NZ College of Critical Care Nurses

STANDARDS

New Zealand Standards for Critical Care Nurse Staffing

This publication replaces the New Zealand College of Critical Care Nursing (NZCCCN) Minimum Guidelines for Intensive Care Staffing in New Zealand, 2014.

Purpose

The purpose of these standards is to outline 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 staffing required to deliver safe, quality patient-focused care in critical care.

These standards have been developed with consideration of minimum standards for nurse staffing levels set by related professional bodies i.e. Australian College of Critical Care Nurses (ACCCN, 2016), the College of Intensive Care Medicine of Australia and New Zealand (CICM, 2016), British Association of Critical Care Nurses (BACCN, 2009, updated 2010), American Association of Critical Care Nurses (AACN, 2010), and the World Federation of Critical Care Nurses (WFCCN, 2019). These New Zealand Standards for Critical Care Nursing Staffing replace the New Zealand College of Critical Care Nurses (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; 2019).

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 need 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:

An Intensive Care Unit (ICU) is defined by the College of Intensive Care Medicine (2016) as:

"An Intensive Care Unit (ICU) is 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 many units, ICU staff are required to provide services outside of the ICU such as emergency response (e.g. rapid response teams) and outreach services. Where applicable the hospital must provide adequate resources for these activities.

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

High Dependency Unit:

A High Dependency Unit (HDU) is defined by the College of Intensive Care Medicine of Australia and New Zealand (2019) as:

"*A discrete unit within a hospital, able to supply critical care expertise at less intensive resource levels, providing a level of care that falls between the general ward level and the Intensive Care Unit. A high dependency unit should be able to provide monitoring and support to patients [but] should not manage patients requiring multiple organ support or mechanical ventilation."*

Critical Care Nursing:

The New Zealand College of Critical Care Nurses (2019) define critical care nursing as:

"Critical care nursing is defined as caring for the high acuity patient requiring intensive monitoring and organ support therapies. The nurse will be able to apply knowledge, skills, and critical thinking in the holistic approach to caring for these acutely unwell patients and their whānau/family. Critical care nursing is 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 (NZCCCN, 2015)."

The CCNS 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 (NZCCCN, 2019), 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 (NZCCCN, 2019). The critical care nurse works cohesively and collaboratively with the multi-disciplinary team of the intensive/critical care environment."

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. **Cultural safety:** Ensures provisions for safety are guided by an equity approach that upholds the principles of Te Tiriti o Waitangi, and the primary responsibility of active protection through 'tino rangatiratanga' to deliver fair and just, equitable outcomes in health practice and care. Demonstrating culturally safe practices means nurses working in this context recognise limitations in their own practice and knowledge. Referral to and consultation with appropriate person(s) (including non-clinical cultural support staff, providers, iwi, hapū, whānau) to facilitate adequate care for recipients is best practice.

   Considerations of safety includes:
   a) Māori and Pacific cultural training and practice of health professionals; and
   b) safety of Māori and Pacific recipients of care and treatment as turoro (clients).

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

7. **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.

8. **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.

9. **ACCESS Nurse:** 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. An ACCESS nurse is also known as a 'float', 'clinical support', or 'runner'.

    The ratio of ACCESS nurses 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.

10. **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 standards 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.

11. **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 expects nursing staff to take on these support roles, then extra nursing hours must be allocated to accommodate this.

12. **Enrolled Nurses:** Enrolled Nurses (EN) may be allocated duties to assist and support RN. Due to the complexity and unpredictability of patients within critical care, patient care may not be delegated to an EN 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).

13. **Health Care Assistants**: Health Care Assistants (HCA) 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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