Safe Staffing Levels

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Contents

1 Emergency Departments

2 NHPPD and MAU Wards

3 Intensive Care and High Dependency Units

4 Coronary Care Units and Close Observation Units

5 Skill Mix

Guiding principle

The changes have been developed to allow flexibility in allocation of staffing according to clinical acuity and models of care in operation. Nursing and midwifery managers will continue to be empowered to make decisions regarding staffing based on local clinical considerations.

Example:
In an ED with a 1:3 ratio, where there is 30 designated treatment spaces with 10 nursing staff. The nursing staff may be allocated across the unit as required by clinical need.

Safe Staffing Levels – Emergency Departments

CLINICAL AREA	SAFE STAFFING LEVELS
Emergency Department Level 5 and 6	1:1 Generally occupied Resus beds (all shifts) 1:3 ED generally occupied treatment spaces (all shifts) 1:3 ED SSU Generally occupied beds (all shifts) ED in charge/clinical NUM - 24/7 Triage – 24/7 plus one additional 8-hour shift in a calendar day.
Emergency Department Level 4	1:1 Generally occupied Resus beds (all shifts) 1:3 ED generally occupied treatment spaces (all shifts) 1:3 ED SSU generally occupied beds (all shifts) ED in charge/clinical NUM – 24/7 if greater than 50 average daily presentations (18,000 presentations per year). Triage 24/7 if greater than 50 average daily presentations (18,000 presentations per year). Triage – 24/7 plus one additional 8-hour shift in a calendar day if greater than 110 average daily presentations (40,000 presentations per year).
Emergency Department Level 3	1:1 Generally occupied Resus beds (all shifts) 1:3 ED Generally occupied Treatment spaces (all shifts). 1:3 ED SSU Generally occupied beds (all shifts) ED In charge/clinical NUM – 24/7 if greater than 60 average daily presentations (22,000 presentations per year). Triage – 24/7 if greater than 60 average daily presentations (22,000 presentations per year).
Emergency Department Level 2	Peer Group C Level 2 EDs only Level 2 EDs located in Peer Group D and MPS will be considered as part of the MPS Staffing model.

Safe Staffing Levels – NHPPD and MAU Wards

CLINICAL AREA	SAFE STAFFING LEVELS
Medical/Surgical Assessment Units (MAU & SAU)	1:4 AM, 1:4 PM, 1:7 ND based on occupied beds In charge – 24/7
NHPPD – General Inpatient – Peer A	1:4 AM, 1:4 PM, 1:7 ND based on occupied beds In charge – 16 hours per day
NHPPD – General Inpatient – Peer B	1:4 AM, 1:4 PM, 1:7 ND based on occupied beds In charge – 8 hours per day (wards with 23 or less available/occupied beds) In charge – 16 hours per day (wards with 24 or more available/occupied beds)
NHPPD – General Inpatient – Peer C	
NHPPD – General Rehabilitation	1:5 AM, 1:5 PM, 1:7 ND based on occupied beds In charge – 16 hours per day Note: This ratio is aligned with current NHPPD requirements of 5.0
NHPPD – MH Adult Acute	1:4 AM, 1:4 PM, 1:7 ND based on occupied beds In charge – 16 hours per day
NHPPD – Palliative care	1:4 AM, 1:4 PM, 1:7 ND based on occupied beds In charge – 16 hours per day

Safe Staffing Levels – Intensive Care and High Dependency Units

CLINICAL AREA	SAFE STAFFING LEVELS
Intensive Care Unit (Level 6)	1 RN:1 – ICU Patients occupying beds (all shifts) 1 RN:2 – HDU Patients occupying beds (all shifts) provided that the above ratio applies to those ICU patients required to be nursed as such (eg does not apply to ward ready patients in ICU). In charge – 24/7 Other ACCCN Standards at the discretion of the department ACCESS type role 1:10–12 (Assumed Average POD size) Minimum unit size to require ACCESS role = 10 available/occupied beds Rounding for ACCESS role = 2 patients
Intensive Care Unit (Level 5)	
Intensive Care Unit (Level 4)	1 RN*:1 – ICU Patients occupying beds (all shifts) 1 RN*:2 – HDU Patients occupying beds (all shifts) provided that the above ratio applies to those ICU patients required to be nursed as such (eg does not apply to ward ready patients in ICU). Other ACCCN Standards at the discretion of the department In charge – 16 hours per day Minimum unit size to require additional supernumerary in charge role = 10 available/occupied beds No requirement for ACCESS type role due to the types of patients these units admit and manage *provided that ENs who are engaged at the time of transition to the staffing levels will be counted as a RN for the purpose of the patient ratios outlined above.
High Dependency Units (Standalone units not part of an ICU)	1 RN*:2 – HDU Patients occupying beds (all shifts) provided that the above ratio applies to those ICU patients required to be nursed as such (eg does not apply to ward ready patients in ICU). In charge – 16 hours per day Minimum unit size to require additional supernumerary in charge role = 10 available/occupied beds *provided that ENs who are engaged at the time of transition to the staffing levels will be counted as a RN for the purpose of the patient ratios outlined above.

Safe Staffing Levels – Coronary Care Units and Close Observation Units

CLINICAL AREA	SAFE STAFFING LEVELS
Coronary Care Units	1:3 – CCU Patients occupying beds (all shifts) In charge – 16 hours per day Minimum unit size to require additional supernumerary in charge role = 10 available/occupied beds
Close Observation Unit	1:2 Patients occupying beds (all shifts) In charge – 16 hours per day Minimum unit size to require additional supernumerary in charge role = 10 available/occupied beds

Safe Staffing Levels – Skill Mix

The safe staffing levels implementation provides a new minimum percentage of registered nurses (where ratios apply), which are outlined in the table below. The minimum skill mix proportions in the table must be met within the staffing profiles of the ward/unit. Once a ward/unit has met this minimum skill mix (subject to the shift-by-shift limitation on AINs outlined below) and the applicable ratio, additional ENs and AINs can be engaged as required but won't count towards the ratio.The safe staffing levels rollout includes limitations on the proportion of non-RNs that can count towards the ratio as follows:

CLINICAL AREA	RN SKILL MIX %
Emergency Departments Level 5–6	Minimum 85% RN
Emergency Departments Level 3–4	Minimum 85% RN
NHPPD: Medical Assessment Units, NHPPD (Peer Group A, B, and C1 General inpatient), Palliative Care, Adult Acute Mental Health	Minimum 80% RN
NHPPD: Identified General Inpatient, i.e. lower acuity – Peer C2 and Rehabilitation	Minimum 70% RN

Policy framework for AIN shift limitations

NSW Health will create a policy/framework that provides for a limit of 1 AIN per shift (counting towards the staffing ratio); provided that:

- level 5 and 6 emergency departments and intensive care units will not count AINs towards the minimum ratio;
- rehabilitation wards and C2 wards that are lower acuity (wards to be determined) will count up to 2 AINs per shift;
- there will be transitional arrangements and further discussions where more than one AIN will count in circumstances such as where there are workforce supply concerns in meeting the shift limitation, as well as to make provision for existing AINs where needed;
- the policy framework will be subject to continual review.

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