Nurse staffing standards for South Australian Emergency Care Settings

PURPOSE

The College of Emergency Nursing Australasia (CENA) is the peak professional association representing emergency nurses in Australasia. The South Australian (SA) branch of CENA advocates for SA emergency nurses and their practice at a state and national level. The purpose of this paper is to provide background, context and a proposed model for nurse staffing in SA emergency departments (ED). These standards were created by the SA branch of CENA in response to increased workload pressures on nurses working in SA EDs as well as the state government's proposed changes to healthcare (Department for Health and Ageing, Government of South Australia 2015). This document proposes an approach to nurse staffing in emergency care settings across SA. It is the responsibility of the health organisation administrators and nursing directors to use this document to support staffing negotiations. These standards have relevance for nurse staffing in all emergency care settings across the state of SA.

BACKGROUND

Nurses working in the ED are required to care for a wide range of patients across the lifespan with presentations that range from minor illness or injury through to those that are life threatening. Additionally, patient presentations are unanticipated and those already in the ED can deteriorate rapidly. To manage this varied and fluctuating workload nurses working in the ED must be knowledgeable and be able to adapt to dynamic situations. Adequate staffing is imperative in order to meet patient safety needs and health service key priority indicators (Williams et al 2013, p. 1077).

Australian EDs are facing an increase in patient attendances (AHWAC, 2006; Callander et al. 2011; Duffield et al. 2010). ED presentations increased by 7.2% between 2012-2013 and 2013-2014 to over 19,700 per day, this cannot be maintained with adequate resourcing (Australian Institute of Health and Welfare 2014). The Australian Health Workforce Advisory Committee (AHWAC 2006, p. 6) identify an ageing population and the availability of new technologies,

new procedures and additional resources that have encouraged demand growth, and reduced access to primary community care as factors attributing to an increase in emergency presentations. Additionally, the changing face of General Practitioner (GP) services is also blamed for a rise in patient presentations to the ED. The AHWAC (2006, p. 10) states that as one of the main providers of community care GPs are have reduced their average working hours, and their procedural work. As well, changes to the availability of bulk billing, may mean patients chose to attend the ED for comprehensive and free diagnostic and treatment services (AHWAC 2006, Duffield et al 2010). It is generally agreed that patient presentations to the ED will continue to increase (Callander et al. 2011; Duffield et al 2010).

EDs are also experiencing a more complex patient case load. Patients are increasingly presenting with multiple comorbidities (Duffield et al 2010), and have increasing rates of chronic disease and acuity (AHWAC 2006; Duffield et al 2010) and are more culturally diverse (AHWAC 2006). Additional factors putting strain on EDs are access block, ramping and system wide capacity problems. According to the Australian Health Workforce Advisory Committee (2006, p. 10) access block is a considerable problem for Australian EDs causing increased length of stay in the ED and poor patient outcomes. Access block describes a situation where a patient in the ED requires in patient care but is unable to gain access to an appropriate hospital bed within a reasonable time-frame (AHWAC 2006, p. 10). An existing shortage of hospital beds makes it difficult to move patients through the ED. This means that nurses working in the ED are providing care for patients for longer periods of time.

There are numerous system wide issues particularly relating to in-patient capacity which impact directly on the ability to move admitted in-patients in the ED to in-patient treatment areas. This creates access block. According to the Australian Health Workforce Advisory Committee (2006, p. 10) access block is a considerable problem for Australian EDs causing increased length of stay in the ED and poorer patient outcomes. Access block describes a situation where a patient in the ED requires in-patient care but is unable to gain access to an appropriate hospital bed within a reasonable time-frame (AHWAC 2006, p. 10) As a result; EDs are often at overcapacity whilst they deal with the issues related to access block and those patients requiring access to emergency care. This in turn has a direct impact on the South Australian Ambulance Service (SAAS) who is often required to "ramp" patients as EDs are unable to accommodate patients in an appropriate clinical space within the ED. (ACEM Position Paper on Ambulance Ramping, Document S347, 2013). Ambulance ramping has serious consequences which have an impact on patient care as well as the wider community (ACEM, 2013).

Proposed changes to the healthcare system through the Transforming Health initiative (Department of Health and Ageing, Government of South Australia 2015) will also have a significant impact on EDs. The realignment of services under Transforming Health will result in changes to the acuity and activity profiles in Metropolitan ED's, this is already occurring. As part of the Transforming Health changes there will be four 'major' EDs; the Lyell McEwin Health Service (LMHS), Royal Adelaide Hospital (RAH), Flinders Medical Centre (FMC) and The Women's and Children's Health Network (WCHN) (Department for Health and Ageing,

Government of South Australia, 2015). For these changes to be safe and effective they must be accompanied by appropriate resourcing.

A previous decision by the state government to close acute mental health beds in SA has had a significant impact on EDs (Dhillon 2015; Allison et al 2014; Ernst & Young 2013) challenging the ability to provide safe and appropriate care to patients requiring mental health treatment. Closures of mental health beds in SA meant that SA has the lowest number of acute mental health beds in Australia per head of population for those aged 18 – 65 (RANZCP, ACEM & CENA 2014). As a result of this reduced capacity mental health patients experience extremely long waits in the ED (Dhillon 2015; Government of South Australia 2014; RANZCP, ACEM & CENA 2014; SA Health 2015). The ED is not designed to manage patients for extended periods of time, sometimes for days. As much as it is inappropriate to have an intensive care patient in the ED for an extended period, it is equally inappropriate to have a patient with mental health issues in the ED for an extended period of time. These delays place significant stress on nurses who do not have the specialised knowledge and skills to manage long term care of these patients.

Previous staffing standards have not taken into account the role of the ED in the response to disaster and mass casualty events. Disaster events are increasing in frequency and impact worldwide (UN 2015) and literature supports the fact that people affected by a disaster or mass casualty event will often bypass prehospital emergency transport and self-present to their nearest ED (ALSG 2012; Reilly & Markenson 2010; Richardson & Kumar 2004). As a result the ED may become overwhelmed with people seeking treatment or refuge. A disaster creates challenges that will affect the functioning of the ED and the experience of nursing in the ED (Hammad et al 2012, p. 243). While EDs should have separate plans in place to manage a large influx of patients, they need to be cognizant of the fact that these plans may take some time to initiate leaving staff to manage the initial chaos with relatively little back up. It is therefore essential that nurses working at triage and in senior ED roles have undertaken some sort of disaster awareness training which will help prepare them in such a situation.

CURRENT APPROACH

SA has 16 designated EDs, 13 in the public sector and three in the private sector (AHWAC 2006, p. 8). These departments vary greatly with regards to size, patient profiles, number of attendances and staffing making it difficult to develop a one size fits all approach to nurse staffing. Additionally nurses are working in a variety of emergency care settings across the state.

