NEW ZEALAND NURSES ORGANISATION | TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

NZ CCCN New Zealand College of Critical Care Nurses N Z N O

NZ College of Critical Care Nurses

STANDARD

New Zealand Standards for Critical Care Nurse Staffing

This publication replaces the Critical Care Nursing Section (CCNS) Minimum Guidelines for Intensive Care Staffing in New Zealand (2005)

Purpose

The purpose of these standards is to outline the minimum nurse staffing for critical care units in New Zealand.

Introduction

This document outlines the minimum nurse staffing standards for critical care units in New Zealand. These standards state the minimum standards staffing required to deliver safe, quality patient focused care in critical care.

These standards have been developed in line with minimum standards for nurse staffing levels set by related professional bodies i.e. Australian College of Critical Care Nurses (ACCCN, 2003), the College of Intensive Care Medicine of Australia and New Zealand (CICM, 2011), British Association of Critical Care Nurses (BACCN, 2009), American Association of Critical Care Nurses (AACN, 2010), the World Federation of Critical Care Nurses (WFCCN, 2005). These New Zealand Standards for Critical Care Nursing Staffing replace the Critical Care Nurses Section (CCNS) *"Minimum Guidelines for Intensive Care Staffing in New Zealand"* (Morley, 2005). Morley's document was New Zealand's first position statement on critical care nurse staffing, which was developed in response to a New Zealand Ministry of Health review of critical care services in New Zealand (Intensive Care Clinical Advisory Group, 2005).

In New Zealand, nursing practice is regulated by the Nursing Council of New Zealand (NCNZ). The NCNZ defines three scopes of practice for nurses; Nurse Practitioner (NP), Registered Nurse (RN) and Enrolled Nurse (EN). Each of these scopes of practice has specific competencies as stated by the Nursing Council of New Zealand (NCNZ, 2007; 2008; 2012).

The following standards outline the appropriate nursing service delivery within a New Zealand Critical Care Unit. To meet the standard of nursing service delivery, the criteria within these guidelines needs to be applied in their entirety.

Definitions

In New Zealand there are specialist Intensive Care Units (ICU), separate Intensive Care and High Dependency Units (HDU), and Intensive Care Units that are combined with High Dependency and/or Coronary Care Units (CCU). This document refers to units that meet these definitions under the College of Intensive Care Medicine of Australia and New Zealand guidelines.

Intensive Care Unit:

The College of Intensive Care Medicine of Australia and New Zealand (CICM, 2011) define an ICU as *“a specially staffed and equipped, separate and self-contained area of a hospital dedicated to the management of patients with life-threatening illnesses, injuries and complications, and monitoring of potentially life-threatening conditions. It provides special expertise and facilities for support of vital functions and uses the skills of medical, nursing and other personnel experienced in the management of these problems”.*

In New Zealand, ICUs may also be combined with High Dependency Units and Coronary Care Units.

High Dependency Unit:

An HDU is defined by CICM (2010) as *“a specially staffed and equipped section of an intensive care complex that provides a level of care intermediate between intensive care and general ward care”.*

Critical Care Nursing:

The CCNS (2009) define Critical Care Nursing as:

“The provision of nursing care for patients and their families within critical care, intensive care, combined intensive/high dependency/coronary care, or high dependency care units”.

Critical Care Nurse:

The CCNS (2010a) define a qualified critical care nurse as:

“A nurse who has completed a speciality practice post registration programme that meets the New Zealand Standards for Critical Care Nursing Education (CCNS, 2010) or a nurse who has successfully completed another critical care nursing programme and is able to provide evidence of continued professional development reflecting their theoretical knowledge and clinical expertise that meets the standards outlined in the New Zealand Standards for Critical Care Nursing Education (CCNS, 2010)”.

Standards

1. **Intensive care patients:** A minimum registered nurse to patient ratio of 1:1 is required for all ventilated patients.

   Where the critical care nurse in charge deems appropriate, there may be a need to have a higher RN to patient ratio for acutely unstable ventilated and unventilated patients.

