



## Study Provides Guidance for ICU Staffing



The findings of a new study examining the ratio of nurse practitioners (NPs) and physician assistants (PAs) to patients may help hospital administrators better determine appropriate staffing levels in intensive care units (ICUs).

Published in the *American Journal of Critical Care (AJCC)*, “Patient-to-Provider Ratios for Nurse Practitioners and Physician Assistants in Critical Care Settings: Results From a National Survey” is the first national study to report on advanced practice provider-to-patient ratios in ICUs and other acute and critical care settings.

For this study, researchers conducted an online survey of NPs and PAs who are members of the American Association of Nurse Practitioners, American Academy of Physician Assistants or the Society of Critical Care Medicine, collecting 433 responses from providers currently practicing in the US and Canada.

Average provider-to-patient ratios were reported as follows:

- ICUs - 1:5 for both NPs and PAs;
- Paediatric ICUs - 1:4 for NPs;
- Critical care settings that integrated fellows and medical residents - 1:4 for both NPs and PAs.

According to researchers, key factors that impact patient-to-provider ratios are the severity of the patients’ illnesses, the number of patients in the unit and the number of providers in the unit. Other factors include patient diagnosis, the number of physicians in the unit, time of day and the number of fellows and medical residents on service.

“Nurse practitioners and physician assistants have become essential members of the ICU team who can assist in patient care management as well as promote implementation of evidence-based practice and continuity of care,” said lead author Ruth Kleinpell, RN-CS, PhD, FCCM, who leads the Center for Clinical Research, Rush University Medical Center, Chicago. “These results provide much-needed guidance for those responsible for appropriate staffing coverage and strategic planning for patient care in acute and critical care units.”

An experienced acute care nurse practitioner (ACNP) herself, Kleinpell is considered one of the leading experts on ACNP practice. Results from this study will provide an essential foundation for future effectiveness studies assessing the impact of ACNPs on healthcare outcomes.

Kleinpell’s study was funded by the American Association of Critical-Care Nurses (AACN) through an Impact Research Grant, which supports clinical inquiry that drives change in high acuity and critical care nursing

practice.

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