

Safe Patient Ratios in Nursing: Quality Improvement

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Quality improvement is trying to fix systemic problems in the healthcare field. There are many people, departments, and categories in healthcare, this paper is specifically talking about the nursing field. To start a quality improvement, plan a specific problem must be defined and there must be an initiative focus (Puri et al., 2023). A patient-centered approach is the best approach to take when implementing a quality improvement plan (Puri et al., 2023). Quality improvement will use several different processes for the plan. These could include a model for improvement theories, Six Sigma, and Lean (Puri et al., 2023).

Quality and Safety Education for Nurses (QSEN) and quality improvement are working towards the same goal of improving healthcare. Quality improvement is used with the QSEN to help understand all the different categories of patient care (*QSEN Competencies*, 2022). Quality improvement is used with the QSEN to help communicate and advocate for patients and their values, preferences, or cultural needs (*QSEN Competencies*, 2022). Lastly, the QSEN and quality improvement are used to help make the patient feel respected, heard, and encouraged (*QSEN Competencies*, 2022).

Unsafe patient ratios are an ongoing problem in nursing. This problem has been talked about needing to be fixed for a while. However, these unsafe ratios have not been reevaluated or fixed. If safe patient ratios were implemented a lot of things could change. For example, better patient outcomes could increase, nurse burnout could decrease, patient satisfaction could increase, and quality of care could improve. Those examples are what the article evaluates and tries to improve.

Article Summary

This article included two different periods in their article. They had a preimplantation period and a post-implantation period of 2 years after implantation. The location used was the Queensland Hospital to obtain data and test the implantation. They included 231,902 patients in this study (McHugh et al., 2021). This article focused on adult patients usually on the medical-surgical floor (McHugh et al., 2021). The article focused on studying the hospital's baseline before the patient ratio change. Next, the researchers started to study how the hospital's baseline was changing after the research implantation. The main focus was looking at mortality rates but the study did include looking at other things as well like the nurse's workload, the patient demographics, comorbidities, and discharge status (McHugh et al., 2021).

This article specifically targets bedside nurses in its study. It is extremely helpful that it uses a specific floor as well. This article is using its research to try and change nursing for the better. The change the article is trying to make could improve staffing and hospitals nationwide. This article helps other hospitals realize what safe staffing and safe patient ratios can do for the results of the patient and the staff.

Overview

They found that the mortality rate went down after they implemented their safe patient ratios. The length of the patient's stay also decreased by 22% after the implantation period (McHugh et al., 2021). However, the readmission rate rose by 3% after the implantation period (McHugh et al., 2021). But when staffing was improved that helped this hospital's patient outcomes tremendously (McHugh et al., 2021). Even decreasing their nurse-to-patient ratio by

one was helpful. Not only did it help the staff it also helped the patient because the patients had increases of better outcomes.

This article relates to the QSEN because it prioritizes patient-centered care as well as teamwork and collaboration. The article prioritizes its nursing team and tries to help them succeed the best they can. This study realized that the nurses were struggling and that they needed to do something to help (McHugh et al., 2021). When the research was implemented, patient care started to improve (McHugh et al., 2021). Lessening the patient ratio helped nurses have more time to focus on patient care. Teamwork and patient-centered care can go hand in hand because if there is not a good team to rely on then it is hard to not feel overwhelmed as a nurse. Also, once the nurses were getting the help they needed the hospital statistics about patient data started to improve.

Quality Improvement

This specific article used a medical-surgical floor to implement their research. However, this research could be implemented on any floor (McHugh et al., 2021). For example, this research could be implemented in an emergency department. The first thing that would need to be done is more nurses would need to be on the floor. There would also need to be a dedicated trauma team that had enough nurses. Once there were enough nurses the intra phase could start (McHugh et al., 2021). That would include having an appropriate number of nurses on each shift for the size of the emergency department. As well as only taking an appropriate number of patients at one time. There should only be one to three patients seen per nurse (McHugh et al., 2021). This should be tried for a year and the data of the patient outcomes should be recorded.

This could be tried on several different floors like the intensive care unit, labor and delivery floor, advanced care unit, etc.

Application to Nursing

Safe patient ratios can improve several aspects of nursing. As mentioned, patient outcomes and care can be improved with safe patient ratios. Nurse burnout can also be prevented with safe patient ratios (McHugh et al., 2021). If nurse burnout is improved a nurse's mental health can also be improved. More specifically safe patient ratios can reduce medication errors (McHugh et al., 2021). Safe patient ratios can also reduce falls and pressure ulcers caused by hospital stays. Lastly, patient mortality can be decreased with the implementation of safe patient ratios (McHugh et al., 2021). All of these aspects are important because reducing all of these unfortunate events can help improve a nurse's mental health.

Practice

This article implemented specific patient ratios to try on the medical-surgical floor. Before the research was implemented the day-shift nurses were instructed to take on no less than 6 patients and the night-shift nurses were instructed to take on no less than 7 patients (McHugh et al., 2021). There was a 7% higher chance of a patient dying within 30 days of admission related to the nurse's workload (McHugh et al., 2021). One of the biggest concerns during the research was decreasing patient mortality percentage. This was done by decreasing the nurse workload and giving the nurses more time to focus on their patients. Decreasing the workload was extremely helpful in decreasing the patient mortality rate (McHugh et al., 2021).

Education

An American Nurses Association (ANA) article has research that relates to 20% of patients in a medical care center experiencing adverse events (*Patient Safety: A Shared Responsibility*, 2024). This article reiterates the research that patient-centered care is very important. Reducing wait times between the patient and nurse can be helpful to decrease harm (*Patient Safety: A Shared Responsibility*, 2024). Sometimes when a patient has to wait too long, they begin to think they can do it themselves which can lead to harm. Nurse-patient relationships are also a very important resource to use for safe patient care (*Patient Safety: A Shared Responsibility*, 2024). These relationships are important because the more the patient can trust the nurse, the more the patient can rely on the nurse. When the patient relies on the nurse this can relieve patient anxiety and trust the nurse's care.

Research

Another topic that needs to be addressed more is the nursing shortage that is impacting the nursing career. Patient ratios are very important in nursing but so is safe staffing on the unit. The ANA research shows that there are 2.7 million nurses nationwide but there are currently 126,000 nursing positions open (*Patient Safety: A Shared Responsibility*, 2024). Having a nursing shortage endangers the quality of care and puts patients at risk as much as an overwhelming workload (*Patient Safety: A Shared Responsibility*, 2024). Not having enough staff is what leads to an overwhelming workload. This is important to be addressed for the future of nursing.

Conclusion

The QSEN model is a very important tool for Quality improvement. The QSEN can help with communication and integration of care for a patient (*QSEN Competencies*, 2022). In

nursing, teamwork is essential, so communicating with the team is a priority. The QSEN and quality improvement work together to help communicate the patient's needs to other team members (*QSEN Competencies*, 2022). Lastly, quality improvement helps advocate for the patients within the team. The nursing profession comes with a lot of responsibility while working. The biggest responsibility being the patient and taking care of them. Nurses want to give the best care possible however, they do not always get the best chance to give the best care possible. There can be many reasons for a nurse not to be able to give the best care possible. Some examples are too many patients, a critical patient that is consuming more of their time, no delegation help, and so much more. That is why it is important to address the unsafe patient ratios that nurses have to deal with.

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