Economics vs. Patient Acuity? Which Provides Better Patient Outcomes?
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PROBLEM: Research supports that staffing an intensive care unit based on patient acuity is crucial to patient outcomes, yet nursing does not have a single measure or process that guides appropriate staffing levels in hospitals or acute care facilities.

EVIDENCE: Clinical PICO question: Does staffing an intensive care unit based on a daily census versus patient acuity meet individualized patient needs? The most relevant and best evidence was collected, and was evaluated using critical appraisal tools.

STRATEGY: The following databases were searched: AHRQ, NGC, & Academic Search Complete. Interviews were held with local hospital directors, critical care manager, and AOD.

PRACTICE CHANGE: To implement a policy for a detailed staffing level for an intensive care unit based on patient acuity rather than numbers.

EVALUATION: Measured outcomes in the literature included a comprehensive multifactorial approach. Measures included patient-dependency models, nursing-sensitive indicators of patient care, statistical analysis, nurse staffing measures, nursing care delivery models, hospital statistics (Nursing Quality Improvement Committee, NQIC), & multiple regression models.

RESULTS: Overall studies indicate that richer nurse staffing based on acuity levels is associated with better patient outcomes.

RECOMMENDATIONS: Establish a specific staffing level guide policy in order to have a solid scientific basis with nurse staffing decisions rather than one which is economically driven.
Bibliography

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