In 2007 the SA branch of CENA released a position statement on 'Nurse staffing in SA - ratios and rationales' for the ED (CENA 2007). This document has been subsequently used to guide enterprise bargaining agreements in SA. The statement describes desired nurse staffing identifies three broad categories which EDs fall into (Major metropolitan and urban EDs, emergency extended care or short stay units and rural and remote area settings). Since the development of

this document SA EDs have evolved in line with the South Australian Health Care Plan 2007-2016 (n.d) and also with the increasing demand on ED services as a result of increases in ED presentations and the complexity of presentations across metropolitan and regional centres. Additionally, local health networks interpreted the staffing standards differently and uptake of the standards has been haphazard across SA. Although the original staffing standard document made significant inroads towards achieving safe nurse staffing standards further standardization needs to occur.

Williams et al (2013, p. 1078) recognize that staffing calculations based on number of patients and/or number of departmental beds fails to take into account patient acuity, patient length of stay in the department, numbers waiting to be seen and the impact of non-clinical staff. This view was also asserted by the AHWAC (2006, p. 23 – 24) in response to Victoria implementing a three to one nurse patient ratio in 2000 following which EDs closed beds due to lack of staff to meet the requirements. AHWAC (2006, p. 240) therefore reported that a system such as this does not adequately address the staffing needs of hospitals with high numbers of waiting room patients.

CENA SA supports the need for a more thoughtful evaluation of ED presentations. However, with the current workload pressures described above, CENA SA is cognizant of the fact that current staffing models, particularly in rural and remote locations and non ED emergency care settings fall short.

It is widely agreed that there is not one model of ED staffing that will suit all needs (ACEM 2008; Duffield et al 2010). CENA SA recognizes this and the proposed model allows for variation in emergency care settings across the state. Further to the proposed model outlined below CENA SA recommends steps are taken to map out and evaluate SA ED workforce requirements and would like to highlight the need for further research and evaluation in this area. Until such a time as workload is adequately represented, this model takes into account the discussion presented above, as well as a review by key stakeholders.

PROPOSED MODEL

The SA branch of CENA proposes a model which takes into account the unique nature of emergency nursing work while acknowledging variation across all emergency care settings in SA. The model focuses on appropriate staffing to support the fluctuating patient load which is common in these settings. An ED is described as a discrete unit within a public or private hospital or health service which provides a service to people requiring a variety of emergency medical and nursing care ranging from resuscitation to non-urgent care (CENA 2007). An ED must be capable of providing the following minimum standards (ACEM 2012):

- must operate structurally and functionally within a hospital

- 24 hour dedicated nursing staff with a dedicated Nurse Unit Manager or equivalent

- daily rostered medical staff and 24 hours a day, seven days a week access to medical staff after hours

- dedicated facilities to manage emergency presentations

- co –located dedicated resuscitation area with appropriate equipment to provide advanced paediatric, adult and trauma life support prior to transfer to definitive care

- 24 hour access to blood products

- 24 hour access to laboratory and radiology services

- 24 hour access to specialty care or advice

- 24 hour access to retrieval services, as appropriate

- if there are no emergency specialists (Fellows of ACEM (FACEMs)) on staff then the Emergency Department must be part of an Emergency Medicine Network

Furthermore we refer to ACEM's Statement on the delineation of emergency departments' (2012) which designates an ED into one of four categories:

- **Level 1 ED** - provides emergency care within a designated area of a remote or rural hospital. It is the minimum level of service that can be defined as an Emergency Department.

- **Level 2 ED** - is part of a secondary hospital with capabilities of managing some complex cases, and would offer some sub-specialty services. This level of service should be able to provide primary critical care.

- **Level 3 ED** - is part of a major regional, metropolitan or urban hospital with capabilities of managing most complex cases and have some sub-specialty services.

- **Level 4 ED** - is part of a large, multifunctional tertiary or major referral hospital with capabilities for managing a wide range of complex conditions, and have a significant level of sub-specialty services

CENA also recognises that nurses are providing emergency care in a variety of settings that are not designated as ED because they do not meet the above criteria. However, the role of nurses in these environments is to assess, diagnose and manage sick and injured patients whose condition may be unstable and to provide initial resuscitation and/or stabilisation of the critically ill patient (CENA 2007). These standards are also considered relevant for nurses working in alternate settings to the ED which provide emergency care. Throughout this document these settings are referred to as **Non-ED designated settings.**

ASSUMPTIONS

This model is based on the following assumptions:

- a one (1) nurse to three (3) patient physically located in the ED and regardless of their status
- that a one (1) nurse to three (3) patient ratio must be in place 24 hours a day, 7 days a week or for the duration of patient stay in the facility
- nurses employed in areas that provide emergency care have completed appropriate training (stipulated in greater detail below)
- nurses employed in areas that provide emergency care are members of their professional organization
- nurses employed in areas that provide emergency care have relevant post graduate emergency nursing qualifications

- it is aligned with the ACEM 'Statement for the delineation of emergency departments' (ACEM 2012)

Please refer to Appendix A - 'CENA SA Quick Reference Nurse staffing standards for South Australian Emergency Care Settings' for an overview of the model.

ADDITIONAL NURSING ROLES

Additional nursing roles are those that are supernumerary and above and beyond the one (1) to three (3) nurse patient ratio stipulated above. These roles are categorised into three groups: *Clinical support, Management* and *Miscellaneous roles*. As a baseline, all nurses acting in the following roles MUST be Registered Nurses.

Clinical Support Roles

Triage Nurse

The triage nurse is the first point of clinical contact in the ED. This is an autonomous nursing role which has two key functions. Firstly after a brief assessment a triage category (based on the Australasian Triage Scale) will be assigned to each patient reflecting their urgency. Secondly, the patient will be sent to the appropriate area to receive the care they need.

