



College of Emergency Nurses New Zealand

Position Statement on Nursing Staff requirements in Emergency Departments

The College of Emergency Nurses believes that Emergency Departments must have appropriate infrastructure and staffing requirements so emergency nurses have the environment to provide safe quality patient and family centred care ensuring optimum patient outcomes.

Managers and administrators have the responsibility to ensure effective, efficient emergency care delivery systems (Ray, Jagim, Agnew, Ingalls McKay and Sheehy, 2003). CENNZ believes nursing leaders are responsible to ensure adequate staffing requirements are attained and maintained.

Introduction

Emergency Departments (ED) provide a clinically integrated 24 hour service that is part of a secure pathway from pre hospital to definitive care (National Service Specifications MOH 2002).

Safe staffing with registered nurses and support staff is needed to deliver safe care and achieve an operationally efficient department.

Staffing based solely on nurse to patient ratio or acuity is neither practical nor reliable without adjustment for the variables within emergency departments.

A method must be established that addresses those additional variables and which can be consistently applied to all Emergency Departments.

Primary components of the CENNZ staffing guidelines

- Patient numbers – annual presentations
- Patient acuity
- Patient length of stay
- Nursing time for interventions and activities by patient acuity
- Skill mix for providing patient care based on nursing interventions that can be delegated to a non-RN
- Adjustment factor for the nonpatient care time included in each full-time equivalent position (Study leave, annual leave, and unplanned leave)

(Ray, et.al. 2003)

The College of Emergency Nurses advocates that:

- Professional Registered Nurses are essential elements in the delivery of quality, cost efficient emergency care.
- Staffing and productivity measures in the emergency care setting should reflect variables that affect the delivery of quality care.
- Staffing and productivity must be reviewed annually to ensure delivery of quality, safe, and cost efficient emergency care based upon current patient numbers and acuity, nursing time and interventions, length of stay, skill mix, and non-patient care time.

- Evaluation of staffing must include the impact on nursing job satisfaction and the recruitment and retention of qualified professional Registered Nurses.
(Ray, et.al. 2003)
- In sub acute/rural hospital Emergency Departments there should be a minimum of two Registered Nurses per shift in the Emergency Department.
- There must always be a dedicated triage nurse, to be located within the triage area and not take on additional patient care in other areas of the department.

The College believes that staffing requirements should take into account annual presentations, patient acuity, average length of stay, nursing time for interventions and activities by patient, skill mix and an adjustment for non-patient care time.

- Not included in staffing requirements must be Senior nursing roles inclusive of the following -
 - Nurse Unit Manager
 - Clinical Charge Nurse/s
 - Associate Clinical Charge Nurse/s
 - Dedicated Educator
 - Clinical Nurse Specialist's

And essential clinical roles also not included in staffing calculations

Dedicated Triage Nurse - 24hours a day, 7 days a week

Shift Co-ordination - 24hours a day, 7 days a week (NZNO, 2003)

- Staffing requirements must be mindful of the acuity of patients presenting for resuscitation. These patients require 2:1 and sometimes 3:1 nursing input.
- Staffing in the Emergency Department must be maintained when ED staff are required to transfer patients to other areas. A solution to address this would be a dedicated transit care service. In the absence of a Transit Care Service additional Registered Nurses need to be included in the staffing requirements for Emergency Departments.

Rationale

Nursing care delivery in the Emergency care setting involves, triage, initial and ongoing patient assessment, monitoring and treatment. Registered Nursing numbers have a direct correlation to patient length of stay and patient outcomes.

The length of stay is influenced by many factors including department processes, layout, and availability of support services, the demographics of the catchments population, skill mix, access to inpatient beds and services. The outcome of these factors is an influence on delivery on quality and cost efficient patient care.

Conclusion

A common goal for all those involved in health care delivery in New Zealand, including the Government, District Health Boards, clinicians and consumers, is patient safety. Obtaining and maintaining appropriate staffing requirements is essential to deliver quality safe cost effective health care. The retention of highly skilled Emergency Registered Nurses is essential in all New Zealand Emergency Departments.

References

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Ray, C., Jagim, M., Agnew, J., Ingalls McKay, J. and Sheehy, S. *ENA's new guidelines for determining emergency department nurse staffing*. Journal of Emergency Nursing. June, 2003. 245-253.

Passed by AGM CENNZ members August 2006
Endorsed by NZNO BOD December 2006