Please find below the results of your literature search request.

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Literature search results

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Search details

Elderly patient with complex needs receiving care from multiple specialities. Current nurse-patient staffing levels are the same throughout the Trust 1 nurse : 1 patient. Should this be the case – are there alternative staffing models? How does the current ratio affect the quality of care or staff morale?

Resources searched

NHS Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; EMBASE; MEDLINE; Google Scholar; Google Advanced Search

Database search terms: elderly; exp AGED; aged; frail; FRAIL ELDERLY; “older people”; “older person”; “later life”; geriatric*; GERIATRICS; senior*; elder*; “old age”; “complex need*”; complex adj2 need*; multiple adj2 need*; nurs* adj2 patient* adj2 ratio*; NURSE-PATIENT RATIO; “nurse-patient ratio”; staff* adj2 ratio*; staff* adj2 level*; staff* adj2 level* adj2 nurs*; “skill mix” adj2 nurs*; “skill mix” adj2 staff*; depende*; complex*; calculator*; tool*; acuity; measure*; evaluat*; assess*; apprais*; DEPENDENCY (PSYCHOLOGY); exp CLINICAL ASSESSMENT TOOLS; complex* adj2 need*; multip* adj2 need*; exp NURSING ASSESSMENT; GERIATRIC ASSESSMENT

Google search string: (acuity OR dependency) (calculator OR calculators OR tool OR tools) (“older people” OR seniors OR elders OR aged OR geriatric OR geriatrics) (healthcare OR NHS) (staffing OR ratio)

Summary

There is guidance on staffing levels, particularly from the Royal College of Nursing, and some research, but not much. While there are tools to measure dependency in the elderly (you may find some of the guidance and the results from the Google Advanced Search useful here), there seem to be few papers linking level of dependency or complex need to specific staffing ratios.
### Guidelines

**British Association of Critical Care Nurses**  
*Standards for Nurse Staffing in Critical Care* 2009

**Guidelines and Audit Implementation Network**  
*Adult Intensive Care Services in Northern Ireland* 2001

**Healthcare Workforce**  
*Selecting and Applying Methods for Estimating the Size and Mix of Nursing Teams*

*See the Acuity-quality method on p.13.*

**Intensive Care Society**  
*Levels of Critical Care for Adult Patients* 2009

### Human Resources for Health

**From staff-mix to skill-mix and beyond: towards a systemic approach to health workforce management** 2009

Yet, there is currently no clear-cut evidence of the effectiveness of such legislated ratios, which may prevent managers from making local decisions about appropriate staffing and are insensitive to many contextual factors (e.g., changes in patient dependency, presence of ancillary personnel or non-nurse providers, technology).

### King’s Fund

**Staffing in maternity units: getting the right people in the right place at the right time** 2011

National recommended midwifery staffing ratios are based largely on the Birthrate Plus planning tool, which analyses workforce requirements in terms of what women need, and does not take into account the contribution of other staff apart from midwives. Despite the tool’s popularity and widespread implementation, there is an absence of evidence about whether its use contributes to improved safety.

### NHS Institute for Innovation and Improvement

**Safer nursing care tool**

### Royal College of Nursing

**Guidance on safe nurse staffing levels in the UK** 2010

Lists a variety of tools and data on staffing levels, some of which may be applicable to geriatric wards.

**Nursing assessment and older people: a Royal College of Nursing toolkit** 2004

Includes dependency assessment and how this links into workforce calculations.

**Setting safe nurse staffing levels. An exploration of the issues** 2003

1. However, some professional groups may wish to adopt the approach of recommending nurse : patient ratios for their specialism, along the lines of current recommendations for some intensive care and psychiatric services (see Appendix 1).

2. Since 1967, the standard nurse : patient ratio for adult intensive care has been 1:1.

### Evidence-based reviews

**Agency for Healthcare Research and Quality**  
*Nurse Staffing and Quality of Patient Care: Structured Abstract* 2007

Increased nursing staffing in hospitals was associated with lower hospital-related mortality, failure to rescue, and other patient outcomes, but the association is not necessarily causal. The effect size varied with the nurse staffing measure, the reduction in relative risk was greater and more consistent across the studies, corresponding to an increased registered nurse to patient ratio but not hours and skill mix. Estimates of the size of the nursing effect...
must be tempered by provider characteristics including hospital commitment to high quality care not considered in most of the studies. Greater nurse staffing was associated with better outcomes in intensive care units and in surgical patients.

Hospital Nurse Staffing and Quality of Care, 2004

The largest of the studies discussed here found significant associations between lower levels of nurse staffing and higher rates of pneumonia, upper gastrointestinal bleeding, shock/cardiac arrest, urinary tract infections, and failure to rescue.