- Non ED designated Emergency care setting – may be combined with other roles but must be staffed 24 hours a day, 7 days a week or for the duration of patient stay in the facility

- Level 1 ED –may be combined with other roles but must be staffed 24 hours a day, 7 days a week

- Level 2 ED – One (1) supernumerary triage nurse 24 hours a day, 7 days a week

- Level 3 ED – One (1) supernumerary triage nurse 24 hours a day, 7 days a week
- Level 4 ED – Two (2) supernumerary triage nurses 24 hours a day, 7 days a week

Nurses acting in the triage role should also have the following attributes:

- Completion of Advanced life support (ALS) and/or Advanced Paediatric Life Support (APLS) within the past 12 months

- Completion of CENA Trauma Nurse Program (TNP) or equivalent within the past five (5) years

- Completion of Emergency Triage Education Kit (ETEK) and demonstrated competence in this area

- Completion of a Hospital Major Incident Management and Support (HMIMMS) course or equivalent disaster awareness course within the past five (5) years

- Completion of relevant post graduate emergency nursing qualifications

Resuscitation team

In the initial stages of a resuscitation one (1) patient will require a three (3) nurse ratio until they become stabilized. After stabilization, those who will be transferred to high care areas within the hospital such as the intensive Care Unit or Operating Theatres will require one (1) on one (1) nursing care as is accepted practice in these areas (ACCCN 2003). All non ED designated emergency care settings and level 1 to 4 ED should have one (1) resuscitation nurse per resuscitation patient bed 24 hours a day, 7 days a week or for the duration of patient stay in the facility.

Nurses who are part of the resuscitation team should also have the following attributes:

- Completion of ALS and/or APLS within the past four (4) years

- Completion of CENA TNP or equivalent within the past five (5) years

- At least one member of the team must have relevant post graduate emergency nursing qualifications, all other members must be working towards completion of relevant post graduate emergency nursing qualifications

Shift coordinator (however named)

A shift coordinator (however named) has always been responsible for patient flow through the department, coordination of nursing care for patient's who present to the ED, liaison with medical and allied health care staff as well as other areas in the hospital, coordination of staff and extra clinical support for staff. With time, this role has become increasingly more complex. The implementation of the Flow Coordinator role will remove some of the pressure related to managing patient flow therefore allowing the Shift Coordinator to concentrate on staff

management and coordination of patient care. The Shift Coordinator provides 'on-the-floor' assistance, coordination, contingency (for a late admission on the shift, or staff sick mid-shift), education (of junior staff, relatives, and others), supervision, support and liaison with medical and allied health staff regarding patient care. The Shift Coordinator should be present in all EDs and be supernumerary at all times.

Nurses acting in the shift coordinator role should also have the following attributes:

- Level 2 or above Registered Nurse

- Completion of a formal course for ALS and/or APLS within the past 4 years

- Completion of CENA TNP or equivalent within the past five (5) years

- Completion of ETEK and demonstrated competence in this area

- Completion of HMIMMS or equivalent in the past five (5) years

- Completion of a relevant clinical teaching qualification

- Completion of relevant post graduate emergency nursing qualifications

Mental health nurse

SA EDs are seeing increased numbers of mental health patients and these patients are spending longer periods of time in the ED than any other group of patients (SA Health 2015). It is well recognised that an ED environment is not an appropriate setting for the majority of people with mental health complaints (ACEM 2014, p. 2). The mental health nurse is responsible for the ongoing management and nursing care of mental health patients who have been admitted and are waiting for an inpatient bed, liaising between ED staff and mental health staff, transfer and discharge of mental health patients.

- Non ED designated Emergency care setting – may be combined with other roles but must be staffed 24 hours a day, 7 days a week or for the duration of patient stay in the facility
- Level 1 ED – the mental health nurse role may be combined with other roles but must be staffed 24 hours a day, 7 days a week
- Level 2 ED – one (1) supernumerary mental health nurse 24 hours a day, 7 days a week
- Level 3 ED – one (1) supernumerary mental health nurse 24 hours a day, 7 days a week
- Level 4 ED – one (1) supernumerary mental health nurse 24 hours a day, 7 days a week

Nurses who are working in the role of mental health nurse should also have the following attributes:

- Level 2 or above Registered Nurse

- Completion of relevant mental health nursing qualifications

Emergency Nurse Practitioners/Advanced Skills Nurse

CENA strongly supports the employment of Emergency Nurse Practitioners in the emergency care setting. Nurse practitioners have been identified as one strategy to improve ED efficiency (AHWAC 2006, p. 26). Additionally, Nurse Practitioner candidates and those that have undertaken additional professional development may be employed to work in the ED in advanced roles providing autonomous care to patients. In regards to this document Emergency Nurse Practitioners/Advanced Skills Nurses are nurses who have undertaken specialised and recognised training to deliver care autonomously in the emergency care setting. Emergency Nurse Practitioners/Advanced Skills Nurses should be employed across all shifts as patient presentations require. Emergency Nurse Practitioners/Advanced Skills Nurses should not be counted in nursing staffing numbers discussed above and should all be **supernumerary**. They are responsible for the management of patient case load within their scope of practice and work in conjunction with the ED management roles to provide leadership within the Emergency Department.

Management Roles

Emergency Nursing Director (however named)

We strongly support the implementation of an Emergency Nursing Director/s to manage regional, rural and remote ED. At present this role exists in metropolitan Adelaide where Emergency Nursing Directors have overarching responsibility for ED in a particular region. The Emergency Nursing Director will provide strategic and operational leadership, governance and direction for ED under their supervision. It is expected that the Emergency Nursing Director will liaise and communicate with other Emergency Nursing Directors in South Australia. All EDs must fall under the supervision of an Emergency Nursing Director.

Nurses acting in the Nursing Director role must have the following attributes:

- Level 5 or above Registered Nurse

- 5 years or more post registration experience

- Completion of HMIMMS course or equivalent in the past 5 years

- Completion of relevant Management qualifications

- Completion of relevant post graduate emergency nursing qualifications

Trauma Nurse Coordinator (however named)

Trauma Nurse Coordinators (however named) play a pivotal role in the ED as they coordinate the multidisciplinary team to provide quality care for trauma patients. They evaluate patient care, identify system problems and make recommendations for improvement. Importantly they are involved in education, research, quality improvement and clinical case management. CENA

supports the role of a supernumerary Trauma Nurse Coordinator in ED's that identify themselves as level 2, 3 and 4 per the ACEM definition. If patient presentation numbers warrant, the Trauma Nurse Coordinator may be supported to provide this service by a clinical support nurse. The role may be combined with others roles in level 1 ED and Non ED designated emergency care settings.

Nurses acting in the Trauma Nurse Coordinator role should also have the following attributes:

- Level 3 or above Registered Nurse

- Completion of HMIMMS course or equivalent in the past 5 years

- Completion of relevant Management qualifications

- Completion of relevant post graduate emergency nursing qualifications or equivalent critical care qualification.

