

Nurse Staffing and patient safety The case of RN4CAST

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7th Framework Programme for Research and Technological Development



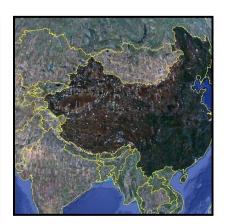
RN4CAST: 'nurse forecasting in Europe': €3 million funding for 2009-2011

- ☐ Health theme 3: Optimising the delivery of health care
- ☐ 16 partners: 12 European countries, USA, China, South-Africa, Botswana

Co-ordination: Leuven University (W. Sermeus), U. Pennsylvania (L. Aiken)









Design & data

- Multicountry, multilevel, cross-sectional design to obtain important unmeasured factors in forecasting models, collected at the hospital, nursing unit, and individual nurse and patient level:
 - Nurse survey: working environment, quality & safety, staffing
 - Patient survey: patient experiences with nursing staff, hospital, information
 - Hospital survey: 1 type of hospital, inflow & outflow
 - Hospital Discharge data: ICD9/10, length-of-stay, adverse events, mortality
- Setting
 - At least 30 general acute hospitals in each European country.
 - At least 2 general surgical and internal medicine wards in each hospital.

RN4CAST-data

EUROPE (2009-2010) - 12 COUNTRIES

Belgium, Finland, Germany, Greece, Ireland, Netherlands, Poland, Sweden, Norway, Spain, Switzerland, UK



486 hospitals 33541 nurses

11318 patients 210 hospitals HDD: 8,8 million

USA (2006-2008) - 4 STATES

Pennsylvania, California, New Jersey, Florida



617 hospitals 27509 nurses

Millions of patients In 430 hospitals

CHINA (2008-2010) - 9 SITES

6 provinces, 2 municipalities, 1 autonomous region



181 hospitals 9698 nurses

6494 patients
In 181 hospitals

SOUTH-AFRICA (2009-2010)

6 provinces



62 hospitals 4657 nurses

Results



BMJ 2012;344:e1717 doi: 10.1136/bmj.e1717 (Published 20 March 2012)

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RESEARCH

Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States

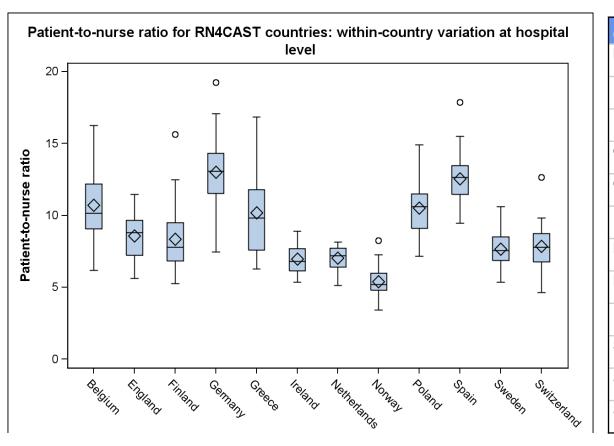
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Aiken L, Sermeus W. et al., BMJ, 2012

Nurse to Patient Ratios (3 shifts)



Country	Mean	25th Pctl	50th Pctl	75th Pctl
Belgium	10.7	9.1	10.1	12.2
England	8.6	7.2	8.8	9.6
Finland	8.3	6.8	7.8	9.5
Germany	13.0	11.5	13.1	14.3
Greece	10.2	7.6	9.8	11.8
Ireland	6.9	6.2	6.8	7.7
Netherlands	7.0	6.4	7.2	7.7
Norway	5.4	4.8	5.2	6.0
Poland	10.5	9.1	10.6	11.5
Spain	12.5	11.5	12.6	13.5
Sweden	7.7	6.9	7.5	8.5
Switzerland	7.9	6.8	7.8	8.7



Practice environment: hospitals

- Practice Environment Scale/Nursing Work Index
 - Staffing adequacy
 - Nursing foundations for quality
 - Nurse manager ability & leadership
 - Nurse-physician relations
 - Nurse involvement in hospital affairs
- Summary measure divides hospitals into quartiles by PES scores