Cochrane Database of Systematic Reviews
Effectiveness of staffing models in residential, subacute, extended aged care settings on patient and staff outcomes, 2011

No conclusive research exists to suggest that any nursing model or skill-mix model would be effective at improving patient or staff well-being in a residential aged-care facility. The evidence presented for a primary-care model is not sufficient to suggest its use in an aged-care facility.

King’s College, London
RN RN = better care. What do we know about the association between Registered Nurse staffing levels and patient outcome?, 2009

The evidence of an association between nurse staffing and patient outcomes has been used in some countries to set mandatory nurse patient ratios but the expected benefits in terms of patient outcomes have not been realised. A recent study in Belgium, found no association between nurse staffing and outcome at a hospital level, although significant variation in staffing levels between wards within hospitals was reported. Other factors may also be at work...

NHS Economic Evaluation Database
Improving nurse-to-patient staffing ratios as a cost-effective safety intervention, 2006

As a patient safety intervention, patient-to-nurse ratios of 4:1 are reasonably cost-effective and in the range of other commonly accepted interventions.

Effect of nurse-to-patient ratio in the intensive care unit on pulmonary complications and resource use after hepatectomy, 2005

Patients undergoing hepatic surgery, who received postoperative care in intensive care units (ICUs) where one nurse provided care for 3 or more patients at night, presented a significant increase in postoperative pulmonary complications and use of resources and, therefore, incurred higher direct hospital costs. This supported the hypothesis that ICU nurse-to-patient ratios can contribute directly to the patients’ outcomes.

NIHR Health Technology Assessment Programme
Systematic review of the links between human resource management practices and performance, 2010

Published research

1. Frailty scales--their potential in interprofessional working with older people: a discussion paper.

Author(s): Poltawski L, Goodman C, Iliffe S, Manthorpe J, Gage H, Shah D, Drennan V

Citation: Journal of Interprofessional Care, July 2011, vol./is. 25/4(280-6), 1356-1820;1469-9567 (2011 Jul)

Publication Date: July 2011

Abstract: New models of interprofessional working are continuously being proposed to address the burgeoning health and social care needs of older people with complex and long-term health conditions. Evaluations of the effectiveness of these models tend to focus on process measures rather than outcomes for the older person. This discussion paper argues that the concept of frailty, and measures based on it, may provide a more user-
centred tool for the evaluation of interprofessional services - a tool that cuts across undisciplinary preoccupations and definitions of effectiveness. Numerous frailty scales have been developed for case identification and stratification of risk of adverse outcomes. We suggest that they may also be particularly suitable for evaluating the effectiveness of interprofessional working with community-dwelling older people. Several exemplars of frailty scales that might serve this purpose are identified, and their potential contributions and limitations are discussed. Further work is required to establish which is the most suitable scales for this application. The development of an appropriate frailty scale could provide an opportunity for interprofessional debate about the forms of care and treatment that should be prioritised to improve the health and well-being of this population.

Source: MEDLINE

2. The relationship between nurse staffing and quality of care in nursing homes: A systematic review

Author(s): Spilsbury K., Hewitt C., Stirk L., Bowman C.

Citation: International Journal of Nursing Studies, June 2011, vol./is. 48/6(732-750), 0020-7489 (June 2011)

Publication Date: June 2011

Abstract: Background: Nursing homes have an important role in the provision of care for dependent older people. Ensuring quality of care for residents in these settings is the subject of ongoing international debates. Poor quality care has been associated with inadequate nurse staffing and poor skills mix. Objectives: To review the evidence-base for the relationship between nursing home nurse staffing (proportion of RNs and support workers) and how this affects quality of care for nursing home residents and to explore methodological lessons for future international studies. Design: A systematic mapping review of the literature. Data sources: Published reports of studies of nurse staffing and quality in care homes. Review methods: Systematic search of OVID databases. A total of 13,411 references were identified. References were screened to meet inclusion criteria. 80 papers were subjected to full scrutiny and checked for additional references (n= 3). Of the 83 papers, 50 were included. Paper selection and data extraction completed by one reviewer and checked by another. Content analysis was used to synthesise the findings to provide a systematic technique for categorising data and summarising findings. Results: A growing body of literature is examining the relationships between nurse staffing levels in nursing homes and quality of care provided to residents, but predominantly focuses on US nursing facilities. The studies present a wide range and varied mass of findings that use disparate methods for defining and measuring quality (42 measures of quality identified) and nurse staffing (52 ways of measuring staffing identified). Conclusion: A focus on numbers of nurses fails to address the influence of other staffing factors (e.g. turnover, agency staff use), training and experience of staff, and care organisation and management. ‘Quality’ is a difficult concept to capture directly and the measures used focus mainly on ‘clinical’ outcomes for residents. This systematic mapping review highlights important methodological lessons for future international studies and makes an important contribution to the evidence-base of a relationship between the nursing workforce and quality of care and resident outcomes in nursing home settings. 2011 Elsevier Ltd.

