Building Staffing Science: Two Milestones

EXECUTIVE SUMMARY

- Health care and nurse staffing present interesting challenges for nursing and health care leaders.
- The recently released Evidence and Excellence in Staffing (2nd edition) creates a framework for research and organizational improvement that leads to the development and sharing of best practices.
- A new model for staffing excellence has emerged with five core concepts.
- This new position paper calls for generating and disseminating 25-30 new best practices in nurse staffing across the care continuum over the next 3 years.

This issue of Nursing Economic$ marks the celebration of two milestones in the movement to develop staffing science based on data and evidence rather than opinion.

The first is this column, “Evidence and Excellence in Staffing,” which was announced as a joint venture between the Institute for Excellence and Evidence in Staffing, a part of the On Nursing Excellence (ONE), as a forum to provide more information about the science of staffing (Nickitas, 2014). With the mission of the Institute, the dissemination of evidence about staffing, and the exceptional work Nursing Economic$ has done in the area of evidence and staffing, this partnership is a natural. We look forward to many columns that will advance the work of embedding evidence in staffing.

The second milestone is the Supplement included in this issue, Excellence and Evidence in Staffing, (2nd edition) (Anderson et al., 2014). The first edition was published in 2008, as an outcome of a Staffing Roundtable with over 50 health care and policy thought leaders that was convened by Kathy Douglas, MHA, RN, and hosted by The American Nurses Credentialing Center, The Honor Society of Nursing, Sigma Theta Tau International, and Concorro, Inc. The result was the 2008 position paper, Excellence and Evidence in Staffing: Essential Links to Staffing Strategies, Design and Solutions for Healthcare (Douglas, 2008), which provided a definition for excellence in staffing and a model to achieve excellence with 10 best practices.

“Staffing excellence” was defined as:

Excellence in staffing is a dynamic, evidence-driven process that results in the efficient, effective use of qualified staff and the stewardship of resources to achieve the best possible outcomes for patients, their families, the workforce, and the organization in which care is delivered. (Douglas, 2008, p. 3)

The 2008 paper and this definition have served us well, but with the numerous changes in health care, it became apparent that the work of 6 years ago needed to be re-examined due to the dramatic changes of health care reform.

With generous funding from API Healthcare and support from Nursing Economic$ and Kirby Bates Associates, the 2nd edition position paper began in the fall of 2013 by asking thought leaders in operations, research, ambulatory care, and multidisciplinary care to critique the first edition in light of changes in health care. Participants were provided an outline with questions to share their views on shifting care out of hospitals to other settings, health care reform and changes in health care reimbursement, what concepts were missed in the first paper, what barriers still exist and new means of addressing barriers, what in the first paper should be removed, and any new research, data, models, or technology that have been created in the past 5 years should be included in the 2nd edition. Thirty-eight experts responded with in-depth critiques of the first paper.

ONE leadership reviewed all critiques and synthesized the information into core concepts and developed a refined model for staffing excellence for the 2nd edition. Institute members (Rhonda Anderson, DNSc, MPA, RN, FAAN, FACHE; Karlene Kerfoot, PhD, RN, NEA-BC, FAAN; Karen Kirby, MSN, RN, NEA-BC, FACHE; Suellen Ellerbe, MN, RN, NEA-BC; Donna Nickitas, PhD, RN, NEA-BC, CNE, FAAN; and Carol Ann Cavouras, MSN, RN, CNAA) each took responsibility for writing the first draft for each core concept, taking into consideration the critiques received and further review of the literature. Shelia Haas, PhD, RN, FAAN, was asked to assist in addressing ambulatory care issues.

It wasn’t easy preparing the 2nd edition of the position paper. The intervening 5 years since the first position paper brought tremendous change and ushered in a new era in health care with the passage of the Patient Protection and Affordable Care Act. The Institute members knew an update to the 2008 position paper was needed to advance the staffing excellence discussion. We were equally clear that broad input was again needed by thought leaders across the
continuum of health care. The composite first draft was then sent to a second group of experts for their feedback. Jennifer Mensik, PhD, RN, NEA-BC, was engaged to assist in producing a second and third drafts and the final version of the 2nd edition.

As the paper unfolded, however, it became clear technology and health care financing were going to have a significant impact on all five core concepts and the model was changed accordingly. We believe advances in technology will provide tremendous data to facilitate improvements in how appropriate staffing is determined, how patients and nurses are matched, how staffing impacts outcomes, and how data are collected to advance evaluation of the delivery system, the environment, and the quality of care. Health care financing will have a major impact on the ability of health care organizations to access this new technology and provide the staffing necessary to achieve optimal patient, staff, and organizational outcomes.

The 2nd edition of *Evidence and Excellence in Staffing* is not intended to provide a solution to the age-old complexity of nurse staffing and is not a finished product. It was created as a framework for research and organizational improvement that leads to the development and sharing of best practices. This paper calls for generating and disseminating 25-30 new best practices in nurse staffing across the care continuum over the next 3 years. There are many opportunities in this paper for further research and innovation. We intended the paper to be provocative as a way of stimulating innovative thoughts and ideas that will improve the science of staffing, as we know it today. And this will not be the last paper. With health care rapidly changing and with the call for papers to further clarify and innovate, we will see a dramatic increase of information available in best practices and evidence. There will be a need in the months ahead for thought leaders to once again think about the future of staffing.

**Beyond 2014**

These are certainly interesting and challenging times we live in and there is every indication it will get more interesting and challenging. In *Evidence and Excellence in Staffing* (2nd edition), the last section is entitled “Moving Forward,” in which the authors state we must put a process in place to exercise and refine the definition and standards offered in the position paper. To be effective, all stakeholders must be involved in a variety of activities. These include standardizing staffing terminology and metrics, identifying needs for further research and resources to fill the gaps, creating forums for exchange of ideas and experiences, identifying ways to disseminate best practices, creating forums for exchanging ideas and lessons learned, developing a business case for excellence in staffing, and exploring new ways of using technology to support excellence in staffing, among others. It is our hope *Evidence and Excellence in Staffing* (2nd edition) will spark more interest and get more people on board to help with this important work.

**REFERENCES**

