

Staffing Effectiveness FY11

Beth Houlahan, MSN, RN
Senior Vice President Patient Care
Services, Chief Nursing Officer



Staffing Effectiveness and TJC

- When undesirable patterns are identified, the adequacy of staffing is examined as a potential cause.
- When analysis reveals a problem, leaders are informed.
- Annually, leaders receive a written report on the results of any analyses.



RCA and Staffing Effectiveness

- With each RCA, the National Center for Patient Safety Triage Cards are utilized and include a category of Human Factors that address staffing as a potential variable.



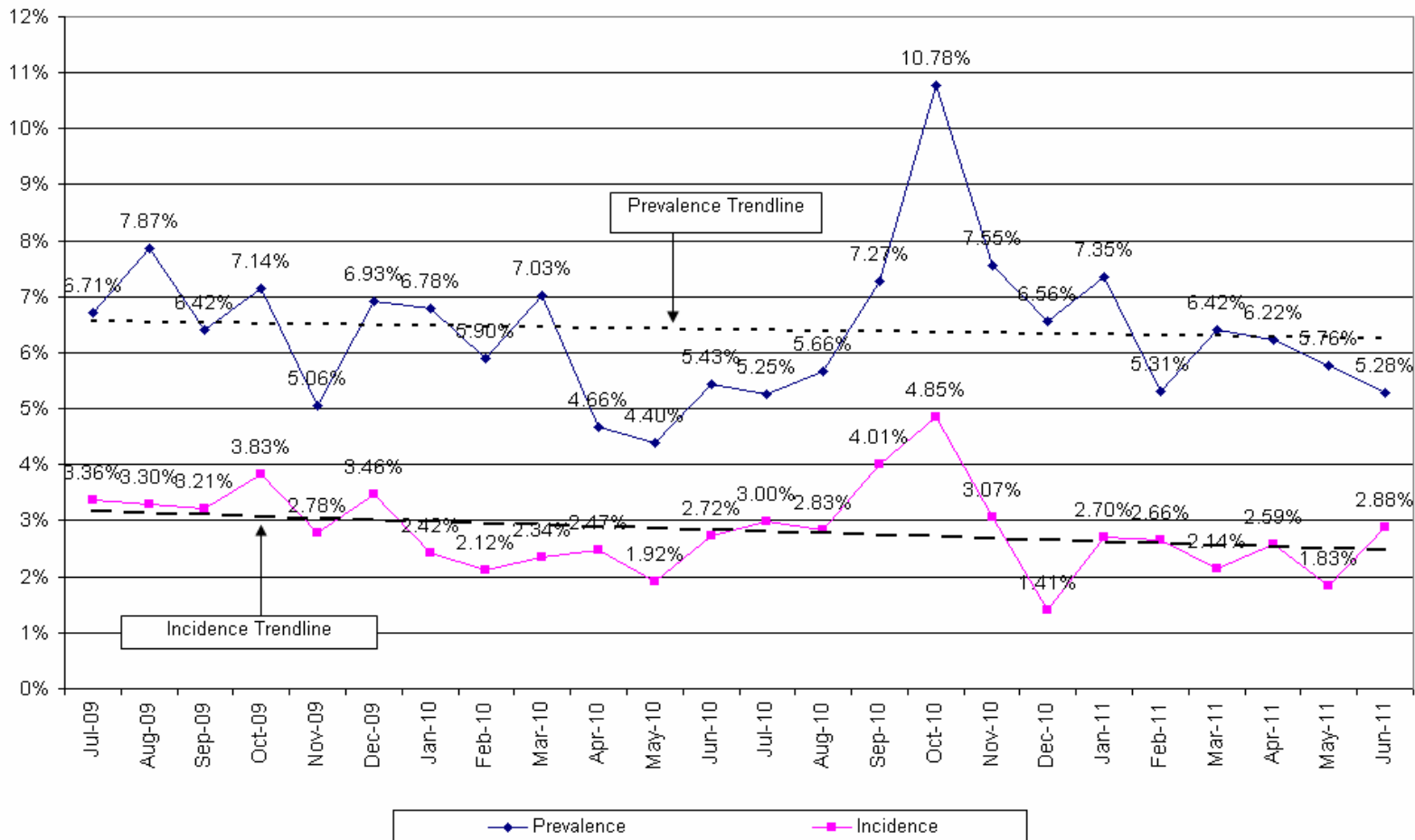
Staffing Effectiveness

- As a way to link staffing effectiveness and patient safety, the Nursing Quality Council regularly reviews data for inpatient units on three clinical indicators (falls, pressure ulcers and patient satisfaction with pain) and two human resource indicators (inpatient RN vacancy rate and direct nursing hours per patient day).



