Critical Care Nursing Workforce Report 2018

FIGURES AS PER NATIONAL CRITICAL CARE CENSUS RETURNS WITH VERIFICATION AND AGREEMENT OF FIGURES THROUGH HG DON/M

Derek Cribbin | Nurse Lead Critical Care Program | 30th October 2019

Foreword

Contained within this National report are the Critical Care Nursing Workforce Figures in the Republic of Ireland for 2018. These are based on the Critical Care Programme Census returns received Q4 2018 & Q1 2019.

An extensive clarification process has taken place in consultation with each Hospital Group, Hospital Senior Nursing and Critical Care Nursing Colleagues. This data was also reviewed by the National Sub-Steering Group for Critical Care Nursing Education, Training & Workforce Planning (Appendix 1).

The Health Service Capacity Review (*DOH, 2018*) states that **there is a requirement for an increase in Critical Care capacity of 190 beds by 2031**. As a baseline, this equates to an additional 1.064 (approx.) Critical Care Nursing posts for 1:1 care, with no account for turnover of staff.

To enable this, the deficits relating to Senior Critical Care Nursing posts, such as Managerial, Shift Leads and Educational, as outlined within this report should be funded, approved and filled.

This will allow the development of a sustainable model of Critical Care Nursing Workforce Planning, which will result in the safe, incremental capacity increase as required, ensuring the right care at the right time for critically ill patients across Ireland, delivered by professionally competent and skilled Critical Care Nurses.

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Executive Summary

The Model of Care for Adult Critical Care 2014 specifies the Nursing Workforce requirements for an Adult Critical Care Unit (Appendix 2).

'The complement of Critical Care Nurses necessary to meet the demands of critically ill patients presenting to regional and supra-regional acute hospitals must be maintained by comprehensive workforce planning within the current hospital networks/groups nationally. This will ensure that sufficient numbers of appropriately qualified personnel are available in the right place and at the right time to meet the demands of Ireland's Critical Care Services' (*Model of Care for Adult Critical Care, HSE 2014*)

Intensive Care is synonymous with a 1:1 nurse-patient ratio, and the literature suggests specific quality requirements for the delivery of effective care.

However, these requirements have to be applied contextually and realistically to each Level 2, 3 and 3S unit. Therefore, local discretion, together with decision-making and governance, applies.

The following factors should be taken into account when assessing appropriate staffing levels for each unit: • patient throughput, case mix and dependency • nursing staff skill mix, competence and experience • medical staff skill and availability • unit layout • training requirements

All of these factors will be addressed within this report.

Of specific importance to this report; the WTE requirements for **1:1 Nursing** in a Critical Care Unit has been calculated at **5.6WTE** (with a 20% deduction for leave calculated within this figure). **The same WTE allocation is required for any nursing staff member (e.g. Clinical Nurse Managers, ACCESS nurses, Clinical Educators) who are required to provide 24/7-unit cover.**

This in turn puts in place a WTE requirement of **2.8WTE** Critical Care Nurses for any Level 2 Beds where a Nurse Patient ratio of 2:1 is required. This must be taken in the context that Clinical Judgement is required as many Level 2 patients can require 1:1 care.

Workforce Planning within Critical care must have an emphasis on Professional development, both for retention <u>and</u> recruitment. The Critical Care Nurse Career Pathway, endorsed and launched by the Minister for Health, Simon Harris, in September 2017 (Appendix 3) enables this, once resourced and available to all Critical Care Nurses.

CNM 3 & Clinical Facilitator Posts

Nursing Governance within Hospitals for Critical Care should be realigned to outline the reality that Coronary Care Units, with no Angioplasty Lab within their Hospitals, are admitting high volumes of **Level 2** type patients requiring continuous monitoring, whose primary teams are not Cardiology Specialists (DKA, Type 2 Respiratory, etc.)

It is the recommendation that such Units require a linked CNM 3 and Clinical Facilitator in order to meet both the managerial and professional development requirements within these units

Every Unit requires a Clinical Facilitator (Model of Care for Adult Critical Care, 2014). Aligning WTE numbers and the above, each Critical Care should have a minimum of 1 WTE Clinical Facilitator and as agreed locally, these should be linked with Coronary Care Units caring for Level 2 Patients along with 1 WTE CNM 3.

