



Society of Gastroenterology Nurses and Associates, Inc.

## POSITION STATEMENT

### *Minimum Registered Nurse Staffing for Patient Care in the Gastrointestinal Endoscopy Unit*

#### Disclaimer

The Society of Gastroenterology Nurses and Associates, Inc. (SGNA) assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. Nurses and associates function within the limitations of licensure, state nurse practice act, and/or institutional policy.

#### Definitions

For the purpose of this document, SGNA has adopted the following definitions:

**Anesthesia Care Provider** refers to a certified registered nurse anesthetist [CRNA] or anesthesiologist providing assessment and monitoring of patients during sedation/analgesia.

**Staffing** refers to the registered nurse staffing pattern in the gastrointestinal endoscopy unit.

**Patient Care in the Gastrointestinal Endoscopy Unit** refers to the pre-procedure, intra-procedure, and post-procedure care of the patient undergoing gastrointestinal endoscopy, regardless of the setting.

#### Background

Trends in the health care industry necessitate the ongoing evaluation of staff numbers and skill mix. The aging population has resulted in patients who are more acutely ill upon admission to health care centers. While numbers of professional staff and lengths of stay at acute care facilities have been decreased, patients require more complex care to maintain and improve their health (Association of periOperative Registered Nurses [AORN], 2004). Changes in sedation practices for endoscopic procedures include RN administered deep sedation and the increased use of anesthesia care providers.

Another trend is the increased use of ambulatory care and office-based endoscopy centers. These centers are required to comply with state and federal regulations governing their use (McMillin, 2002). Patients undergoing gastrointestinal endoscopy in these settings require the same standard of care as those undergoing their procedure in the hospital setting (American Nurses Association [ANA], 1999; Foster, 2000).

SGNA recognizes that adequate staffing represents an essential element in the provision of quality health care. The following must be considered in determining appropriate staffing levels (ANA, 1999):

- number of patients
- patient acuity
- physical layout of the unit
- available technology
- staff education, experience and competency

## Minimal RN Staffing

### Position

SGNA recommends that:

1. Health care facilities follow appropriate nurse staffing levels and skill mix to meet state and federal regulations and accreditation guidelines. The economic situation of the health care facility should not serve as the primary basis for determining services offered (ANA, 1999).
2. Health care facilities establish registered nurse staffing patterns in the gastrointestinal endoscopy unit based on an awareness of patient acuity, community needs, and needs of populations served (Kowalski, Edmundowicz, & Vacante, 2004).
3. Health care facilities consider staff education, experience and competency when determining staffing patterns for the gastrointestinal endoscopy unit (ANA, 1999).

### **Minimum Staffing Requirements**

In consideration of the circumstances and conditions surrounding patient safety and adequate nursing staff in the gastrointestinal endoscopy unit, SGNA supports the position that wherever a gastrointestinal endoscopy procedure is performed, the **minimum** registered nurse staffing pattern is as follows:

1. **One RN in the pre-procedure area** to perform patient care and assessment prior to IV sedation and anesthesia.
2. **One RN in each procedure room** to assess and monitor the patient during IV sedation. When an anesthesia provider is providing the sedation, the RN will remain in the procedure room to assist the healthcare team.
3. **One RN in the post-procedure area** to perform patient care and assessment during recovery from IV sedation.

It is important to note that the RN's role is outlined in the SGNA's Role Delineation of the Registered Nurse in a Staff Position in Gastroenterology and/or Endoscopy

Under special circumstances, additional personnel may be required to participate in procedures. The level of additional personnel will be dictated by the institutional policy and the specific needs required by the procedure. SGNA also recommends that:

1. **One registered nurse and at least one other member of the endoscopy team** attend those procedures complicated by any of the following:
  - Severity of the patients' condition
  - Complexity of the procedure which may include but is not limited to ERCP, PEG insertion, large polyp removal, double balloon enteroscopy, etc.
  - Level of sedation
2. **One registered nurse and at least one other member of the endoscopy team** attend procedures performed on pediatric patients due to the unpredictable response of this population to sedative and analgesic medications (James, Aswill, & Droske, 2002).

### Ongoing Research & Legislation

SGNA supports ongoing research to determine appropriate registered nurse staffing patterns in order to sustain high quality patient outcomes.

SGNA supports state and federal legislation requiring the collection and reporting of nursing quality indicators to monitor the effects of staffing (ANA, 1999).

### References

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### Recommended Reading

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## Minimal RN Staffing

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