



**POSITION STATEMENT
PROVISION OF A CRITICAL CARE NURSING
WORKFORCE**

22 March 2019



REVIEW GROUP

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OBJECTIVE

The objective of the WFCCN review group was to review and update the existing Declaration of Buenos Aires. The aim of the revised Position Statement is consistent with the original Declaration:

to provide international recommendations to inform and assist critical care nursing associations, health services, governments and other interested stakeholders in the development and provision of an appropriate critical care nursing workforce.

ENDORSEMENT

This position statement has been endorsed by the following organisations:

- European Federation of Critical Care Nursing Associations (17 April 2019)

and is supported by:

- World Federation of Societies of Intensive and Critical Care Medicine (01 August 2019)

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PREAMBLE

The *Position Statement on the Provision of a Critical Care Nursing Workforce* was first released in 2005 as the *Declaration of Buenos Aires* (Williams, Schmollgruber, & Alberto, 2006; World Federation of Critical Care Nurses, 2005), with the aim to inform and assist critical care nursing associations, health services, governments and other interested stakeholders in the development and provision of an appropriate critical care nursing workforce. Due to changes in critical care worldwide, the WFCCN Board of Directors commissioned a review of the 2005 Declaration. As a result of this review, revisions were undertaken. This document represents the 2019 revised *Position Statement: Provision of a Critical Care Nursing Workforce*.

INTRODUCTION

Critical care is a term used typically to encompass a range of care settings including intensive care, high dependency care and coronary care units (Fulbrook, 2010). Critical care is a complex and growing area of specialty practice (Dury et al., 2014; Williams et al., 2012), developed to serve the diverse healthcare needs of patients with actual or potential life-threatening conditions, and their families. Patients receiving critical care typically have highly complex needs and receive multiple therapies to address multiple problems (Coombes & Latimer, 2014), made possible by rapidly evolving scientific and technological advances.

In order to manage the intellectual, physical, psychosocial, cultural and ethical challenges inherent in the provision of critical care, the provision of an appropriate critical care nursing workforce requires careful planning and execution to ensure a balance of skills and expertise to ensure safe and high-quality patient care (Kleinpell, 2014). It is essential that all critical care registered nurses (RNs) are adequately equipped, both practically and theoretically (Labeau, Chiche, & Blot, 2012), to respond to clinical changes without compromising care.

Optimal staffing ratios have been the subject of much international debate, yet consensus exists to support the need for specified minimum RN-to-patient ratios (Chamberlain, Pollock, Fulbrook, & ACCCN Workforce Standards Development Group, 2018; New Zealand College of Critical Care Nurses, 2015). Whilst it was already known that patient outcomes were better in settings with higher RN-to-patient ratios (Rafferty et al., 2007), more recent critical care research evidence demonstrates that higher numbers of RNs per

bed are associated with better patient survival rates (West, Barron, Harrison, Rafferty, Rowan, & Sanderson, 2014), and a reduced risk of ventilator-associated pneumonia (Blot et al., 2011). Furthermore, a higher ratio of RNs with specialised critical care training has been shown to result in better patient outcomes (Blake, 2013). Critical care RNs also commonly contribute to rapid response systems or teams, established to extend critical care services to other hospital areas (Jung et al., 2016). Where established, rapid response teams are associated with a significant decrease in unexpected and overall mortality for inpatients (Jung et al., 2016). Increased nursing requirements and additional roles should be factored into RN staffing within critical care units to enable such service provision (New Zealand College of Critical Care Nurses, 2015). Furthermore, consideration should be given to the qualifications, skills, experience and attributes of nursing staff, acknowledging that patient care needs may necessitate a re-evaluation of staffing requirements (Blake, 2013; Chamberlain et al., 2018; New Zealand College of Critical Care Nurses, 2015).