Source: EMBASE

3. Care Dependency Scale: psychometric testing of the Polish version.

Author(s): Dijkstra, A, Muszalik, M, Kedziora-Kornatowska, K

Citation: Scandinavian J Caring Sciences, December 2010, vol./is. 24/(62-6), 0283-9318 (2010 Dec)

Publication Date: December 2010

Abstract: Research in Poland examining the validity and reliability of the Polish version of the Care Dependency Scale. Nurses tested the scale on elderly people over 60 in hospital or living in care homes. 23 refs.

Source: BNI

Full Text: Available in fulltext at EBSCO Host

4. Interrater reliability and agreement of the Care Dependency Scale in the home
5. The clinical utility of the Care Dependency Scale in rehabilitation: nurses’ perception.

Author(s): Eichhorn-Kissel, J, Dassen, T, Lohrmann, C

Citation: J Research in Nursing, 2010, vol./is. 15/6(547-61), 1744-9871 (2010)

Publication Date: 2010

Abstract: Research in Austria using a staff view assessment instrument (SVAI) to examine nurses’ perceptions of the clinical usefulness of the Care Dependency Scale in the neurological, orthopaedic and geriatric rehabilitation setting. Views on the advantages and disadvantages of the Scale were assessed and the psychometric properties of the SVAI were also investigated. A commentary is included on p563-4. 24 refs.

Source: BNI

Available in fulltext at EBSCO Host

6. Comparison of two tools developed to assess the needs of older people with complex care needs.

Author(s): Lambert, S, Cheung, W, Davies, S

Citation: J Research in Nursing, September 2009, vol./is. 14/5(421-36), 1744-9871 (2009 Sep)

Publication Date: September 2009

Abstract: Research in south west Wales to compare the practicality and validity of the Minimum Data Set Resident Assessment Instrument (MDS-RAI) and EASY-Care as tools to assess the complex health care needs of people over 65 years in care homes or awaiting hospital discharge. A commentary follows on p437-8. 44 refs.

Source: BNI

Available in fulltext at EBSCO Host


Author(s): Dale, B, Saevareid, H, Soderhamn, O

Citation: Int J Mental Health Nursing, April 2009, vol./is. 18/2(133-43), 1445-8330 (2009 Apr)

Publication Date: April 2009

Abstract: Research in Norway assessing the validity of a Norwegian version of Goldberg's 30-item General Health Questionnaire (GHQ-30) among community-living elderly people. Clients over 75 receiving home nursing were assessed using the GHQ-30 to identify levels of mental health and wellbeing and the relationship to home nursing, home help and family care. Reliability and validity of the scale were examined. 50 refs.

Source: BNI

Available in fulltext at EBSCO Host

8. Assessment of dependency levels of older people in the community and
measurement of nursing workload.

Author(s): Byrne, G, Brady, A, Horan, P

Citation: J Advanced Nursing. October 2007, vol./is. 60/1(39-49), 0309-2402 (2007 Oct)

Publication Date: October 2007

Abstract: Quantitative research in Ireland into dependency levels of older people in community nurses' workload, and the nursing input required to meet them. Community nurses in both urban and rural areas assessed older patients using the Community Client Need Classification System, recording source of referral and time spent both in travel and patient contact time, as well as levels of patient need. 64 refs.

Source: BNI

Full Text: Available in fulltext at EBSCO Host


Author(s): Williams H, Harris R, Turner-Stokes L

Citation: Journal of Advanced Nursing, 15 September 2007, vol./is. 59/6(612-622), 03092402

