

Example of literature review on nursing: measures of quality

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Nursing Staff Skill Mix-Literature Review

James Buchan and Mario R. Dal Po (2002) contend after researching nursing staff skill mix that solid evidence suggests that utilizing less qualified staff is not applicable to every health care setting because it can ultimately compromise care quality (Buchan & Dal Po, 2002). However, there is substantial evidence where by increasing the use of care assistants helped organizations to function more efficiently. Importantly, doctor-nurse overlap assessment revealed where it extends the potential for organizations to explore manipulating nursing staff skill mix to its fullest. Essentially, nursing staff skill mix is still in its virgin stages. As such, organizations ought to experiment more with applications of nurse staffing mix in order to understand its true benefits in health care system management (Buchan & Dal Po, 2002).

Similarly, Madeline P. Albanese (2010) and colleagues advance that nursing performance measures are very important to quality initiatives in acute care organizations, but face many challenges especially, when trying to measure up with center of Medicare Services Standards. The researchers further contend that nursing quality initiatives are structured through the Nursing Quality Council (Albanese et. al, 2010). Consequently, exploration of any nursing staff skill mix is influenced by standards established by this body and similar ones.

More importantly, considering managed care protocol established by Centers for Medicare Services (CMS) it was announced that of ' July 1, 2011, states must submit state plan amendments to the U. S. Centers for Medicare & Medicaid Services (CMS) indicating how each state will prohibit Medicaid

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payments to providers for provider-preventable conditions (PPC) as required under the Patient Protection and Affordable Care Act. CMS revealed that it will delay compliance action related to the new provisions until July 1, 2012' (McDermont Will & Emery, 2011, p. 1). This exposes nursing staff skill mix, especially, models involving doctor- nurse overlap to quality scrutiny because these models are still in their infancy and do not work in every situation for every organization (Buchan & Dal Po, 2002).

Significantly, a Final Rule issued encouraged states to increase the amount of provider preventable conditions (PPCs) that will not meet the criteria for Medicaid/ Medicare reimbursements. Besides, states are to consider adopting evidence-based guidelines in making decisions regarding additional PPCs for which CMS can approve (McDermont Will & Emery, 2011).

Precisely, the determinant for nursing staff skill mix is quality improvement; the requirement for its implementation is improvement in quality of care; possible interventions include ' improving use and deployment of staff skills to achieve best mix' (Buchan & Dal Po, 2002, p 576). Therefore, aligning this quality improvement criteria with CMS provider preventable conditions (PPC) regulations/standard many health care organizations are forced to focus on quality instead of quantity predisposing to increases in provider preventable conditions (PPC) affecting quality of care.

References

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