Safe nurse staffing of adult wards in acute hospitals

REPORT FROM SSAC SUB-GROUP MEETING 11 APRIL 2014

Background

Following the meeting of the Safe Staffing Advisory Committee (SSAC) on the 18th and 19th March 2014 the NICE project team and the Chair and Vice Chair of the SSAC met to discuss the conclusions that were made by the committee.

It was felt that it would be useful to convene a group of the nursing contingent of the SSAC in order to explore the following questions in more detail:

- What are the key patient factors and nursing needs that must be considered when calculating the nursing care requirements of patients?
    - The purpose of this was to compile a ranked list of key patient factors and nursing needs that represent what nurses may take into consideration when using their professional judgement in determining the care requirements of patients.
    - This is based on the conclusion that the SSAC made at the March meeting that professional judgement will always need to be applied in order to determine the nurse staffing requirements of patients, even when staffing tools are used.
- What aspects of nursing missed care should be monitored and used as red flag nurse staffing indicators? *(we are defining red flag indicators are events that identify the need for additional nurse staffing in real time)*
    - The purpose of this was to compile a list of missed care nursing activities that could be used as red flag indicators in the safe nurse staffing indicators list.
    - We appreciate that all missed care is undesirable, but we wanted to identify what are the key aspects of missed care that may require immediate action in nurse staffing.
    - We also explored the possibility of defining these aspects of missed care nursing activities and to suggest a threshold for reporting each of these events as having occurred.

The meeting was attended by 4 SSAC members with a nursing background and NICE safe staffing project team members (Deborah Collis, Gillian Leng, Ian Rodrigues, Lorraine Taylor).

Process

Key patient factors and nursing needs

The attendees of the meeting were given a starting list of patient nursing needs and were asked to initially put the activities into the following categories:

- Part of routine nursing care for all patients
- Requiring 'some' additional nursing time
- Requiring 'significant' additional nursing time

Further patient factors and nursing needs were added to the initial list based on the groups expertise and experience.

Red flag missed care indicators

The attendees of the meeting were given an initial list of aspects of missed care from the paper that was discussed by the SSAC in the March meeting and used to draw the conclusion that aspects of missed care may be used as nurse staffing indicators. *(Ball J, Murrells T, Rafferty AM, Morrow E & Griffiths P. 'Care left undone' during nursing shifts: associations with workload and perceived quality of care. BMJ Quality & Safety Online 2013, doi:10.1136/bmjqs-2012-00176).*

They also considered the MISSCARE survey. This is a survey that was developed by focus group methodology led by Professor Beatrice Kalish (University of Michigan). Its validity and reliability has been published and it widely used in international research for missed care. *(Kalish BJ and Williams RA. Development and psychometric testing of a tool to measure missed nursing care. J Nurs Adm 2009; 39(5):211-219).* A summary of the MISSCARE survey is included in Appendix A.

Results

Key patient factors and nursing needs

The conclusions drawn at the end of the meeting are summarised in Appendix B.

Red flag missed care indicators

The group felt that it may be helpful to use items from the MISSCARE survey with the same definitions and thresholds in order for any data collected to be consistent with the international nursing literature.

The group also suggested that indicators selected need to be objective, easily identified and be key aspects of care for most patients on most wards.

The following were decided as potential red flag missed care indicators *(the numbers correspond to the item number on the MISSCARE survey)*:

(1) Ambulation 3 times per day or as ordered

(5) Medications administered within 30 minutes before or after scheduled time

(6) Vital signs assessed as ordered

(12) Mouth care

(16) Patient assessments performed each shift

(19) Response to call light is initiated within 5 minutes

(20) PRN medications requests acted on within 15 minutes

(22) Attend interdisciplinary care conference whenever held

(23) Assist with toileting needs within 5 minutes of request

Next steps

The SSAC are asked to:

- discuss the results of the sub-group meeting and provide any additional comments
- agree if this work should be included in the guideline as:
  - Key patient factors and nursing needs to aid professional judgement of nursing care requirements of patients
  - Missed care nursing activities that could be used as red flag indicators in the safe nurse staffing indicators list
- decide what could be included in the recommendations related to these parts of the guideline.

Appendices
Appendix A: MISSCARE survey
Appendix B: Table of key patient factors and nursing needs

Appendix A

Missed Nursing Care in 10 Hospitals: Frequency (Percent*) (n = 4086)