ACCESS Nurses (Floating Nurses) & Shift Lead Requirements

ACCESS nurses are in addition to bedside nurses, unit managers, team leaders, clinical Facilitators and non-nursing support staff. An ACCESS nurse provides 'on the floor' **A**ssistance, **C**oordination, **C**ontingency, **E**ducation, **S**upervision and **S**upport (Model of Care for Adult Critical Care, 2014).

A key recommendation linked to the requirements for ACCESS Nurses and Shift Lead Posts is that:
ACCESS Nurses be utilised in Critical Care Units with <8 Beds as **Shift Leads**, where the WTE % of Nurses with a specialist qualification in Critical Care is <75%
This addresses the retention of Critical Care Nurses whilst acknowledging the reality that Senior Staff Nurses have responsibility for Shift Lead, along with the care of critically ill patients in Units of this size. These added responsibilities have been highlighted as rationale for leaving Critical Care in exit interviews.
The requirements for an ACCESS Nurse have been rationalised into a requirement for a CNM on every shift as a result.

ACCESS Nurses are required in all units in the following circumstances:

- ACCESS nurse for single-room Level 3 units. Ratio 1:4 rooms
- Ratio based on qualifications of current staff:
  - < 50% qualified staff = 1 ACCESS nurse per 4 beds;
  - 50-75% qualified staff = 1 ACCESS nurse per 6 beds;
  - > 75% qualified staff = 1 access nurse per 8 beds.

The Nursing Governance for these posts is aligned within Critical Care-i.e direct reporting to the CNM & ADON over Critical Care.

National Critical Care Nursing Workforce Figures

Staff Nurse WTEs	WTE	Required	Variance
Dublin Midlands HG	246.55	268.6	-22.05
Ireland East HG	284.39	327.6	-43.21
RCSI	198.09	215.6	-18.51
SSWHG	210.87	224	-13.13
Saolta	128.5*	168	-39.5
ULHG	76.85	89.6	-12.75
Total Staff Nurses	**1145.25**	**1293.4**	**-148.15**

Shift Leaders	CNM1	CNMII	Total	Recommended	Variance
Dublin Midlands HG*	1	22.9	23.9	39.2	-15.3
Ireland East HG*	3	24.62	27.62	44.8	-17.18
RCSI*	7.25	15.1	22.35	26.4	-4.05
SSWHG	14.11	14.45	28.56	39.2	-10.64
Saolta	1	10.9	11.9	39.2	-27.3
ULHG	7	4	11	11.2	-0.2
Total Shift Leaders Nationally	**33.36**	**91.97**	**125.33**	**196**	**-74.67**

CNM III	
Dublin Midlands HG	3
Ireland East HG	4.2
RCSI	3
SSWHG	1
Saolta	1
ULHG	1
Total CNM3s Nationally	**13.2**

Clinical Facilitators/ Educators		Required	Variance
Dublin Midlands HG	7.73	15	-7.27
Ireland East HG	10.6	15	-4.4
RCSI	8.5	10	-1.5
SSWHG	4.5	10	-5.5
Saolta	4	9	-5
ULHG	1	4	-3
Total	**36.33**	**63**	**-26.67**

Audit Nurses	
Dublin Midlands HG	6.3
Ireland East HG	5.5
RCSI	3.14
SSWHG	2.35
Saolta	2
ULHG	1
Total	**20.29**

Critical Care Nurses with a Specialist Qualification	WTE %
Dublin Midlands HG	46%
Ireland East HG	49%
RCSI	41%
SSWHG	44%
Saolta	71%
ULHG	36%
Total	**48%**

Dublin Midlands HG Critical Care Nursing Workforce Census 2018

Dublin Midlands Critical Care Bed Capacity on 30/9/2018						
	Level 3 Operational	Level 2 Operational	Level 3 Commissioned not operational	Level 2 Commissioned not operational	Level 3 Bed Spaces not Commissioned	Level 2 Bed Spaces not commissioned
St. James General ICU	19	0	2	0	0	
St. James Cardiothoracic ICU	6		2			
St. James National Burns ICU	2					
Tallaght	9					
Tallaght PACU	3	2				
Naas	4					
Tullamore	4		3		0	
Portlaoise	2					
TOTALS	46	0	7	0	0	0

