

Evaluating and Monitoring This Guideline

As you implement the recommendations in this Guideline, we ask you to consider how you will monitor and evaluate its implementation and impact.

Table 2 is based on a framework outlined in RNAO’s (2012) *Toolkit: Implementation of Best Practice Guidelines* and illustrates some specific indicators for monitoring and evaluating implementation of this Guideline.

Table 2: Structure, Process, and Outcome Indicators

TYPE OF INDICATOR			
Level of Indicator	Structure	Process	Outcome
Objectives	These indicators evaluate the supports in the organization that allow nurses and other health-care professionals to integrate best practices in their staffing models.	These indicators evaluate implementation of this Guideline and changes in staffing practices via indicators and outcomes for nurses and patients.	These indicators provide data that reflects the impact of implementing the Guideline recommendations that lead to improved outcomes for nurses.
Organization Level	System structures are in place to support organizations and health-care providers to promote safe and effective staffing and workload practices within, between, and across settings	<p>System-wide processes are implemented to support safe staffing within, between, and across settings and health-care providers</p> <p>Score cards are reviewed regularly by executive leadership and representatives from key stakeholder groups (including patient representatives, nurse leaders, and point-of-care practitioners) to assist with workforce planning</p> <p>Score cards are part of the organizational annual review, which includes performance trends, and budget/resource allocation for the next fiscal year</p>	<p>Percentage of unit/operational nurse leaders(s) who conduct safe nursing processes</p> <p>Percentage of adverse events related to insufficient nurses on shift</p> <p>Percentage of costs associated with alternate staffing model</p> <p>Percentage of readmission rates due to insufficient supply of full-time nurses</p> <p>Percentage of organizations using data reporting tools for internal and external benchmarking</p>

RECOMMENDATIONS

Level of Indicator	Structure	Process	Outcome
Organization Level	<p>Organization structures support continuity of care, and safe staffing of nurses within, between, or across settings or health-care providers, as demonstrated through:</p> <ul style="list-style-type: none"> ■ Communication and information flow mechanisms, and ■ availability of personnel designated to assist with contingent plans that affect staff availability 	<p>Organization has adopted and implemented policies and procedures to guide staffing</p> <p>Organization provides appropriate in-service training and education programs for those responsible for developing staffing models and day-to-day scheduling</p> <p>Organization utilizes or provides standardized technology to support staffing systems</p>	<p>Decrease of costs associated with staffing (e.g., overtime, agency use)</p> <p>Decrease of adverse events (e.g., delayed care, readmissions, insufficient care)</p> <p>All staff receive training or education regarding technology, staffing models, and staff mix</p> <p>Monitoring and reporting of critical incidents related to insufficient staffing in terms of category and numbers</p> <p>Full-time/part-time ratios of 70/30</p>
	<p>Structures are in place for the submission of official complaints in the areas of nurse communication, clinical nurse care, and nurse attitude</p>	<p>Organization evaluates official complaints and staffing practices</p>	
Individual Level	<p>Educational in-services are in place to support best staffing practices</p>	<p>Nursing staff and staff designated as responsible for staffing receive appropriate education and training</p> <p>Nurses in all roles and other health-care providers report unsafe situations</p>	<p>Percentage of nurses educated and trained on policy and procedures for staffing</p> <p>Percentage of nurses satisfied with the staffing model, processes, and availability of nurses to staff the unit</p>

Level of Indicator	Structure	Process	Outcome
Individual Level	Staffing models are in place to support adequate care for patients	Patients and families receive verbal information regarding who is scheduled to deliver their care during each shift	Percentage of patients satisfied with the category, continuity, and number of staff delivering their care
System Level	<p>Availability of adequate financial resources to support technology and human resources to achieve safe staffing</p> <p>Budget is aligned with an evidence-based organizational model of nursing care delivery</p>	<p>Yearly budget costs for:</p> <ul style="list-style-type: none"> ■ staffing of the appropriate category and numbers of nurses, inter-professionals, and support staff; and ■ tools for enabling communication and staffing scheduling 	<p>Demonstrated cost efficiency and effectiveness through:</p> <ul style="list-style-type: none"> ■ recruitment and retention cost savings, ■ sick time cost savings, and ■ overtime cost savings <p>Required staffing levels available to:</p> <ul style="list-style-type: none"> ■ meet patient needs, ■ accommodate fluctuating patient needs, and ■ accommodate fluctuating staffing needs (e.g., replacement staff for orientation, professional development, etc.)