Children's & Young Peoples Safer Nursing Care Tool

Care Levels	Care Descriptor
Level 0 Child/young person requires hospitalisation – needs met through normal inpatient care	**Care requirements may include the following:** ♦ Oxygen therapy less than 40% and patient stable ♦ May have underlying medical condition requiring on-going treatment ♦ Patients awaiting discharge ♦ Post-operative/post-procedure care – observations recorded half hourly initially then 4-hourly. ♦ Regular PEWS observations 2 – 4 hourly ♦ Basic fluid Management ♦ Intravenous Medication Regimes – (NOT requiring prolonged preparatory/administration/post-administration care) ♦ **Paediatric Early Warning Score** is within normal threshold. ♦ Transfer/escort duties removing staff from ward for less than 20 mins (i.e anaesthetic room /recovery/Xray/CYPHDU)
Level 1a Child /young person is acutely ill requiring close supervision & monitoring or is **unstable** with a **greater potential** to deteriorate can be met through normal inpatient care	**Care requirements may include the following:** ♦ Oxygen therapy greater than 40% +/- Chest Physiotherapy six hourly ♦ Respiratory care requiring two hourly nebulised medicine ♦ Stable nasopharyngeal airway ♦ Post op care following complex surgery in acute phase ♦ Patient within 24 hour of returning from HDU ♦ Neutropenic with pyrexia ♦ Instability requiring increased level of observation and therapeutic intervention or continual observation ♦ Patient on PCA/NCA/Epidural ♦ Acute event requiring immediate therapeutic intervention. ♦ **Paediatric Early Warning Score** – trigger point reached and requiring escalation ♦ Transfer/escort duties removing staff from ward for greater than 20 mins (i.e anaesthetic room /recovery/Xray/CYPHDU)
Level 1b Child/young person is stable but dependent on nursing care interventions/intensive therapy to meet most or all their care	**Care requirements may include the following:** ♦ Unaccompanied children ♦ Established High Flow Oxygen therapy ♦ Recurrent apnoea-self resolving ♦ Stable patient requiring two hourly blood sampling ♦ Post op care following complex surgery in rehab phase ♦ Complex wound management requiring more than 1 nurse **or** takes more than 1hour to complete. ♦ Patients with following complex Spinal surgery – rehab phase ♦ Mobility or repositioning difficulties requiring two staff ♦ Complex Intravenous Drug Regimes – (including those requiring prolonged preparatory/administration/post-administration care) ♦
Level 1b **Non-clinical enhanced care**	♦ Patient and/or carers requiring enhanced psychological support due to poor disease prognosis or clinical outcome or high level of emotional support ♦ Patients requiring end of life care ♦ Confused patients/patients with learning disability who are at risk **or** requiring constant supervision

	♦ Potential for self-harm and requires constant observation ♦ Facilitating a complex discharge where this is the responsibility of the ward-based nurse ♦ High level Safeguarding input/ Safeguarding investigation ♦ Transition to adult care Ready, Steady Go documentation ♦ Complex incident reporting/documentation
Level 2 Care provided to a child/young person who may require closer observation & monitoring than is usually available through normal inpatient care.	**Care requirements may include the following:** ♦ CPAP/ BiPAP/ non- invasive respiratory support ♦ Unstable nasopharyngeal airway ♦ Instability requiring a range of therapeutic interventions and invasive monitoring ♦ Respiratory care requiring IV therapy ♦ Single organ monitoring and support ♦ Febrile neutropenia requiring active treatment ♦ Exchange transfusions ♦ Chest drains ♦ Shock ♦ Complex fluid +/or electrolyte management ♦ Glasgow coma scale 8-12 ♦ Prolonged seizures requiring intervention ♦ Recurrent apnoea requiring intervention ♦ Patients requiring NIV/respiratory support as a step down from level three care or acute illness phase
Level 2 **Non-clinical complex intervention**	♦ Complex Safeguarding investigation removing a member of staff from Clinical activities for greater than four hours
Level 3 Child/young person is unstable and requires advanced respiratory and therapeutic support multiple organ problems.	**Care requirements may include the following:** ♦ Monitoring and Supportive Therapy for Compromised/Collapse of two or more Organ/Systems ♦ Respiratory or CNS depression/compromise requires Invasive ventilation ♦ Children requiring advanced respiratory support whilst awaiting transfer i.e. PICU admission. ♦ CPAP/BiPAP ♦ Active resuscitation ♦ Invasive monitoring, vasoactive drugs, treatment of hypovolaemia/haemorrhage/sepsis or neuro-protection ♦ Child/Young person receiving 1:1 nursing care

How to Use the Multipliers

Multipliers can be used to set nursing establishments allied to acuity and dependency measurement.
The multipliers agreed for each level of patients on in-patient wards are:

Level 0   1.9* WTE nurse per bed
Level 1a   2.32* WTE nurse per bed
Level 1b   2.38* WTE nurse per bed
Level 2   2.59* WTE nurse per bed
Level 3   5.89* WTE nurse per bed

* this includes a 22% uplift for annual leave, study leave etc. which is the minimum percentage uplift that will allow the required time out recommended by Agenda for Change and taking consideration of NMC and other legislative training.

For example, if a 15-bedded ward has 10 patients at Level 0; 2 patients at Level 1a; 2 patients at Level 1b; and 1 patient at Level 2, a total of 30.95 WTE nursing staff would be required.

Sum:
10 patients at Level 0 = 1.9 x 10 =   19.0
2 patients at Level 1a = 2.32x 2 =   4.6
2 patients at Level 1b = 2.38 x 2 =   4.76
1 patient at Level 2 = 2.59 x 1 = 2.59

Total = 30.95 WTE

This figure is a baseline against which to set nurse staffing levels. Two 15-bedded wards may have different activity. One may take few admissions, discharges or ward attenders whereas another may have many. Professional judgement is required to ensure that establishments are adjusted appropriately under these circumstances (See example in FAQ).

Software can be downloaded (at no cost from the Shelford website), which calculates staffing automatically.

Based on 130,000 Band 7 and 6 ward sister activities observed in 1414 wards, 20% of their shift is spent on managerial/admin'/coordinating work, and this time is incorporated into the multipliers. In theory this equates to 1 day per week. However, some organisations allow a higher percentage and therefore adjustment may be required to the total establishment to ensure this reflects the locally agreed allowance for Senior Sister/Charge Nurse supervisory time.

Nurse Sensitive Indicators can also be used at this stage to ascertain the impact of acuity, dependency and activity on quality outcomes.

Occupancy

Whilst bed occupancy is included as a factor in the multiplier for each level of care staff in some wards/organisations may wish to look at this in more detail where they feel it is either higher or lower than average.

Occupancy is calculated by obtaining the number of bed days available and the number of bed days used (the latter is calculated by adding together the number of beds that have been assigned an acuity/dependency score and are therefore occupied) as follows:

<u>Number of bed days used x 100</u>
Number of beds available

For example if a ward has 420 bed days available and 400 bed days are used, the occupancy rate calculation is: 400x100=40000 divided by 420 = 95% occupancy.

References

NICE (2014) Safe staffing for nursing in adult inpatient wards in acute hospitals overview. London

The Paediatric Intensive Care Society (2010), *Standards for the care of critically ill children* (4th edition, Version 2) London: The Paediatric Intensive Care Society

The Shelford Group (2014) Safer Nursing Care Tool for Adult In-Patient wards – Implementation Resource Pack
http://shelfordgroup.org/library/documents/Shelford_Safer_Nursing_23May14a.pdf