

INCREASING NURSE: PATIENT RATIOS FOR PATIENTS REQUIRING CLINICAL SPECIALLING OR GENERAL SUPERVISION - CHW

PRACTICE GUIDELINE®

DOCUMENT SUMMARY/KEY POINTS

Note: This document is limited to increased nurse to patient ratios required for patients due to their clinical condition or the fact that they are at risk from a safety perspective. Increased nurse to patient ratios required for patients with psychological diagnoses is governed by the [Therapeutic Supervision: Observation Care Level](#) Practice Guideline

- A decision to increase the nurse to patient ratio is made when a patient's clinical or physical safety risk exceeds the normal observation requirements of the standard nurse to patient ratio model in use and/or the human resources of the ward/unit.
- A patient may also require an increased nurse to patient ratio for care in line with ward/unit specific procedure or policy.
- Nursing and medical staff must plan the management collaboratively and document this in the clinical progress notes. This plan must incorporate the nurse to patient ratio required in order to facilitate safe care. Approval needs to be sought from the Clinical Program Director (CPD) or After Hours Nurse Manager (AHNM).
- When the staff allocated to support care is an Enrolled Nurse (EN), Assistant in Nursing (AIN) or Undergraduate AIN, a Registered Nurse (RN) retains ultimate responsibility for the patient's care and must be allocated to oversee the management.
- Review of the patient's condition and the need to continue to provide care with an

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	Director of Clinical Governance	
Date Effective:	1 st March 2017	Review Period: 3 years
Team Leader:	Nurse Manager	Area/Dept: Patient Flow

increased nurse to patient ratio should be undertaken on each shift by the Nursing Unit Manager (NUM) or delegate

- An increase in nurse to patient ratio required for clinical acuity is termed clinical specialling and should be fulfilled by an EN or RN.
- An increase in nurse to patient ratio required for safety reasons is termed general supervision and this can be fulfilled by an AIN, EN or RN.
- This document does not pertain to ventilated patients outside of ICU who require 1:1 care by an accredited carer or ventilator competent Children's Hospital Westmead RN/EN or Long Term Ventilation Unit (LTVU) AIN.

CHANGE SUMMARY

- Replaces One to One (1:1) Nursing Care of Patient (Specialling) Policy
- Development of Risk Assessment Algorithm to support decision making
- Policy updates added

READ ACKNOWLEDGEMENT

- Nursing staff working in clinical areas should read and acknowledge this document.

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Rationale/ Background

An increase in the nurse to patient ratio is at times required in order to facilitate a more intensive level of nursing care and ensure that risk to the patient is managed. Patients may require a more resource intensive model of care for reasons that are clinical in nature such as deterioration in their clinical condition or the implementation of a form of treatment for which there is a mandated increase in the level of nursing care required.

Statement of Intent

This document is intended to direct the care provided to children and young people with medical and behavioural concerns that require close observation, supervision and/or high intensity nursing care to ensure the patient's safety and medical stability. This document does not cover the care of children with mental health conditions.

A decision to increase the nurse to patient ratio is made when a patient's clinical or safety risk exceeds the standard nurse to patient ratio model in use and/or the human resources of the ward/unit.

Description of Practice

This document acknowledges three types of Continuous Patient Supervision:

- 1. Clinical Specialling:** this describes an increased nurse to patient ratio required for clinical acuity.
- 2. General Supervision:** this describes and increased nurse to patient ratio required in order to minimise the risk to the patient.
- 3. Therapeutic Supervision:** this describes the nurse to patient ratio required to manage children and young people who are distressed or at risk of harm to themselves or others arising from a psychological cause. Please see the Therapeutic Supervision: Observation Care Level Practice Guideline:
<http://chw.schn.health.nsw.gov.au/o/documents/policies/guidelines/2006-8075.pdf>

Note: This document does not pertain to levels of care required for patients with psychological problems. This care is governed by the [Therapeutic Supervision: Observation Care Level Practice Guideline](#).

Definition of Terms

Clinical Specialling	General Supervision
<p>A patient requires an increased nurse to patient ratio due to clinical acuity.</p> <p>This care must be provided by a suitably experienced/accredited EN or RN.</p> <p>This includes but are not limited to patients who are:</p> <ul style="list-style-type: none"> • Clinically unstable • Undergoing treatment for which policy mandates that they are cared for within a higher nurse to patient ratio, e.g. a midazolam infusion 	<p>Patient requiring supervision to minimise risk to self and/or others due to pre-morbid or condition related behaviour</p> <p>This care can be provided by an RN, EN or AIN.</p> <p>It is important to consider the skill level required.</p> <p>This includes, but is not limited to patients who:</p> <ul style="list-style-type: none"> • Are at risk of falling out of bed (PRAT) • Require significant support with normal daily activities • At risk of wandering or absconding • Have behavioural patterns associated with intellectual disability

Note:

This list is not exhaustive and each case must be considered on an individual basis.

If any patient is identified as requiring an increased nurse to patient ratio of care, the decision **must be** reviewed at the least every 24 hours. This should be undertaken by the Nursing Unit Manager or delegate. Document in the patients Powerchart record in Adhoc Charting/Inpatient Forms/Daily Special Review and Request

NB: For patients who are clinically deteriorating please refer to your local CERS escalation policy.

Increased Nurse to Patient Ratio – General Principles

- A decision is made by the Nursing Unit Manager/Nurse Manager (NM) or delegate that a patient requires an increased nurse to patient ratio of care based on the patient's clinical condition and/or safety issues.
- The Risk Assessment Algorithm (Appendix 1) can be used as a tool to support this decision and assist in identifying the type of nurse required.
- Approval to increase the nurse to patient ratio must be sought from the CPD or AHNM.
- The AHNM must notify via email the NUM, NM and the CPD of the increase in nurse: patient ratio. Discussion should occur regarding strategies to resource the management plan which may include review of current patient allocation, additional staffing, delaying admissions, reducing bed availability etc.

- **Note:** If *no* extra staff are available a risk assessment is to be performed and documented. Prioritisation of workload is carried out and an increased ratio of care provided from within the existing team. Escalate information up to CPD and / or AHNM as required.
- **The team leader MUST ensure that the member of staff providing care:**
 - Receives handover on the patient's condition, including a summary of concerns and risk factors
 - Has meal breaks during the shift
 - Is aware of how to call for help using the emergency buzzer
 - Receives support and assistance from other members of the team
 - Has all of the necessary equipment, including play/hygiene etc. required for the provision of care available in the patient's room

The Nurse Providing Care

- The nurse providing care is responsible for the provision of all care required for the patient in partnership with the patient's carer.
- All care and observations should be documented.
- If the patient's condition changes and requirements change, the nurse should inform the team leader and escalate care appropriately.
- The nurse providing care must be aware of any restrictions or requirements related to the patient leaving the ward or unit. Permission to leave the ward **MUST** be clearly documented in the clinical notes.

Note: The team leader **must always** be informed that the nurse and patient are leaving the ward, and when they return.

- Patients requiring general supervision should be observed at all times.

References

1. Ashford and St. Peter's Hospital NHS (2006). Guidelines for the provision of 1:1 care for patients ("specialising patients") Policy.
2. Westmead Hospital (2007). Continuous patient supervision Policy.

Appendix 1: Risk Assessment Algorithm



