Best Practice Guidance

Title of Guidance	**Best Practice Principles to apply when considering moving Critical Care Nursing staff to a different and unfamiliar clinical care area.**
Purpose of the Guidance	To avoid inherent risks to the patient safety associated with the movement of staff to an unfamiliar area. It will also provide consistency and guidance for operational consideration. For the purpose of this guidance, staff may be qualified or unqualified.
Tools / Equipment	Critical Care Network National Nurse Lead forum (CC3N) Guidance Adult Critical Care Service Specification Guidelines of the Provision of Intensive Care (GPICS)

No:	Main Operating Steps	Key Points	Explanation / Examples / Diagrams	For Audit Purposes to monitor process	
				Compliant Yes	Compliant No
1	A request is made for critical care staff to provide help in a non-critical care environment	To minimise the risk to patient care standards in a short staffed area. To provide trust- wide aid.	The configuration for Level 2 and Level 3 patients within critical care may enable staff to be released to help elsewhere.		
2	The Critical Care Shift Co-ordinator reviews the current critical care patient dependency and workload to assess whether there is the capacity to release a member of staff	To ensure the maintenance of safe, quality care for critical care patients. The work load may differ considerably to the nurse:patient ratio guidance depending on the individual patient case mix, i.e. there may be a heavier or lighter workload than the number of	**Critical Care Requirements:** Level 3 patients must have a minimum 1:1 nurse:patient ratio. A greater ratio than 1:1 may be required for some patients. Level 2 patients must have a minimum of 1:2 nurse:patient ratio. A greater ratio than 1:1 may be required for some patients. The is a Shift Co-ordinator who does not have		

		patients suggest and this should be taken into account by the Critical Care Shift Co-Ordinator.	clinical responsibility for a patient *There is 1 additional nurse without clinical responsibility for a patient to support nursing team and shift co-ordinator (recognised need in units with 10-20 beds)* Newly appointed critical care staff have a minimum of 6 weeks supernumerary practice to develop basic skills and competencies.		
3	If the Critical Care Shift Co-ordinator makes the decision that the staff cannot be released to assist another area, the rationale for this decision must be communicated back to the person who requested the move.	Consideration of all the points included in step 2 will have been taken into account during the decision making process	To ensure that the Senior Management / on-call teams are aware of the rationale for not being able to provide assistance.		
4	If the Critical Care Shift Co-ordinator makes a decision that staff can be released to assist another area, then the nurse is responsible for informing the receiving area of their ward experience	To reduce the inherent significant risks to risks to patient safety when moving staff to an unfamiliar area.	In recognition of the fact the critical care nursing staff may have little or no experience as qualified nurses on general wards and Critical Care unqualified staff may not be familiar with taking patient observations and using early warning scores.		
5	The Critical Care Shift Co-ordinator enters the staff name, date and where they've moved to onto a central record	This is a record to the amount of times staff have provided aid to the ward areas.	To provide a log off previous staff movement so the Critical Care Co-ordinator can ensure fairness when allocating who is to be moved. Anecdotally, movement of staff to unfamiliar areas is demoralising.		
6	Where necessary the Critical Care Shift Co-ordinator should feel able to speak to the Co-ordinator of the receiving ward to discuss the position in both areas and	The Critical Care Shift Co-ordinator may feel although their dependency may allow transfer of staff, that it may leave the unit vulnerable or deprive junior staff of	Situations may arise where the unit could make better use of the nurse to be transferred. Critical Care is a specialist area that requires extensive supervision of new staff and continuous training and		

	feedback to the person who requested the move.	development and support.	development of existing staff.		
7	When Critical Care staff arrive on the ward they must receive a local induction if they have not worked in that area before.	To reduce the inherent significant risks to the patient safety when moving staff to an unfamiliar area.	To ensure staff are orientated to the new environment in terms of resuscitation equipment, fire safety etc., the standard local induction for bank and agency staff should be completed.		
8	Critical Care staff must be able to return to Critical Care unit at less than 1 hour notice.	This is to ensure that the critical care service delivery is not compromised.	To ensure that critical care staff are able to return to critical care at short notice, they should be utilised for general assistance to the existing qualified staff, rather than taking overall responsibility for a group of patients. They should be treated as a 'floater' and utilised where they can be of most assistance. This general assistance would include, for example, tasks such as taking patients observations (may not be able to utilise electronic systems), administration of IV drugs, dressings and general patient care. Additionally, they are able to augment the care of deteriorating patients in conjunction with the Critical Care Outreach team or equivalent.		
9	Critical Care staff must not be asked to take charge of another area.	Critical Care staff should not be moved to a significantly short staffed area.	Alternatively, they should be moved to an area where they are able to provide general assistance as outlined in Step 8, to enable them to return to Critical Care at short notice.		
10	Critical Care staff must not be asked, or expected to provide care outside their area of competence. In particular, large drug 'rounds' may be an area of concern in an unfamiliar area.				

| 11 | **END OF OPERATION** | | | | |