S/N Numbers	WTE S/N	Required WTE	ACCESS Nurse Requirements	Total	Variance
St. James General ICU	117.17	106.4	16.6	123	-5.83
St. James Cardio ICU	31	33.6		33.6	-2.6
St. James National Burns ICU	Have not been included as there are 2 Level 3 Beds within an 18 bedded Unit				
Tallaght	43.69	50.4	5.6	56	-12.31
Tallaght PACU	Not submitted				0
Naas	21.1	22.4		22.4	-1.3
Tullamore	21.49	22.4		22.4	-0.91
Portlaoise	12.1	11.2		11.2	0.9
Totals:	**246.55**	**246.4**	**22.2**	**268.6**	**-22.05**

Shift Leaders					
Dublin Midlands HG	CNM 2	CNM 1	Total	Recommended	Variance
St. James General ICU	10		10	11.2	-1.2
St. James Cardiothoracic ICU	4		4	5.6	-1.6
St. James National Burns ICU	As above				
Tallaght	7.4		7.4	11.2	-3.8
Tallaght PACU					
Naas	1	0	1	5.6	-4.6
Tullamore	0.5	1	1.5	5.6	-4.1
Portlaoise	1		1	*	
TOTALS	23.9	1	24.9	39.2	-15.3

Clinical Facilitators			
	In Post	**Required**	**Variance**
St. James General ICU (Jointly across all Units)	4	6	-2
St. James Cardiothoracic ICU	2	2	
St. James National Burns ICU			
Tallaght (Jointly across both Units)	1.73	4	-2.27
Naas		1	-1
Tullamore		1	-1
Portlaoise		1	-1
TOTALS	7.73	15	-7.27

Dublin Midlands CNM 3	
St. James General ICU	1
St. James Cardiothoracic ICU	1
St. James National Burns ICU*	
Tallaght	1
Tallaght PACU	
Naas	
Tullamore	
Portlaoise	
TOTALS	3

DML HG Critical Care Nurses with a Specialist Qualification	
St. James General ICU	40%
St. James Cardiothoracic ICU	26%
St. James National Burns ICU	
Tallaght	47%
Tallaght PACU	
Naas	38%
Tullamore	89%
Portlaoise	38%
TOTALS	46%

Audit Nurses	
St. James General ICU	1
St. James Cardiothoracic ICU	2
St. James National Burns ICU*	
Tallaght	2
Tallaght PACU	
Naas	0.5
Tullamore	0.8
Portlaoise	
TOTALS	6.3

Saolta HG Critical Care Census 2018

Saolta HG Critical Care Bed Capacity on 30/9/2018						
Hospital	Level 3 Operational	Level 2 Operational	Level 3 Commissioned not operational	Level 2 Commissioned not operational	Level 3 Bed Spaces not Commissioned	Level 2 Bed Spaces not commissioned
Sligo	5				1	
Mayo General Hospital (Nursing Staff also cover 4 CCU Beds)	2	2	1			
Galway General ICU	10	6			2	
Galway Cardiothoracic ICU	3				3	
Portiuncula (3 additional beds in this Critical Care Area Level 1)	2	3	1		0	
Letterkenny	5					
TOTALS	20	8	1		6	

SAOLTA HG S/N Numbers	WTE S/N	Required WTE	Floating Nurse Requirements	Variance
Sligo	26.5	28		-1.5
Mayo General Hospital*	**25***	***16.8**		***8.2**
Galway Gen ICU	70.2	72.8	11.2	-13.6
Galway CardioT ICU	12.5	16.8		-4.3
Portiuncula*	**29***	***19.6**		***9.4**
Letterkenny	19.3	28		-8.7
Totals	128.5	168		-39.5

*Both Mayo and Portiuncula have four Level 1 acute care and CCU beds within their units. The above variance in S/N numbers is as a result of the care requirements of those patients.

ACCESS Nurses (Floaters)

There is a requirement in Galway General ICU of 2 Critical Care Nurses to work as Floating Nurses per shift (11.2 WTE). This is due to the layout of the unit, complexity of the patients and because of their Critical Care Nursing complement with a Specialist Qualification in Critical Care.

