

## Safe Staffing Escalation Procedure (Nursing)

### Purpose

To support decision-making when staffing resources are unable to meet patient dependency and/or activity at ward or unit level.

### Scope

Nursing staff at Christchurch Hospital Campus including Womens and Child Health

### Associated Documents

[Safe Staffing Escalation Flowchart](#) (Ref: 2311182) – Christchurch Hospital Campus – includes Child and Womens Health (excludes Maternity)

[Safe Staffing Escalation Checklist](#) (Ref: 2311264)

Safety 1st

DHBs/NZNO Nursing and Midwifery MECA 2018

### Process

The process is lead by the Charge Nurse Manager (CNM), Acting Charge Nurse Manager(ACNM)/ Nurse in charge (NIC)/Team Leader (TL) identified on the [Safe Staffing Escalation Flowchart](#) (Ref: 2311182) with support of experienced colleagues and other senior staff.

### Care priorities

Care priorities will vary depending on the situation and the level of acuity and needs of the individual patients. Consider the more essential cares and which activities are safe to defer to following shifts.

Staff will communicate situation to inpatients, and family-whanau where possible.

The ACNM/NIC/TL advises Telephone Office to hold all non-urgent calls and identifies single ward / unit contact number for urgent calls – can remain in place for up to 2 hours.

### Documentation/Incidents

The escalation plan and actions are documented on the Safe Staffing Escalation Checklist ref: 2311264 while being directed by the Safe Staffing Escalation Flowchart ref: 2311182.

CFNM/ACNM/NIC/TL completes an safety first incident report form outlining actions taken on the shift and the potential or actual impact on patient care / safety.

Any actual impact on patient safety MUST be reported to the Duty Nurse Manager (DNM).

The relevant ward or unit manager conducts the follow-up investigation.

### **Monitoring and review**

DNM monitors plan throughout shift in collaboration with ACMN/NIC/TL. The Escalation Plan remains in place for remainder of the shift unless deemed otherwise by DNM.

Staffing requirements for the oncoming shift will be assessed by the DNM.

The relevant CNM, CMM, Nursing Director or Nurse Manager reviews outcomes and implement any recommendations and corrective measures in consultation with the Director of Nursing.

**Safe Staffing Escalation  
Christchurch Campus**

NIC/Nurse identifies they are starting to feel unsafe despite assistance and NIC/Coordinator commences escalation pathway

NIC assesses situation – identifies specific safety concerns and contributing factors. NIC notifies CNM during normal hours. **STEP 1**

ESCALATION TRIGGERS	
<b>Areas of safety concerns</b>	<ul style="list-style-type: none"> <li>• Patient observations – DELAYED</li> <li>• Basic cares, eg. post-surgical – DELAYED</li> <li>• Administration of medications – DELAYED</li> <li>• Response to call bells/patient or family requests – DELAYED</li> </ul>
<b>Contributing factors</b>	<ul style="list-style-type: none"> <li>• Workload – HIGH</li> <li>• Work environment – BUSY</li> <li>• Patient complexity – HIGH</li> <li>• Skill level of staff – LOW</li> <li>• Staff to patient ratio – AT CAPACITY</li> </ul>

Are there safety concerns? **NO** → Safe staffing

NIC calls 'staff huddle' to review situation and establish plan  
**ACTIONS ...**  
Consider implementing the following:  

- Re-prioritise tasks
- Adjust patient allocation
- Geographical and/or task-based team model care
- NIC/CNM liaises with Duty Manager (DNM) to update them on situation and potential for need of additional resources such as other RMs/RNs/casual staff.
- Repeat Staff Huddle after 60mins review if improvement

**STEP 2**

Are there safety concerns? **NO** → Safe staffing  
**YES** → Repeat STEP 2 as required

Has Level 2 response resolved Staffing issues? Repeat STEP 5 as necessary **STEP 4**

**LEVEL 1 RESPONSE**  
No improvement from Step 2 actions therefore  
During the day the CNM call the DNM who will assess the situation and provide relevant support/resourcing as able in collaboration with the relevant ND/NNM.  
Out of hours (ie. 1500-0730/0800) NIC to contact DNM.  
**Further actions ...DNM consider:**  

- Consider pool resource/ support, redeployment, staff working across floor, use of CNS / NEs, CTC Input.
- Consider additional resources, eg. calling for volunteers from off duty staff.
- Existing shift extension/early shift start/additional shifts and... Review current roster and make changes as per MECA

**STEP 3**

Repeat STEP 2 'Staff huddle' at pre-determined time approx. 60 mins) to discuss if any improvement from actions at Level one. NIC assesses situation **STEP 5**

Safe staffing maintained? **YES** → Safe staffing

LEVEL 2 RESPONSE as per Nursing Care Priority Plan. **STEP 6**

Has level 2 response resolved staffing issues? Repeat STEP 5 as necessary **STEP 7**  
DNM to notify on call DON &/or Service Manager if escalation required

**CDHB Controlled Document.** The latest version of this document is available on the CDHB intranet/website only. Printed copies may not reflect the most recent updates.