

Nurse Staffing and Patient Outcomes in Inpatient Rehabilitation Settings

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In rehabilitation nursing, the patient classification systems or acuity models and nurse-staffing ratios are not supported by empirical evidence. Moreover, there are no studies published characterizing nursing hours per patient day, proportion of RN staff, and impact of agency nurses in inpatient rehabilitation settings. The purpose of this prospective observational study was to describe rehabilitation nurse staffing patterns, to validate the impact of rehabilitation nursing on patient outcomes, and to test whether existing patient measures on severity and outcomes in rehabilitation could be used as a proxy for burden of care to predict rehabilitation nurse staffing ceilings and daily nurse staffing requirements. A total of 54 rehabilitation facilities in the United States, stratified by geography, were randomly selected to participate in the study.

The total nursing hours per patient day (HPPD) in rehabilitation were reported at 8.1 hours, with the proportion of registered nurse (RN) staff at 50%, and nominal use of agency nurses reported across sites. This staffing level exceeds levels reported in long-term care but falls short of acute care settings. Nurse staffing levels varied by geographic region, with significantly higher nursing HPPD in the West, a finding not previously reported in the literature. Free-standing rehabilitation sites reported a smaller proportion of RN staff and used significantly more agency nurse hours when compared to hospital-based rehabilitation facilities. The patient mix, defined by the distribution of rehabilitation impairment categories (RICs) on each unit, significantly affected nurse staffing levels. As the percentage of each RIC increased, there was a significant increase in the total nursing HPPD and RN HPPD, but not in the non-RN HPPD; however, the RIC did not significantly impact the proportion of RNs. Positive nurse managers' perception of non-RN staff competency in rehabilitation nursing practice was most predictive of improved patient outcomes, defined as FIM™ gain and discharge FIM™ score. A shorter length of stay (LOS) was predicted by three variables: a higher proportion of nurses certified in rehabilitation (certified rehabilitation registered nurse, or CRRN™), decrease in RN years of rehabilitation experience, or decrease in average daily census.

We examined the possibility of using the average admission relative weight (AARW), a patient severity measure, to predict nursing staff ceilings. As the facilities' AARW increased, there was a positive trend for increases in full-time employee equivalents (FTEE), overall nursing HPPD, and RN and non-RN HPPD, although these findings were not statistically significant. We also examined the possibility of using

data from a commonly used patient outcome measure, the FIM™ instrument, as a proxy for the burden of care, to predict shift-by-shift nurse staffing needs. Nightshift was the most highly correlated with average daily FIM™ score; for every 10-point increase in the rehabilitation unit's average FIM™ score, there is a corresponding 3.7% decrease in the average night shift hours per day. Practical issues associated with use of the FIM™ instrument were also considered. All sites found the daily administration of the FIM™ instrument to be moderately burdensome. There were regional differences in burden perceptions, with the South and the Midwest finding completing the daily FIM™ instrument slightly less burdensome than the Northeast and West. In addition to burden, the proportion of missing data averaged 9.4% for each study day for the daily FIM™ ratings. Further research is needed to examine the utility of AARW and the FIM™ instrument as potential nurse staffing tools in rehabilitation settings.

Specific Aims

Existing evidence does not support patient acuity models, patient classification systems, and nurse staffing ratios in rehabilitation nursing. Some rehabilitation units have adapted staffing tools originally created for either acute care or long-term care, although these tools lack specificity for rehabilitation practice. Another strategy has been to design a facility-specific tool, but these tools lack validity and reliability. Diverse staffing strategies have resulted in wide variation in staffing methodologies across inpatient rehabilitation settings. Specific nurse-patient ratios, proportions of RN staffing, and the impact of agency nurses have not been reported for rehabilitation. In addition to a lack of evidence-based nurse

KEY WORDS

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Nurse Staffing And Patient Outcomes In The Inpatient Hospital Setting

Julie Zook, Kerstin Sailer



Nurse Staffing And Patient Outcomes In The Inpatient Hospital Setting:

Nurse Staffing and Patient Outcomes in the Inpatient Hospital Setting, 2000 Nurse Staffing and Patient Outcomes in the Inpatient Hospital Setting American Nurses Association, 2000 **Epidemic of Medical Errors and Hospital-Acquired Infections** William Charney, 2012-02-06 Medical error as defined in Epidemic of Medical Errors and Hospital Acquired Infections Systemic and Social Causes encompasses many categories including but not limited to medical error hospital acquired infections medication errors deaths from misdiagnosis deaths from infectious diarrhea in nursing homes surgical and post operative complications lethal blood clots in veins and excessive radiation from CT scans When the deaths from these categories are counted they become the leading cause of fatality to Americans outpacing cancer and heart disease Add the numbers of fatalities mortality to the millions each year who are injured morbidity and whose quality of life is forever effected and an epidemic of harm is defined The book describes the many systemic and social causes of medical error and iatrogenic events all of which are cited in the peer review science that have a direct effect on the epidemic of patient injury but are rarely or never considered These systemic causes include factory medicine for profit medicine staffing ratios in clinical and non clinical departments shift work healthcare working conditions lack of accountability legal issues that conflict with patient safety issues bullying and hierarchical relationships training of healthcare workers that never rises to the level of risk and injury to healthcare workers The premise of the book is that if the systemic or social causes are not considered or changed then medical error will continue to be an epidemic and no substantial impact in the numbers will be realized An expert with 30 years of experience as a health and safety officer in healthcare and as an activist for community health and safety issues editor and author William Charney explores the issues surrounding medical errors and examines the science behind possible solutions He presents an efficient dialogue that produces a more systemic exploration and targeting of the causes of medical error and drives an exacting message we are dealing with an epidemic of harm and unless systemic issues are solved little will change to subdue the epidemic Information on the June 2012 Conference on the Epidemic of Medical Errors Hospital Acquired Infections in the US and Canada the Systemic Causes can be found on the CRC Press Issuu page

Financial Management for Nurse Managers Janne Dunham-Taylor, Joseph Pinczuk, 2009-11-24 Completely revised and updated the Second Edition addresses a myriad of financial concepts ranging from staffing and budgeting to measuring productivity and forecasting costs Examples and explanations of terminology will help nurse managers successfully correspond with the financial department to implement change without negatively affecting patient care and outcomes

Health Care Financial Management for Nurse Managers Janne Dunham-Taylor, Joseph Z. Pinczuk, 2006 Health Care Financial Management for Nurse Managers Merging the Heart with the Dollar prepares nurse managers for successful interfacing between financial departments and nursing administration Using a systems approach to analyze the financial impact of health decisions so nurse managers can thoroughly understand financial concepts such as staffing budgeting

identifying and analyzing variance measuring productivity costing accounting and forecasting the text also presents examples techniques and financial accounting terminology and demonstrates how cost cutting can affect patient outcomes

Ross-Kerr and Wood's Canadian Nursing Issues & Perspectives - E-Book Lynn McCleary, Tammie McParland, 2020-09-23
NEW Revamped two colour layout improves readability and visual appeal NEW Expanded and updated art program incorporates more vivid and up to date photos charts and graphs throughout the text NEW Coverage of the latest top of mind topics hits on historical colonialism vis a vis Canada's Indigenous population and its impact on nursing education how nursing education will respond to the Calls to Action set forth by the Truth and Reconciliation Commission TRC MAID Medical Assistance in Dying and much more NEW Separate chapters on Indigenous health and gender allows for greater attention to be placed on cultural diversity feminism and men's roles NEW Personal Perspectives boxes start each chapter and present real world topics and situations to pique your interest in chapter content and stimulate critical thinking NEW Case studies added across the text help you apply theory to practice NEW Gender Considerations boxes and Cultural Considerations boxes are threaded throughout all applicable text chapters to ensure you are well grounded in how race ethnicity culture and gender identity affects the patient experience NEW Balanced coast to coast Canadian coverage now includes the CAN 2017 Code of Ethics and updated CASN Standards

Keeping Patients Safe Institute of Medicine, Board on Health Care Services, Committee on the Work Environment for Nurses and Patient Safety, 2004-02-27 Building on the revolutionary Institute of Medicine reports *To Err is Human* and *Crossing the Quality Chasm* *Keeping Patients Safe* lays out guidelines for improving patient safety by changing nurses working conditions and demands Licensed nurses and unlicensed nursing assistants are critical participants in our national effort to protect patients from health care errors The nature of the activities nurses typically perform monitoring patients educating home caretakers performing treatments and rescuing patients who are in crisis provides an indispensable resource in detecting and remedying error producing defects in the U S health care system During the past two decades substantial changes have been made in the organization and delivery of health care and consequently in the job description and work environment of nurses As patients are increasingly cared for as outpatients nurses in hospitals and nursing homes deal with greater severity of illness Problems in management practices employee deployment work and workspace design and the basic safety culture of health care organizations place patients at further risk This newest edition in the groundbreaking Institute of Medicine Quality Chasm series discusses the key aspects of the work environment for nurses and reviews the potential improvements in working conditions that are likely to have an impact on patient safety