Flow Coordinator (however named)

The responsibility of managing the flow of patients through the ED has previously fallen on the shift coordinator (however named). The role of shift coordinator is multifaceted and includes: managing staff on the floor, the continued prioritisation of patient care while in the department, patient discharges and admissions, liaising with allied health and other areas within the hospital. The variety of the role and therefore frequent interruptions make it difficult for the shift coordinator to focus. We believe the role of shift coordinator should focus entirely on managing staff on the floor, initial allocation of patients to cubicles and managing ongoing care of patients. The shift coordinator should work closely with the Flow Coordinator who is responsible for the movement of patients out of the ED, liaising with wards and allied health to support ongoing care of patients. The Flow Coordinator is solely responsible for managing the smooth flow of patients through the ED and to other areas in the healthcare facility. A Flow Coordinator should be present in level 3 and 4 ED 24 hours a day 7 days a week. In non-ED designated emergency settings and level 1 and 2 ED this role may be combined with other roles such as discharge nurse and other management roles. In these settings this role should be staffed between peak busy times such as 1000 until 2200.

Nurses acting in the Flow Coordinator role should also have the following attributes:

- Level 2 Registered Nurse

- Completion of HMIMMS course or equivalent in the past 5 years

- Must be able to demonstrate a good working knowledge of the ED and the wider hospital

Nurse Management Facilitator (however named)

A Nurse Management Facilitator (NMF) should be present in all non ED designated emergency care setting and level 1 to 4 ED. Nurse Management Facilitators work in conjunction with the

Clinical Services Coordinator to use their clinical knowledge and experience to provide corporate support services to the ED in areas such as staffing methodologies, recruitment and selection, human resource management, financial administration, bed and resource management, accreditation and risk management processes and information systems management. Work at this level is undertaken by employees with at least 3 years post registration experience (Government of South Australia Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2010, p.64). Emergency Departments where the head count of staff reporting to the NMF role is in excess of 100 headcount, there must be greater than 1.0 FTE CSC positions.

Nurses acting in the NMF role should also have the following attributes:

- Level 3 or above Registered Nurse

- 3 years or more post registration experience

- Completion of HMIMMS course or equivalent in the past 5 years

- Completion of relevant Management qualifications

- Completion of relevant post graduate emergency nursing qualifications

Clinical Services Coordinator (however named)

A Clinical Services Coordinator (CSC) should be present in all non ED designated emergency care setting and level 1 to 4 ED. The CSC provides the pivotal co-ordination of patient/client care delivery through line management, coordination and leadership of nursing and/or multidisciplinary team activities to achieve continuity and quality of patient/client care (Government of South Australia 2010). Emergency Departments where the head count of staff reporting to the CSC role is in excess of 100 headcount, there must be greater than 1.0 FTE CSC positions.

Nurses acting in the CSC role should also have the following attributes:

- Level 3 or above Registered Nurse

- Completion of HMIMMS course or equivalent in the past 5 years

- Completion of relevant Management qualifications

- Completion of relevant post graduate emergency nursing qualifications or equivalent critical care qualification.

Associate Clinical Services Coordinator (however named)

An Associate Clinical Services Coordinator (ACSC) positions should be present in all non ED designated emergency care settings and level 1 to 4 ED. The ACSC is responsible to the CSC for workload direction, however, it is suggested that each ACSC adopts a portfolio of strategic

relevance to the ED. Nurses acting in the ACSC role are included in the one (1) nurse to three (3) patient ratio but are provided with one non clinical day per week to undertake their portfolio work.

Nurses acting in the CSC role should also have the following attributes:

- Level 2 Registered Nurse

- Completion of HMIMMS course or equivalent in the past 5 years

- Completion of relevant Management qualifications

- Completion of relevant post graduate emergency nursing qualifications

Nurse Education Facilitator (however named)

A focused approach to providing relevant education to staff working in the ED is essential to ensure quality of care delivery to the broad nature of presentations across all ages and acuities. Nurse Education Facilitators (NEF) are responsible for managing the overarching educational directions of the ED, delegating work to clinical support nurses and keeping track of staff accreditations. Given the broad knowledge required by emergency nurses, the regular updates required and the complexity of work they do, the role of the NEF is vital to support a well prepared workforce. In line with current research the nurse educator role should be employed based on staff head count and not FTE (Williams et al 2014, p. 1086). CENA supports a ratio of one NEF to 50 staff head count which is in line with the Australian College of Critical Care Nurses (ACCCN 2003, p. 2) staffing position statement.

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Nurses acting in the NEF role should also have the following attributes:

- Level 3 or above Registered Nurse

- Completion of ALS and/or APLS within the past 12 months

- Completion of CENA TNP or equivalent within the past five (5) years

- Completion of ETEK and demonstrated competence in this area

- Completion of HMIMMS or equivalent in the past five (5) years

- Completion of relevant Management qualifications

- Completion of a relevant clinical education certificate

- Completion of relevant post graduate emergency nursing qualifications

Miscellaneous Roles

Equipment nurse

The equipment nurse is responsible for ensuring equipment is maintained, restocked and that staff are trained to use the equipment appropriately. In level 3 and 4 EDs this role is supernumerary but should equate to 2 (two) supernumerary days per week. In level 1 and 2 ED and Non-ED designated settings this role should be staffed 1 (one) day a week. This may be in combination with other roles or may be a regional role.

Nurses acting in the equipment nurse role should also have the following attributes:

- Level 2 Registered Nurse

- Completion of relevant clinical teaching qualifications

Research Nurse

Emergency nursing practice should be governed by an evidenced based approach. In line with ED in other parts of Australia and across the world, South Australian ED should be collecting data, undertaking audits and disseminating information to the wider community to support best practice emergency care. The role of the Research Nurse is to promote and encourage a research culture in the ED environment and support ED clinicians in the undertaking of multidisciplinary research activities. In level 3 and 4 EDs this role is supernumerary but should equate to 2 (two) supernumerary days per week. In level 1 and 2 ED and Non-ED designated settings this role should be staffed 1 (one) day a week. This may be in combination with other roles or may be a regional role. Nurses acting as Research Nurse should have the following additional attributes:

- Level 2 or above Registered Nurse

- Completion of relevant postgraduate emergency nursing qualifications

- Completion of relevant post graduate qualifications with a research component

Discharge Nurse

There is an increased need for complex care planning after discharge (AHWAC 2006, p. 30). While it is essential for all emergency nurses to be able to manage the appropriate discharge of their patients, a discharge nurse is necessary to manage complex discharge cases. Discharge nurses in the ED improve access to written discharge information, provided better access to information on equipment and medication side effects and overall lead to a demonstrated increase in the understanding of post discharge healthcare management (Wallis et al 2009). The role of the discharge nurse is vital given the increasing age of the SA population. The discharge nurse will facilitate placement, respite and facilitation of community services as well as provide discharge information to all patients discharged from the ED. The discharge nurse is a supernumerary role which should be filled between 0700 – 2300 7 days a week. This role needs

to be considered with regards to the discharge rate of each individual facility. CENA suggests that in the Non ED designated emergency care setting and level 1 and 2 EDs this role may be combined with other roles but must be staffed 7 days a week between 0700 and 2300. In level 3 and 4 EDs this role should be supernumerary and staffed between 0700 and 21300, 7 days a week.