Publication Date: 15 September 2007

Abstract: Aim. This paper is a report of a study to establish which timings and assumptions of the Northwick Park Dependency Scale and Care Needs Assessment are appropriate to the inpatient rehabilitation setting and which, if any, require adjustment. Background. Cost-effective provision of nursing care relies on being able to adjust staffing levels in accordance with patient dependency. The Northwick Park Dependency Scale and Care Needs Assessment enables direct assessment of nursing care needs in community settings. Method. An observational study was conducted in 2004 to record the time taken to complete direct nursing care interventions in a rehabilitation ward and to compare these times with simultaneously recorded time-estimates provided by the Care Needs Assessment. A total of 1168 nursing interactions were timed for 50 care episodes. Results. There was considerable variation in the time taken for each nursing intervention, depending on overall patient dependency and the number of nurses required. Although there was good correlation between observed care times and those estimated by the Care Needs Assessment, observation confirmed that most interventions took substantially less time than the estimates. There was also a very different pattern of care in hospital compared with the community, with shorter, more frequent interactions as nurses distribute their time between different patients, and activities other than direct patient care. Conclusion. The Northwick Park Care Needs Assessment tool already has widespread application in other countries and its continued use for estimating community care needs remains relevant. The tool, once fully developed, will have the potential to contribute to international rehabilitation nursing workforce planning and research.

Source: CINAHL

Full Text: Available in fulltext at EBSCO Host

10. A comparative review of the Katz ADL and the Barthel Index in assessing the activities of daily living of older people.

Author(s): Hartigan, I

Citation: Int J Older People Nursing, September 2007, vol./is. 2/3(204-12), 1748-3735 (2007 Sep)

Publication Date: September 2007

Abstract: Comparison of the use of the Katz activities of daily living and the Barthel Index to evaluate older patients' functioning in terms of level of independent or dependence. The content and terminology of the scales are explained and the implications for nursing are discussed. 49 refs.

Source: BNI

Full Text: Available in fulltext at EBSCO Host
11. 'Introducing yourself to strangers': nurses' views on assessing older people with complex care needs.
Author(s): Lambert, S, Thomas, V, Gardner, L
Citation: J Research in Nursing, 2007, vol./is. 12/4(349-64), 1744-9871 (2007)
Publication Date: 2007
Abstract: Quantitative and qualitative research examining 2 needs assessment tools for older people living in nursing homes, residential care or awaiting hospital discharge: EASY-Care and the Minimum Data Set Resident Assessment Instrument. The tools were assessed by hospital and community nurses on the basis of ease of use, usefulness in identifying needs, and acceptability to patients. Includes commentary. 46 refs.
Source: BNI
Full Text:
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

12. Supporting people with complex needs.
Author(s): Neno, R
Citation: Nursing Older People, January 2007, vol./is. 18/12(6-7), 1472-0795 (2007 Jan)
Publication Date: January 2007
Abstract: The prevalence of mental health problems in older people with learning difficulties and a new guide to their identification, service planning, support and assessment. The use of the guide, 'Supporting Complex Needs' (2007) to help the understanding of these issues by nurses is described. 4 refs.
Source: BNI
Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

Author(s): Crouch R, Williams S
Citation: Accident & Emergency Nursing, 01 October 2006, vol./is. 14/4(219-229), 09652302
Publication Date: 01 October 2006
Abstract: BACKGROUND: Rising patient demand in emergency departments is an international problem. Patient dependency (the degree of nursing care required) has major implications for nursing. Nurse skill mix and staffing levels can be addressed more effectively when dependency can be measured. A valid and reliable method of determining patient dependency in the emergency department in the United Kingdom is required. AIM: To test the validity, reliability and generalisability of the Jones Dependency Tool.
METHODS: Six emergency departments across England were included. The sample was 140 adult patients from each site (n=840). Information was collected by nurses on: demographics, triage, chief complaint, vital clinical signs, nurse's own subjective rating of patient dependency, Jones Dependency Tool ratings and a comparative tool ratings. For a sub-sample of 40 patients, observation data were collected. RESULTS: There was a highly significant correlation between the Jones Dependency Tool scores and the nurses' subjective ratings of patient dependency (R=0.786,P<0.001). There was a significant correlation between triage rating and Jones Dependency Tool scores (R=0.58,P<0.001). The higher the dependency, the higher the proportion of patients with abnormal pulse rates (chi(2)=7.45,df=1,P=0.006), abnormal respiratory rates (chi(2)=15.683,df=1,P<0.001) and abnormal oxygen saturation (chi(2)=15.583,df=1,P<0.001). The higher the amount of time spent by nurses in direct care of patients the higher the patient's level of dependency (R=0.72,P<0.001). Length of time spent by nurses with patients was also significantly and
positively correlated with the nurses’ subjective ratings of patient dependency (R=0.49, P=0.001). There was a positive and significant correlation between Jones Dependency Tool scores and comparator scores (R=0.726, P<0.001). There was a good correlation between JDT scores measured over time (kappa=0.68) and good inter-rater reliability (kappa=0.75). CONCLUSIONS: The Jones Dependency Tool can be recommended as a valid and reliable tool for the measurement of patient dependency in the emergency department.