	Poor		Mix	ked	Better		
	pct	n	pct	n	pct	n	
Belgium	31%	21	60%	40	9%	6	
Switzerland	3%	1	26%	9	71%	25	
Germany	14%	7	53%	26	33%	16	
Spain	64%	21	30%	10	6%	2	
Finland	16%	5	56%	18	28%	9	
Greece	67%	16	33%	8	0	0	
Ireland	33%	10	33%	10	33%	10	
Netherlands	4%	1	77%	20	19%	5	
Norway	9%	3	69%	24	23%	8	
Poland	67%	20	27%	8	7%	2	
Sweden	20%	16	62%	49	18%	14	
England	2%	1	46%	21	52%	24	
Total	25%	122	50	243	24.9	121	

Nurse Assessments' of hospitals (percents)

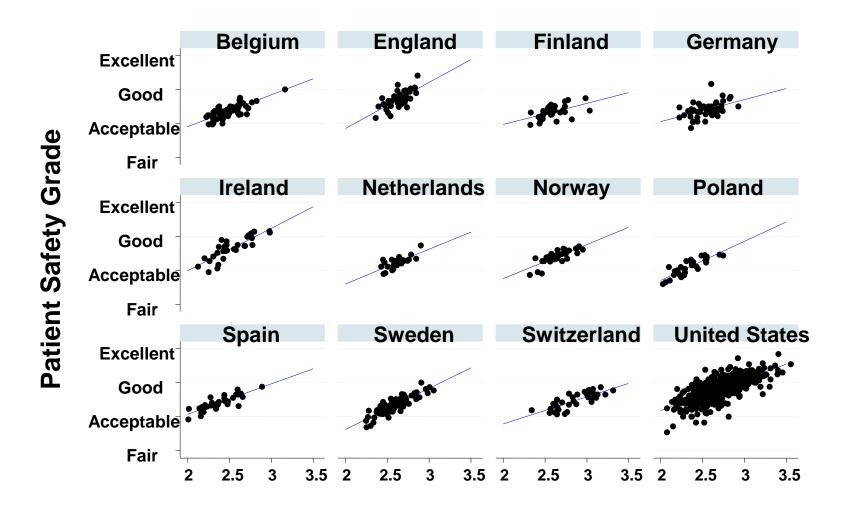
Table 4 Nurse outcomes in 12 European countries and the US. Data are number of nurses reporting outcome/total number of nurses surveyed, and percentage

Country	Reported w have poor quality of	or fair	Gave ward or failing s		Regard themselves burnt o	to be	Dissatisfied job	d with	Intended to their job in next ye	n the	Not confide patients can own care hospital dis	manage after	Not confide hospital mana would res patients' pro	agement solve
Belgium	886/3167	28	199/3150	6	730/2938	25	680/3159	22	934/3164	30	1921/3153	61	2518/3134	80
England	540/2899	19	191/2895	7	1138/2699	42	1136/2904	39	1261/2896	44	981/2901	34	1856/2893	64
Finland	141/1099	13	76/1095	7	232/1047	22	300/1114	27	546/1111	49	441/1098	40	890/1094	81
Germany	526/1507	35	94/1506	6	431/1430	30	561/1505	37	539/1498	36	473/1505	31	879/1504	58
Greece	170/361	47	61/358	17	246/315	78	199/358	56	177/358	49	231/358	65	311/356	87
Ireland	152/1389	11	117/1385	8	536/1293	41	581/1383	42	612/1380	44	588/1385	42	872/1381	63
Netherlands	756/2185	35	123/2187	6	211/2061	10	240/2188	11	418/2197	19	889/2195	41	1781/2200	81
Norway	468/3732	13	199/3712	5	823/3501	24	773/3729	21	942/3712	25	2097/3710	57	2739/3698	74
Poland	683/2581	26	463/2579	18	929/2321	40	663/2584	26	1056/2387	44	1890/2571	74	2196/2571	85
Spain	897/2794	32	173/2784	6	787/2670	29	1053/2786	38	740/2774	27	1554/2779	56	2370/2767	86
Sweden	2750/10 051	27	1117/10 035	11	2788/9477	29	2251/10 027	22	3418/10 013	34	2833/9995	28	7308/9988	73
Switzerland	324/1604	20	71/1606	4	228/1563	15	338/1610	21	447/1623	28	564/1612	35	1216/1612	75
US	4196/26 316	16	1628/26 772	6	9122/27 163	34	6692/26 935	25	3767/27 232	14	11 449/25 110	46	15 240/26 717	57