2. **High dependency patients:** A minimum registered nurse to patient ratio of 1:2 nursing is required for HDU patients. At times, high dependency patients may need a higher RN to patient ratio.

3. **Acute coronary care patients:** A minimum registered nurse to patient ratio of 1:2 nursing is required for acute coronary care patients. At times, acute coronary care patients may need a higher RN to patient ratio.

4. **Additional service requirements:** Increased nursing requirements and additional roles will need to be factored into the total establishment of critical care units that provide services including (but not limited to); outreach, research, quality improvement, rapid response teams, patient retrieval and transport, telemetry, teaching of critical care courses, dedicated equipment nurses or technicians, practice development.

   In critical care units where referral of patients to a specialist centre is necessary, a higher nurse to patient ratio may be required to facilitate transfers.

   In critical care units where there is limited exposure to the management of specialist areas of critical care nursing, a higher nurse to patient ratio may be required.

5. **Nursing Manager:** There is at least one designated Nursing Manager (or equivalent title e.g. Charge Nurse Manager). The Nursing Manager of the unit must be a qualified critical care nurse and be formally recognised as the unit nurse leader.

6. **Clinical Coordinator:** There is a designated senior critical care nurse in charge of the unit each shift. The Clinical Coordinator (or equivalent title) must be a qualified critical care nurse. This nurse is supernumerary and is responsible for the coordination and logistical management of patients, staff, service provision and resource utilisation during a shift.

7. **Nurse Educator:** At least one designated Nurse Educator (NE) is required per unit. The Nurse Educator must be a qualified critical care nurse. The full time equivalent (FTE) required for NE is dependent on (but not limited to) staff turnover, skill-mix, staff training requirements, breadth and depth of the patient mix and unit activities.

   a) There should be at least one FTE nurse educator per 50 nurses on the roster (0.2 FTE per 10 nurses).

   b) The NE FTE is for unit-based education and staff development activities only and must be located in the unit itself. There should be additional education staff to manage hospital wide education, post graduate and post registration Critical Care courses.

8. **ACCESS Nurses:** The ACCESS nurses provide 'on-the-floor' Assistance, Co-ordination, Contingency (for a late admission on the shift, or staff sickness mid-shift), Education (of junior staff, relatives, and others), Supervision and Support. These RNs are in addition to the clinical coordinator, bedside nurses, unit manager, educators and non-nursing support staff. ACCESS nurses are also known as a 'float', 'clinical support', or 'runner'.

   The ratio of ACCESS nurse required per unit/per shift will depend on the average level of skill and expertise of the total nursing team. As a guide, one ACCESS nurse would be required for every eight ICU patients or every 16 HDU patients.

9. **Skill Mix:** At least 50% (and optimally 75%) of nursing staff must be qualified critical care nurses. Units with less than 50% qualified staff will need additional ACCESS nurses and education staff as described in Standard 4 and 8. To ensure at least 50% of critical care nurses attain a critical care qualification, units will need to facilitate access to critical care courses which may also involve provision of financial support, study leave and clinical support.

10. **Support:** Critical care units are provided with adequate resources to ensure that nurses are focused on clinical care. These include allied health professionals, administrative staff, Health Care Assistants, manual handling assistance/equipment, cleaning and other ancillary support staff. If this support is not made available and the health provider places an expectation on nursing staff that take on these support roles then extra nursing hours must be allocated to accommodate this.

11. **Enrolled Nurses:** Enrolled nurses may be allocated duties to assist and support registered nurses. Due to the complexity and unpredictability of patients within critical care, patient care is unable to be delegated to an Enrolled Nurse except under direct supervision from an RN. This is based on the NCNZ requirement that, where complex observations, decision making or nursing judgement is required, delegation is not appropriate (NCNZ, 2011b).

12. **Health Care Assistants:** Health Care Assistants may be allocated duties to assist and support registered nurses. Where the HCA is assisting with patient care (e.g. turning a patient), this must be under the direct supervision of an RN.

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Mission statement
NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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