

# Leading intensive care workforce resilience

The Victorian ACCCN Nurse Unit Manager  
Community of Practice perspective

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# Inception of the Victorian ACCCN ICU NUM CoP

How did the group come about?

- NUM's desired support to help best lead their teams through COVID-19
  - The need for timely information regarding changes to personal protective equipment
  - The ANZICS Victorian ICU Directors forum demonstrated what could be achieved as a group
  - ACCCN was contacted to assist with setting up the group for NUM's and to provide secretariat support
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# Commencement of the Vic ICU NUM CoP

- First meeting held in October 2020
  - No strict agenda
  - No official 'power'
  - Meetings provided an opportunity to debrief and find support amongst peers
  - Representatives from Safer Care Victoria
    - Health network representatives
    - Chief Nurse and Midwifery Officer
  - NUM's from a broad range of intensive care units
    - Private and public, rural through to tertiary
  - ANMF Victoria Branch representation
  - Variable frequency
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# Supporting the workforce

- Hospital Surge Support Allowance for public hospitals commenced 11/10/21
  - \$60/shift in eligible areas
  - Private hospitals not included
  - Letter to Victorian Premier on behalf of Vic NUM CoP urging for pay parity in December 2021
  - Private hospitals introduced payment in January 2022
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# Workforce challenges

Growth through utilisation of:

- Redeployed RN's
- EN's
- Registered undergraduate students of nursing
- Allied health
- Non-nursing roles

Perceived pro's:

- Meeting bedside ratios
- Increased admission capacity

Perceived con's

- Additional burden on critical care RN's
- Reduced quality of care
- Increased risk of patient harm

Decline as a result of:

- Burnout/moral distress
  - Reducing clinical hours
  - Seeking alternative employment for improved remuneration and work hours
  - Redeployment out of ICU
  - Job dissatisfaction due to inability to perform at high standard
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# Workforce challenges

## Extending the workforce- safety considerations

- Team nursing was enacted in response to rapid expansion as a result of COVID
- Pod structures setup to evenly distribute skill mix
- Measuring capacity expansion through CHRIS
- Capturing skill mix with four key groups identified.
  - Group 1- expert, ANUM/CNS 5+ years postgrad qualified
  - Group 2- TSP nurses/current postgrad students
  - Group 3- redeployed RN's
  - Group 4- RUSONs/EN's/Allied Health
- Opportunity to view workforce data alongside patient outcomes



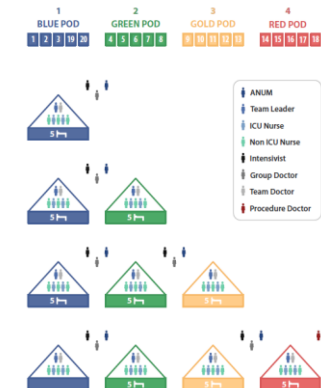
### Coronavirus (COVID-19) Intensive Care Unit surge workforce models of care delivery

Guidance (version 3), updated October 2021

# CHRIS

### COVID ICU Model of Care

Day Shift



# Victorian ICU bed expansion

- 2022- Victoria announces an additional 100 ICU beds to be commissioned, this would need approximately 900 more CCRN's
- Concerns on how this can be safely achieved with respect to maintaining ICU standard of care and acceptable ratios
- ICU ratios not currently included in Victorian Safe Patient Care Act 2015

**Authorised Version No. 008**

**Safe Patient Care (Nurse to Patient and  
Midwife to Patient Ratios) Act 2015**

**No. 51 of 2015**

Authorised Version incorporating amendments as at  
1 March 2021

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# Ministers brief

## Growing our own

- Implementing standard 3 of the ACCCN workforce standards (2016)
  - Minimum 50% of bedside RN's hold recognised postgraduate intensive care (critical care) qualification
  - Recognition of the 75:25 CCRN to RN ratio as optimal
  - Support an increase in Victorian Government Scholarships to fund education for registered nurses to achieve post graduate qualifications until 60% of RN's in Victorian ICU's hold a post graduate qualification.
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# Ministers brief

## Improving patient safety and quality of care

- CCRN ANUMs, without a patient allocation, in-charge for up to 10 ICU equivalent beds for all shifts in Level 1, 2 and 3 hospitals
- CCRN Team leader without a patient allocation, for up to every 10 ICU equivalent beds, across all shifts in Level 1, 2 and 3 hospitals, with additional CCRN Team Leader where an ICU is over 8 beds.
- An ACCESS\* nurse is required to support patient flow for Units larger than 10 beds to support timely flow of patients in and out of the ICU and liaison with key stakeholders both internal and external to ensure timely access to ICU beds and better outcomes for patients. This nurse also focuses on workforce and skill mix requirements on a shift-to-shift basis.
- One registered nurse per equivalent/occupied intensive care bed/high complexity/ICU patient for all shifts in Level 1, 2 and 3 hospitals.
- Two registered nurses for every advanced complexity ICU patient for all shifts in Level 1 and 2 hospitals.
- A minimum skill-mix of 75:25 CCRNs to qualifying RNs

\*ACCESS- Assistance, Coordination, Contingency, Education, Supervision and Support.

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# Ministers brief

## Adjunct staffing and response

- Supernumerary ICU liaison/15 beds 24hours/day
  - Clinical support nurse/15 beds
  - Clinical nurse educator 1/50 headcount
  - Redeployment to be avoided, if unavoidable- to an area of similar skill with redeployment allowance
  - Response from health minister- would support changes to SPC Act, 2015
  - Recommendation supported at ANMF delegates conference
  - Government commitment to formalise ICU ratios, T/L roles and liaison nurses
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# Victorian DH Health Workforce strategy

- Victorian DH call for submission to contribute to development of Health Workforce Strategy
  - Collaboration with members of NUM CoP, ACCCN, ANZICS and CICM
  - Six recommendations developed with focus on patient centered care
    - Establish a high-level, multidisciplinary Clinical and Workforce Capability Group for Intensive Care
    - Optimise ICU workforce capability and sustainability so as future demand for intensive care can be met
    - Enhance retention and distribution of the existing and future ICU workforce
    - Increase both the supply and capabilities of ICU personnel
    - Increase the presence and capability of rural and regional ICU workforce to enable the reliable provision high quality critical care services to all Victorians regardless of geography
    - Build and maintain quality infrastructure to best practice standards to ensure patient and staff safety and wellbeing
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# What next?

- Ongoing advocacy for adequate staffing utilizing available data
  - Further collaboration and contribution on the Victorian Health Workforce Strategy
  - Collaboration with our educators and clinical support teams across health services
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# References

Australian College of Critical Care Nurses [ACCCN] (2016). Workforce standards for intensive care.

<https://www.acccn.com.au/documents/item/933>

Safe Patient Care (Nurse to patient and Midwife to Patient Ratios Act 2015 No. 51 of 20190:

<https://www.legislation.vic.gov.au/in-force/acts/safe-patient-care-nurse-patient-and-midwife-patient-ratios-act-2015/00>

Victorian Intensive Care clinical community's submission to Victorian Department of Health Workforce Strategy consultation process (2022)

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# Thank you