

Critical Care Staffing & Acuity Risk Assessment



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Introduction

- To maintain safe staffing in critical care
- To maintain GPICS minimum standards of nurse:staffing ratio
- To acknowledge acuity in critical care and the risks associated with this
- Current climate, emphasis on staff redeployment
- To accurately risk assess safe redeployment of staff from critical care

Method

- CC3N Best practice principles in redeployment
- Emphasis to ensure accurate reflection of WWL critical care environmental & situational factors
- Risk assessment completed at commencement of every shift
- Acuity score generated & captured. Escalated if required
- Re-score as appropriate
- Ongoing data collection and review

Themes of WWL Critical Care Risks

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Assessments day	30	29	29	30	29	28	29	26	30	30	29
Assessments night	26	24	22	25	23	28	26	23	27	29	27
Score Red day	14	11	7	12	15	13	10	10	14	13	14
Score Red night	16	10	8	13	12	10	12	16	21	16	14
Score Amber day	10	6	11	9	11	9	13	8	4	10	14
Score Amber night	8	13	5	8	11	17	12	7	3	12	9
Score Yellow day	5	4	6	2	1	4	7	4	3	2	0
Score Yellow night	1	0	4	1	0	1	1	0	1	2	3
Score Green day	1	8	6	7	2	2	1	3	0	0	1
Score Green night	1	1	5	3	0	0	2	0	0	0	1
No supernumery shift leader day	4	9	8	5	13	5	6	3	17	5	1
No supernumery shift leader night	5	6	6	7	6	5	1	17	4	0	0
Infrequently used device	0	0	0	0	0	3	0	0	0	5	0
Level 2 pt deteriorating	0	0	0	0	0	18	8	2	5	4	3
Confused/delerious patient day	22	15	32	20	30	48	48	40	36	28	24
Confused/delerious patient night	21	13	34	27	28	34	49	38	32	22	46
Bariatric +4 nurses	56	35	28	48	38	62	50	28	17	2	12
Proned patient 6 nurses	0	2	6	5	18	2	0	0	1	3	2
Patient transfer	0	0	0	0	0	4	2	6	9	7	12
Staff <18months critical care day	30	55	64	71	52	65	39	45	64	64	65
Staff <18months critical care night	39	20	58	29	34	44	36	33	45	40	27
Deteriorating level 3 patient	0	0	2	0	0	15	1	5	7	8	12
Patient in side room 1:1	58	76	84	85	109	110	91	91	127	131	51
No healthcare/auxiliary day	13	4	6	3	9	9	12	3	6	6	9
No healthcare/auxiliary night	43	35	44	48	44	52	52	46	47	26	31
No regional ICU beds				2	8	2	0	0	0	0	1
Ad hoc activity				0	0	4	7	0	2	4	29 *
Redeployed staff day	1	4	10	11	3	2	4	6	1	5	1
Redeployed staff night	10	10	16	3	0	4	5	9	1	8	6

Results

- Themes of risks within WWL critical care identified
- Accurate reflection of WWL critical care acuity now accurate, reflective and measurable
- Risk assessment presented to WWL Harm Free Care Board January 2019 and risk assessment endorsed, approved by Divisional Quality Executive Board January 2019, presented to WWL Quality Champions Committee February 2019 to share with wider Trust

Conclusions

- Understanding and recognition Trust wide of critical care *acuity versus staff to patient ratio* to assure and ensure safe staffing at all times
- Risk assessment supports non-critical care senior staff/managers in their decision making when requesting to redeploy critical care staff
- Risk factors incorporated into SafeCare model
- Data captured for future reference

For the Future

- Risk assessment adapted for other unscheduled care areas (WWL theatres)
- To further share development with CC3N

Critical Care Patient Acuity & Staffing Status/Risk Assessment
 To be completed by the shift co-ordinator at commencement of shift and following Patient Acuity/Staffing changes

Date: Time: Completed by:

Critical Care Beds	Bed occupancy	STAFFING		BEDS		Staffing total	Beds total
		Number of R/N's	Score	Number of available beds	Score		
11		9	0	0	25		
Level 3 (7)	Level 3	8	5	1	20		
		7	10	2	15		
Level 2 (4)	Level 2	6	15	3	10		
		5	20	4	5		
		4	25	5	0		

Environmental & Situational Factors. Each factor scores 1	Patients/staff risk factors	Comments	TOTAL
Infrequently used device or equipment			
Level 2 patient clinically deteriorating			
Confused/delerious patient			
Bariatric patient requiring manual handling with 4+ nurses			
Proned patient requiring manual handling with 4+ nurses			
Patient being prepared for or currently being transferred (also removing Dr from the unit)			
Staff with less than 18 months Critical Care experience (score 1 point each)			
Deteriorating level 3 patient requiring additional registered nurse support			
Patient in side room requiring 1:1 care and unable to be left unattended			
No healthcare support worker/ no auxiliary (score 1 each)			
No regional ICU beds available (score 5)			
Ad-hoc activity (ie, paediatric patient), Document overleaf and score 5.			

<15	15-20	20-25	>25
We can support the wider division, in exceptional circumstances the nurse will need to return	We can help the wider division but the nurse will need to return short notice to accept an admission	We have no capacity to support the division, inform ICU consultant on call and consider contacting matron for additional support if necessary	Escalate to ICU consultant on call and consider matron/charge nurse additional support from the division

This risk assessment is to be used to guide and support in the decision making process and does not replace clinical judgement.

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