minimum NURSE-TO-PATIENT RATIO

EMERGENCY DEPARTMENT

Approved by Ministry of Health: Sept 9, 2024

PREAMBLE STATEMENT

B.C.'s minimum nurse-to-patient ratios (mNPR) are grounded in a commitment to continuous improvement and ongoing learning, prioritizing the well-being of nurses and patients. As these ratios are implemented, we will engage in continuous improvement cycles to better understand their impact on nursing outcomes and patient care. This will enable us to make informed adjustments, ensuring that we meet the needs of nurses and patients effectively.

OVERACHING GUIDANCE

Emergency Department Adaptibility: Any proposed minimum Nurse-to-Patient Ratio will be considered as minimum baseline staffing, thus allowing local critical decision-making to temporarily assign staff according to urgent/emergent patient needs. This adaptability is particularly important in the complex emergency department environment.

MODEL

The Emergency Department (ED) has been divided into explicit areas with individual mNPRs assigned for nurses working within each distinct area. BC's mNPR model for Emergency Departments has three elements:

1. **Emergency Department Area Definitions and Ratios** – mNPR for distinct Emergency Department areas. This applies to all Emergency Departments except for Small Emergency Departments (defined below).
2. **Triage and Waiting Area mNPR Model** – A model for assigned nurses to the Waiting and Triage areas of the Emergency Department. This model varies by Emergency Department Level and annual Emergency Department visitations, as well as daily variations in patient flow.
3. **Small Emergency Department Model** – Emergency Department-wide minimum nurse staffing for facilities with less than 7,500 annual visits.

Of note, the General Acute area is an area providing care for patients that are experiencing acute injuries and/or illnesses and that require immediate care. General Acute areas are distinct from Critical Care areas in that Critical Care areas are specially designed to care for patients with life threatening conditions requiring the highest level of medical attention and monitoring. Definitions for General Acute and Critical Care are found below. A minimum of 10% of all General Acute areas will be staffed at the Critical Care ratios unless the department has designated critical care area.

Assessment of Emergency Department Visits– Triage and Waiting Area and Small ED models are partly categorized by the annual volume of visits to the Emergency Department. An assessment of Emergency Department visitations will be conducted every 6 months in order to adjust the mNPR for the Triage and Waiting areas and Small Emergency Departments.

Emergency Department Area Definitions and Ratios

Emergency Department Area	Definition	Ratio
General Acute	The General Acute area assesses, diagnoses, treats, stabilizes, and manages patients experiencing acute and sudden injuries and illnesses, or exacerbation of chronic medical conditions that require immediate care.	**1:3**
Critical Care	The Critical Care area is specially designed and equipped to care for patients with life-threatening conditions requiring the highest level of medical attention and monitoring. The focus of this area is on stabilizing patients, providing advanced life support, and preventing further deterioration until they can be transferred to a specialized unit if needed.	**1:1**
Trauma	The Trauma area is specially designed and equipped to care for patients with injuries to the body that are severe enough to require immediate medical attention. These injuries can range from fractures, lacerations, and burns to more complex cases such as multiple organ injuries, spinal cord injuries, or traumatic brain injuries. Services include the assessment, stabilization, diagnosis, treatment and appropriate follow-up and/or transfer of patients upon discharge.	**1:1**
Fast-Track	The Fast-Track area provides service to patients with less critical conditions to be seen and treated quickly, allowing the more critical areas of the Emergency Department to focus on patients with severe or life-threatening conditions. This area provides rapid assessment and short-term treatment for patients who often no longer require emergency care.	**1:4**
Short-Stay (Observation)	The Short-Stay (Observation) area is organized to provide short-stay (observation) medical care to patients who no longer require emergency care. This area is designed to treat, observe, assess, and reassess patients who are likely to stay in the Emergency Department for a relatively short period and require non-intensive intervention, yet do not require inpatient admission to a unit.	**1:4**
Medical/Surgical Short-Stay (Observation)	A Medical/Surgical Short-Stay (Observation) area provides care to patients with an acute or chronic illness or an injury, pre-operative patients and/or patients recovering from (surgery) surgical intervention, who are admitted through the Emergency Department while waiting for inpatient admission to a medical/surgical unit.	**1:4**
Waiting	A defined area within an Emergency Department where patients wait for evaluation, treatment, or admission before and/or after their initial assessment in the triage area. This area helps manage the flow of patients within the Emergency Department, ensuring that those with the most urgent needs are prioritized for immediate care. It is also an area where patients wait for test results, consultation with a specialist, or the	See below for combined Waiting Area /