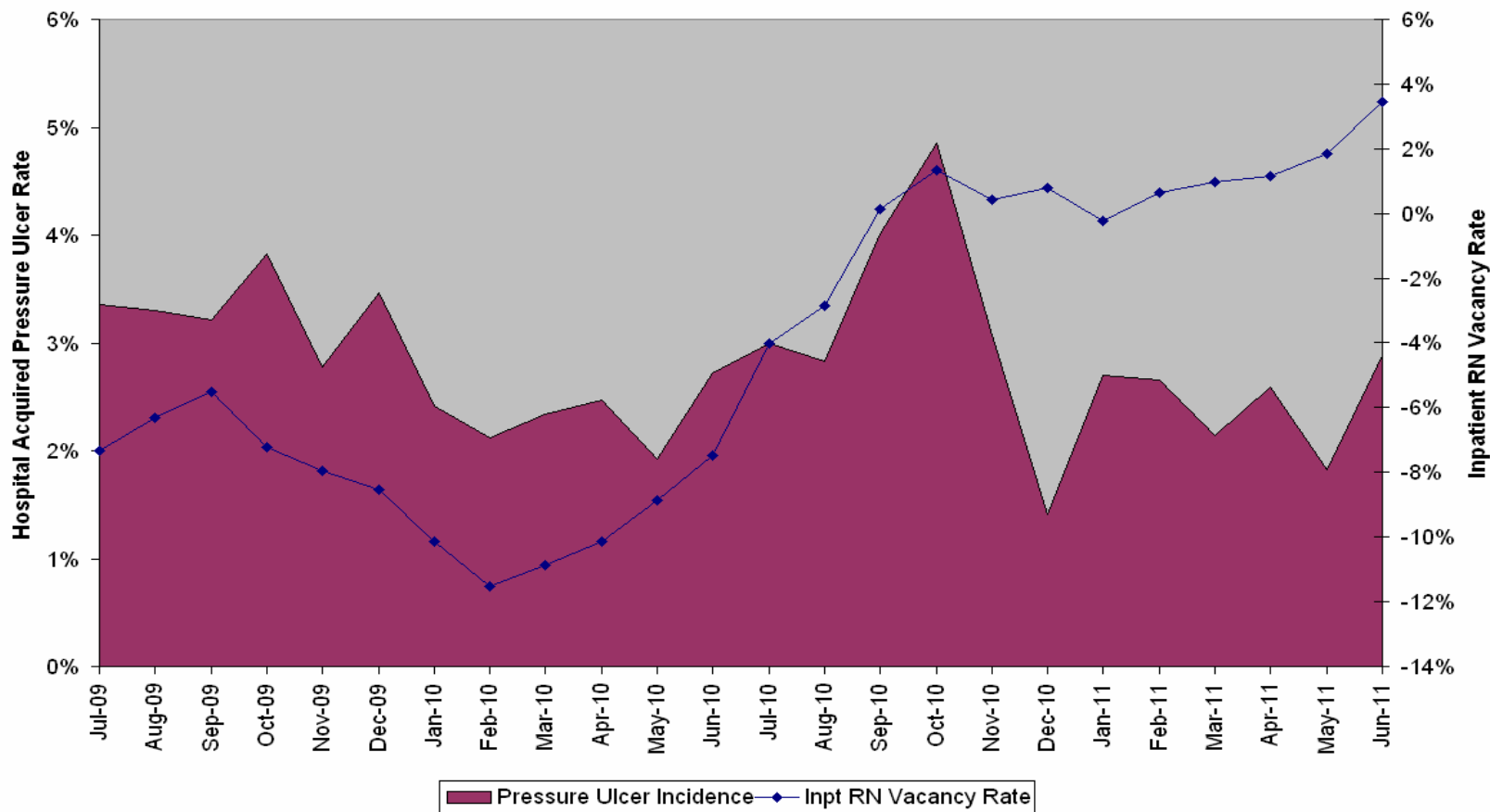
Pressure Ulcer Overall

Overall Pressure Ulcer Prevalence and Incidence Rate



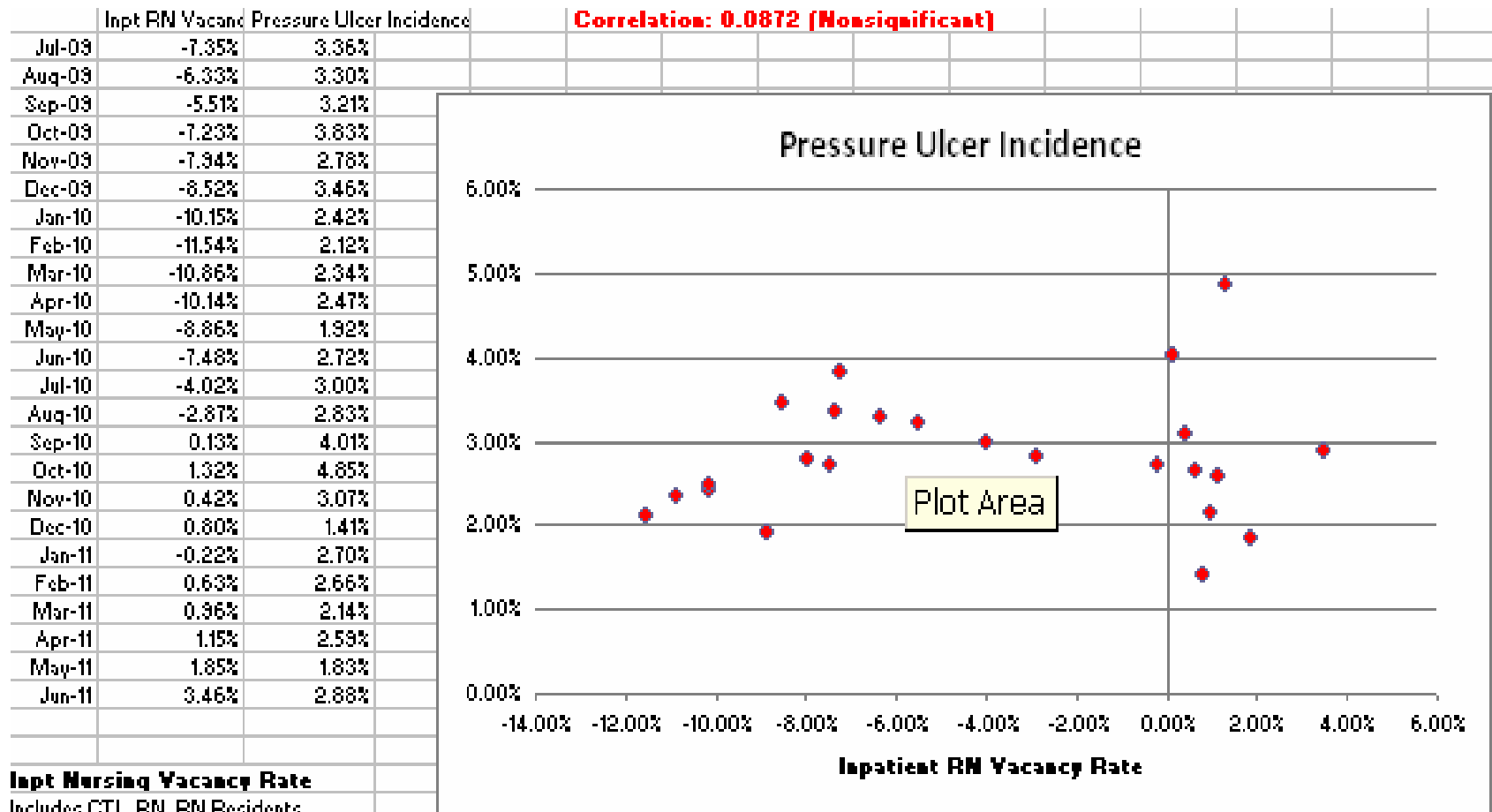
Pressure Ulcer Overall

Hospital Acquired Pressure Ulcer (Incidence) Rate and Inpatient RN Vacancy Rate



Inpatient RN Vacancy Rate = Vacant FTE / Budgeted FTE (includes CTL, RN, RN Resident)

