TITLING IS EVERYTHING and so is the evidence. Nursing Economic$ presents its 3rd Annual Special Issue on Staffing Excellence, Beyond the Numbers. The evidence continues to reveal staffing is based on the needs of the patient, the composition of the health care team, and the support of the care environment (Heardrick et al., 2012; Kutney-Lee, Sloane, & Aiken, 2013; Needleman, Buerhaus, Stewart, Zelevinsky, & Mattke, 2006; Pauly, 2011; Stimpfel, Sloane, & Aiken, 2012). In this special issue, a stellar group of authors address how new methods, measures, and metrics of nurse staffing reflect the dynamics of the health care environment, drawing greater attention to patients as “users” and health care providers as “managers” of patient care needs. Health care providers bring their education, experience, and skills to each encounter while providing patient-centered care; thus, demonstrating how effective approaches to optimal staffing decisions enhance the delivery of safe, quality care.

Nursing staffing is no longer the domain only of hospitals or nurses. As the Patient Protection and Affordable Care Act of 2010 seeks to enhance health care financing that rewards value over volume across all care settings, staffing is expected to motivate improvements. Health reform is expected to foster new interventions to promote staffing improvement through incentives such as methods, measures, and metrics of quality; care coordination; and new delivery models. Expanded access through accountable care organizations, medical/health homes, and nurse-managed health clinics will contribute to the health of individuals and families all along the continuum of care. Staffing will now be measured across the care team regardless of setting. New staffing systems must be ready to evaluate care along the continuum with staffing models that include other professional and technical staff in addition to nurses. These staffing models will produce outcomes of team-based practice metrics that share accountability with the quality and costs of care delivery.

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Uncovering the Measuring and Metrics

In this special issue, Linda Aiken, PhD, RN, FAAN, FRGN, is interviewed on “The Impact of Research on Staffing” by Karlene M. Kerfoot, PhD, RN, NEA-BC, FAAN, and Kathy S. Douglas, MHA, RN, Nursing Economic$ Editorial Board Members. Dr. Aiken illustrates the relevancy and validity of measures and metrics on nurse staffing. As Dr. Aiken states, the “more transparent information on what staffing levels are at hospitals, consumers and nurses could exercise more informed choices in selecting a hospital for care or employment.” By reporting better performance and penalties for poor performance, measures and metrics become the real financial incentives for all institutions (hospitals and ambulatory care settings) to make significant changes in improving nurse staffing. Suddenly, through financial incentives and penalties, patients, providers, and payers are acutely aware of the impact nursing and the entire health care team has on the system’s bottom line. With the need for publicly reportable data that are tied to value-based purchasing, there are opportunities to establish solid research methodologies to acknowledge the value of nursing and patient care supported by team-based approaches.

Using the Evidence

Now that hospitals are being penalized for excessive re-admission rates by the Centers for Medicare & Medicaid services and poor patient satisfaction results are reported through Hospital Compare, a business case exists for staffing effectiveness. The evidence points to the impact of staffing on performance measures, nurse satisfaction, and patient satisfaction. Staffing issues regarding care coordination in the community will be vitally important as the care environment shifts, and transitional care services integrate from the hospital to the community.

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The challenge today is for nurse executives and other health care leaders to strengthen and reposition their care environment while simultaneously building the innovations that will generate sustainable future growth to support their business case for caring. Using new methods, measures, and metrics in staffing is critical. The financial stakes are high for staffing that rebalances the quality of care with the cost of care. Health reform has opened the door for a new day and a new dawn.

It is time for staffing evidence to be uncovered and used to ensure the health care system contains costs while optimizing patient outcomes. I hope this 3rd Annual Special Issue on Staffing Excellence, Beyond the Numbers, will assist you as you discover for yourself how nurses and others are fully engaged in the process of strategizing and rebuilding effective staffing models. Here’s the evidence; here’s hoping you find new opportunities to apply it!

REFERENCES


Stimpfel, A.W., Sloane, D.M., & Aiken, L.H. (2012). The longer the shift for hospital nurses, the higher the levels of burnout and patient dissatisfaction. Health Affairs, 31(11), 2501-2509.