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

- 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