No Correlation Found



Inpt Nursing Vacancy Rate

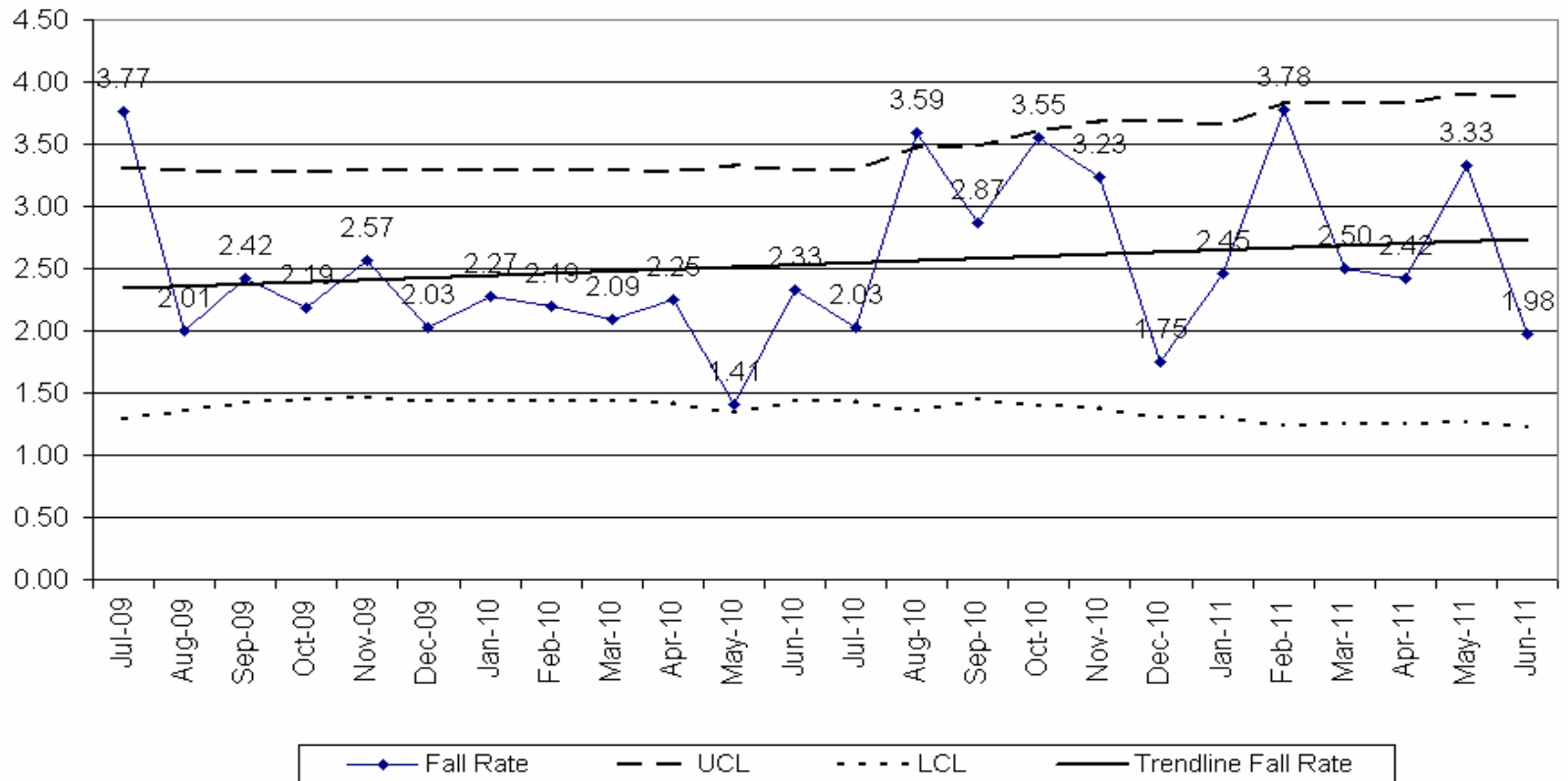
Includes CTL, RN, RN Residents

Inpt RN Vacancy Rate = Vacant FTE / Budgeted FTE (includes CTL, RN, RN Resident)

Data source - J:\Nursing\shareall\Department of Nursing and Patient Care Services Reports\RN Vacancy Reports\FY10-11

