N(N)LP „Union of Nurses”
2020

Procedure for counting staff according to emergency care levels

Workforce Management (Staffing)

Principles, Values, Responsibilities:

- **Proper staffing affects all nurses' ability to provide safe, quality care at all levels of practice and in all sector areas.**

- **Nursing care delivery is multifaceted and requires standards-based measures such as:**

    - Identifying patient care needs;
    - Staff skills assessment;
    - Nursing staff education;
    - Determining the level of competence of the staff;
    - The job is to determine the (department) specificity.

- **Manager nurses have a professional duty to know about staffing processes and organizational functions as part of their responsibility to their patients.**

- **Four phases of the recruitment process**

    - Forecasting (includes budgeting and planning);
    - Scheduling;
    - staffing;
    - Improvements (monitoring and analyzing results);

- **Basic Qualification Requirements for Nursing Staff at the Perioperative Support Stage:**

    - 5th Level Nursing Practitioner Diploma + Post Graduate Certificate (State Accredited) Intraoperative Nursing Management and Surgical Patient Nursing Management;
    - Bachelor of Nursing Degree + Post Graduate Certificate (State Accredited) Intraoperative Nursing Management and Surgical Patient Nursing Management;
    - Membership of professional associations for the continuous development and updating of information;
    - Owning and applying the standard of professional practice and nursing practice in accordance with national regulations in the workprocess.

Nursing Interventions During the perioperative care phase, the working areas are defined according to the patient's needs:

- Long-term care needs (planned nursing management);
- Emergency - Nursing management of patients with life-threatening injuries.

In order to properly manage the work process of nurses in a frequently changing environment and to ensure patient care and quality service delivery, it is essential that nursing staff be adapted and adequately:

- The minimum standard of nurse-patient ratio at any level of emergency care delivery is 1/3 (1 nurse / 3 patients);
- Patients who require prolonged observation - The need for additional nurses is determined by the specificity of the patient's condition: in need of emergency interventions (trauma patient) -ER 1/1 and in intensive care in the ER 1/2 (ICU).

The nurse / patient ratio is divided into 3 main categories, based on the role of nursing activities (categories and frequency of nursing interventions) and patient care needs:

1. Clinical support

Triage nurse - The first touch unit with the patient having two key functions: a) Initial assessment to identify the need for emergency care and to sort by triage category; B) Transfer the patient to the appropriate functional area for the necessary services.

Emergency Team - Prior to resuscitation at the initial stage of resuscitation, three nurses need to be involved with one patient (3/1 three nurses per patient), with the ratio remaining at 1/1 constant to provide intensive care after stabilization.

An additional two nurses, on the emergency team must be mobilized from different functional areas of the same department (24/7).

Shift Clinical Coordinator (Shift Senior Nurse) - Coordination / organization of nursing (monitoring of nursing interventions, effective allocation of functions, practical educational activities - patient relatives, staff, new staff, interns), clinical activity as needed, management of the nursing process in accordance with the nursing professional standard.

Mental Health Nurse - Psychiatric support for psychiatric patients, coordination with staff, dissatisfied patient / visitor management process within competence (professional standard).

Emergency Medicine Practitioner / Evidence-Based Medicine Nurse - Using evidence-based medicine, quality assurance of nursing clinical and procedural protocols (24/7), quality assurance of infection control standards.

1. **Management - Process organizational management support**

Emergency Medicine Director Nurse (Senior Nurse) - Emergency Nursing Directors have a special responsibility for managing and controlling the work of nursing staff in a particular area. Provides strategic and operational guidance, personnel selection, selection and specification to plan / implement educational programs (problem focused) for all clinical support team nurses in their area..

Trauma nurse coordinator - Trauma nurse coordinators (the position name may be adapted) play an important role in the ED as they coordinate with a multidisciplinary team to improve the quality of care for trauma patients. They evaluate the quality of patient care, identify systemic problems, and provide clinical support (directly involved in patient care) nursing staff with specific care / management recommendations to improve patient care / management. It is their responsibility to design and provide a specific care education process, to be directly involved in the clinical workprocess if needed, to conduct nursing studies and conduct

Database analysis to improve quality. Continuously coordinate the work process of the nursing service.