Source: CINAHL

Full Text:
Available in fulltext at Elsevier; Note: Click link. At ScienceDirect webpage for journal, click Login, then Athens Login and enter your NHS Athens username/password to access full-text articles.

Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection; Note: Click Login (top right-hand corner of screen) and then Athens login. Once logged in, you must search for the journal title, to access the content.

Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

14. Nursing home staffing standards: their relationship to nurse staffing levels.

Author(s): Mueller C, Arling G, Kane R, Bershadsky J, Holland D, Joy A
Citation: Gerontologist, February 2006, vol./is. 46/1(74-80), 0016-9013 (2006 Feb)
Publication Date: February 2006

Abstract: PURPOSE: This study reviews staffing standards from the 50 states and the District of Columbia to determine if these standards are related to nursing home staffing levels. DESIGN AND METHODS: Rules and regulations for states' nursing home staffing standards were obtained for the 50 states and the District of Columbia. Nurse staffing data were obtained from the Centers for Medicare and Medicaid Services On-Line Survey, Certification, and Reporting (known as OSCAR) database. The minimum hours per resident day (HPRD) staffing standards for each state were categorized according to the following: no state-specific HPRD standard (adheres only to federal staffing guidelines); low HPRD standard (< or = 2.5 HPRD); and high HPRD standard (> 2.5 HPRD). A series of hierarchical linear models examined the relationships between state staffing standards and actual facility staffing (total, licensed, and certified nurse aide HPRD), using a number of covariates. RESULTS: The variance in facility staffing was much greater within than between states. Facilities in states with high staffing standards had somewhat higher staffing than states with no standards or low standards, whereas facility staffing in states with low standards was not significantly different from that in states with no standards. Other factors, such as resident acuity and average state Medicaid rate, also were related to staffing. IMPLICATIONS: State staffing standards may not be effective policy tools because they are only one of many factors that affect facility staffing levels. Setting a low minimum HPRD standard may fail to raise staffing, or it may even have a dampening effect on staffing rates in facilities.

Source: MEDLINE

15. Functional decline in hospitalized older adults.

Author(s): Graf, G
Citation: Am J Nursing, January 2006, vol./is. 106/1(58-68), 0002-936X (2006 Jan)
Publication Date: January 2006

Abstract: New Look at the Old series. Functional decline in older people following hospitalisation, caused by dependency, bed rest and immobility and resulting in irreversible physiological changes. Strategies for nurses to assess and prevent functional decline during hospital admission and to provide an ‘elder friendly’ environment are suggested. 42 refs.

Source: BNI

Full Text:
Available in fulltext at Ovid
16. **Practice nurses and older people: a case management approach to care.**

**Author(s):** Evans, C, Drennan, V, Roberts, J  
**Citation:** J Advanced Nursing, August 2005, vol./is. 51/4(343-52), 0309-2402 (2005 Aug)  
**Publication Date:** August 2005  
**Abstract:** Research by questionnaire into the extent that practice nurses use the case management approach in caring for patients over 75 years of age. The study also investigated the factors that determined whether the practice nurses used the 5 cyclical elements of the case management approach for the complex care needs of the population. 36 refs.  
**Source:** BNI  
**Full Text:** Available in fulltext at [EBSCO Host](#)  
Available in print at Pilgrim Hospital Staff Library

17. **Acuity-based staffing in long term care: does it influence quality?**

**Author(s):** Gray-Siracusa K  
**Citation:** , 01 January 2005, vol./is. /(0-139),  
**Publication Date:** 01 January 2005  
**Abstract:** Background. Long-term care settings have frequently been targeted as environments prone to deficiencies in quality and resultant negative effects on resident safety. The use of minimum nurse staffing ratios has been proposed as a way to improve the quality of care for long-term care residents. However, the American Nursing Association has criticized the appropriateness of ratios for the determination of staffing needs. A more appropriate staffing methodology is one that is based on a measure of intensity that takes into consideration the aggregate population of patients and the associated roles and responsibilities of the nursing staff. The purpose of this study is threefold: (1) to determine the difference between the hours of care required by residents and reported staffing, (2) to examine whether differences can be explained by organizational characteristics, and (3) to determine if differences influence the quality of resident care.  
**Source:** CINAHL

18. **An evaluation of dependency assessment: experiences of staff, patients and carers in a UK hospice**