Shift Leaders					
Saolta	CNM 2	CNM 1	Total	Recommended	Variance
Sligo	1.6		1.6	5.6	-4
Mayo General Hospital	1	1	2	5.6	-3.6
Galway Gen ICU	7.3		7.3	11.2	- 4.9
Galway CardioT ICU	1		1	5.6	-4.6
Portiuncula	1	1	2	5.6	- 3.6
Letterkenny	1	4.2	5.2	5.6	-0.4
Totals	10.9	1	11.9	39.2	- 27.3

Requirements within the Model of Care outline that:

'Every shift must have a designated team leader per 8-10 beds; this team leader is likely to be a Clinical Nurse Manager with a specialist qualification in intensive care as well as knowledge, skills and competencies in the speciality of the unit if it is a Level 3(s) unit. This nurse should be supernumerary for the entire shift'

It also states that there should be ACCESS Nurses (Floaters) based on the following percentages of Nurses with a Specialist Qualification in Critical Care Nursing:

< 50% qualified staff = 1 ACCESS nurse per 4 beds; 50-75% qualified staff = 1 ACCESS nurse per 6 beds

> 75% qualified staff = 1 access nurse per 8 beds.

The HG WFP groups have forwarded the above table as both a recommendation for discussion for both the retention of Critical Care Nurses with the reality that Senior Staff Nurses have responsibility for Shift Lead, along with the care of a Critically ill patient. This added responsibilities have been highlighted as rationale for leaving Critical Care in exit interviews.

The requirements above for a Floating Nurse have been rationalised into a requirement for a CNM on every shift as a result.

Nursing Governance within Hospitals for Critical Care should be realigned to outline the reality that Coronary Care Units, with no Angioplasty Lab within their Hospitals, are admitting high volumes of Level 2 type patients requiring continuous monitoring, whose primary teams are not Cardiology Specialists (DKA, Type 2 Resp etc).

It is the recommendation that such Units require a linked CNM 3 and Clinical Facilitators in order to meet both the managerial and professional development requirements within these units

Clinical Facilitators			
Saolta	**Requirement**		**Variance**
Sligo	1	1	
Mayo General Hospital	0.5	1	-0.5
Galway Gen ICU	1	4	-3
Galway CardioT ICU		1	-1
Portiuncula	0.5	1	-0.5
Letterkenny	1	1	
Totals	4	9	-5

Critical Care Nursing Specialist Qualification	
Sligo	86%
Mayo General Hospital	79%
Galway Gen ICU	92%
Galway CardioT ICU	
Portiuncula	73%
Letterkenny	26%
Total	71%

Saolta HG CNM 3		
		Recomendation
Sligo		1 (Linked as below)
Mayo General Hospital		1 (Linked as below)
Galway Gen ICU	1	
Galway CardioT ICU		
Portiuncula		1 (Linked as below)
Letterkenny		1 (Linked as below)
Totals	1	

IEHG Critical Care Nursing Workforce as per Census returns 2018

	Level 3 Operational	Level 2 Operational	Level 3 Commissioned not operational	Level 2 Commissioned not operational	Level 3 Bed Spaces not Commissioned	Level 2 Bed Spaces not commissioned
Ireland East HG Critical Care Bed Capacity on 30/9/2018						
St. Vincents	10	6			1	
St. Lukes Kilkenny	4					
Mater	18	12		6		
Mullingar	5	1				
Wexford	5					
Navan	2					
TOTALS	**44**	**19**		**6**	**1**	

S/N Numbers	WTE S/N	Required WTE	Floating Nurse Requirements	Total Requirements	Variance
Ireland East HG					
St. Vincents	70.75	72.8	5.6	78.4	-7.65
St. Lukes Kilkenny	18.1	22.4		22.4	-4.3
Mater	143	134.4	22.4	156.8	-13.8
Mullingar	21.84	30.8		30.8	-8.96
Wexford	21.1	28		28	-6.9
Navan	9.6	11.2		11.2	-1.6
Totals:	284.39	299.6	28	327.6	-43.21

Shift Leaders	CNM 2	CNM 1	Total	Recommended	Variance
Ireland East HG					
St. Vincents	9.62		9.62	11.2	-1.58
St. Lukes Kilkenny	1	1	2	5.6	-3.6
Mater	12		12	16.8	-4.8
Mullingar	1	1	2	5.6	-3.6
Wexford	1	1	2	5.6	-3.6
Navan*(Not included in the numbers)	**1**	**0.64**	**1.64**	*	
TOTALS	24.62	3	27.62	44.8	-17.18