CENA supports the role of EDM Supervisors Injury Coordinator, which defines one of the criteria for quality of service delivery at levels 2, 3, and 4 according to the ACEM definition.

Patient Flow Coordinator Nurse (Patient Traffic, Transportation, Statistics, Secure Service Delivery Management) - Rotational Position

Responsible for patient incident management. The role of the variable coordinator is multifaceted and includes: personnel management, patient care management priorities, patient writing off and reception management. It is desirable that the role of the coordinator be fully focused on staff management, initial patient allocation, and patient care. The shift coordinator (nurse-leader of the clinical support team) should work closely with the flow coordinator responsible for moving ED patients to wards and other medical institutions to support ongoing patient care and safety.The flow coordinator is solely responsible for managing patient flow in the ED and for the safety of transportation to another health facility. The flow coordinator should be present at 3 and 4 ED 24 hours a day 7 days a week. In non-declared emergencies in EDs 1 and 2, this role may be combined with other nurse manager functions, in which these roles must be assigned at peak loads.

Nursing Activity Management Facilitator (Resource Management Nurse) - The Nursing Management Facilitator (NMF) must be present in all EDs in the designated emergency care setting at Level 1 to Level 4 ED. The Management Facilitator facilitates the Clinical Services Coordinator to apply their

clinical knowledge and experience in ED to corporate services such as personnel selection methods, area identification and selection, human resources management, financial administration, bed and resource management, accreditation, risk management processes and Management of information systems.

Clinical Services Coordinator / Field Specialist - The Clinical Services Coordinator (CSC) should be present in all EDs at the assigned 1 to 4 level in the designated emergency care setting. The CSC provides significant coordination of patient / client service delivery quality, service management through coordination and / or multidisciplinary team activities to achieve continuity and quality of patient / client service. Emergency services where the number of nursing staff = 100

Must be 1 Clinical Service Coordinator - 1/100 ratio (1 coordinator per 100 staff, day position)

Nursing Education Facilitator – Appropriate education-oriented approach for staff working in the ED is needed to ensure the quality of care for patients of all ages and ethnicities. Nurse Education Facilitators (NEF) are responsible for the ED-'s all staff (clinical, management and security / resources) education programs, as well as providing clinical support for nurses raising - carries the nursing staff of educational activities to monitoring, the data treatment of and appropriate planning / A ortsielebs training ground (problem-focused), or coordinates the personnel regulations of the certification process. The need for a nursing education facilitator is determined in accordance with the RB. Within a minimum ratio (1/3) of 50 staff 1 facilitator is required.

2. Security and resource control

Technical equipment nurse - The technical equipment nurse is responsible for maintaining, restoring, and training the equipment for use in the appropriate equipment. In 3rd and 4th ED this role is auxiliary, but must meet 2 (two) supervisions per week - 1 equipment nurse 2 working days per week.
1 equipment nurse in the 1st and 2nd ED one business day a week.

Research Nurse - Emergency nursing practice is governed by evidence. It is recommended worldwide to conduct audits and disseminate information to the general public, disseminate data analysis results to support the provision of best practice emergency services. The role of the research nurse is to promote and encourage the research culture of ED and to support ED physicians in conducting multidisciplinary research. In 3rd and 4th ED this role is auxiliary but should be consistent with 2 (two) supervisions per week. In the 1st and 2nd EDs this role should be in Week 1 (one business day, one supervision). It may be compatible with other roles.

Reserve Nurse - A permanently designated operating (clinical support) nurse during peak times or during unforeseen conditions (to fill open shifts) is responsible for participating in the work process no later than 30 minutes when called upon for a pre-defined shift. Constantly collaborates with shift clinic coordinator and direction coordinator to eliminate unexplained conditions.

