A1.

The purpose of this research was to evaluate the relationship between the acute care setting patient falls and unit staffing related to nurse-patient ratio. According to American Nurses Association (ANA) inadequate nursing ratios are linked to patient falls, medication errors, infections and even sentinel results (Carlson, 2017). Huey-Ming (2017) states that the hospital stays for the patients who fell was 6.3 days longer that for the patients who did not fall during their hospital stay.

B.

|  |  |
| --- | --- |
| **P**  | Patients in acute care setting |
| **I**  | Increase nurse-patient ratio |
| **C**  | Current nurse-patient ratio; other solution; increase nurse-patient ratio  |
| **O**  | Reduced incidents of falls |

B1.

Among acute care patients, does higher nurse- patient ratio compared lower nurse-patient ratio decrease the number of falls as compared to the current practice?

C1.

Keywords used in this research article were nurse-patient ratio, nursing staffing, nursing outcomes, patient safety, decrease, acute care, and patient falls.

C2.

The WGU Library research article search was initiated by using search words nurse, patient, ratio, and falls. This search generated 493,730 articles. After adding filters for peer reviewed articles and date range, the search generated 11,742 articles to choose from. I conducted few other searches narrowing down the number of articles to reflect the falls in acute care setting. I chose 20 articles to review and from these articles, I chose the five research articles for my assignment. Since this assignment is based on the reduction of the falls and nurse-patient ratio, more quantitative articles were available that qualitative. First, I reviewed six quantitative articles and then, five qualitative ones. I also reviewed a systematic review, literature review, case study, and prospective study articles before finding the five required resources for this paper.

C2a.

In my first non-research article (Carlson,2017) calls for a change in nurse-patient ratios by encouraging nurses to seek what the definition “safe staffing” means to them and becoming active parties to make the change happen. The article refers to the American Nurses Association (ANA) website to find out about the current efforts to change the legislature in each state to mandate safe staffing levels. ANA is recommending that the hospital committees should have minimum of 55% of nurses who provide direct patient care since they are the experts. Ohio state legislature has initiated Ohio Patient Protection Act (Senate Bill 55) that will recommend the specific nurse-patient ration to various acute care units and opposes mandatory overtime rulings. The fear of high retention rates during the first two years in nursing, is causing a worry that nursing shortage will get more severe in the near future.

The second non-research article (Shimp, 2017) states how preventing the falls can help to keep the costs down. The Joint Commission Center for Transforming Healthcare has partnered with seven hospitals to find causes for the falls and resolutions how to prevent them. This Robust Process Improvement method has shown a great potential for national use since five participating hospitals were able to reduce the falls by 62%. According to Erin DuPree, MD, chief medical officer for the center, the 200-bed hospital experiences 358 falls annually and can save $1 million in costs if they follow the Robust Process method.

In the first research article I chose (Louch & O’Hara & Gardner & O’Connor, 2016) talks about the association between the nursing staffing and patient safety in the acute care setting. The researchers received data from 83 hospital nurses who provided end-of shift diaries which collected information about their insight to staffing ratio and patient safety during their shifts. The personality of these nurses was also evaluated by using a baseline questionnaire. The goal was to evaluate if the nurses felt that they were able to act as safe practitioners during their shifts.

Nurses indicated that when the nurse-patient ratio was low, they felt they were able to provide safe care for the patients and prevent adverse incidents from happening more effectively. When the patient load was lower, the nurses were emotionally more stable and more conscientious about their action creating more positive atmosphere in the unit during their shift.

During the past years, there has been an increasing discussion about how the computers can be used for quality improvement in the hospital setting. According to Van Oostveen, Braaksma and Vermuelen (2014) the Computerized Decision Support System for Nurse-to-Patient Assignment (CDSS) can be used to create balanced workload to each nurse during the shift. Nurses educational background and experienced can be programmed in the system and matched with the patient’s acuity level. Nurses perceived their patient load more positively and were able to spend more time per patient to deliver good care and increase the patient safety. The research also measured the perceptions of the nurses about unfair assignments which can negative effect to nurses’ attitude towards the patient interactions and generated atmosphere of burnout and potentially higher staff turnover. The CDSS was able to give nurse an assignment that was matched better with their experience level creating more positive and safe working environment.

D.

See matrix attachment

E.