Falls Overall

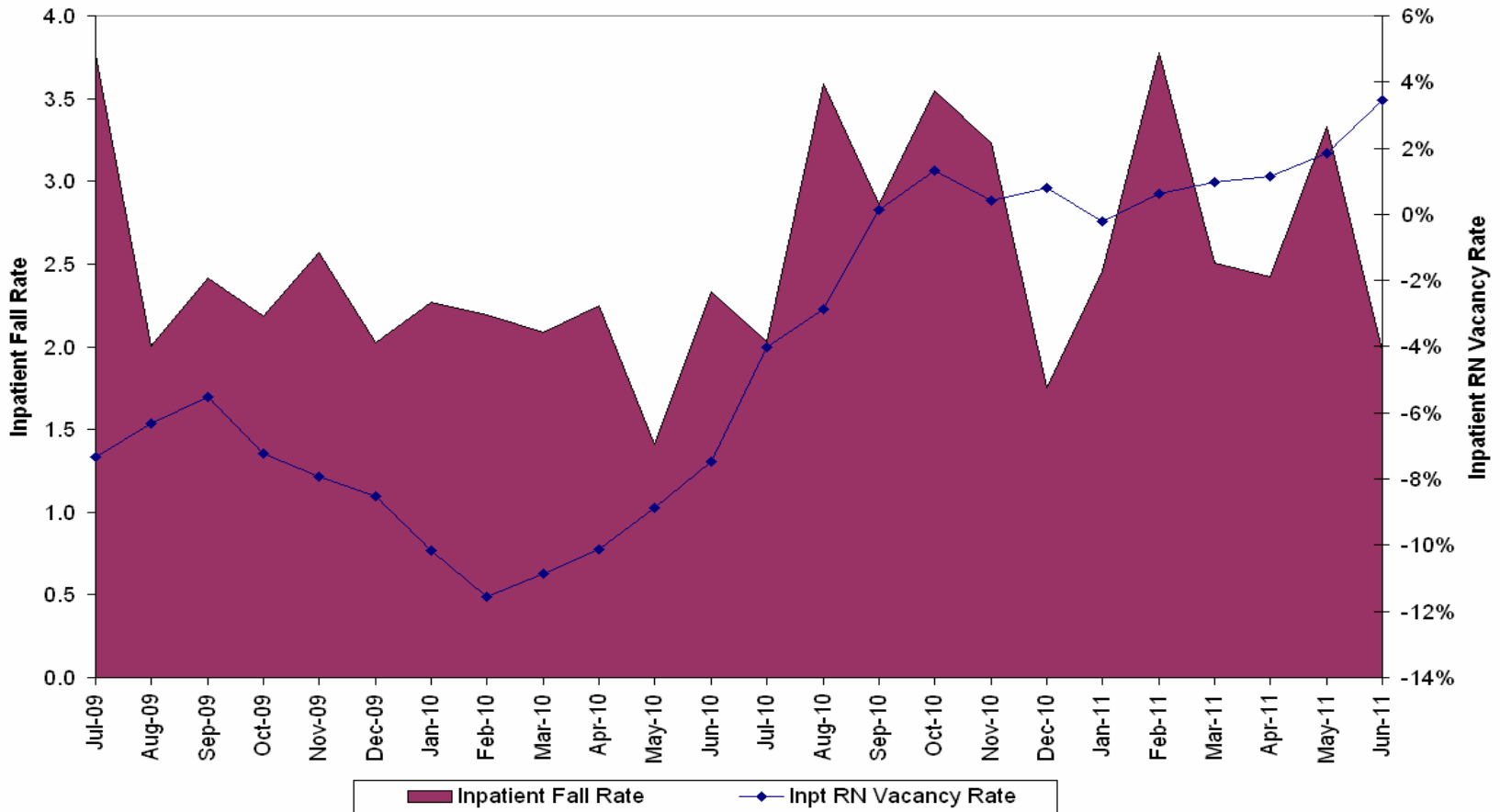
Total Patient Falls Per 1000 Patient Days



Upper Control Limit (UCL) +2 Standard deviations from mean
 Lower Control Limit (LCL) -2 Standard deviations from mean
 Mean based upon 24 data points