Nurses acting as Discharge nurse should have the following additional attributes:

- Level 2 or above Registered Nurse

- Completion of relevant postgraduate emergency nursing qualifications

Disaster nurse

Nurses working at triage will be first point of contact for patients presenting to the ED following a disaster or major incident and should therefore possess the appropriate skills to prioritise the care of a large influx of patients to the ED. Additionally, in more insidious events such as pandemic, nurses working in the triage role are in a useful position to identify trends in patient presentations and may be the first to recognise that an event is unfolding. Disaster education and training for nurses at undergraduate and post graduate tertiary levels is limited and access to disaster training courses outside of the hospital is also difficult (Ranse et al 2013; Usher & Mayner 2011; Duong 2009). Some responsibility is therefore placed on health care facilities to provide staff with appropriate disaster education and training (Ranse et al 2013). The role of the disaster nurse is to review and maintain disaster management plans, track and manage disaster awareness and training activities for nursing staff in the ED and coordinate ED preparedness activities with the rest of the hospital. In level 3 and 4 EDs this role is supernumerary but should equate to 2 (two) supernumerary days per week. In level 1 and 2 ED and Non-ED designated settings this role should be staffed 1 (one) day a week. This may be in combination with other roles or may be a regional role. Nurses working in the role of Disaster nurse should have the following additional attributes:

- Level 2 or above Registered Nurse

- Completion of ALS and/or APLS within the past 12 months

- Completion of CENA TNP or equivalent within the past five (5) years

- Completion of ETEK and demonstrated competence in this area

- Completion of HMIMMS or equivalent in the past five (5) years

- Completion of relevant post graduate emergency nursing qualifications

ED SHORT STAY UNIT (HOWEVER NAMED)

The ED short stay unit is an inpatient unit, managed by Emergency Department staff which is intended to provide short term (generally up to 24 hours) of assessment, observation, treatment and reassessment of patients initially triaged and assessed in the ED. The unit should be staffed at a one (1) nurse to four (4) patient ratio. Additionally a team leader with the following attributes should oversee the running of the unit on a day to day basis. The team leader role should be in place 24 hours a day, 7 days a week.

Nurses working in the role of Team Leader must have the following additional attributes:

- Level 2 or above Registered nurse

- Current ALS and/or APLS certification as appropriate to patient presentation profile

- Postgraduate emergency nursing qualifications

SUMMARY

Workforce planning should be driven by patient need focusing on making the patient journey through the ED as efficient, safe and non-traumatic as possible (AHWAC 2006, p. 36). Further research and evaluation needs to be undertaken to provide a better understanding of current workload. The results of this should be reflected in nurse staffing models. Additionally, once the State Government changes to health have been implemented, further evaluation needs to be undertaken to determine the effect on nursing working in the emergency care setting. In the absence of a more precise understanding on the workload in SA EDs, CENA proposes the model described above. This model does not prescribe a one size fits all approach for all EDs. Instead the model reflects the head count of staff and size of the ED and identifies set nursing roles required in all EDs to support best practice and safe car delivery.

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ACKNOWLEDGMENTS

Appendix A: Quick Reference document

EMERGENCY DEPARTMENT (ED) MINIMUM STANDARDS

- must operate structurally and functionally within a hospital
- 24 hour dedicated nursing staff with a dedicated Nurse Unit Manager or equivalent
- daily rostered medical staff and 24 hours a day, seven days a week access to medical staff after hours
- dedicated facilities to manage emergency presentations
- co –located dedicated resuscitation area with appropriate equipment to provide advanced paediatric, adult and trauma life support prior to transfer to definitive care
- 24 hour access to blood products
- 24 hour access to laboratory and radiology services
- 24 hour access to specialty care or advice
- 24 hour access to retrieval services, as appropriate
- if there are no emergency specialists (Fellows of ACEM (FACEMs)) on staff then the Emergency Department must be part of an Emergency Medicine Network

ED LEVELS

- **Level 1 ED** - provides emergency care within a designated area of a remote or rural hospital. It is the minimum level of service that can be defined as an Emergency Department.

- **Level 2 ED** - is part of a secondary hospital with capabilities of managing some complex cases, and would offer some sub-specialty services. This level of service should be able to provide primary critical care.

- **Level 3 ED** - is part of a major regional, metropolitan or urban hospital with capabilities of managing most complex cases and have some sub-specialty services.

- **Level 4 ED** - is part of a large, multifunctional tertiary or major referral hospital with capabilities for managing a wide range of complex conditions, and have a significant level of sub-specialty services

NON-ED DESIGNATED EMERGENCY CARE SETTING

CENA recognises that nurses are providing emergency care in a variety of settings that are not designated as ED because they do not meet the above criteria. However, the role of nurses in these environments is to assess, diagnose and manage sick and injured patients whose condition may be unstable and to provide initial resuscitation and/or stabilisation of the critically ill patient (CENA 2007). For the purposes of this document a **Non-ED designated emergency care setting** is a setting in which nurses routinely provide emergency care to people present to specifically seek emergency care.

ASSUMPTIONS

- a one (1) nurse to three (3) patient physically located in the ED and regardless of their status
- that a one (1) nurse to three (3) patient ratio must be in place 24 hours a day, 7 days a week or for the duration of patient stay in the facility
- nurses employed in areas that provide emergency care have completed appropriate training (stipulated in greater detail below)
- nurses employed in areas that provide emergency care are members of their professional organization
- nurses employed in areas that provide emergency care have relevant post graduate emergency nursing qualifications
- this document is aligned with the ACEM 'Statement for the delineation of emergency departments' (ACEM 2012)

ADDITIONAL NURSING ROLES

Additional nursing roles are those that are supernumerary and above and beyond the one (1) to three (3) nurse patient ratio stipulated above. Refer to the CENA SA (2015) 'Position Statement: Nurse staffing standards for South Australian Emergency Care Settings' for details on role responsibilities and qualifications and attributes of nurses working in these roles.

CLINICAL SUPPORT ROLES

Triage Nurse

- Non ED designated Emergency care setting – may be combined with other roles but must be staffed 24 hours a day, 7 days a week or for the duration of patient stay in the facility
- Level 1 ED – may be combined with other roles but must be staffed 24 hours a day, 7 days a week

- Level 2 ED – One (1) supernumerary triage nurse 24 hours a day, 7 days a week

- Level 3 ED – One (1) supernumerary triage nurse 24 hours a day, 7 days a week
- Level 4 ED – Two (2) supernumerary triage nurses 24 hours a day, 7 days a week

For further information about this role refer to page 6 of the Nurse staffing standards for South Australian emergency care settings (2015).

