

Understaffing

Executive Summary

Understaffing is not a new phenomenon in nursing, but it continues to present risks of patient harm and risks of liability for hospitals and long-term care facilities. Understaffing can be caused by factors in the environment such as lack of available nurses to recruit and nurses leaving the profession, or factors within the facility such as lack of funds, difficulty projecting staffing needs, and nurse turnover rates. Some of these factors may be outside an individual facility's control; however, many things can be done. Facilities should make concerted efforts to address the issues in the community, as well as issues within the facility, to mitigate the problem. This article addresses the shortage of nursing staff in the United States.

Understaffing almost always results in delays in care, including delays in assessment, treatment, medication administration, providing routine care, tending to patient requests, and responding to an emergency. At best, these delays may diminish patient satisfaction; in an emergent or time-critical situation, delays can lead directly to patient harm.

Injuries that result from such delays can also lead to litigation. As a general rule, facilities should always strive to avoid situations in which a judge or jury would want to punish them for egregious behavior. For example, if a patient is injured owing to a delayed response to an emergency because the unit was short staffed on that occasion, the plaintiff will argue that the facility was trying to maximize revenue by minimizing staffing, risking the health of patients for monetary gain. Any time a defendant makes a cost-benefit decision that decreases protections for human health, judges and juries may seek punitive damages.

Action Recommendations

- Adopt a corporate goal of ensuring that all departments and units are appropriately staffed to the fullest extent possible, maximizing permanent staff and minimizing temporary staff.
- Adopt a model staffing plan that sets goals for appropriate staffing in each department or unit based on patient load.
- Educate and inform administration that supplemental nurse staffing services are short-term gap fillers, not long-term solutions.
- Monitor and track all employee, medical staff, and patient complaints or other feedback directly related to staffing or the use of supplemental staff.

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- Establish a performance improvement plan that tracks indicators of understaffing.
- Monitor and track incident reports to discover the relationship, if any, to staffing levels.
- Evaluate the role and impact of staffing on quality improvement measures and other outcomes data.
- Perform a qualification review of contracts for agency or other temporary nursing personnel for credentialing and competency policies, and supplement where indicated. Regardless of individual policies, maintain credential files on all temporary nurses.
- Review contracts with staffing agencies for appropriate insurance coverage and hold-harmless clauses for agency personnel.
- Consider implementing strategies to minimize and condense the amount of new information that a float or agency nurse must learn, reducing the possibility of serious issues that may arise when a nurse works in an unfamiliar environment.
- Maximize opportunities to recruit new staff and retain current staff with competitive wages, benefits, and bonus programs. Explore innovative ways to provide educational opportunities for nursing students and compete for new nursing graduates.

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