Falls Overall

Inpatient Fall Rate and Inpatient RN Vacancy Rate

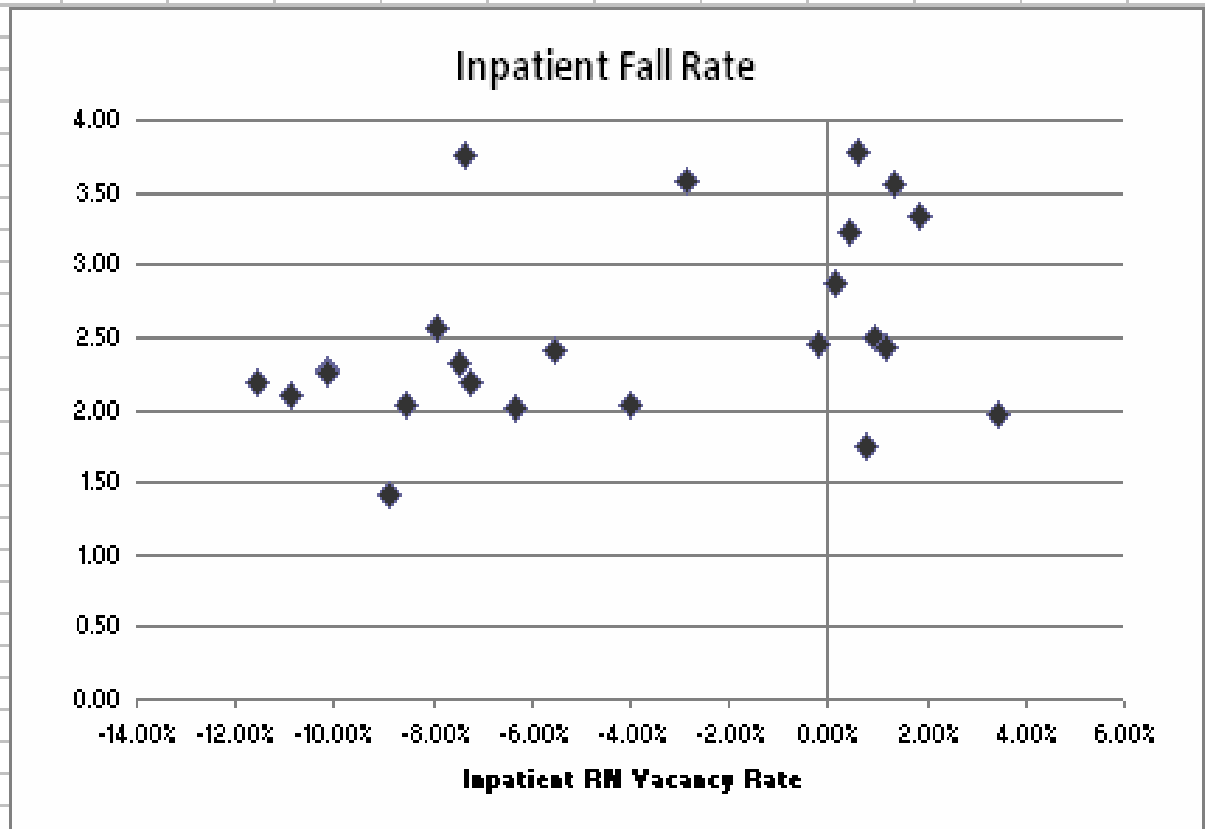


Inpatient RN Vacancy Rate = Vacant FTE / Budgeted FTE (includes CTL, RN, RN Resident)

Marginally Significant Correlation Found

Correlation: 0.3813 (Marginally significant, p-value 0.066)

	Inpt RN Vacanc	Inpatient Fall Rate
Jul-09	-7.35%	3.77
Aug-09	-6.33%	2.01
Sep-09	-5.51%	2.42
Oct-09	-7.23%	2.19
Nov-09	-7.94%	2.57
Dec-09	-8.52%	2.03
Jan-10	-10.15%	2.27
Feb-10	-11.54%	2.19
Mar-10	-10.86%	2.09
Apr-10	-10.14%	2.25
May-10	-8.86%	1.41
Jun-10	-7.48%	2.33
Jul-10	-4.02%	2.03
Aug-10	-2.87%	3.59
Sep-10	0.13%	2.87
Oct-10	1.32%	3.55
Nov-10	0.42%	3.23
Dec-10	0.80%	1.75
Jan-11	-0.22%	2.45
Feb-11	0.63%	3.78
Mar-11	0.96%	2.50
Apr-11	1.15%	2.42
May-11	1.85%	3.33
Jun-11	3.46%	1.98