IEHG Critical Care Nursing Staff with a Specialist Qualification	
St. Vincents	30%
St. Lukes Kilkenny	75%
Mater	26%
Mullingar	88%
Wexford	21%
Navan	54%
TOTALS	49%

Audit Nurse	
St. Vincents	1.5
St. Lukes Kilkenny	0.5
Mater	2
Mullingar	0.5
Wexford	1
Navan	
TOTALS	5.5

CNM 3	
St. Vincents	1
St. Lukes Kilkenny	
Mater	2
Mullingar	
Wexford	0.2
Navan	1
TOTALS	4.2

Ireland East Clinical Facilitators			
	In Post	Required	Variance
St. Vincents	3.6	5	1.4
St. Lukes Kilkenny		1	1
Mater	6	6	0
Mullingar		1	1
Wexford	1	1	0
Navan		1	1
TOTALS	10.6	15	-4.4

RCSI HG Critical Care Nursing Workforce as per Census returns 2018

RCSI HG Critical Care Bed Capacity on 30/9/2018						
	Level 3 Operational	**Level 2 Operational**	**Level 3 Commissioned not operational**	**Level 2 Commissioned not operational**	**Level 3 Bed Spaces not Commissioned**	**Level 2 Bed Spaces not commissioned**
Beaumont General ICU	9	8	1		2	
Beaumont Richmond ICU	8		1		1	
OLOL Drogheda	5	3	1		6	
Cavan General	2	2			1	
Connolly Hospital	4		1		0	
TOTALS	28	5	4	0	10	0

Critical Care S/N Numbers	**WTE S/N**	**Funded WTE**	**Required WTE**	**Floating Nurse Requirements**	**Total S/N WTE Requirements**	**Variance**
RCSI HG						
Beaumont General ICU	53.5	54.5	50.4	5.6	56	-2.5
Beaumont HDU	19	22.4	22.4	5.6	28	-9
Beaumont Richmond ICU	43.5	44.8	44.8	5.6	50.4	-6.9
OLOL Drogheda	43.1		36.4	5.6	42	1.1
Cavan General	15.92		16.8		16.8	-0.88
Connolly Hospital	23.07		22.4		22.4	0.67
TOTALS	198.09		193.2	22.4	215.6	-18.51

Shift Leaders					
	CNM 2	CNM 1	Total	Recommended	Variance
RCSI HG					
Beaumont General ICU	5	0	5	5.6	-0.6
Beaumont HDU	1	0	1	5.6	-4.6
Beaumont Richmond ICU	5	0	5	5.6	-0.6
OLOL Drogheda	3.1	4.25	7.35	5.6	1.75
Cavan General	1	1	2	*5.6	
Connolly Hospital	1	2	3	*5.6	
Total	15.1	7.25	22.35	*	-4.05

CNM 3	
RCSI HG	
Beaumont General ICU	1
Beaumont Richmond ICU	1
OLOL Drogheda	1
Cavan General	0
Connolly Hospital	0.5
Total	**3**

Critical Care Nursing Staff with a Specialist Qualification	
Beaumont General ICU	58%
Beaumont Richmond ICU	45%
Beaumont HDU	24%
OLOL Drogheda	34%
Cavan General	44%
Connolly Hospital	44%
TOTALS	41%

Clinical Facilitators working in Critical Care		Required	Variance
RCSI HG			
Beaumont General ICU	2.5	2.5	
Beaumont Richmond ICU	2.5	2.5	
Beaumont HDU	1	1	
OLOL Drogheda	1.5	3	-1.5
Cavan General	1	1	
Connolly Hospital	1	1	
Total	**8.5**	**10**	**-1.5**

Critical Care Bed Capacity on 30/9/2018						
	Level 3 Operational	Level 2 Operational	Level 3 Commissioned not operational	Level 2 Commissioned not operational	Level 3 Bed Spaces not Commissioned	Level 2 Bed Spaces not commissioned
Waterford	5	4	1			
Cork University Hospital	11		2		3	
Cork Cardiothoracic ICU	6				4	
Mercy University Hospital	5		1		3	
STH Tipp General	4		1			
Kerry General	5					
TOTALS	36	4	5	0	10	