**Author(s):** Quinn H., Allan H., Bryan K.  
**Citation:** International journal of palliative nursing, December 2004, vol./is. 10/12(592-599), 1357-6321 (Dec 2004)  
**Publication Date:** December 2004  
**Abstract:** AIM: To evaluate the experiences of health-care professionals, service users and carers of service users from a UK hospice in relation to dependency assessment. DESIGN: Qualitative evaluation. SAMPLE: Purposive, convenience sample of hospice staff, patients receiving hospice services and carers of patients receiving hospice services. METHODS: Focus group interviews with hospice staff and carers of hospice service users. Individual interviews with patients. RESULTS: Staff felt the tool used produced inaccurate results, in part because of omissions in content. They did not perceive the data produced affected working practice, e.g. staffing levels. Patients described unobtrusive assessment and stated their needs were met. Carers reported feelings of isolation. They also described differing information and support needs from the patients. CONCLUSION: Further research is required to improve the validity of dependency data collection. Further investigation of carer assessment is also justified.  
**Source:** EMBASE  
**Full Text:** Available in fulltext at [EBSCO Host](#)  
Available in print at Grantham Hospital Staff Library

19. **Social services and the Single Assessment Process: early warning signs?**

**Author(s):** Glasby, J

**Author(s):** Adomat R, Hicks C

**Citation:** Journal of Advanced Nursing, 15 May 2003, vol./is. 42/4(402-412), 03092402

**Publication Date:** 15 May 2003

**Abstract:** BACKGROUND: There is an increasing demand for intensive care provision in the United Kingdom (UK), partly because of a national shortage of intensive care beds. The problem is compounded by the current method for calculating the nurse:patient ratio using a Nurse Workload Patient Category scoring system or similar adaptations used in many intensive care units. This ratio is calculated by using patient category or dependency scales, which operate on the assumption that the more critically ill the patient, the more nurse time is needed to care for the patient. However, many mechanically ventilated critically ill patients (allocated a high category of care) may need less nursing care than patients who are self-ventilating and allocated a lower level of dependence. PURPOSE: In this study, a video recorder was used to document nurse activity for 48 continuous shifts in two intensive care units to determine the accuracy of the Nursing Workload Patient Category scoring system in measuring nurse workload. METHODS: The video data were correlated later with the Patient Category allocated to the patient by the nurse at the time. RESULTS: The results of this observational study demonstrated that, despite complex care needs, a high percentage of nursing activities observed in each unit consisted of low skill activity. Furthermore, nurses spent less time with patients categorized as in need of intensive care than those in need of high dependency care in both units. CONCLUSION: The findings suggest that existing nurse:patient ratio classifications may be inappropriate, since nurses spent less time with critically ill patients. Radical reconsideration of nursing levels and skill mix might make it possible to increase intensive care provision because fewer nurses would be needed to staff each bed. The findings support alternative and more flexible systems for assessing workload and the use of different nurse:patient ratios.

**Source:** CINAHL

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21. Care dependency: testing the German version of the care dependency scale in nursing homes and on geriatric wards.

**Author(s):** Lohrmann, C, Dijkstra, A, Dassen, T

**Citation:** Scandinavian J Caring Sciences, March 2003, vol./is. 17/1(51-6), 0283-9318

**Publication Date:** March 2003

**Abstract:** Research into validity of the Care Dependency Scale in Germany. 18 refs.

**Source:** BNI

**Full Text:**
- Available in fulltext at EBSCO Host
- Available in fulltext at EBSCO Host

22. The Care Dependency Scale: an assessment instrument for elderly patients
23. An assessment of the staffing level required for a high-dependency unit.

Author(s): Garfield, M, Jeffrey, R, Ridley, S
Citation: Anaesthesia, 01 February 2000, vol./is. 55/2(137-143), 00032409
Publication Date: 01 February 2000
Source: CINAHL

Abstract: High-dependency units are increasing in number and becoming an ever more important part of a hospital's facilities. The optimum staffing ratio is unknown, but the Department of Health and the Intensive Care Society recommend a level of one nurse to two patients. We recorded Therapeutic Intervention Scoring System-28 scores and Nurse Dependency Scores for all admissions to our adult, general high-dependency unit over 7 months. We found a weak correlation between the nurse dependency score and the Therapeutic Intervention Scoring System-28 score. The median Therapeutic Intervention Scoring System-28 score was 23 points (interquartile range 19-26), and the median Nurse Dependency Score was 1.0. These results are approximately two-thirds of those for European intensive care units. We conclude that a nurse-to-patient ratio of 1:2 may be insufficient for an adult general high-dependency unit, and would recommend a nurse-to-patient ratio of 2:3.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Pilgrim Hospital Staff Library


Author(s): Garfield M, Jeffrey R, Ridley S
Citation: Anaesthesia, February 2000, vol./is. 55/2(137-43), 0003-2409;0003-2409 (2000 Feb)
Publication Date: February 2000