Resuscitation team

In the initial stages of a resuscitation one (1) patient will require a three (3) nurse ratio until they become stabilized. After stabilization, those who will be transferred to high care areas within the hospital such as the intensive Care Unit or Operating Theatres will require one (1) on one (1) nursing care as is accepted practice in these areas (ACCCN 2003). All emergency care settings and level 1 to 4 ED should have one (1) resuscitation nurse per resuscitation patient bed 24 hours a day, 7 days a week or for the duration of patient stay in the facility. For further information about this role refer to page 7 of the Nurse staffing standards for South Australian emergency care settings (2015).

Shift coordinator (however named)

- Non ED designated Emergency care setting – may be combined with other roles but must be staffed 24 hours a day, 7 days a week or for the duration of patient stay in the facility
- Level 1 ED – the shift coordinator role may be combined with other roles but must be staffed 24 hours a day, 7 days a week
- Level 2 ED – one (1) supernumerary shift coordinator 24 hours a day, 7 days a week
- Level 3 ED – one (1) supernumerary shift coordinator 24 hours a day, 7 days a week
- Level 4 ED – one (1) supernumerary shift coordinator 24 hours a day, 7 days a week

For further information about this role refer to page 7 of the Nurse staffing standards for South Australian emergency care settings (2015).

Mental Health Nurse

- Non ED designated Emergency care setting – may be combined with other roles but must be staffed 24 hours a day, 7 days a week or for the duration of patient stay in the facility
- Level 1 ED – the mental health nurse role may be combined with other roles but must be staffed 24 hours a day, 7 days a week
- Level 2 ED – one (1) supernumerary mental health nurse 24 hours a day, 7 days a week
- Level 3 ED – one (1) supernumerary mental health nurse 24 hours a day, 7 days a week
- Level 4 ED – one (1) supernumerary mental health nurse 24 hours a day, 7 days a week

For further information about this role refer to page 8 of the Nurse staffing standards for South Australian emergency care settings (2015).

Emergency Nurse Practitioners/Advanced Skills Nurse

Emergency Nurse Practitioners/Advanced Skills Nurses should be employed across all shifts as patient presentations require. Emergency Nurse Practitioners/Advanced Skills Nurses should not be counted in nursing staffing numbers discussed above and should all be **supernumerary**. For further information about this role refer to page 8 of the Nurse staffing standards for South Australian emergency care settings (2015).

MANAGEMENT ROLES

Trauma Nurse Coordinator (however named)

Trauma Nurse Coordinators evaluate patient care, identify system problems and make recommendations for improvement. CENA supports the role of a supernumerary Trauma Nurse Coordinator in ED's that identify themselves as level 3 and 4 per the ACEM definition. If patient presentation numbers warrant, the Trauma Nurse Coordinator may be supported to provide this service by a clinical support nurse. The role may be combined with others roles or may be a regional role in level 1 and 2 ED and Non ED designated emergency care settings. For further information about this role refer to page 9 of the Nurse staffing standards for South Australian emergency care settings (2015).

Flow Coordinator (however named)
The Flow coordinator is solely responsible for managing the smooth flow of patients through the ED and to other areas in the healthcare facility. A Flow Coordinator should be present in level 3 and 4 ED 24 hours a day 7 days a week. In non-ED designated emergency settings and level 1 and 2 ED this role may be combined with other roles such as discharge nurse and other management roles. In these settings this role should be staffed between peak busy times such as 1000 until 2200. For further information about this role refer to page 9 of the Nurse staffing standards for South Australian emergency care settings (2015).

Nurse Management Facilitator (NMF) (however named)
A NMF should be present in all non ED designated emergency care setting and level 1 to 4 ED. Emergency Departments where the head count of staff reporting to the NMF role is in excess of 100 headcount, there must be greater than 1.0 FTE CSC positions. For further information about this role refer to page 10 of the Nurse staffing standards for South Australian emergency care settings (2015).

Clinical Services Coordinator (CSC) (however named)

A CSC should be present in all non ED designated emergency care setting and level 1 to 4 ED. Emergency Departments where the head count of staff reporting to the CSC role is in excess of 100 headcount, there must be greater than 1.0 FTE CSC positions. For further information about this role refer to page 10 of the Nurse staffing standards for South Australian emergency care settings (2015).

Associate Clinical Services Coordinator (ACSC) however named)

ACSC positions should be present in all non ED designated emergency care settings and level 1 to 4 ED. The ACSC is responsible to the CSC for workload direction, however, it is suggested that each ACSC adopts a portfolio of strategic relevance to the ED. Nurses acting in the ACSC role are included in the one (1) nurse to three (3) patient ratio but are provided with one non clinical day per week to undertake their portfolio work. For further information about this role refer to page 11 of the Nurse staffing standards for South Australian emergency care settings (2015).

Nurse Education Facilitator (NEF) (however named)

In line with current research the nurse educator role should be employed based on staff head count and not FTE (Williams et al 2014, p. 1086). CENA supports a ratio of one NEF to 50 staff head count. For further information about this role refer to page 11 of the Nurse staffing standards for South Australian emergency care settings (2015).

MISCELLANEOUS ROLES

Equipment nurse

In level 3 and 4 EDs this role is supernumerary but should equate to 2 (two) supernumerary days per week. In level 1 and 2 ED and Non-ED designated settings this role should be staffed 1 (one) day a week. This may be in combination with other roles or may be a regional role. For further information about this role refer to page 12 of the Nurse staffing standards for South Australian emergency care settings (2015).

Research Nurse

In level 3 and 4 EDs this role is supernumerary but should equate to 2 (two) supernumerary days per week. In level 1 and 2 ED and Non-ED designated settings this role should be staffed 1 (one) day a week. This may be in combination with other roles or may be a regional role. For further information about this role refer to page 12 of the Nurse staffing standards for South Australian emergency care settings (2015).

Discharge Nurse

The discharge nurse is a supernumerary role which should be filled between 0700 – 2300 7 days a week. CENA suggests that in the Non ED designated emergency care setting and level 1 and 2 EDs this role may be combined with other roles but must be staffed 7 days a week between 0700 and 2300. In level 3 and 4 EDs this role should be supernumerary and staffed between 0700 and 2300, 7 days a week. For further information about this role refer to page 13 of the Nurse staffing standards for South Australian emergency care settings (2015).

Disaster nurse

In level 3 and 4 EDs this role is supernumerary but should equate to 2 (two) supernumerary days per week. In level 1 and 2 ED and Non-ED designated settings this role should be staffed 1 (one) day a week. This may be in combination with other roles or may be a regional role. For further information about this role refer to page 13 of the Nurse staffing standards for South Australian emergency care settings (2015).

