



THE WORLD FEDERATION OF CRITICAL CARE NURSES

27 August 2005

DECLARATION OF BUENOS AIRES

POSITION STATEMENT ON THE PROVISION OF CRITICAL CARE NURSING WORKFORCE

INTRODUCTION

In May 2003 the World Federation of Critical Care Nurses undertook a review of available national critical care nursing associations' position statements on critical care nursing workforce requirements. The current position statement aims to inform and assist critical care nursing associations, health services, governments and other interested stakeholders in the development and provision of appropriate critical care nursing workforce requirements.

The **first** draft of this position statement was distributed to member societies of the WFCCN between February 2004 and September 2004 and changes made following discussion and meeting of the WFCCN in Cambridge September 2004.

The **second** draft of this position statement was distributed to a wider audience including member societies of WFCCN, other international nursing and medicine organisations and individuals with an interest in critical care nursing between October 2004 and April 2005.

The **third** draft of this position statement was distributed to an ever-wider audience again including member societies of WFCCN, other international nursing and medicine organisations and individuals with an interest in critical care nursing between May 2005 and August 2005.

A full meeting of the World Federation of Critical Care Nurses on Saturday 27 August 2005 at the Sheraton Hotel, Buenos Aires, Argentina, ratified this position statement.

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**WORLD FEDERATION OF CRITICAL CARE NURSES
DECLARATION OF BUENOS AIRES:
POSITION STATEMENT ON THE PROVISION OF CRITICAL CARE NURSING
WORKFORCE**

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I. PREAMBLE

Critical or intensive care is a complex specialty developed to serve the diverse health care needs of patients (and their families) with actual or potential life threatening conditions.

Development of the nursing workforce within of critical care units requires careful planning and execution to ensure an appropriate balance and mix of staff skills and attributes that allow for safe and effective care. In parallel is the provision of a learning environment for novice critical care nurses, a flexibility to respond to changes in demand and efficiencies to ensure economic sustainability without clinical compromise.

Critical Care nursing workforce planning must be considered in the context of the total hospital requirement for access to critical care beds in addition to the regional requirement for integrated and accessible critical care services across a number of hospitals and institutions in a population defined health service.

Governments, hospital boards and professional bodies that inform and support the provision of critical care services must recognise the importance of providing adequately skilled, educated and available critical care nurses, doctors and other support staff to assure the health and safety of some of the most vulnerable patients in the health care system.

This declaration presents guidelines universally accepted by critical care professionals, which may be adapted to meet the critical care nursing workforce and system requirements of a particular country or jurisdiction.

II. CENTRAL PRINCIPLES

1. Every patient must be cared for in an environment that best meets his or her individual needs. It is the right of patients whose condition requires admission to a critical care unit to be cared for by registered nurses. In addition the patient must have immediate access to a registered nurse with a post registration critical care nursing qualification (refer to WFCCN Declaration of Madrid on the provision of critical care nursing education)
2. There should be congruence between the needs of the patient and the skills, knowledge and attributes of the nurse caring for the patient.
3. Unconscious and ventilated patients should have a minimum of one nurse to one patient. High dependency patients in a critical care unit may have a lesser nurse patient ratio. Some patients receiving complex therapies in certain critical care environments may require more than one nurse to one patient.
4. When calculating nurse-to-patient ratios and roster requirements in critical care, consideration and care must be given to the skill sets and attributes of nursing and support colleagues within the nursing shift team as they vary and require re-evaluation with fluctuations in patient care requirements.
5. Adequate nursing staff positions must also be in place to assist with nursing education, in-service training, quality assurance and research programs, management and

leadership activities, and where institutionally required, external liaison and support services beyond the confines of the critical care unit.

6. Critical care nurses should focus their labour on roles and tasks that require advanced skill, expertise and knowledge of best practice in patient care. Therefore, adequate numbers of support staff should be employed to preserve the talents of critical care nurses for patient care and professional responsibilities wherever possible.
7. Flexible workforce strategies and incentives should be employed by management to recruit, retain and remunerate expert critical care nurses at the patient bedside, and to ensure appropriate succession planning for future leadership needs. Additionally, contingencies should also be in place to respond to fluctuating and unexpected demands on the critical care service.

III. RECOMMENDED CRITICAL CARE NURSING WORKFORCE REQUIREMENTS

As a minimum, the critical care unit should maintain or strive to achieve the following nursing workforce requirements.

1. Critically ill patients (clinically determined) require one registered nurse at all times.
2. High dependency patients (clinically determined) in a critical care unit require no less than one registered nurse for two patients at all times.
3. Where necessary extra registered nurses may provide additional Assistance, Coordination, Contingency (for late admission, sick staff), Education, Supervision, and Support to a sub-set of patients and nurses in a critical care unit. (some times referred to as ACCESS nurse)
4. A critical care unit must have a dedicated head nurse (otherwise called Charge Nurse or similar title) to manage and lead the unit. This person must have a recognised post-registration critical care nursing qualification. It is also recommended the Head Nurse/Nurse in Charge have management qualifications.
5. Each shift must have a designated nurse in charge to deputise for the head nurse and to ensure direction and supervision of the unit activities throughout the shift. This person must have a recognised post-registration critical care nursing qualification.
6. A critical care unit must have a dedicated nurse educator to provide education, training and quality improvement activities for the unit nursing staff. This person (s) must have a recognised post-registration critical care nursing qualification.
7. Resources must be allocated to support nursing time and costs associated with quality assurance activities, nursing and team research initiatives, education and attendance at seminars and conferences.
8. Adequate support staff within the critical care area including: administrative staff, support staff to assist with manual handling, cleaning and domestic duty staff and other personnel exist to allow nursing staff to focus on direct patient care and associated professional requirements.
9. Appropriately skilled and qualified medical staff are appointed and accessible to the unit for decision making and advice at all times. A medical director is appointed to work collaboratively with the head nurse in order to provide policy/protocol, direction and collaborative support.
10. Remuneration levels for nursing staff are such that they are competitive with similar professions in the country and are scaled in such away as to reward and retain qualified, experienced and senior critical care nurses.
11. Appropriate, accessible and functional levels of equipment and technology are available and maintained to meet the demands of the expected patient load at any given time and

nursing staff are adequately trained and skilled in the application of such equipment and technology.

12. Adequate occupational health and safety regulations should be in place and enforced to protect nurses from hazards of manual handling and occupational exposure.
13. Organised and structured peer support and debriefing procedures are in place to ensure nursing staff support and wellbeing following critical incident exposure.

Ref:

Australian College of Critical Care Nurses Position Statement on Intensive Care Nursing Staffing. www.acccn.com.au

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