It is imperative that governments, hospital boards, educational providers and professional bodies recognise that the future of critical care nursing calls for RNs to be viewed as highly skilled and educated partners in the provision of high-quality healthcare (Barnhorst, Martinez, & Gershengorn, 2015). This recognition begins with acknowledging the importance of critical care RNs having access to education programs that aid the development and advancement of skills and expertise in critical care nursing, irrespective of seniority or geographic location (Endacott et al., 2015; Hendrickx & Winters, 2017). Educational opportunities should encompass bedside education, to ensure the health and safety of vulnerable patients and improve long-term organisational efficiency in critical care (Chamberlain et al., 2018; Labeau, Cliche, & Blot, 2012).

METHODS

Following establishment of a review group comprised of critical care clinicians, leaders and researchers, a literature search was undertaken, which informed the review of the 2005 Declaration and its subsequent revision contained in this 2019 Position Statement. Several drafts were reviewed and revised, culminating in international discussions about the purpose and content. A final draft, comprised of central principles and recommendations, was presented at the 13th WFCCN Congress in Belgrade, Serbia, in October 2018, where professional consultation was invited. Subsequent to this meeting, this revised Position Statement was approved by the WFCCN Board of Directors on 22 March 2019.



POSITION STATEMENT : PROVISION OF A CRITICAL CARE NURSING WORKFORCE

Central Principles

1. Every patient should be cared for in an environment that best meets their individual needs.
2. It is a patient's right to be cared for by appropriately educated and skilled RNs.
3. At all times, there should be congruence between the needs of each patient and the skills, knowledge and attributes of the nurse caring for the patient.
4. Critical care units should aim for high RN-to-patient ratios, such as a 1:1 ratio for unconscious and ventilated patients, and lesser for high dependency patients. Critical care RN staffing should reflect patient acuity and should be assessed on a case-by-case basis.
5. Flexible workforce strategies and incentives should be utilised to support the recruitment, retention and remuneration of all critical care RNs, regardless of position or experience, and should ensure appropriate succession planning for future leadership needs.
6. Critical care nurses should focus on tasks that require expert or advanced skill, expertise and knowledge of best practice in patient care. Therefore, consideration of various staffing models, utilising support staff, should be considered to prioritise critical care RNs for specialist patient care.

WFCCN Position

1. A critical care unit should have a dedicated nurse leader

The nurse leader (also referred to as: charge nurse; director; head nurse; nurse unit manager; or similar) should manage and lead the nursing staff of the critical care unit.

The nurse leader should have a recognised post-registration critical care qualification with significant clinical and leadership experience, and ideally, a management or leadership qualification.

2. Each shift should have at least one RN designated as the team leader

The team leader (also referred to as: clinical coordinator; nurse-in-charge; or similar) should provide leadership and supervision and provide direction to the team throughout each shift.

Team leaders should have critical care training and should be senior and experienced RNs with appropriate expertise to lead the clinical team.

3. The majority of RNs providing patient care should hold a recognised post-registration qualification or certification in critical care

All other RNs are expected to work towards a post-registration qualification or certification in critical care

4. Critical care RN staffing should be assessed on a shift-by-shift basis according to patient acuity, the staffing profile, and unit need

At times, some patients with more complex needs, for example post organ transplantation, or those receiving complex therapies such as extra-corporeal membrane oxygenation or ventricular assist devices, may require more than one critical care RN.

5. An additional critical care RN, not counted in RN-to-patient ratios or allocated a patient load, may provide additional hands-on assistance in patient care, as well as coordinate other patient-related activities

Ideally, this RN should have a recognised post-registration critical care qualification or certification and possess significant clinical experience.

6. Support staff (such as nursing and allied health assistants, nursing aides, and care assistants) should work only under the direct supervision of a critical care RN, and never in place of a critical care RN

Support staff are addition to the above-mentioned RN-to-patient ratios.

7. Where institutionally supported, and in accordance with local legislation, a critical care RN may provide expert critical care consultancy

Consultancy may include the assessment, stabilisation and management of critically ill and unstable patients within the hospital, and may include participation in rapid response or medical emergency teams.

8. A critical care unit should be staffed to provide at least one senior nurse, who holds a recognised post-registration critical care qualification or certification, and ideally further qualifications in education

Working in collaboration with the nurse leader, this nurse (who may be known as an educator) should provide an orientation program for all new staff, and ongoing educational support to all RNs, based on identified individual needs.



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