



## minimum NURSE-TO-PATIENT RATIO

### ADULT FOCUSED (SPECIALTY) CARE UNIT DEFINITION

#### Approved by Ministry of Health

**March 2024:** Initial definition

**December 2024:** Continuous improvement initiated

**July 2025:** First revision

#### 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.

#### DEFINITION – Adult focused care unit refers to:

- a. a multi-day inpatient unit which is organized, operated, and maintained to provide care for:
  - i. a specific medical condition; and/or
  - ii. a specific patient population.
- b. Nursing services provided in these units are more specialized in meeting the complex acute and chronic needs of patients with the specific condition or disease process than that which is needed on medical/surgical units and less than provided on High Acuity Units.

#### RATIO – 1:3

#### GUIDELINES

- Units **included** within this definition include cardiac telemetry with a combination of two or more of the following (cardiac surgery, and/or cardiac transplant and/or on-site access to Cardiac dedicated critical care area, and/or cardiac catheterization and electrophysiology services on site and/or parenteral infusions for cardiac indications for administration on unit), acute stroke within the first 48 hours, and transplant
- Units **excluded** from this definition include any unit with a ratio under development and telemetry units with remote monitoring by Cardiac and/or Intensive Care team



## Revision History

Date	Revision/Rationale
March 2024	<p><b>INITIAL DEFINITION – Adult focused care unit refers to:</b></p> <ul style="list-style-type: none"> <li>• a) a multi-day inpatient unit which is organized, operated, and maintained to provide care for:</li> <li>• (i) a specific medical condition; and/or</li> <li>• (ii) a specific patient population.</li> <li>• b) Services provided in these units are more specialized to meet the complex acute and chronic needs of patients with the specific condition or disease process than that which is required on medical/surgical units.</li> </ul> <p><b>RATIO – 1:3</b></p> <p><b>GUIDELINES</b></p> <ul style="list-style-type: none"> <li>• Units <b>included</b> within this definition include but are not limited to: acute stroke, coronary care, cardiac telemetry, hematology, oncology, renal (dialysis), complex medical care, transplant, and neurosurgery.</li> <li>• Units <b>excluded</b> from this definition include but are not limited to: labour, birth, &amp; post-birth care, perioperative areas (i.e. operating room, post-anesthesia care/recovery unit), intermediate care/step-down, intensive care (ICUs), cardiac ICU, inpatient psychiatry, and alternate level of care (ALC).</li> <li>• Developed based on published evidence from other jurisdictions</li> </ul>
December 2024	<ul style="list-style-type: none"> <li>• Since the implementation of the focused care definition as of March 2024, Joint Regional Implementation Committees (JRICs) have submitted several escalations for direction where consensus could not be reached in application of the definition</li> <li>• In December 2024, a formal continuous improvement cycle was initiated to refine the definition for the B.C. context</li> </ul>
July 2025	<ul style="list-style-type: none"> <li>• In July 2025, a refined definition was approved by Ministry of Health with a formal study to follow in Summer 2026</li> <li>• As of July 11, 2025 where JRICs have reached consensus on the application of the focused care ratio those agreements will continue until the completion of the formal study in Summer 2026</li> <li>• Additional questions/requests for clarification to be escalated to the Office of the Provincial Chief Nursing Officer through the formalized escalation process</li> </ul>

**Next Review:** July/August 2026