Introduction to Care Coordination and Nursing Management Laura J. Fero, Charlotte Anne Herrick, Jie Hu (Ph. D.), 2011 *Introduction to Care Coordination and Nursing Management* is an introduction and overview of nursing case management across the health care continuum It covers topics that address health care management in the hospital as well the community such as Congregational Nursing and introduces the student to being a potential private

practitioner touching on entrepreneurship consultation and marketing Each chapter includes discussion questions and short assignments to help students learn Rx for VA's Nursing Shortage United States. Congress. House. Committee on Veterans' Affairs. Subcommittee on Oversight and Investigations,2005 **Evidence-based Practice in Nursing** Suzanne C. Beyea,Mary Jo Slattery,2006 This how to guide is your roadmap to guiding staff through the transition to evidence based practice EBP from understanding the principles of EBP through real life case studies all the way through implementation in your own facility Advances in Patient Safety Kerm Henriksen,2005 v 1 Research findings v 2 Concepts and methodology v 3 Implementation issues v 4 Programs tools and products **Emerging Infectious Diseases** ,2004 Nursing Staff in Hospitals and Nursing Homes Institute of Medicine,Committee on the Adequacy of Nursing Staff in Hospitals and Nursing Homes,1996-04-27 Hospitals and nursing homes are responding to changes in the health care system by modifying staffing levels and the mix of nursing personnel But do these changes endanger the quality of patient care Do nursing staff suffer increased rates of injury illness or stress because of changing workplace demands These questions are addressed in Nursing Staff in Hospitals and Nursing Homes a thorough and authoritative look at today s health care system that also takes a long term view of staffing needs for nursing as the nation moves into the next century The committee draws fundamental conclusions about the evolving role of nurses in hospitals and nursing homes and presents recommendations about staffing decisions nursing training measurement of quality reimbursement and other areas The volume also discusses work related injuries violence toward and abuse of nursing staffs and stress among nursing personnel and examines whether these problems are related to staffing levels Included is a readable overview of the underlying trends in health care that have given rise to urgent questions about nurse staffing population changes budget pressures and the introduction of new technologies Nursing Staff in Hospitals and Nursing Homes provides a straightforward examination of complex and sensitive issues surround the role and value of nursing on our health care system **Ethics In Action** Peggy Connolly,David R. Keller,Martin G. Leever,Becky Cox White,2009-01-07 Through the analysis of forty ethical dilemmas drawn from real life situations Ethics in Action guides the reader through a process of moral deliberation that leads to the resolution of a variety of moral dilemmas Fosters critical thinking by evaluating the reasons people give to support their choices and actions Challenges the paradigm of moral relativism that often impedes efforts to resolve moral dilemmas Incorporates international perspectives often lacking in texts published for a U S audience Changing the U.S. Health Care System Ronald M. Andersen,Thomas H. Rice,Gerald F. Kominski,2011-02-15 The third edition of Changing the U S Health Care System is a thoroughly revised and updated compendium of the most current thought on three key components of health care policy improving access ensuring quality and controlling costs Written by a panel of health care policy experts this third edition highlights the most recent research relevant to health policy and management issues New chapters address topics such as the disparities in health and in health care information systems and performance in the area of nursing Revisions to chapters