SSWHG Staff Nurses	WTE S/N	Required WTE	Floating Nurse Requirements	Total S/N Requirements	Variance
Waterford	42.74	39.2	5.6	44.8	-2.06
CUH	68.7	61.6	5.6	67.2	1.5
Cork Cardiac ICU	31.5	33.6		33.6	-2.1
MUH	20.97	28		28	-7.03
STH Tipp General	25.46	22.4		22.4	3.06
Kerry General	21.5	28		28	-6.5
Totals	210.87	212.8		224	-13.13

CNM 3	
Waterford	
Cork University Hospital	0.5
Cork Cardiothoracic ICU	0.5
Mercy University Hospital	
STH Tipp General	
Kerry General	
TOTALS	1

Audit Nurses	
Waterford	0.75
Cork University Hospital	1.6
Cork Cardiothoracic ICU	
Mercy University Hospital	
STH Tipp General	
Kerry General	
TOTALS	2.35

Critical Care Nurses with a Specialist Qualification	
Waterford	30%
Cork University Hospital	47%
Cork Cardiothoracic ICU	50%
Mercy University Hospital	40%
STH Tipp General	45%
Kerry General	58%
TOTALS	44%

Clinical Facilitators		
SSWHG		Required
Waterford	0.5	2
CUH	3	4
Cork Cardiac ICU		1
MUH		1
STH Tipp General		1
Kerry General	1	1
Totals	4.5	10

Shift Leaders In Critical Care					
SSWHG	CNM 2	CNM 1	Total	Recommended	Variance
Waterford	1	1.76	2.76	5.6	-2.84
CUH	5.4	0.57	5.97	11.2 (as capacity increases)	-5.23
Cork Cardiac ICU	4.84		4.84	5.6	-0.76
MUH	0.87	5.99	6.86	5.6	1.26
STH Tipp General	1	5.89	6.89	5.6	1.29
Kerry General	1	1	2	5.6	-3.6
Totals	14.11	14.45	28.56	39.2	-10.64

ULHG Critical Care Nursing Workforce as per Census Returns 2018

UL HG Critical Care Bed Capacity on 30/9/2018						
	Level 3 Operational	Level 2 Operational	Level 3 Commissioned not operational	Level 2 Commissioned not operational	Level 3 Bed Spaces not Commissioned	Level 2 Bed Spaces not commissioned
Limerick	9	8	1	0	2	8

UHL Critical Care Nursing Workforce as per Census returns 2018 (WTE)								
Grade	CNM 3	Shift Leaders		CF	Staff Nurse	ACCESS Nurse (floating)	Audit Nurse	Spec Qual.	
		CNM 2	CNM 1					WTE	Percentage
WTE in Post	1	4	7	1	76.85	0	1	32	36%
Required	1	11.2		4	72.8	16.8	1		
Variance	0	-0.2		-3	4.05-16.8= **-12.75**		1		

The Nursing Governance within UHL Critical Care encompasses both ICU & HDU. Both the Clinical Facilitator and CNM 3 work between both sites.

The requirement for ACCESS Nurses has been outlined within the UHL Critical Care Capacity Increase Business Case submitted 2018.

Appendix 1: Membership of National Sub Steering Group for Critical Care Nursing Education, Training & Workforce Planning

National Sub Steering Group for Postgraduate Critical Care Nursing Specialist Education Training and Workforce Planning	
Stakeholder	**Representative**
Irish Association of Critical Care Nurses	Serena O'Brien
Hospital Group Chief DON/M	Eileen Whelan
IADNAM	To be confirmed
Higher Educational Institutions	IOT- Myles Hackett
	Universities- Gobnait Byrne
Higher Educational Authority	Richard Brophy
Critical Care Programme	Dr. Michael Power/ Derek Cribbin/ Una Quill
HSE HR–Strategic Workforce Planning and Intelligence	Dr. Phillipa Withero / Liz Roche
Hospital Group Clinical Director	Dr. Kevin Clarkson
ONMSD	Dr. Geraldine Shaw
ONMSD WFP	Deirdre Mulligan
NMPDU	Sheila Cahalane
Hospital Group CEO	To be confirmed
Acute Hospitals Division	Elaine Brown
National Finance HSE	Joe Sheeky

