West Yorkshire
Critical Care & Major Trauma
Operational Delivery Networks

Best practice principles to apply when caring for patients in single rooms on critical care units

Introduction

Critical care provides specialist expertise and facilities to manage and monitor patients with potentially life threatening conditions, whose needs cannot be met in the ward environment. To care for such patients effectively and safely requires specialised skills and expertise of medical and nursing staff experienced in the management of these problems.

Critical care activity and the associated nursing workload are dynamic and can vary significantly throughout a shift. Patient deterioration is not predictable and therefore the number of nurses on shift should safely allow for flexibility to respond to changes in patient clinical conditions, unit activity and demands.

Critical Care units vary vastly in terms of size, layout and number of single rooms. Single rooms in critical care have the benefits of:

- optimising infection prevention and control
- improving sleep and minimising confusion
- reducing noise
- allowing conscious patients to have entertainment
- providing privacy for the patient and for family visits

Minimum Standards for safe staffing

The registered nurse staffing standards published in the Guidelines for the Provision of Intensive Care Services Edition 2 (2019)[1] cite the aims of the Core Standards for Intensive Care Units (2013)[2] and the NHS Standard Contract for Adult Critical Care (D05)(2019)[3] to produce a positive impact on both quality of care and safety for critically ill patients.

Level 3 patients - (as defined by ICS levels of care 2021)[4] require a registered nurse/patient ratio of a minimum 1:1 to deliver direct care.

Level 2 patients - (as defined by ICS levels of care 2021) [4] require a registered nurse/patient ratio of a minimum 1:2 to deliver direct care.

Plus for units with 6 - 10 beds, a Clinical Co-Ordinator 24/7 who is not rostered to deliver direct patient care to a specific patient.

Units with greater than 10 beds will require additional supernumerary senior registered nursing staff over and above the Clinical Coordinator to enable the delivery of safe care. This will be incremental depending on the size and layout of the unit (e.g. multiple pods/bays/single rooms).

[1] Guidelines for the Provision of Intensive Care Services. Edition 2 (2019), Joint Professional Standards Committee of the Faculty of Intensive Care Medicine and the Intensive Care Society
[2] Core Standards for Intensive Care Units (2013) Faculty of Intensive Care Medicine and Intensive Care Society
[3] NHS England (2019) Adult Critical Care Service Specification
[4] Intensive Care Society (2021) Levels of Adult Critical Care. Consensus Statement. London, Intensive Care Society

Whilst patient acuity may allow for a nurse patient ratio of 1:2, consideration in nursing establishment should be given to the need for additional healthcare support worker allocation to enable delivery of safe care for patients in single rooms.

The GPICS nurse-staffing standards take into account the differing needs created by varied service models and provide a framework to support the safe delivery of high quality care for all.

When caring for critical care patients in single rooms there will be occasions when the nurse providing direct patient care is required to leave the single room for reasons such as delivering care to other patients, collecting equipment and supplies, analysing arterial blood gases or for taking a break. It is during these times when the challenges of physical critical care such as reduced visibility, alarm/monitoring capabilities and difficulties for patients to summon help (GPICS 2019) are further exacerbated by patients being cared for in single rooms. There is little written about use of single rooms within critical care; however local critical incident analysis and knowledge has highlighted the need for some guidance in order to support the on-going safe delivery of critical care for patients located in single rooms.

In response to related critical incident reports the Service Improvement Lead Nurses from West Yorkshire Critical Care Operational Delivery Network have developed best practice guidance for when caring for patients in single rooms on critical care.

Maintaining patient safety in single rooms: Mitigating the risk

- The principle is that patients should not be left unsupervised in a single room on a critical care unit. The patient should be observed at all times by a suitably competent and nominated critical care team member.

- When the bedside nurse caring for a patient needs to leave a single room a suitably competent member of the critical care team must be alerted and oversee the patient until their return. The use of 'buddy systems', whereby two bedside nurses partner up to cover for each other when leaving the single room or during breaks, is considered good practice.

- Blinds and curtains must be open if the bedside nurse is not in attendance to ensure the patient is in the line of sight of the overseeing healthcare professional.

- Doors to a single room should be left open unless contraindicated by IPC.

- Central Monitoring and/or slave monitoring to the outside of a single room will enable visibility by another healthcare professional who is competent to detect the deteriorating patient and is considered good practice.

- Alarm limits on all devices must be set to the maximum volume with tight parameters. The health care professional overseeing the patient must be aware of the parameters set.

- A patient with capacity and ability must have a working call bell immediately to hand at all times.

- Any incidents relating to the inability to supervise patients in single rooms or the deterioration of unsupervised patients in single rooms must be reported via local systems (e.g. Datix) and any lessons learned shared across the network.

Endorsed by CC3N in June 2022

Date	5th January 2022
Version	1.2
Status	Final
Author/s	Alison Richmond - Quality Improvement Lead Nurse. alisonrichmond@nhs.net
Contributors	Claire Horsfield/Andrea Berry/ WYCCODN Service Improvement Lead Nurses Group
Owner	West Yorkshire Critical Care Operational Delivery Network