Patients' Assessments of Hospitals

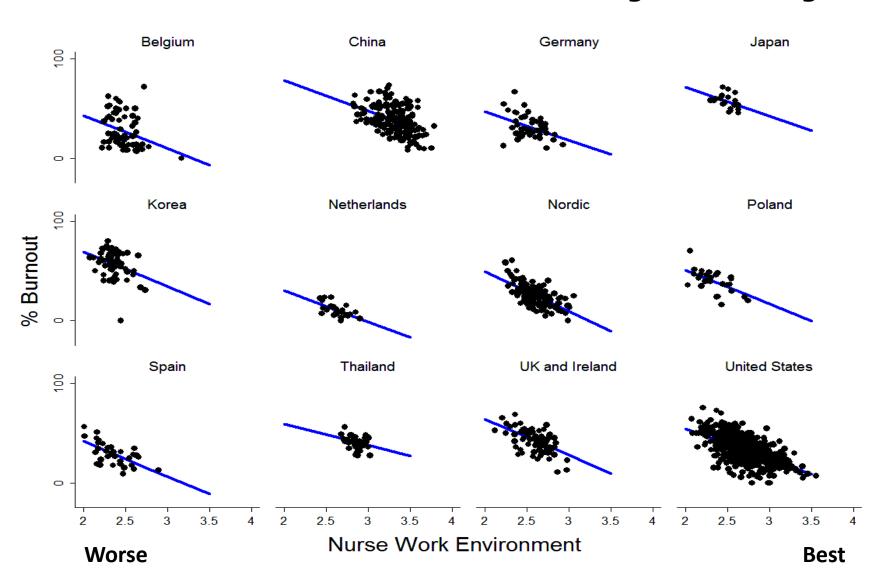
	Rate hospital 9 or 10 (%)	Recommend Hospital (%)
Belgium	47	60
Switzerland	60	78
Germany	48	66
Spain	35	56
Finland	61	67
Greece	42	53
Ireland	61	74
Poland	55	57
United States	59	64