CRITICAL CARE QUALITY REQUIREMENTS – NURSING

	Critical Care quality requirements – Nursing	JFICMI Level 2 Care	JFICMI Level 3 Care	JFICMI Level 3(s) Care
1	A registered nurse with specialist qualification in Intensive Care Nursing as well as skills and competencies in a clinical speciality must be rostered for every shift.			✔
1a	A registered nurse with a specialist qualification in Intensive Care Nursing must be rostered for every shift.		✔	
2	When a patient is present in a unit, there must be a minimum of two registered nurses present in the unit at all times. At least one nurse must hold specialist qualifications in Intensive Care Nursing as well as relevant skills and competencies for the clinical speciality of the unit.		✔	✔
3	Level 3 and Level 3(s) patients (clinically determined) require a minimum of one nurse to one patient.		✔	✔
4	Level 2 patients (clinically determined) require a minimum of one nurse to two patients	✔		
5	A designated nurse manager with a specialist qualification in Intensive Care Nursing, as well as relevant skills and competencies pertaining to the clinical speciality of the area, is required on site to manage the unit. This person is formally recognised as the overall unit nurse manager.		✔	✔

		JFICMI Level 2 Care	JFICMI Level 3 Care	JFICMI Level 3(s) Care
6	Every shift must have a designated team leader per 8-10 beds; this team leader is likely to be a Clinical Nurse Manager with a specialist qualification in intensive care as well as knowledge, skills and competencies in the speciality of the unit if it is a Level 3(s) unit. This nurse should be supernumerary for the entire shift. The primary role of the team leader is to oversee the clinical nursing management of patients, service provision and resource utilisation during a shift. Other aspects of the role include staff support and development, so as to ensure compliance with hospital policies and procedures; liaising with medical and allied staff; developing and implementing patient clinical management plans; assessing the appropriateness and effectiveness of clinical care; liaising with organ donation teams and ensuring that a safe working environment is maintained. A Clinical Nurse Manager of units with more than 10 beds may require additional assistance with this role.		✔	✔
7	ACCESS nurses are in addition to bedside nurses, unit managers, team leaders, clinical facilitators and non-nursing support staff. An ACCESS nurse provides 'on the floor' assistance, coordination, contingency, education, supervision and support. Ratio based on qualifications of current staff: < 50% qualified staff = 1 ACCESS nurse per 4 beds 50-75% qualified staff = 1 ACCESS nurse per 6 beds > 75% qualified staff = 1 access nurse per 8 beds			✔
7a	ACCESS nurse for single-room Level 3 units. Ratio 1:4 rooms		✔	
8	One Health Care Attendant with specific competencies per 6 beds per shift in an open-plan unit		✔	✔
9	For the purpose of continuous professional development, each unit should have a dedicated clinical facilitator/nurse educator. The recommended ratio is 1 WTE: 50 staff in Level 3(s) or Level 3 units. The role of the clinical facilitator/nurse facilitator is to lead staff and unit development activities only; the clinical facilitator/nurse facilitator must be unit based. Additional educators/coordinators are required to run and manage tertiarybased Critical Care Nursing courses.		✔	✔
10	At least one experienced member of a Level 3(s) and Level 3 unit must be assigned to an audit role, thus assisting delivery of the National Clinical Programme for Critical Care 's objectives in relation to audit.		✔	✔
11	Critical Care units must be provided with administrative staff to support the effective running of the unit. In larger units, administrative staff may be required during out of hours and at weekends. Ratio 1 WTE per six-bed unit	✔	✔	✔
12	Flexible working patterns for nurses must be in place. This should be determined by skill mix, unit size, activity, case mix and surge needs, so as to ensure critically ill patient safety and quality critical care delivery.	✔	✔	✔
13	A minimum of 70% of staff should hold a specialist qualification in Intensive Care Nursing, with skills and competencies pertaining to the clinical speciality of the unit.			✔
13a	A minimum of 50% of staff should hold a specialist qualification in Intensive Care Nursing with general intensive care skills and competencies. In order to create an effective skills mix, the optimum percentage of such staff is 75%.		✔	
14	All staff should have access to competency-based education and training programmes – from induction through to postgraduate education and training in Intensive Care Nursing. Rotation of staff between Level 2, Level 3 and Level 3(s) is advocated, in order to develop a critical mass of specialist Critical Care Nurses.	✔	✔	✔
15	Regional and supra-regional centres should provide clinical placements for postgraduate programmes, if required.		✔	✔

Appendix 3: Critical Care Nurse Career Pathway