Abstract: High-dependency units are increasing in number and becoming an ever more important part of a hospital's facilities. The optimum staffing ratio is unknown, but the Department of Health and the Intensive Care Society recommend a level of one nurse to two patients. We recorded Therapeutic Intervention Scoring System-28 scores and Nurse Dependency Scores for all admissions to our adult, general high-dependency unit over 7 months. We found a weak correlation between the nurse dependency score and the Therapeutic Intervention Scoring System-28 score. The median Therapeutic Intervention Scoring System-28 score was 23 points (interquartile range 19-26), and the median Nurse Dependency Score was 1.0. These results are approximately two-thirds of those for European intensive care units. We conclude that a nurse-to-patient ratio of 1:2 may be insufficient for an adult general high-dependency unit, and would recommend a nurse-to-patient ratio of 2:3.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Pilgrim Hospital Staff Library

Plus

Author(s): Smith, Judith, Forde, Val, Goodman, Margaret
Citation: Nursing Management, 2010, vol./is. 16/8(14-19), 1354-5760
Publication Date: 2010

Abstract: This article describes how the introduction of an acuity and dependency tool at University Hospitals Coventry and Warwickshire NHS Trust has provided nurses with a structure for gathering evidence about patient care levels, and discusses how this information is shared throughout the trust to improve patient outcomes and safety.

Source: HMIC

Full Text:
Available in fulltext at Ovid
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Available in fulltext at EBSCO Host
Maximizing safety of hospitalized elders
R Lindquist... - Critical Care Nursing Clinics of North Am..., 2007 - Elsevier

... Increase geriatric content in ... experiences that foster team-building and enhance communication and collaboration among professionals working with elderly patients. ... is needed that focuses on patients, providers, and the hospital environment to help vulnerable elders to feel ...

Cited by 4 - Related articles - All 4 versions

Determining older people's need for registered nursing in continuing healthcare: the contribution of the Royal College of Nursing's Older People Assessment Tool
P Ford... - Journal of clinical nursing, 1999 - Wiley Online Library

... et al., 1976 ; Challis et al., 1996 ), but a review of available tools did not ... used for other client groups, or to be used alone as an 'independence/dependency' assessment, but ... consideration in relation to the ongoing development and testing of the assessment tool and exploring ...

Cited by 10 - Related articles - BL Direct - All 6 versions

Identifying patients at risk of nursing home admission: The Leeds Elderly Assessment Dependency Screening tool (LEADS)
A Slade, J Fear... - BMC health services research, 2006 - biomedcentral.com

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Assessment of dependency levels of older people in the community and measurement of nursing workload
G Byrne, AM Brady, P Horan... - Journal of advanced nursing, 2007 - Wiley Online Library

... in the allocation of staff, unlike in hospital settings, where a number of tools are available ... between the dependency levels of older exploring the relationship between the dependency levels of ... to participate, 94 (47%) completed educational workshops on use of the tool and 44 ...

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K Hurst - International journal of nursing studies, 2008 - Elsevier

... Based on Hutton's data, there is a risk that older hospitals, which are more ... An NHS Estates' evaluation tool, designed to improve patient areas and consequently their ... 1. Annotate the published and grey literature on ward design, patient dependency, acuity, staffing and patient ...

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A brief risk stratification tool to predict functional decline in older adults discharged from emergency departments
FM Hustey, LC Mion, JT Connor... - American Geriatrics Soc, 2007 - Wiley Online Library

... The rapid pace of the ED and the high acuity of the patient population make such lengthy ... Such tools may also be more practical for use in busy EDs with limited resources. ... This simple six-item screening tool predicts functional impairment in older
ED patients at baseline, 30 days ...

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A Squires… - Physiotherapy, 1997 - Elsevier
... Simple tools have been developed to assist such activity for physiotherapy with older people … Work on a common dependency scale to quantify these changes for dynamic, responsive … providers in hospital, day hospital and community rehabilitation services for older people, in: A ...

Dependency ratios: Useful policy-making tools?
L Bartram… - Geriatrics & Gerontology International, 2005 - Wiley Online Library
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CW Brennan… - Journal of advanced nursing, 2009 - Wiley Online Library
... Other terms for acuity that described nursing care needs included patient dependency, or the patient's reliance on … studies, especially those measuring the intensity attribute of acuity, may be a result of tool creators not being clear about which attribute of acuity they were ...

Nursing assessment and older people
P Ford, EF Trust, CPC Trust, S Blackburn, C First… - 2004 - arachna.co.nz
... Evident throughout has been absence of a tool that articulates the specific need the older person … While such dependency tools can help to identify need for care, they do not assist in … reasons why it has been impossible to separate the social care needs of older people from their ...