Hospital Safety Grade is Higher in Hospitals with Better Work Environments

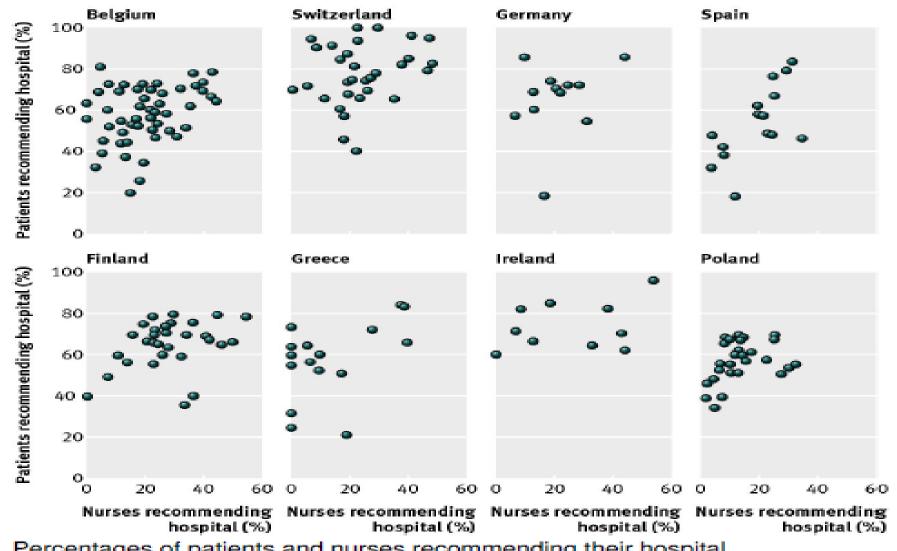


Nurse Work Environment

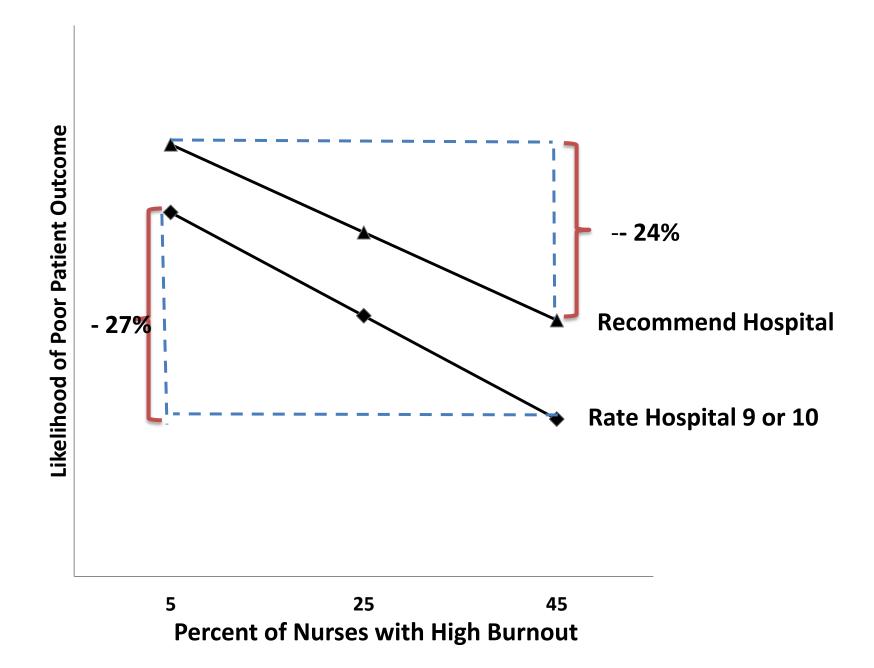
Hospitals with Better Work Environments: Lower Nurse Burnout Every Country



Nurses and Patients Agree Which Hospitals Are Good



Percentages of patients and nurses recommending their hospital



Quality of Work Environments Mediate Effect of Staffing on Mortality

- Impact of better staffing much greater in hospitals with best work environments
- Decrease in nurse workload of 1 patient per nurse lowers mortality by
 - 9% in best work environment hospitals
 - 4% in mixed work environments
 - No effect in hospitals with poor environments

Source: Aiken et al., Medical Care, 2011

Effect of Nurse Staffing on Hospital Mortality in Europe

Methods:

- Patient selection: 422,730 vascular, orthopedic and general surgery patients, aged 50-85, from the 300 hospitals in 9 European countries
- Explanatory variables: nurse staffing per hospital,
 qualification level (% BSN), work environment
- Effect variable: inpatient deaths 1.3% mortality rate
- Risk adjustment: age, sex, ER admission indicator, surgery type, Charlson comorbidity index
- Mixed-level models (GEE) analysis

Effect of Nurse Staffing on Hospital Mortality in Europe

Results:

- every additional patient per nurse produces a 7% increase in the odds on patients dying
- Every 10% increase in BSN nurses produces a 7% decrease in the odds on patients dying
- Interaction effect:
 - In poorer environments, no effect of education;
 - in better environments, an 10% increase in BSNs implies a 14% decrease in the odds on dying.

Conclusions

- Room for improvement in most European countries and hospitals
- Large variability across hospitals and health systems
- Perceptions of nurses and patients about hospitals are related
- High consistent relationship between working environment and indicators of job satisfaction (burn-out, intention-to-leave)
- Significant impact of nurse staffing on patient outcomes (mortality) in 9 European countries
- First working environment, then nurse staffing