ED SHORT STAY UNIT (HOWEVER NAMED)

The ED short stay unit is an inpatient unit, managed by Emergency Department staff. The unit should be staffed at a one (1) nurse to four (4) patient ratio. Additionally a team leader should oversee the running of the unit on a day to day basis. The team leader role should be in place 24 hours a day, 7 days a week. For further information about this role refer to page 14 of the Nurse staffing standards for South Australian emergency care settings (2015).

APPENDIX B: STAFFING MATRIX.v2

Emergency Care Setting	Staffing Requirements	Management Roles	Miscellaneous Roles	Sites
Level 4 ED *Part of a large, multifunctional tertiary or major referral hospital with capabilities for managing a wide range of complex conditions, and have a significant level of sub-specialty services.*	**Nurse / Patient ratio:** 1 nurse to 3 patients physically located in the ED and regardless of their status. **Triage Nurses**: 2, supernumerary to 1:3 nurse/patient ratio, 24 hours a day, 7 days a week. **Resuscitation Team:** Initial stage of resuscitation - 3:1 nurse/patient ratio until the patient stabilises. 1:1 resuscitation nurse/resuscitation patient bed (24/7) for duration of stay. **Shift Coordinator**: 1, supernumerary to 1:3 nurse/patient ratio, 24 hours a day, 7 days a week. **Mental Health Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 24 hours a day, 7 days a week. **Nurse Practitioners/Advanced Skills nurse:** employed across all shifts, supernumerary to 1:3 nurse/patient ratio.	**Trauma Nurse Coordinator:** 1, supernumerary to 1:3 nurse/patient ratio, 1 FTE to support a service that functions 24 hours a day, 7 days a week. **Flow Coordinator:** 1, supernumerary to 1:3 nurse/patient ratio, 7 days a week during peak presentation times. **Nurse Management Facilitator:** 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Clinical Services Co-ordinator**: 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Associate Clinical Services Co-ordinator**: Included in the 1:3 patient nurse ratio, but provided with 1 (one) non-clinical day per week to undertake portfolio work. **Nurse Education Facilitator**: 1 per 50 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service	**Equipment nurse:** 1, supernumerary to 1:3 nurse/patient ratio, Should equate to 2 (two) supernumerary days per week. **Research Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, Should equate to 2 (two) supernumerary days per week. **Discharge Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, between 0700 and 2300, 7 days a week. **Disaster Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, Should equate to 2 (two) supernumerary days per week.	Flinders Medical Centre Lyell McEwin Hospital Royal Adelaide Hospital Women's and Children's Hospital

		that functions 24 hours a day, 7 days a week.		

Emergency Care Setting	Staffing Requirements	Management Roles	Miscellaneous Roles	Sites
Level 3 ED *Part of a major regional, metropolitan or urban hospital with capabilities of managing most complex cases and have some sub-specialty services.*	**Nurse / Patient ratio:** 1 nurse to 3 patients physically located in the ED and regardless of their status. **Triage Nurses**: 1, supernumerary to 1:3 nurse/patient ratio, 24 hours a day, 7 days a week. **Resuscitation Team:** Initial stage of resuscitation - 3:1 nurse/patient ratio until the patient stabilises. 1:1 resuscitation nurse/resuscitation patient bed (24/7) for duration of stay. **Shift Coordinator**: 1, supernumerary to 1:3 nurse/patient ratio, 24 hours a day, 7 days a week. **Mental Health Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 24 hours a day, 7 days a week. **Nurse Practitioners/Advanced Skills nurse:** employed across all shifts, supernumerary to 1:3 nurse/patient ratio.	**Trauma Nurse Coordinator:** 1 as defined by organisation trauma profile, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Flow Coordinator:** 1, supernumerary to 1:3 nurse/patient ratio, 7 days a week during peak presentation times. **Nurse Management Facilitator:** 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Clinical Services Co-ordinator**: 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Associate Clinical Services Co-ordinator**: Included in the 1:3 patient nurse ratio, but provided with 1 (one) non-clinical day per week to undertake portfolio work. **Nurse Education Facilitator**: 1 per 50 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week.	**Equipment nurse:** 1, supernumerary to 1:3 nurse/patient ratio, Should equate to 2 (two) supernumerary days per week. **Research Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, Should equate to 2 (two) supernumerary days per week. **Discharge Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, between 0700 and 2300, 7 days a week. **Disaster Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, Should equate to 2 (two) supernumerary days per week.	Berri Hospital Calvary Wakefield Modbury Mt Gambier Hospital Noarlunga Hospital Port Augusta Hospital Pt Lincoln The Queen Elizabeth Hospital Whyalla Hospital & Health

Emergency Care Setting	Staffing Requirements	Management Roles	Miscellaneous Roles	Sites
Level 2 ED *Part of a secondary hospital** with capabilities of managing some complex cases, and would offer some sub-specialty services. This level of service should be able to provide primary critical care.*	**Nurse / Patient ratio:** 1 nurse to 3 patients physically located in the ED and regardless of their status. **Triage Nurses**: 1, supernumerary to 1:3 nurse/patient ratio, 24 hours a day, 7 days a week. **Resuscitation Team:** Initial stage of resuscitation - 3:1 nurse/patient ratio until the patient stabilises. 1:1 resuscitation nurse/resuscitation patient bed (24/7) for duration of stay. **Shift Coordinator**: 1, supernumerary to 1:3 nurse/patient ratio, 24 hours a day, 7 days a week. **Mental Health Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 24 hours a day, 7 days a week. **Nurse Practitioners/Advanced Skills nurse:** employed across all shifts, supernumerary to 1:3 nurse/patient ratio.	**Trauma Nurse Coordinator:** 1 as defined by organisation trauma profile,, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Flow Coordinator:** 1, supernumerary to 1:3 nurse/patient ratio, 2 days a week. May be combined with other roles but should be staffed during peak times * 7 days a week. **Nurse Management Facilitator:** 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Clinical Services Co-ordinator**: 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Associate Clinical Services Co-ordinator**: Included in the 1:3 patient nurse ratio, but provided with 1 (one) non-clinical day per week to undertake portfolio work. **Nurse Education Facilitator**: 1 per 50 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service	**Equipment nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 1 (one) day a week. This may be in combination with other roles or may be a regional role. **Research Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 1 (one) day a week. This may be in combination with other roles or may be a regional role. **Discharge Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, between 0700 - 2300. May be combined with other roles or be part of a specific portfolio. **Disaster Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 1 (one) day a week. This may be in combination with other roles or may be a regional role.	Ashford*** Clare District Hospital Gawler Millicent Murray Bridge Sol Mem Health Naracoorte Pt Pirie Regional Health South Coast Districts Hospital

		that functions 24 hours a day, 7 days a week.		