Evidence supports that lower nurse-patient ratio increases the patient safety and prevents the falls and other adverse incidents in acute care settings. Huey-Ming (2017) focuses on fall injury programs and are calling for the administrators to evaluate staff access to the teaching material. They should audit the staff compliance to follow the safe regulations and use the staff in the committees to bring their expertise to the review of the current programs and plan changes needed for the fall prevention.

The fall rates are 2.9 to 13/falls per 1000 patient-bed days and 30% of the falls results an injury resulting an estimated 2.4 billion healthcare cost per year (Singh & Okeke & Edwards,2015). The study states that there is a need to balance the staffing more carefully in the single bed units where the nurses’ workload is higher than in multi-bedded unit increasing the risk of falls when nurses cannot visit the patients hourly (Singh et al., 2015). According to MacPhee, Dahinten and Havaei (2017) the heavy workload for the nurses have direct adverse impact on patient outcomes such as frequency of the medication errors, urinary tract infection and increased patient falls. Nurses reported that these heavy workloads lead tasks left undone due to lack of time and increased job dissatisfaction amongst the staff. On days when nurses have the lower patient load, they report feeling that they are able act as safe practitioners. The study supports that the bedside nurses should be involved more in planning the fall prevention programs since they are the experts of the direct care (Louch, et al., 2016).

Creating well-balanced is crucial to ensure safety in the acute care unit. It can be time consuming and unfair assignments can affect negatively to nurses’ job satisfaction and morals. According to Van Oostveen Braaksma and Vermuelen, (2014) computerized decision support system for these daily shift assignments, can help to balance the workload and take 36 measurements into consideration to match the best qualified nurse with the patient.

F1.

The subject of mandatory nurse-patient ratio remains a controversial topic among the stakeholders which include mainly the nurses, unit administration, and the nursing staffing committee. Moreover, the hospital risk management has an important role as a liaison between the different departments from preventing any legal actions against the hospital.

Bedside nurses are the first line defense in preventing the falls. The heavy workloads can prevent from nurses to effectively preventing the falls and increase potential of adverse incidents such as medication errors and sentinel events (McPhee, Dahinten, Havaei , 2017).The administration is ultimately responsible for the daily nursing assignments. The American Nurses Association (ANA) has embraced the Registered Nurse Safe Staffing Act of 2015 to achieve the balanced approach to ensure adequate staffing. The nurse staffing committee needs to understand the value to maintain the optimal nurse-patient ration and enforce the guidelines. (Shimp, 2017).

According to Tzen and Yin (2017) the nurse-driven staffing groups work well to identify the interventions to prevent falls in their own working environment. The administration including the risk management have a key role in making the plan work and turn them into policies.

F2.

The major barriers to the change the nurse staffing ration in the healthcare facilities are financial challenges and limited training of the staff. Acute care units may be mandated to meet the demands of change in the number of nurses per shift without any additional insurance reimbursement for the patient care. The legislation may support the change. However, the facilities cannot always meet the additional funding need for salaries and other related expenses. Limited staff training intended to reduce the falls is not utilizing the implementation of the latest research findings effectively. Therefore, it is a concern that staff lack basic skills to prevent falls effectively.

F3.

According to Carson (2017) the high nurse-patient ratio compromises the care and creates an unfavorable working environment for the nurses resulting high turnover which leads to higher nursing shortage at the hospitals. Even though, the healthcare providers recognize the importance of the safe staffing ratios, the best way to enforce them is to change the legislation at the state and federal level. The proposal is that the current ratio pf 6-7 patients per nurse should be changed to 3-4 patients per nurse to be effective at the units other than ICU and other emergency departments. Moreover, the nursing committees must consist of 55% of nurses who provide the direct care. Their expertise can bring the valuable insight to the education needed to reduce the medical errors and prevent falls.

F4.

Tracking for falls in the acute care setting is already in place and can be used for pre-implementation of a toolkit that focuses on developing, implementing, and maintaining a fall prevention program to reduce the number of falls. Patients and families need to be included in the program to work together with the staff. To use the newly developed computerized staffing programs to match the patient and the nurse, would make daily assignments more efficient, cost effective, and maintain the best possible nurse-patient ratio for the shifts to assure that patients are monitored during breaks and shift reports. The optimum nurse-patient ratio will keep staff retention low ensuring that the trained and experienced nurses will have a continuum at their units. The new staff would need standardized training program including the fall prevention training.

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