

Safe Staffing Beyond Ratios: Using Patient Acuity to Guide Workforce Allocation in a Medical-Surgical Unit

Juliet Avendano, BSN, RN; Jesha Baniqued, MSN-Ed, RN; Jasmine Buce, BSN, RN; Melissa Felipe, BSN, RN;
Jay Madamba, BSN, RN; Clifford Paul Neue, ADN, RN; Samantha Shuman, BSN, RN



BACKGROUND

Safe nurse staffing is essential in delivering high-quality patient care, improving patient outcomes, ensuring patient safety, and nurse well-being. While nurse-to-patient ratios often determine staffing needs, safe staffing extends beyond ratios and must consider overall patient acuity to support unit needs. According to the Academy of Medical-Surgical Nurses (AMSIN, 2025), staffing should reflect patient acuity, workload, unit demands, and nursing experience. Increased nurse workloads are associated with higher patient mortality, greater nurse burnout, and lower job satisfaction (Levins, 2023).

PATS is a tool that incorporates multiple indicators of patient complexity and was created by 4 South staff.

Scan the QR code for more information.



PURPOSE

This initiative promotes a culture of safe, effective staffing assignments in a medical-surgical unit at UMC by implementing patient acuity tool scoring (PATS). PATS promotes balanced nurse-patient assignments while empowering nurses to participate in organizational decision-making. Data collected through this initiative will give frontline staff and organizational leaders an objective tool to guide staffing decisions, evaluate nursing workload distribution, and inform future policy on safe and appropriate staffing practices.

METHODS

The project utilizes a prospective quality improvement design to evaluate the implementation of PATS in 4 South, a medical-surgical unit in UMC, a Magnet-designated hospital. Quantitative measures used descriptive and comparative statistics to determine evidence-based results on PATS's effectiveness in supporting reliable, acuity-based safe staffing practices. A pre- and post-PATS trial survey was conducted among full-time staff in 4 South to assess the tool's relevance and evaluate opinions on PATS's effectiveness.

REFERENCES

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RESULTS

4 South experienced substantial patient movement, averaging approximately 13 admissions, discharges, and transfers each day. Incorporating high turnover metrics into shift assignments allows 4 South to balance workload based on true nursing intensity and better support safer, higher-quality care transitions. Thirty-three shifts exceeded 12 hours, suggesting additional workload demands beyond scheduled staffing. Although patient-experience measures improved from Q4 2025, results remained below SafetyNet benchmarks, particularly for timely assistance, discharge education, and understanding of care. Staff consistently supported PATS as a way to improve workload balance and safe staffing, while identifying opportunities to streamline scoring and integrate it into electronic workflows. This study has limitations, such as unrecorded data from 2025 being much higher than in 2026. This does not display a full picture of day-to-day changes in patient acuity. Multiple data points were also entered incorrectly, either missing subcomponents or omitting several patients.

CONCLUSIONS

Unstandardized acuity-based patient assignment is associated with higher rates of patient safety events, such as falls; lower nursing-sensitive quality outcomes, including delayed medication administration; and increased nurse-reported workload, stress, burnout, and lower job satisfaction. PATS provides a practical framework for incorporating patient acuity into staffing decisions on 4 South. The findings demonstrate strong staff acceptance and suggest that acuity-based assignments support more balanced workloads. However, continued improvement should focus on consistent PATS use, efficient electronic integration, staff responsiveness, and possible use of AI, machine learning (ML), and other innovations to guide safe staffing in medical-surgical nursing. Moreover, ongoing monitoring with a larger sample is needed to determine the intervention's effect on staffing patterns, workload, and patient outcomes.

