



Géaroibríochtaí
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Deputy David Cullinane TD

Dáil Éireann

Leinster House

Dublin 2

PQ No. 43133/21

To ask the Minister for Health the number and types of staff required to safely staff an adult critical care bed; and if he will make a statement on the matter.

Dear Deputy Cullinane,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Please note WTE denotes Whole Time Equivalent.

Response:

Staff Type	WTE Required for an adult critical care bed
Consultant	The consultant to patient ratio should be a minimum one consultant to twelve critical care patients during routine hours. A minimum of one consultant to thirty critical care patients must be provided out-of-hours, depending on case mix and where supported by appropriate trainee and NCHD staffing. Intensive Care Medicine Workforce Plan 2020 Report: https://www.hse.ie/eng/staff/leadership-education-development/met/plan/specialty-specific-reviews/icm-workforce-plan-2020-final-report.pdf
NCHD	There should be one non-consultant hospital doctor (NCHD) for each six to eight critical care patients, depending on local case-mix. Out of hours staffing of the Critical Care Unit should be provided, at a minimum, by an experienced non-consultant hospital doctor appointed to the Critical Care team. The ratio of NCHD to patients out of hours will be determined by local case mix and activity, but should not exceed one NCHD to every twelve patients. Critical Care registrar(s) should not have any concurrent responsibilities and on-call accommodation should be provided in, or appropriately close to the Unit. Intensive Care Medicine Workforce Plan 2020 Report: https://www.hse.ie/eng/staff/leadership-education-development/met/plan/specialty-specific-reviews/icm-workforce-plan-2020-final-report.pdf

Nurse	<ul style="list-style-type: none"> • Nurses required to provide direct 1:1 nursing care 24/7/365 = 5.6 WTE (bedside nurses) • Separately, the same WTE allocation is required for any nursing staff member (e.g. Clinical Nurse Managers) who are required to provide 24/7/365-unit cover. • Every shift must have a designated team leader per 8-10 beds • Access (assistance, coordination, contingency, education, supervision and support) nurses are in addition to bedside nurses, unit managers, team leaders, clinical facilitators and non-nursing support staff. Previously referred to as floating nurses. Access nurse requirements for single-room level 3 units. Ratio 1:4 rooms • Ratio based on qualifications of current staff: <ul style="list-style-type: none"> < 50% qualified staff = 1 access nurse per 4 beds 50-75% qualified staff = 1 access nurse per 6 beds > 75% qualified staff = 1 access nurse per 8 beds • Each unit should have a dedicated clinical facilitator/nurse educator, not included within the working numbers of the unit. The recommended ratio is 1 WTE: 50 staff in level 3(s) or level 3 units. Additional educators/coordinators are required to run and manage tertiary based critical care nursing courses. • All level 3(s) and level 3 units should have a nurse in an audit role for NOCA ICU data collection • A designated nurse manager with a specialist qualification in intensive care nursing, as well as relevant skills and competencies pertaining to the clinical speciality of the area, is required on site to manage the unit. This person is formally recognised as the overall unit nurse manager (CNM3). • One healthcare attendant with specific competencies per 6 beds per shift in an open plan unit for level 3 and level 3s ICU care units. • Critical care units must be provided with administrative staff to support the effective running of the unit. In larger units, administrative staff may be required during out of hours and at weekends. Ratio 1 WTE per 6 bed unit in level 2, 3 and 3s units
Dietitian	<ul style="list-style-type: none"> • 0.1 WTE post per Critical Care bed, at Clinical Specialist or senior grade. • Current or planned HDU beds should be associated with a dedicated 0.05 WTE post per HDU bed, at senior grade.
Pharmacy	<ul style="list-style-type: none"> • 0.1 WTE post per Level 3 Critical Care bed, at Senior Pharmacist grade or higher • 0.05 WTE post per Level 2 Critical Care bed, at Senior Pharmacist grade
Physiotherapy	<ul style="list-style-type: none"> • 1 WTE dedicated physiotherapist to 4.8 Critical Care beds, or • 0.2 WTE dedicated physiotherapists per Critical Care bed.
Occupational Therapy	<ul style="list-style-type: none"> • 1 WTE senior therapist per 8 patients – Complex Medical & Surgical 1:8 • 1 WTE senior therapist per 7 patients - Pulmonary/ Ventilation Weaning 1:7
Speech & Language Therapy	<ul style="list-style-type: none"> • 0.06 WTE Speech and Language Therapists per Critical Care bed, at Senior or higher grade
<p style="text-align: center;">Model of Care for Adult Critical Care; https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/model-of-care-for-adult-critical-care.pdf</p>	

I trust this answers your question to your satisfaction.

Yours sincerely,



Emma Benton

General Manager

Acute Operations