



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 Provider refers to a practitioner who is qualified to administer anesthesia including a qualified anesthesiologist, a medical doctor (MD) or doctor of osteopathy (DO) (other than an anesthesiologist), or a certified registered nurse anesthetist (CRNA) supervised by the operating practitioner or anesthesiologist (Centers for Medicare and Medicaid Services [CMS], 2011a, 2011b).

Registered Nurse (RN) refers to a registered nurse trained and experienced in gastroenterology nursing and endoscopy.

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

Staff numbers and skill mix in endoscopy are influenced by health care industry changes, increasing patient complexity, and changes in sedation practices.

The Society of Gastroenterology Nurses and Associates, Inc. recognizes that adequate staffing represents an essential element in the provision of quality health care. Patients in all endoscopy settings (ambulatory, hospital, and office based) require the same standard of care (American Nurses Association [ANA], 2005). These centers are required to comply with state, federal and credentialing regulations governing their use (Kowalski, Edmundowicz, & Vacante, 2004).

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The following must be considered in determining appropriate staffing levels (ANA, 2005):

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

Position

The Society of Gastroenterology Nurses and Associates, Inc. recommends that health care facilities:

1. Follow appropriate nurse staffing levels and skill mix to meet state, federal, and accreditation regulations. The economic situation of the health care facility should not serve as the primary basis for determining services offered (ANA, 2005).
2. Consider staff education, experience, and competency when determining staffing patterns for the gastrointestinal endoscopy unit (ANA, 2005).
3. Establish registered nurse staffing patterns in the gastrointestinal endoscopy unit based on patient acuity, cultural diversity, and needs of populations served (Kowalski et al., 2004).

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 intravenous (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 administering the sedation, the RN will remain to provide continuity of care and 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 (2010) 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. The Society of Gastroenterology Nurse and Associates, Inc. also recommends that:

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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, endoscopic retrograde cholangio-pancreatography (ERCP), percutaneous endoscopic gastrostomy (PEG)/percutaneous endoscopic jejunostomy (PEJ) insertion, large polyp removal, balloon enteroscopy, etc., or
 - 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 & Ashwill, 2007).

Ongoing Research & Legislation

The Society of Gastroenterology Nurses and Associates, Inc. supports ongoing research to determine appropriate registered nurse staffing patterns in order to sustain high quality patient outcomes.

The Society of Gastroenterology Nurses and Associates, Inc. supports state and federal legislation requiring the collection and reporting of nursing quality indicators to monitor the effects of staffing (ANA, 2005).

References

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- Society of Gastroenterology Nurses and Associates, Inc. (2010). *Role delineation of the registered nurse in a staff position in gastroenterology and/or endoscopy* [Position statement]. Chicago, IL: Author.

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Recommended Reading

American Society for Gastrointestinal Endoscopy. (2008). Modifications in endoscopic practice for pediatric patients. *Gastrointestinal Endoscopy*, 67(1), 1-9.

American Society of Anesthesiologists. (2002). Practice guidelines for sedation and analgesia by non-anesthesiologists. *Anesthesiology*, 96(4), 1004-1017.

Association of periOperative Registered Nurses. (2011). One perioperative registered nurse circulator dedicated to every patient undergoing a surgical or other invasive procedure [Position statement]. In *Standards, recommended practices, and guidelines*. Denver, CO: Author.

Association of periOperative Registered Nurses. (2011). Operating room staffing skill mix for direct care givers [Position statement]. In *Standards, recommended practices, and guidelines*. Denver, CO: Author.

McMillin, D. F. (2002). Staffing and scheduling in the endoscopy center. *Gastrointestinal Endoscopy*, 12(2), 285-296.

Society of Gastroenterology Nurses and Associates, Inc. (2010). *American Society for Gastrointestinal Endoscopy (ASGE)/SGNA role of gastrointestinal (GI) registered nurses in the management of patients undergoing sedated procedures* [Position statement]. Chicago, IL: Author.

Society of Gastroenterology Nurses and Associates, Inc. (2010). *Role delineation of nursing assistive personnel in gastroenterology* [Position statement]. Chicago, IL: Author.

Society of Gastroenterology Nurses and Associates, Inc. (2010). *Role delineation of the advanced practice nurse in gastroenterology/hepatology and endoscopy* [Position statement]. Chicago, IL: Author.

Society of Gastroenterology Nurses and Associates, Inc. (2010). *Role delineation of the licensed practical/vocational nurse in gastroenterology and/or endoscopy* [Position statement]. Chicago, IL: Author.

Society of Gastroenterology Nurses and Associates, Inc. (2010). *Use of sedation and analgesia in the gastrointestinal endoscopy setting* [Position statement]. Chicago, IL: Author.

Adopted by SGNA Board of Directors, May 2002

Revised January 2005, May 2008, August 2008, March 2012

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