	availability of treatment rooms.	Triage Model
Triage	A defined area within an Emergency Department where patients are assessed upon arrival to determine the severity of their condition. This process ensures that those who need urgent care receive attention first, applying the Canadian Triage Acuity Scale (CTAS) tool.	

Triage and Waiting Area mNPR Model

BC's mNPR model has combined nurses working in the waiting area and triage areas. BC's mNPR recognizes that typically Emergency Departments have triage nurses also monitoring patients in the waiting areas, and vice-versa. While this model has combined nurse staffing for these two areas, the model recognizes under the principle of adaptability that staff may be reassigned according to patient needs.

The mNPR model is based on a minimum number of nurses designated to these two areas, according to the ED Level and the annual ED visitations. In addition, for some Emergency Department Levels, the model designates additional nurses to be added to daily rotations during peak time. The peak time for each Emergency Department is to be established following a review of daily patient flow.

ED Level/Annual Visits	Minimum # of Triage Nurses	Minimum # of Waiting Area Nurses	Total number of nurses available
Levels 5 & 6 (if > 125,000 annual ED visits)	**4 triage nurses** & **1 additional** triage nurse during peak time. (The peak time is to be established by each ED, according to its daily patient flow fluctuation)	**1 waiting area nurse**	**6 nurses in total** (5 nurses + 1 additional triage nurse on peak time)
Levels 5 & 6 (if > 80,000 annual ED visits and ≤ 125,000 annual ED visits)	**3 triage nurses** & **1 additional** triage nurse during peak time. (The peak time is to be established by each ED, according to its daily patient flow fluctuation)	**1 waiting area nurse**	**5 nurses in total** (4 nurses + 1 additional triage nurse on peak time)
Levels 5 & 6	**2 triage nurses** & **1 additional triage** nurse during peak time. (The peak time is to be established by each ED, according to its daily patient flow fluctuation).	**1 waiting area nurse**	**4 nurses in total** (3 nurses + 1 additional triage nurse on peak time)
Levels 3 & 4 (if > 30,000 annual ED visits)	**1 triage nurses** & **1 additional** triage nurse during peak time. (The peak time is to be established by each ED, according to its daily	**1 waiting area nurse**	**3 nurses in total** (2 nurses + 1 additional triage nurse on peak

	patient flow fluctuation)		time)
Levels 3 & 4 (if > 15,000 annual ED visits and ≤ 30,000 annual ED visits)	**1 triage nurse**	**1 waiting area nurse**	**2 nurses in total**
Levels 3 & 4	**1 nurse** (One nurse to manage both triage and waiting area)		**1 nurse**
Levels 1 & 2 (if > 15,000 annual ED visits)*	**1 nurse** (One nurse to manage both triage and waiting area, and available to escort patients with transport team)		**1 nurse**

**Levels 1 & 2 Emergency Departments with 15,000 or less annual ED visits will not have a designated Triage and Waiting Area nurse.*

mNPR Model for Small Emergency Departments With Less than 7,500 Annual Visits

For Small Emergency Departments within Emergency Department Levels 1 & 2 with less than 7,500 annual visits, a minimum of 2 nurses are required in the Emergency Department.

If the Emergency Department is within a hospital with 3 or more units, a float nurse should be available to support the Emergency Department, when required. A unit is a specific department or area within the hospital organized to provide specialized care to patients with medical needs (e.g. Emergency Department, Maternity unit, Long-Term Care unit).