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Impact of Staffing on Falls in Acute Care Facilities

Christopher Gurunian
West Chester University of Pennsylvania

John Ripple
West Chester University of Pennsylvania

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Christopher Gurunian SN, John Ripple SN

WCU WEST CHESTER UNIVERSITY

What We Learned

The results and findings of all the reviewed research articles support that there is an undeniable link between the number of nursing staff and patient falls. All research articles concluded that higher staffing levels indicated fewer patient falls. Institutions that appear to have a greater workload for nurses and greater patient to nurse proportion, are associated with higher rates of falls. Just as other industries, hospitals also respond to the limits the economy puts on the market, however, it is vital that a high level of RN staffing is preserved.

Background

The four peer reviewed articles were examined to determine the existing research relationships between staffing levels and the incidence of unassisted and assisted patient falls.

Purpose & Aims

- To study and determine whether hospitals can be categorized to identify nurse staffing levels associated with hospital fall rates.
- To investigate the relationship between nursing activities, staff and adverse patient outcomes in hospital settings.
- To get an understanding on how staff levels associate between both unassisted and assisted fall rates.

Sample

- 11 acute care hospitals. A total of 124 units and 3432 nurses and 980 nursing assistants.
- 8069 nursing units in 1361 US hospitals participating in the NDNQI (National Database of Nursing Quality Indicatory).
- 535 Finnish nurses and 334 Dutch RNs from hospitals in Finland and the Netherlands.
- 1529 United States acute care hospitals participating in the NDNQI.

Methods

- Three cross sectional descriptive studies, one being a questionnaire.
- One longitudinal study.

Results

All four articles ended with the same organized idea, the lower the number of staff members there were, the higher the incidence of unassisted patient falls. It is not only staff numbers and patterns that are factored into the influence of patient outcomes.

The characteristics of the nurse, such as their level of licensure, also had an impact. Patients and hospitals, both, profit from appropriate level of staffing. The hospital will improve their status and avoid costs due to errors, and patients will have a greater positive turnover rate.

Duncan et al., 2014; Dunton et al., 2013; Hinno et al., 2011; Kallisch et al., 2012, all provide information to facilities on what actually is a suitable ratio of staff to patients to reduce negative patient outcomes

Discussion

- Non-RN staffing had a positive linear association with fall rate.
- Missed nursing care due to high RN to patient ratios was shown to have a negative impact on incidence of patient falls.
- Standardization of nursing staffing levels is currently difficult due to non-standardized acuity levels on units.

Next Steps

- Attempt to identify commonalities in nursing staffing requirements.
- Attempt to identify proper nursing staff levels in relation to acuity to lower patient fall risk.
- Attempt to establish and equilibrium between fiscally responsible nursing staffing levels and risk of unassisted patient falls.

Limitations

- Limited to confined hospitals in specific states.
- No control over patient acuity.
- Not taking into account the contribution of patient sitters.
- Overall response by participants was moderately low in some studies.
- There was a potential for omitted variables that are related to both the independent variable and dependent variable.

Acknowledgments