Assistant Nurse - A clinical support team representative, a nurse with a Level 3 Nursing Degree or a nurse practitioner with a Level 5 practitioner graduate, is responsible for patient hygiene and transportation, according to the risk group for the development and spread of infections (excluding floors, ceilings, bathrooms and waste, Sanitary nodes) the development of medical units and medical equipment, assisting the principal nurse in providing safe nursing practice at all levels (from Level 1 to Level 4) in ED, 24/7 with specificity of 1/6 (Considering the overall patient RRs in the ER).

Four levels of emergency care facility provider care:

A) **Level I - Emergency Medical Unit is within 24 hours of the qualified physician-specialist**, The patient will be provided with appropriate care, with the aim of identifying the state of emergency, exercise the first aid and referral to the nearest clinic, which provides access to needed services, as well as the medical staff is available 24/7 to ensure a minimum standard of nursing nurse / patient ratio - 1/3, including Rescucination Clinical Nursing Team, Nursing Ratio 1/1, Nurse Managers (Clinical Leader / Coordinators) 24/7 shifts and 8 hrs / 7 days per day working rate, Resource Control & Security Team (Research Nurse, Equipment Nurse, Reserve Nurse, Assistant / Junior Nurse - 1/6 ratio)

B) Level II - Emergency Medical Unit carries out the qualification of a specialist doctor, is performed for the patient Emergency care is available 24 hours a day, another physician-specialist (general surgeon) is available within 30 minutes of the call. The facility has the capacity to provide cardiac support and trauma management, as well as emergency surgery in the case of traumatic patients; It is also possible to provide 24/7 nursing staff with a minimum standard of nurse / patient ratio of 1/3, including clinical resuscitation measures.

Nursing Team Ratio 1/1, Nurse Managers (Clinical Leader / Coordinators) 24/7 Shifts and 8 Hrs / 7 Days A Week Daily, Resource Control & Security Team (Research Nurse, Equipment Nurse, Reserve Nurse, Assistant / Junior Nurse - 1/6 ratio)

C) Level III - Emergency care is provided to the patient within 24 hours. Emergency care units are staffed by a qualified doctors and other doctors must be consulted durin no more than 30 minutes. Nursing staff 24/7 can also be provided with a minimum standard nurse / patient ratio of 1/3, including clinical nursing team ratio of 1/1, nurse managers (clinical leader / coordinators, evidence-based medicine / infection control nurse) 24/7 shift And 8 hours / 7 days a week at a daily

rate, with resource control Safety and Security Team (Research Nurse, Equipment Nurse, Reserve Nurse, Assistant / Junior Nurse - 1/6 ratio)

D) Level IV - comprehensive emergency care is provided to the patient within 24 hours. The Emergency Medical Unit is on duty with relevant specialist doctor(s) defined by law. At this level: Therapeutic, surgical (including neurosurgery), traumatology-orthopedic, obstetric-gynecological, pediatric, resuscitation-anesthesiology services are provided on site. It should be borne in mind that the Emergency Medical Center / Department should, if necessary, provide other doctor-specialist services (including contract specialists) within 30 minutes of receiving a medical need. Nursing staff 24/7 can also be provided with a minimum standard nurse / patient ratio of 1/3, including clinical nursing team ratio of 1/1, nurse managers (clinical leader / coordinators, evidence-based medicine / infection control nurse) 24/7 shift And 8 hours / 7 days a week at a daily rate, resource control Safety and Security Team (Research Nurse, nurse equipment, reserve nurses, assistant / junior nurse ratio -1/6)

Summary data by levels Table N1 (Excel format)

Resources:

- The Importance of the Optimal Nurse-to-Patient Ratio Created Nov 10 2016, by LIPPINCOTT NURSING EDUCATION; Nurse-to-Patient Ratio
- Core Standards for ICUs - Ed 1 2013
- How Many Nurses per Patient? Measurements of Nurse Staffing in Health Services Research.Joanne Spetz, Nancy Donaldson, Carolyn Aydin, and Diane S. Brown
- ANA website-staffing-and-acuity-systems-pdf-final_2017
- ER stafing .CENA-STAFFING-STANDARDS_FINAL-DRAFT-version
- Order of the Minister of Labor, Health and Social Affairs of Georgia No. 01-9 / n 4 March 2016 Tbilisi - On the classification of medical institutions