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health service managers generally and nursing workforce planners ... this summary using a calculator, some of the five main methods require ... Ratios. 1. 2.3. 4.3. 7.3. Number of patients. 5. 10. 7. 3. 25. Workload index/Acuity. 5. 23. 30. 22. 80...

1 to 4 (nurse to patient ratio). »
www.impactended.com/?p=2537
8 Jan 2011 – Currently, a General Workload Calculation Tool, that was developed in 2004, ... a&<=A nurse-to-patient ratio would mean all absences from the ...

Nurse-to-Patient Ratios: Research and Reality
www.bos.frb.org/economic/neppc/conreports/.../conreport051.pdf
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“Nurse-to-Patient Ratios: Research and. Reality” focused particularly on the pros and cons of establishing minimum nurse-to-patient ratios, a legislative initiative ...

The “Right” Nurse Staffing Model
acc-cancer.org/ontology_issues/articles/.../ND09-West-Sherer.pdf
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Patient Classification and Acuity Tools ... practices, for example), nurse staffing levels for patient care ... The tool includes a column that gives the calculation ...

Branches to vote on ratios and pay offer - NSW Nurses
www.nswnurses.asn.au/.../2011-17%-20-%20PHS%20information%2... File Format: PDF/Adobe Acrobat - Quick View
21 Feb 2011 – calculation, utilising an Award based Nursing Hours Per Patient Day .... Tool will continue to apply until the ratios are implemented in that ...

Nurse ratio is double safe level: union
www.smh.com.au/.../nurse-ratio-is-double-safe-level-union-2010113...
1 Dec 2010 – The current nursing award had a workload calculation tool to determine staffing levels based on several factors, including patients needing ...

THE QUEENSLAND EMERGENCY NURSING WORKFORCE TOOL:
Block all aqnl.org.au results
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in respect of staffing levels, when measured as patients per nurse, even when acuity weightings are ... Validate tool and method with interstate nursing workforce units. • Nov – December 2009 ... shift per day. –apply a financial calculator ...

ENA Creates Tool to Aid Emergency Department Staffing - NurseZone
www.nursezone.com › Nursing News & Events
In response to these issues, the Emergency Nurses Association has ... determine their own optimal staffing levels to cope with the increased patient load. ...

Nurses develop tool to ensure safe staffing levels | News | Nursing ...
www.nursingtimes.net/nursing...tool-to...staffing.../5027399.article
22 Mar 2011 – She said: “It shows what numbers you should have for the acuity and ... University Hospitals NHS Trust and Royal Wolverhampton Hospitals NHS Trust – and ... “Where staffing has been increased because the tool showed we needed .... Modern Matron within Older Peoples Mental Health Services, Durham ...

Health and dependency in later life
www.uk.sagepub.com/.../Bond%20et%20a%20-%20... File Format: PDF/Adobe Acrobat - Quick View
by J Bond - Cited by 11 - Related articles
9 Jan 2007 – in later life from the perspective of older people and compare the provision of for- ... challenging the way that healthcare and social care policy is developing in ..... implementation of the model into a measurement tool only body structure and .... ratios are routinely calculated: total dependency ratio, gerontic ...

What does high acuity mean to "you"? - Nursing for Nurses
allnurses.com/general-nursing.../what-does-high-535605.html
I've been casually working to create a tool for objectively measuring and classifying the current and anticipated acuity levels of the patients on...

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
www.knowledge.uhl-tr.nhs.uk/pubscheme/.../paper%20A.pdf
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roll-out of the (previously-reported) 'Vital' tool across older people’s care ... (vii) maintaining a regular review of patient acuity and the associated nurse staff ...

Evidence, Outcomes and Assessment tools
www.leeds.ac.uk/medicine/rehabmed/.../Prof%20Turner%20Stokes.p...
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Healthcare resource groups and. Payment by ... Tools to measure rehabilitation. ➢ Needs ... the same tools throughout ... C 2 Requires help from 2 people for most basic care needs .... ➢ Therapy Dependency Assessment (NPTDA) ... ➢ Calculate nursing staff level required for ward .... 22 yr old man – severe brain injury ...

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Planning Tool), a Three Phase Simulation model ... practice is not advocated, dependency ratios have had to be ... Older People [Department of Health, 2001]: ...

A Quantitative Tool for Workforce Planning in Healthcare: Example ...
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on Future Skills Needs in developing a tool that would allow policy ..... The alternative scenarios focused on older people and used a ratio of HCAs to the .... should take into account inter-occupational dependency and skill mix, combine ...