Emergency Care Setting	Staffing Requirements	Management Roles	Miscellaneous Roles	Sites
Level 1 ED *Provides emergency care within a designated area of a remote or rural hospital. It is the minimum level of service that can be defined as an Emergency Department.*	**Nurse / Patient ratio:** 1 nurse to 3 patients physically located in the ED and regardless of their status. **Triage Nurses**: 1, supernumerary to 1:3 nurse/patient ratio, May be combined with other roles, staffed 24 hours a day, 7 days a week. **Resuscitation Team:** Initial stage of resuscitation - 3:1 nurse/patient ratio until the patient stabilises. 1:1 resuscitation nurse/resuscitation patient bed (24/7) for duration of stay. **Shift Coordinator**: 1, supernumerary to 1:3 nurse/patient ratio, May be combined with other roles, staffed 24 hours a day, 7 days a week. **Mental Health Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, May be combined with other roles, staffed 24 hours a day, 7 days a week. **Nurse Practitioners/Advanced Skills nurse:** employed across all shifts,	**Flow Coordinator:** 1, supernumerary to 1:3 nurse/patient ratio. May be combined with other roles but should be staffed during peak times * 7 days a week. **Nurse Management Facilitator:** 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Clinical Services Co-ordinator**: 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. **Associate Clinical Services Co-ordinator**: Included in the 1:3 patient nurse ratio, but provided with 1 (one) non-clinical day per week to undertake portfolio work. **Nurse Education Facilitator**: 1 per 50 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week.	**Equipment nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 1 (one) day a week. This may be in combination with other roles or may be a regional role. **Research Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 1 (one) day a week. This may be in combination with other roles or may be a regional role. **Discharge Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, between 0700 - 2300. May be combined with other roles or be part of a specific portfolio. **Disaster Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 1 (one) day a week. This may be in combination with other roles or may be a regional role.	Burra Hospital Coober Pedy Hospital Kangaroo Island Health Service Mount Barker Memorial Hospital Naracoorte Health Service NTHN Yorke Pen Regional Pt Broughton District Hospital Peterborough Memorial Soldiers' Hospital Riverland Regional Hospital Renmark & Paringa District South Coast District Hospital Southern Yorke Penin Health St Andrews Emergency service Tailem Bend District Hospital Tumby Bay Hospital Waikerie Hospital Woomera Hospital York Peninsula Health (Yorketown) York Peninsula Health Maitland

supernumerary to 1:3 nurse/patient ratio.			

Emergency Care Setting	Staffing Requirements	Management Roles	Miscellaneous Roles	Sites
Non- ED designated Emergency Care Settings *Facilities that are not designated as an ED under the level applied by Australian College of Emergency Medicine ACEM (2012) in which nurses provide emergency care such as assessing, diagnosing and managing sick and injured patients whose condition may be unstable and to provide initial resuscitation and/or stabilisation of the critically ill patient (CENA 2007).*	**Nurse / Patient ratio:** 1 nurse to 3 patients physically located in the ED and regardless of their status. **Triage Nurses**: , supernumerary to 1:3 nurse/patient ratio, May be combined with other roles, staffed 24 hours a day, 7 days a week. **Resuscitation Team:** Initial stage of resuscitation - 3:1 nurse/patient ratio until the patient stabilises. 1:1 resuscitation nurse/resuscitation patient bed (24/7) for duration of stay. May be combined with other roles. **Shift Coordinator**: 1, supernumerary to 1:3 nurse/patient ratio, May be combined with other roles, staffed 24 hours a day, 7 days a week. **Mental Health Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, May be combined with other roles or within other services, staffed 24 hours a day, 7 days a week.	**Flow Coordinator:** 1, supernumerary to 1:3 nurse/patient ratio. May be combined with other roles but should be staffed during peak times * 7 days a week. **Nurse Management Facilitator:** 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. May be combined with other roles. **Clinical Services Co-ordinator**: 1 per 100 head count of staff, supernumerary to 1:3 nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. May be combined with other roles. **Associate Clinical Services Co-ordinator**: Included in the 1:3 patient nurse ratio, but provided with 1 (one) non-clinical day per week to undertake portfolio work. **Nurse Education Facilitator**: 1 per 50 head count of staff, supernumerary to 1:3	**Equipment nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 1 (one) day a week. This may be in combination with other roles or may be a regional role. **Research Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 1 (one) day a week. This may be in combination with other roles or may be a regional role. **Discharge Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, between 0700 - 2300. May be combined with other roles or be part of a specific portfolio. **Disaster Nurse:** 1, supernumerary to 1:3 nurse/patient ratio, 1 (one) day a week. This may be in combination with other roles or may be a regional role.	Angaston District Hospital Balaklava Sol Mem Hospital Bordertown memorial Hospital Ceduna Hospital INC Cleve District Hospital Cummins & District Hospital Eudunda Hospital Hawker Memorial Hospital Kapunda Hospital Karoonda & Dist Sol Memorial Kimba District Hosp & Health Kingston Sol Mem Hospital Lameroo District hospital Leigh Creek Hospital Loxton Hospital Complex Mannum District Hospital Meningie & District Memorial Quorn & District Memorial Mid North Health (Booleroo) Mid North Health (Jamestown) Mid North Health (Ornoroo) Nthn Adelaide Hills Health Oodnadatta Hosp & Health Penola War Memorial Hospital Pinnaroo Sol Mem Hospital Riverton District Sol Memorial Roxby Downs Health Centre Snowtown Memorial Hospital

| | Nurse Practitioners/Advanced Skills nurse: employed across all shifts, supernumerary to 1:3 nurse/patient ratio. | nurse/patient ratio, to support a service that functions 24 hours a day, 7 days a week. | | Southern Flinders Health Crystal Brook
Southern Flinders Health Laura
Strathalbyn & Dist Soldiers'
Tanunda War Memorial Hospital |

* peak times are determined on a facility to facility basis, but may be for example, between 1000 and 2300.

** in the context of this document a secondary hospital is a facility which may exist as part of a health network particularly in regional areas.

*** not a 24 hour service

ED Short Stay Unit *The ED short stay unit is an inpatient unit, managed by Emergency Department staff which is intended to provide short term (generally up to 24 hours) of assessment, observation, treatment and reassessment of patients initially triaged and assessed in the ED.*	**Nurse Patient Ratio:** one (1) nurse to four (4) patient ratio **Team Leader:** 1, supernumerary to 1:3 nurse/patient ratio, staffed 24 hours a day, 7 days a week.			

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