

Determining the staffing requirements in Level 3-6 emergency departments for Safe Staffing Levels rollout

In Level 3-6 Emergency Departments (ED), the Safe Staffing Levels ratio is based on generally occupied treatment spaces.

Treatment space definition (for the purpose of the Safe Staffing Levels Emergency Department staffing calculation):

Any designated area within an Emergency Department where a patient could be safely and effectively assessed, diagnosed, and treated by a clinician. This definition excludes other areas within an Emergency Department where a patient may be situated, such as the public waiting room, corridors, or toilet amenities.

This includes:

- General ED = All designated treatment spaces within the ED, including treatment spaces within the following groupings: Front of house, Acute, Ambulatory care, Safe Assessment Room(s), Paediatrics, Ambulance Bay (only where a Transfer of Care model exists where nurses allow paramedics to handover care of patients and leave the department and the patient remains in a non-designated space) but excludes the Resuscitation Bay(s), waiting room/s, corridors, and toilet amenities.
- Resuscitation Bay = Beds designated as resuscitation beds.
- ED Short Stay Unit (EDSSU) –also previously known as ‘Emergency Medical Units’ ‘EMU’ and ‘ESSU’ –as described in [PD2014_040 Emergency Department Short Stay Units](#).

Excluded roles in Level 3-6 Emergency Departments

In Emergency Departments, there are some nursing positions that are excluded from counting as staff towards the ratios. Non-clinical Nurse Managers/Nurse Unit Managers, Clinical Nurse Educators, Clinical Nurse Consultants, Nurse Practitioners, Clinical Initiatives Nurse and Nurse Navigators do not count as staff towards ratios.

NSW Health will create a policy/framework (that will be subject to ongoing review by the Safe Staffing Levels Taskforce) that will provide for a shift limit of 1 AIN per shift (counting towards the staffing ratio) –with the exception of Level 5 and 6 Emergency Departments where AINs will not count towards the minimum ratio.

Safe Staffing Levels

The NSW Nurses and Midwives’ Association and the Ministry of Health have agreed that staffing in Emergency Departments will be based on a:

- Ratio of 1:1 generally occupied Resuscitation beds
- Ratio of 1:3 generally occupied General ED and ED Short Stay Unit treatment spaces.

Determining the generally occupied treatment spaces

To determine the number of generally occupied treatment spaces in an ED for the purpose of the staffing ratio:

Step 1: Calculates the average number of patients physically present in the ED at specific times (8am, 2pm, and 10pm). At the time of implementation, the patient numbers are based on a 12-month average.

Step 2: Uses the average patient numbers obtained through Step 1 above to calculate the proportion of the ED treatment spaces (general ED and resuscitation) in the department that would be required to treat that number of patients and convert this to a number of treatment spaces that would be used at those timing points.

Step 3: Adds the EDSSU treatment spaces to the number of generally occupied treatment spaces (as determined by Step 2) and divide by three (to achieve a 1:3 patient-to-generally occupied treatment space ratio).

See an example below.

Step no.	Description	8AM	2PM	10PM
Context	Total number of treatment spaces (52 general and 4 resus)	56	56	56
1.	Average patients at timing points (includes all patients in the ED)	36	48	45
2.	% of treatment spaces that are generally occupied (general and resus) by the average patient numbers (capped at 100%)	64%	86%	80%
	The number of treatment spaces required at the timing points (general only – excludes resus)	34	45	42
3.	The number of EDSSU spaces (calculated at 100% generally occupied)	12	12	12
	Total generally occupied treatment spaces (general and EDSSU)	46	57	54
	Staffing requirements (1:3 ratio)	16	19	18

Step 4: Resuscitation beds are calculated by repeating steps 1 and 2 and applying the ratio of 1:1 to the generally occupied resuscitation beds. Calculate the total number of resuscitation beds required for a 1:1 patient-to-resus bed ratio. To do this, we apply the percentage obtained in step 3 against specific time periods. For example:

Step no.	Description	8AM	2PM	10PM
4.	Total number of resuscitation beds	4	4	4
	% of treatment spaces that are generally occupied by the average patient numbers	64%	86%	80%
	Staffing requirements (1:1 ratio) – determined by average patients at timing points.	3	4	4

Step 5: To determine the SSL minimum staffing requirement, add the award based In-Charge and Triage requirements to the FTE determined in steps 3 and 4.

Step no.	Description	8AM	2PM	10PM
5.	General ED and EDSSU	16	19	18
	Resus	3	4	4
	In-Charge	1	1	1
	Triage	1	2	1
	Total =	21	26	24

Final FTE Requirement Determination: By following the previous steps, we arrive at the minimum nursing FTE requirement for the purposes of implementing Safe Staffing Levels.

Note: The Safe Staffing Levels are applicable across the emergency department. Ratios of total staff to generally occupied treatment spaces must be met at the relevant timing points, however, staff may be allocated across the department as required by clinical need.