



## minimum NURSE-TO-PATIENT RATIO

### NEONATAL INTENSIVE CARE UNIT DEFINITION

Approved by Ministry of Health: July 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.

BC's mNPR appreciates the need for access to 24/7 resuscitation supports in the neonatal intensive care unit. Capacity and implementation for resuscitation supports will be defined through Implementation.

#### DEFINITION –Neonatal Intensive Care Unit refers to:

- a multi-day inpatient unit which is organized, operated, and maintained to provide specialized care for neonatal patients who:
  - i) have complex, life threatening medical problems requiring urgent and intensive treatment using life support technologies and interprofessional collaboration among clinicians; and
  - ii) meet levels 1b to 3b of Neonatal Levels of Care

#### RATIO

The mNPR for NICU is tied to the patient level of care and will vary based on the Tier of Service of the NICU. For further guidance on determining baseline staffing, please refer to the Guidelines section below.

Patient Level of Care <sup>1</sup>	Patient Description <sup>2</sup>	mNPR	Site Tier of Service <sup>3</sup>
1b/2a	Newborns requiring intermediate care	1:3	3
2b	Newborns requiring intensive care	1:2	4
3a	Newborns requiring multisystem support	1:1	5
3b	Unstable newborn requiring complex critical care	1:1	6

<sup>1</sup> From Perinatal Service BC Neonatal Daily Classification Tool

<sup>2</sup> From AWOHNN Standards for Professional Registered Nurse Staffing for Perinatal Units

<sup>3</sup> Tier of Service refers to the site's ability to provide clinical services to match the highest patient level of care on a 365d x 24/7 basis



## GUIDELINES

**Lower-tiered sites** (Tiers 3 and 4): a single ratio will be used for baseline staffing as this will allow the flexibility to care for a range of patients requiring ratios from 1:4 to 1:1 care as clinical status may dictate.

- For lower-tiered sites with bed numbers that the ratio indicates the need for a single RN (i.e. 3 bed Tier 3 unit) there is the need for a second RN with NICU competencies to be available at all times to ensure standards of care are met.

**Higher tiered sites** (Tiers 5 and 6): use of historical average patient levels of care data will be used to inform baseline staffing levels, where possible. This data will be used to determine ongoing baseline staffing needs and be re-evaluated on an annual basis.

Baseline in these calculations is defined as the number of RNs providing direct patient care.

- An example of a baseline staffing calculation based on an average census by level of care for a Tier 5 Site:

Site	1b	2a	2b	3a	3b	Total	Calculated Baseline
Tier 5 Site	2	7	4	4	1	18	10