Inpt Nursing Vacancy Rate

Includes CTL, RN, RN Residents

Inpt RN Vacancy Rate = Vacant FTE / Budgeted FTE (includes CTL, RN, RN Resident)

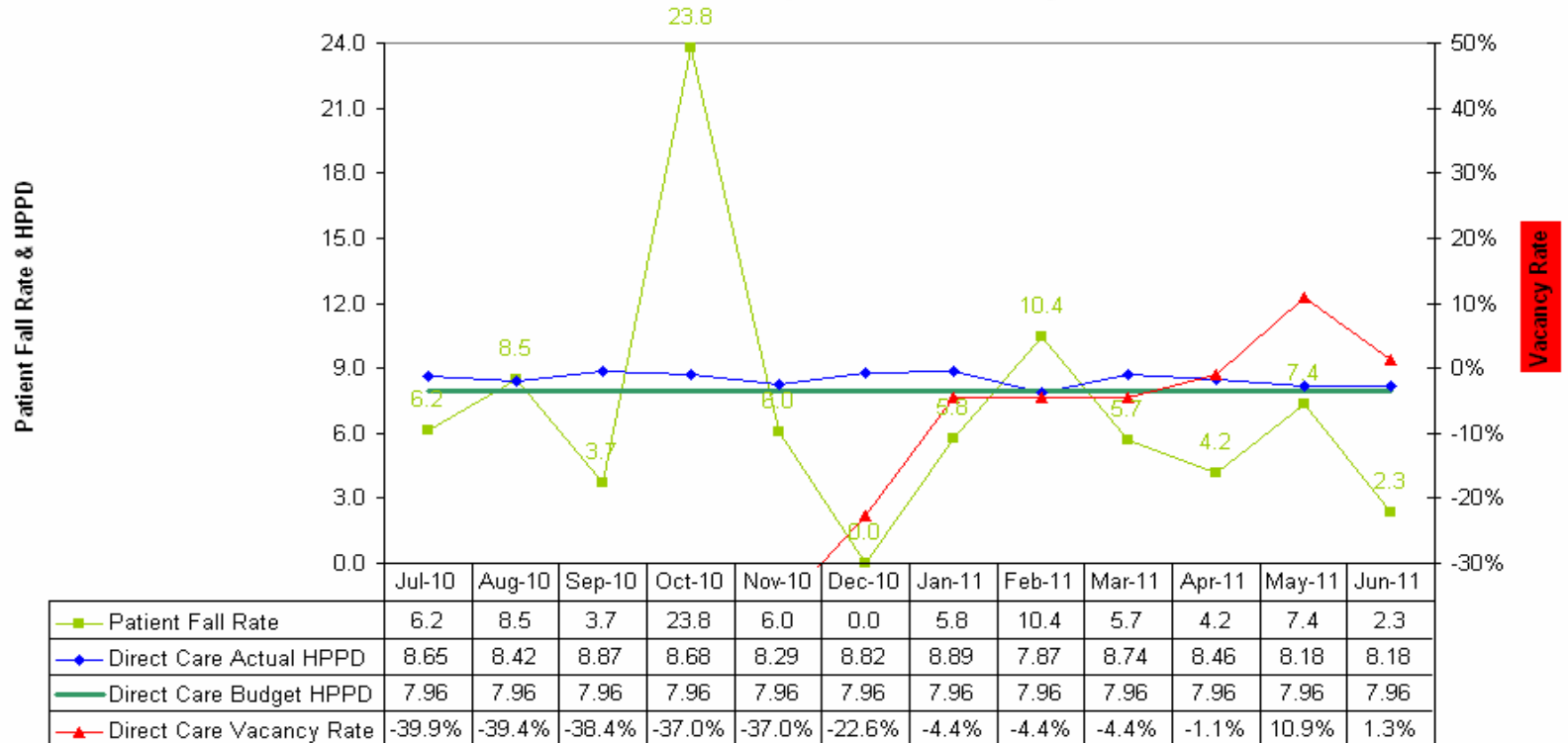
Data source - J:\Nursing\shared\Department of Nursing and Patient Care Services Reports\RN Vacancy Reports\FY10-11

Next Steps

- Ask the statistician to examine the data by unit for any correlations between outcomes and staffing, particularly with patient falls.



