



**DATE: 30/03/2022**

## **CENNZ-NZNO POSITION STATEMENT**

### **REGISTERED NURSING STAFF REQUIREMENTS IN EMERGENCY DEPARTMENTS**

#### **SUMMARY**

The maintenance of appropriate levels of emergency nursing staff is critical to the ability of emergency departments to provide quality equitable health care for patients and a safe working environment.

The College of Emergency Nurses New Zealand - NZNO supports policies and processes that allow nurses to formulate appropriate staffing plans specific to each emergency department. This approach acknowledges that many factors influence the staffing requirements, and enable the flexibility needed to respond to changing circumstances. The following factors must be included in the development of safe staffing requirements for EDs: baseline operational requirements; capacity to respond to surges in patient numbers and acuity; individual and service speciality knowledge and skill requirements (skill-mix) and workflow forecasting models. Appropriately educated and experienced nurses must be provided for triage, resuscitation, and coordinating positions to ensure patient safety.

The provision of adequate staffing resources is the responsibility of employers.

#### **CENNZ POSITION: KEY RECOMMENDATIONS**

- Recognition that Emergency Nurses are specialists and cannot be routinely replaced with other nursing staff
- Safe staffing involves more than the number of individuals present – consideration must be given to skill mix, including experience and specialty education requirements (eg triage)
- Minimum staffing levels should be calculated based on annual presentations, patient acuity and complexity, average length of stay, nursing time for interventions and skill mix.
- Experienced nursing roles are required to support nurses providing direct clinical care
- Validated acuity-based tools should be implemented and utilised in all emergency departments
- On-going data-collection and research into safe staffing is essential to enable flexible responses to change, optimum workforce wellbeing and quality patient care
- National standardisation of staffing requirements must be developed that correlate with Ministry of Health Service Specifications, ED standards (CENNZ; ACEM) and ensure that quality equitable care is provided.

## **BACKGROUND:**

Emergency departments (EDs) are an essential component of New Zealand's health care system, providing care for people with serious illness or injury that requires urgent attention (Ministry of Health, 2020). Adequate staffing levels are essential to safely respond to the variability of volumes and acuity in ED presentations (Peck Malliaris, et al., 2021).

Emergency nurses represent a specialist workforce that delivers skilled care to undifferentiated patients in a constantly changing practice environment. They provide highly skilled interventions, including triage, resuscitation, initial and ongoing patient assessment, monitoring, intervention and evaluation. Emergency department work flow is highly variable, as is the acuity and range of patient presentations. The dynamic nature of ED workload requires clear escalation pathways to rapidly deploy additional skilled nurses during periods of increased demand (Health Service Journal, 2016). Additional nursing staff are required when unresourced areas of departments including ambulance bays, corridors, and informal spaces are occupied by patients (Varndell, et al., 2016). Responses to provide safe and appropriate staffing therefore need to be flexible and responsive within individual emergency departments (Wolf, 2020). Nursing leadership, supervision and shift coordination are essential roles required on each shift, and clinical nurse educators with appropriate training and resources are required to support the specialty training needs, workforce development and staff retention (Ministry of Health, 2021; Health Service Journal, 2016).

While limited research has been carried out in the emergency department setting on direct patient outcomes, ward-based nurse staffing research shows strong evidence of that lower nurse staffing rates are associated with failure to rescue and higher mortality rates in Europe, North America and elsewhere (Recio-Saucedo et al. 2015). Additional findings have shown decreased patient satisfaction, delays to essential patient care, increased patient falls, pressure injuries, infections, medication errors, and increased length of stay, (Aiken, et al., 2018; Ramsey et al., 2018; Wolf et al., 2017). Adequate staffing is required to meet obligations under Te Tiriti o Waitangi, including providing excellent, culturally safe care and actively seeking to eliminate inequities (Australasian College for Emergency Medicine, 2019). In addition to the impact on patients, reduced staffing has also been shown to have a negative impact on nursing staff. Low numbers of staff result in insufficient time for nurses to detect and manage deteriorating patients, and the associated inability to provide safe and effective care can reduce resilience, leading to low morale, moral distress, burnout and staff resignations (Anderson, et al., 2021; Jiang et al., 2017).