Item of the MIS SCARE Survey	Rarely missed	Occasionally missed	Frequently missed	Always missed
1. Ambulation 3 times per day or as ordered	906 (24.0)	1639 (43.4)	1153 (30.5)	83 (2.2)
2. Turning patient every 2 hours	1647 (40.6)	1794 (44.3)	581 (14.3)	31 (0.8)
3. Feeding patient when the food is still warm	1574 (42.4)	1509 (40.7)	595 (16.0)	31 (0.8)
4. Setting up meals for patients who feed themselves	2382 (64.1)	1017 (27.4)	280 (7.5)	37 (1.0)
5. Medications administered within 30 minutes before or after scheduled time	1507 (40.2)	1581 (42.2)	624 (16.6)	36 (1.0)
6. Vital signs assessed as ordered	3024 (75.1)	834 (20.7)	145 (3.6)	25 (0.6)
7. Monitoring intake/output	2020 (49.8)	1315 (32.4)	673 (16.6)	45 (1.1)
8. Full documentation of all necessary data	1774 (44.4)	1664 (41.6)	524 (13.1)	37 (0.9)
9. Patient teaching about procedures, tests, and other diagnostic studies	1682 (44.1)	1565 (41.0)	542 (14.2)	29 (0.8)
10. Emotional support to patient and/or family	2305 (57.2)	1249 (31.0)	449 (11.1)	24 (0.6)
11. Patient bathing/skin care	2183 (54.4)	1513 (37.7)	290 (7.2)	24 (0.6)
12. Mouth care	1429 (35.5)	1571 (39.0)	949 (23.5)	82 (2.0)
13. Hand washing	2922 (72.0)	900 (22.2)	207 (5.1)	27 (0.7)
14. Patient discharge planning and teaching	2771 (67.8)	715 (19.5)	167 (4.5)	18 (0.5)
15. Bedside glucose monitoring as ordered	3450 (86.2)	455 (11.4)	60 (1.5)	36 (0.9)
16. Patient assessments performed each shift	3477 (90.1)	292 (7.6)	63 (1.6)	27 (0.7)
17. Focused reassessments according to patient condition	2781 (73.2)	863 (22.7)	143 (3.8)	14 (0.3)
18. IV/central line site care and assessments according to hospital policy	2434 (64.6)	1086 (28.8)	235 (6.2)	13 (0.3)
19. Response to call light is initiated within 5 minutes	2018 (50.0)	1467 (36.3)	522 (12.9)	30 (0.7)
20. PRN medication requests acted on within 15 minutes	2158 (57.1)	1304 (34.5)	296 (7.8)	20 (0.5)
21. Assess effectiveness of medications	1868 (49.8)	1520 (40.5)	348 (9.3)	13 (0.3)
22. Attend interdisciplinary care conference whenever held	1206 (34.4)	1181 (33.7)	879 (25.1)	235 (6.7)
23. Assist with toileting needs within 5 minutes of request	2071 (51.4)	1566 (38.8)	371 (9.2)	25 (0.6)
24. Skin/wound care	2626 (67.1)	1151 (29.4)	119 (3.0)	18 (0.5)

Note.

MISSCARE, Missed Nursing Care; IV, intravenous; PRN, as needed

*Valid percents presented in the table

Taken from: **Kalisch BJ, Tschannen D, Lee H, Friese CR. Hospital variation in missed nursing care. Am J Med Qual. 2011 ; 26(4): 291–299.**

Appendix B

Routine nursing care activities	Activities that require additional time (20-30 mins per activity per patient)	Activities that require significant additional nursing time (>30 mins per activity per patient)
ONE OFF ACTIVITIES		
	Moderate clinical procedures eg. NG tube insertion, urinary catheter	Complex clinical procedures eg. VAC dressing, trachy care
Basic patient and relative education eg. standard post-op care	Communication regarding a new diagnosis eg. DM, MI, Ca	Specialist new self-managed therapy eg. stoma
Routine ward/bed movement (dysfunctional)	Moderate ward shift	Big ward shift or reconfiguration (>4pts)
	Admitting, transferring or discharging a patient	
Routine patient escorts or transfers eg. to theatre	Escorting a patient off a ward for >30mins	
ON-GOING ACTIVITIES		
Basic observations 4-6 hourly	Moderate observations 2-4 hourly	Intensive observations or monitoring (every 30-60 mins)
Discharge planning – 1 transfer or f/up or OPA, own reconnaissance, basic drug information	Moderate discharge planning eg. co-ordination of some referrals	Complex discharge planning eg. case conference/multiple referrals/MDT/family case conference
	Pressure area care 2 - 4 hourly	Pressure care more frequently than 2 hours or requiring 2 or more nurses
Basic fluid management eg. 8 hourly IV fluids	Moderate fluid management eg. >8 hourly IV fluids, blood components	Complex fluid management eg. hourly or monitoring in ml
	Management of tubes/drains/stomas (1 only)	Management of >2 tubes/drains etc or VAC dressing
Simple medication eg. regular oral medication or self-medicating	Preparation and administration of medications eg. IV drugs or frequent PRN medications	Significant medication needs eg. IVs made on wards
Minimal assistance with washing, dressing and grooming	Moderate assistance with self-care requiring one nurse only eg. dressing	Significant assistance with self care (eg. bed bath, stroke) or requiring 2 nurses
	Assistance with mobilisation eg. post-op or during out of hours	Mobilisation with assistance of 2 nurses
	Assistance with toileting	Frequent assistance with toileting or requiring 2 nurses

Ensuring food provided and eaten (for independent eating and drinking)	Assistance with eating and drinking	Parenteral nutrition
	Assistance with mouth care	Intensive mouth care (eg chemo patients)
	Complex/time-consuming care planning + assessment eg. language issues, multiple co-morbidities	
	End of life care / high level support	
Simple, daily wound care and dressing	Wound dressings requiring multiple changes or infected wound	
Care planning		
Assessments		
Documentation		
Communication with MDT		

Activities that necessitate continuous 1:1 nurse to patient care
Continuous monitoring (for any reason)
Continuous watching (for any reason)
Step down from ITU/HDU

General patient factors that may increase nursing care requirements
Difficulties with communication
Difficulties with cognition
Non co-operative