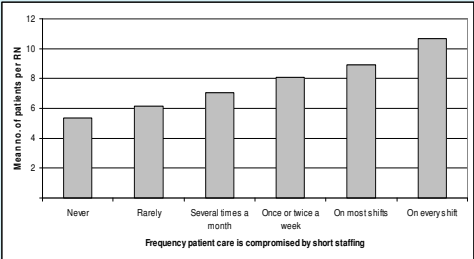# Planning nurse staffing

Jane Ball

Why staffing matters:
the evidence

- Research studies….(eg. Aiken 2010)
- Impact of insufficient staffing seen in high profile care crises…
- Efficiency/productivity message – 'avoidable complications' only avoidable with sufficient nursing input….
- Effects on patient AND staff outcomes – (Magnet hospitals, Boorman)

'Care is compromised by short staffing' vs. average number patients per RN (NHS hospital wards)

Source: Employment Research/RCN 2009

EU FP7-FUNDED RESEARCH ON THE NURSING WORKFORCE

Traditional forecasting models
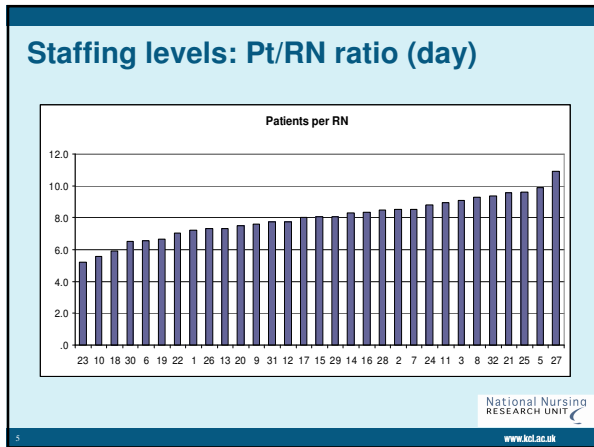
Patient safety

&

Nursing work environment

Nurse deployment
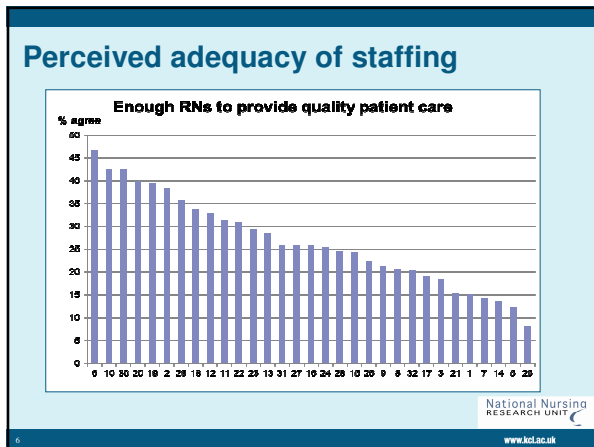
More accurate idea of the nurisng workforce required for:

- safe patient care

and

- a healthy work environment for nurses

4

Staffing levels: Pt/RN ratio (day)

Patients per RN

National Nursing RESEARCH UNIT

Perceived adequacy of staffing

Enough RNs to provide quality patient care

% agree

National Nursing RESEARCH UNIT

What's left undone...

On your most recent shift, which of the following activities were necessary but left undone because you lacked the time to complete them?

• Comfort/talk with patients	76%
• Adequate patient surveillance	40%
• Adequately document nursing care	39%
• Oral hygiene	33%
• Planning care	32%
• Administer medications on time	26%
• Skin care	24%

National Nursing
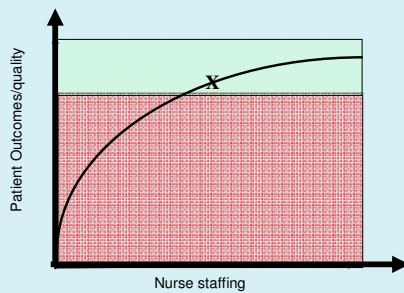RESEARCH UNIT

Frequency of negative events

Happens at least monthly…

• Pneumonia (HAI)*	55%
• Urinary tract infections (HAI)*	50%
• Patient falls with injury*	44%
• Patient received wrong medication, time, or dose	26%
• Pressure ulcers after admission*	26%
• Bloodstream infections (HAI)	18%

National Nursing
RESEARCH UNIT

Optimal staffing
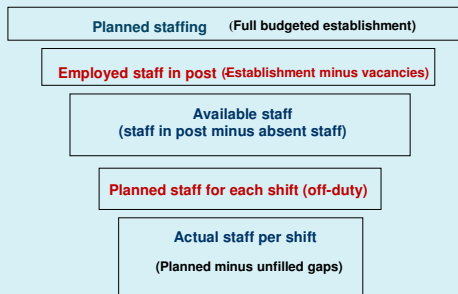
Approach to planning staffing

Different techniques – strengths & weaknesses of specific tools

Principles of setting/reviewing staffing

a) Systematic/consistent using recognised approach/tools
b) Triangulate
c) Reviewed regularly (every 2-3 years)
d) Followed best practice guidelines (staff involvement etc.)

Staff erosion – from plans to reality

Planned staffing   (Full budgeted establishment)

Employed staff in post (Establishment minus vacancies)

Available staff
(staff in post minus absent staff)

Planned staff for each shift (off-duty)

Actual staff per shift

(Planned minus unfilled gaps)

Safe staffing levels day to day depend upon:

- Good planning to ensure adequate establishment
- Good recruitment and retention so posts kept filled (and no long term vacancies)
- Good working practices/management
- Good rostering (relative workload)
- Regular evaluation/review (relative to outcome/quality)

Staffing metrics

- Planned establishment
- Staff in post (as % establishment)
- Skill mix (% RNs)
- Patient : Nurse ratios (per shift)
- Staff turnover
- Sickness absence
- Bank/agency use

Safe nurse staffing levels: RCN guidance & policy

FRONTLINE FIRST

RCN policy position: evidence-based nurse staffing levels

Guidance on safe nurse staffing levels in the UK

www.rcn.org.uk
http://tinyurl.com/6zflgxe