Recommendations for Nurse Staffing on Medical Assessment/ Admission Units
(MAU)

Adequate nurse staffing levels are essential to the safe and effective operation of an
MAU. It is impossible to be prescriptive about ideal staffing levels for all MAUs due
to the variation in individual units. However, Assessment / admission units manage
the largest component of medical admissions. Medical emergency patients are some
of the sicker patients admitted to hospital and are often least stable in the first 24 hrs
of their hospital stay. Therefore staffing levels on such units should be significantly
higher than on a general ward. Staff should be able to manage Level 1 and 2
dependency patients at point of entry to care.

Factors which influence staffing include:

1. High patient acuity,
2. High throughput with short patient turnover interval
3. Number of monitored beds
4. Ward design and layout
5. Direct admission routes in Assessment Units will increase the need for
   enhanced staffing levels.
6. Provision of assessment facilities and out-patient attendance
7. Patient flow through the hospital and bed availability.

The provision of effective Trust-wide bed management support is essential to the
operation of the MAU.

A recent report by Audit Scotland* identified a nurse-patient ratio of 1.2 – 1.38 in
MAUs. This figure should be considered as a minimum baseline for standard MAUs
in District General Hospitals. Units which admit directly and are larger require higher
staffing levels, with some examples of nurse-patient ratio of 2.0

Examples of Staffing levels

Hospital	Bed Numbers	Average number of daily admissions	Nurse-patient ratio	Skill mix
A				
B				
C				
D				

Skill-mix is also important and a minimum of 70:30 trained: untrained is
recommended with increased ratios of registered nurses in those units requiring higher
staffing levels to ensure close patient observation.
In addition, dedicated clerical and portering support is essential to maximise the use
of registered nurses' time and to ensure the efficient operation of the unit. There must
also be sufficient nurses with expertise in assessing / nursing the acute medical
emergency patient and to supervise and support new and junior nurses. Fundamental
skills for nurses in MAUs include ECG recording and interpretation; venepuncture;
cannulation; and IV drug administration.

If monitored beds are included within the MAU those beds should be viewed as similar to a Coronary Care Unit i.e a nurse to bed ratio of 3.5

Finally, the management of an MAU requires a dedicated senior nurse working in close co-operation with an Acute Care Physician and other members of the multi-professional team.

*Audit Scotland – *Workforce Planning Legacy or Design*.

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