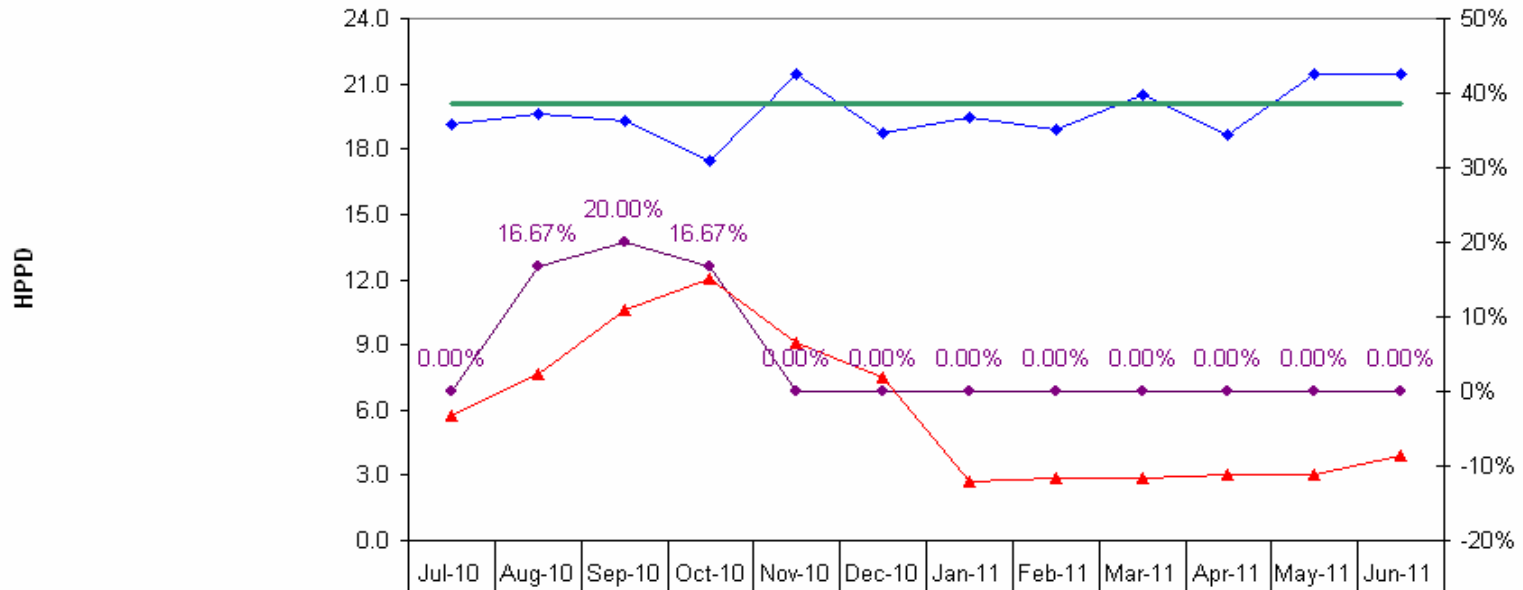
B44 - 9345 Patient Fall Rate, HPPD and Vacancy Rate



Key:

Patient Fall Rate = Total patient falls/1000 blended patient days
 Direct Care Actual HPPD = RN + LPN + Resident + NA Actual Worked Hours / Blended Patient Days
 Direct Care Budget HPPD = RN + LPN + Resident + NA Budgeted Worked Hours / Blended Patient Days
 Direct Care Vacancy Rate = Vacant FTE / Budgeted FTE (includes RN, LPN, Resident & NA)

F4M5 - 9359 Hospital Acquired Pressure Ulcer Rate, HPPD and Vacancy Rate



Key:

Hospital Acquired Pressure Ulcer Rate = Total pts with HA pressure ulcer on audit date/ total patients audited
 Direct Care Actual HPPD = RN + LPN + Resident + NA Actual Worked Hours / Blended Patient Days
 Direct Care Budget HPPD = RN + LPN + Resident + NA Budgeted Worked Hours / Blended Patient Days
 Direct Care Vacancy Rate = Vacant FTE / Budgeted FTE (includes RN, LPN, Resident & NA)

Hosp Acq Press Ulcer Rate & Vacancy Rate