Optimal Allocation of Nursing Resources

In today's pressing environment, it is not always easy to achieve generally accepted evidence-based allocation of nursing resources. While delivering higher quality of care at a lower price is seen as a key goal, proper investing in nurse staff persists as a challenge.

The new report (Begley, Cipriano, Nelson 2020) published by the Healthcare Financial Management Association (HFMA) provides different perspectives on the relationship of finance and nurse staffing and suggestions on how to bridge the gap between the two. It is co-authored by the HFMA, the American Nurses Association (ANA) and the American Organization for Nursing Leadership (AONL) and endorsed by the American Association of Critical-Care Nurses (AACN).

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It suggests that interprofessional team building and identifying the workplace stressors for both finance and nursing staff is critical in reaching shared understanding of value. Putting patient experience centre stage is a must, and some best practices here include developing a shared vocabulary, leading with quality and building trust with consistency.

To improve allocation of nursing resources, the authors recommend the following to the leaders.

- To creatively approach nurse staffing issues, ie use evidence-based approaches for decision-making, workforce utilisation and outcome improvement.
- To consistently monitor how new technology impacts care, at all stages.
- To address long-term challenges collaboratively, sharing the responsibility among all levels of an organisation.
- To devise principles for allocating appropriate nursing resources for patient care, accepted by both nurses and finance professionals, namely: (1) nurse staffing is critically important for patients and for the care experience; (2) safe nurse staffing equals better patient outcomes; and (3) optimal staffing reduces nurse turnover and, consequently, the cost of care.
- To enhance relationship through interprofessional collaboration among clinicians, health care administrators and finance leaders.

The benefits of the above – for hospitals, health systems, staff and patients – would be numerous, the authors write. These would generally lead to prioritising of quality of care, holistic approach to resource allocation, better informed decision-making and less conflict.

Nurses-Midwives Instead of Obstetricians

One example of an innovative approach to nurse staffing and the benefits it may bring is highlighted in a recent study published in *Mayo Clinic Proceedings: Innovations, Quality & Outcomes (*Gokhan A et al. 2020 *).*

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One solution to staffing challenges – a collaborative care model – is being tested by Mayo Clinic Health System–Franciscan Healthcare, a community-based integrated health care delivery system that is part of a large academic medical institution. There certified nurse-midwives lead the care team providing care for obstetric patients who are at low to moderate risk, and thus helping to deal with increasing challenges of an acute obstetrician shortage.

Within this care model, implemented in July 2014 and optional for patients, a certified nurse-midwife is always present in the hospital, with generalist obstetricians on call, when needed. A nurse cares for obstetric patients only, and admits labour induction, pre-labour and active labour patients.

Since the introduction of the model, outcomes have substantially improved, including the decrease in primary C-section birth rate, vaginal operative deliveries, admissions to the neonatal ICU and length of stay in the hospital, with simultaneous increase in the rate of vaginal births.

The authors of the research note that such staffing model is more sustainable and cost-effective and is worth exploring by other institutions.

References

Begley R, Cipriano PF, Nelson T (2020) The Business of Caring: Promoting Optimal Allocation of Nursing Resources. Available from hfma.org/content/dam/hfma/Documents/industry-initiatives/business-of-caring-promoting-optimal-allocation-nursing-resources.pdf

Gokhan A et al. (2020) Midwife Laborist Model in a Collaborative Community Practice. Mayo Clinic Proceedings: Innovations, Quality & Outcomes. Available from mcpiqojournal.org/article/S2542-4548(19)30154-7/fulltext

Published on : Wed, 22 Jan 2020