International approaches to the management of safe emergency nurse staffing have varied. Within the United States and Australia, legislated minimum nurse to patient ratios are widely used, with demonstrated improved outcomes (Chan, et al., 2010; McHugh, et al., 2021). The 2021 'Evaluation of the pilot implementation of the Framework for Safe Nurse Staffing and Skill-Mix in Emergency Care Settings' (Drennan et al.) outlines a detailed formula for calculating nursing hours per patient presentation in Irish EDs, drawing on yearly presentation figures, triage category as a dependency and acuity measure, and staff replacement rates. Despite this, current evidence remains inconclusive regarding optimum nurse-patient staffing models for emergency care environments (Olley, et al., 2018; Twig, et al., 2021; Wise et al., 2015). CENNZ supports the recommendations of colleague organisations in Australia and the United States of America, that allocation of emergency department

full time equivalent nursing positions should be based on patient acuity, annual presentations, average length of stay and skill mix (ENA, 2021).

Within NZ, a national Safe Staffing Healthy Workplaces (SSHW) committee of inquiry was established in 2005, following negotiations between the NZNO and DHBs, as a compromise response to the NZNOs call for the establishment of nurse-patient staffing ratios. A collaborative agreement resulted in the formation of the SSHW unit in 2006/7, initially funded by the Ministry of Health and subsequently by all 20 District Health Boards (DHBs). The three goals of the unit were to assure patient safety and satisfaction, support staff health and wellbeing, and support organisational efficiency. A pilot project saw three DHBs trial the Care Capacity Demand Management (CCDM) programme with the associated adoption of patient acuity data collection as the foundation metric for staffing determination. Following an independent review in 2010, the decision was made to progressively roll the system out across all DHBs (Safe Staffing Healthy Workplaces Unit, 2019). This continues to be a 'work in progress' and is yet to be fully implemented into New Zealand Emergency Departments to achieve safe baseline staffing levels (Nursing Advisory Group, 2022).

In order for the CCDM model to work effectively, validated acuity-based tools that capture accurate information are needed to provide the core data set to calculate baseline nursing staff levels. This requires employers to implement resources and training support to ensure robust data is obtained. Regular monitoring of data collection should inform an annual review of staffing through audit of nursing full-time equivalent calculations. There is currently an estimated two-year timeline from the initiation of the TrendCare tool adopted by CCDM to reach sufficient data capacity to enable nursing full-time equivalent (FTE) staff calculations to be made (Ministry of Health, 2017). Budgeted FTE calculations also need to include the provision for education, sick and annual leave as stipulated in employment agreements.

The three core elements of the CCDM programme are the core data set, staffing methodology and variance response management. If the CCDM is to be effectively implemented as the core means of managing safe staffing in NZ, it is essential that variance response in the ED is safely and effectively managed. Variance response in EDs is seen as a trigger system that initiates a cascade of response linked to ED specific concerns including access block, ambulance ramping, extended patient waiting and backlog of patients resulting in the presence of corridor beds and patients being cared for in non-clinical spaces. These are significant safety risks and represent hospital wide flow issues, rather than ED alone issue, and need to be treated as such. Ensuring safe staffing needs to be seen in the context of these wider issues (Rolls, 2021). Strategies used as part of variance response management in situations of escalation response are not acceptable for constant day-to-day use, including the regular allocation of temporary nurses without emergency training or experience (Senek, et al., 2020).

A review of the CCDM programme (Nursing Advisory Group, 2022) validated the voiced concerns of emergency nurses and found that safe staffing has not been yet achieved in EDs or hospitals. The report recommendations include the need for further development to establish an effected validated acuity-based tool, and additional nursing resources.

When emergency departments are adequately staffed patient outcomes improve, staff morale increases, nurses are able to better manage traumas and resuscitations and there is a reduction in adverse events such as falls and medical errors (Anderson et al., 2021; Wolf et al., 2017).

## RATIONALE FOR CENNZ RECOMMENDATIONS

- Adequate acuity-based workloads result in improved patient outcomes, reductions in adverse events, and staff resilience
- Experienced senior nursing positions and roles are required to achieve quality care delivery
- Adequate staffing is required to meet obligations under Te Tiriti o Waitangi, including providing excellent, culturally safe care and actively seeking to eliminate inequities
- The use of 'casual' nurses unfamiliar or inexperienced with emergency nursing is minimised when baseline nursing staff levels are calculated through validated nursing workload tools
- Robust data collection systems enable staffing to be based on annual presentations, acuity and average length of stay
- Inadequate emergency nurse staffing levels contribute to adverse patient outcomes
- Inadequate ED nurse staffing leads to unsafe working conditions and decreased staff wellbeing
- Inadequate ED nurse staffing adversely impacts ability to recruit, educate and retain nursing staff

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Approved by CENNZ members