from the previous edition emphasize the most recent developments in the field Financial Management for Nurse Managers and Executives Steven A. Finkler,Christine Tassone Kovner,Cheryl Bland Jones,2007-01-01 Covering the financial topics all nurse managers need to know and use this book explains how financial management fits into the healthcare organization You ll study accounting principles cost analysis planning and control management of the organization s financial resources and the use of management tools In addition to current issues this edition also addresses future directions in financial management Chapter goals and an introduction begin each chapter Each chapter ends with Implications For The Nurse Manager and Key Concepts to reinforce understanding Key Concepts include definitions of terms discussed in each chapter A comprehensive glossary with all key terms is available on companion Evolve website Two chapter ending appendixes offer additional samples to reinforce chapter content Four NEW chapters are included Quality Costs and Financing Revenue Budgeting Variance Analysis Examples Extensions and Caveats and Benchmarking Productivity and Cost Benefit and Cost Effectiveness Analysis The new Medicare prescription bill is covered with its meaning for healthcare providers managers and executives Coverage now includes the transition from the role of bedside or staff nurse to nurse manager and nurse executive Updated information includes current nursing workforce issues and recurring nursing shortages Updates focus on health financing and the use of computers in budgeting and finance New practice problems are included **Canadian Nursing- E-Book** Janet C. Ross-Kerr,Marilynn J. Wood,2014-04-22 This text examines the issues and trends impacting Canadian nursing The five parts of the text cover everything from the development of the profession of nursing in Canada to discussions of nursing knowledge nursing research and the theoretical foundations of modern nursing The authors also examine issues in the delivery of nursing care as well as nursing education credentialing standards of care and entry to practice Additional chapters address collaboration the increasingly flexible delivery in nursing education and health informatics The book concludes with a look at Canadian nurses growing role in international nursing and Canadian projects that have been implemented around the globe Detailed references at the end of each chapter Two colour design draws attention to each section heading Dedicated Evolve website enhances the teaching and learning experience New student friendly features include Canadian Research Focus boxes that highlight current and relevant research and Reflective Thinking boxes that provide focused opportunities for reflection and discussion WebLinks provide information for relevant nursing and health care organizations Chapter Objectives End of chapter Critical Thinking Questions and Web Resources have been added to engage students in their own learning With additional images that highlight key individuals and events in Canadian nursing the text is more visually appealing than ever Chapters combined and reorganized to reflect reviewer feedback and change in Canadian teaching focus *Encyclopedia of Health Services Research* Ross M. Mullner,2009-05-15 Today as never before healthcare has the ability to enhance the quality and duration of life At the same time healthcare has become so costly that it can easily bankrupt governments and impoverish individuals and families Health services research is

a highly multidisciplinary field including such areas as health administration health economics medical sociology medicine political science public health and public policy The Encyclopedia of Health Services Research is the first single reference source to capture the diversity and complexity of the field With more than 400 entries these two volumes investigate the relationship between the factors of cost quality and access to healthcare and their impact upon medical outcomes such as death disability disease discomfort and dissatisfaction with care Key Features Examines the growing healthcare crisis facing the United States Encompasses the structure process and outcomes of healthcare Aims to improve the equity efficiency effectiveness and safety of healthcare by influencing and developing public policies Describes healthcare systems and issues from around the globe Key Themes Access to Care Accreditation Associations Foundations and Research Organizations Biographies of Current and Past Leaders Cost of Care Economics Finance and Payment Mechanisms Disease Disability Health and Health Behavior Government and International Healthcare Organizations Health Insurance Health Professionals and Healthcare Organizations Health Services Research Laws Regulations and Ethics Measurement Data Sources and Coding and Research Methods Outcomes of Care Policy Issues Healthcare Reform and International Comparisons Public Health Quality and Safety of Care Special and Vulnerable Groups The Encyclopedia is designed to be an introduction to the various topics of health services research for an audience including undergraduate students graduate students and general readers seeking non technical descriptions of the field and its practices It is also useful for healthcare practitioners wishing to stay abreast of the changes and updates in the field

The Covert Life of Hospital Architecture Julie Zook, Kerstin Sailer, 2022-03-22 The Covert Life of Hospital Architecture addresses hospital architecture as a set of interlocked overlapping spatial and social conditions It identifies ways that planned for and latent functions of hospital spaces work jointly to produce desired outcomes such as greater patient safety increased scope for care provider communication and more intelligible corridors By advancing space syntax theory and methods the volume brings together emerging research on hospital environments Opening with a description of hospital architecture that emphasizes everyday relations the sequence of chapters takes an unusually comprehensive view that pairs spaces and occupants in hospitals the patient room and its intervisibility with adjacent spaces care teams and on ward support for their work and the intelligibility of public circulation spaces for visitors The final chapter moves outside the hospital to describe the current healthcare crisis of the global pandemic as it reveals how healthcare institutions must evolve to be adaptable in entirely new ways Reflective essays by practicing designers follow each chapter bringing perspectives from professional practice into the discussion The Covert Life of Hospital Architecture makes the case that latent dimensions of space as experienced have a surprisingly strong link to measurable outcomes providing new insights into how to better design hospitals through principles that have been tested empirically It will become a reference for healthcare planners designers architects and administrators as well as for readers from sociology psychology and other areas of the social sciences

Magnet Status Marian C. Turkel, 2004 Magnet Status

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