

12 February 2016

Your ref Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015

Our ref H&D - 16

Research Director
Health and Ambulance Services Committee
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By post and by email: hasc@parliament.qld.gov.au

Dear Research Director

Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015

Thank you for the opportunity to provide comments on the *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015*.

This response has been compiled with the assistance of the Queensland Law Society Health and Disability Committee who have substantial expertise and practice in this area.

The Society generally supports the *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015* as a mechanism by which mandatory minimum staffing ratios can be implemented as a means of improving patient outcomes and providing safe and sustainable workloads for frontline nurses and midwives employed within the public sector. The Society recognises and supports international research which demonstrates a strong correlation between improving nurse/midwife numbers to patient numbers, with resulting safe, high quality patient care and improvements in recruitment, retention and sustainability of the nursing workforce.¹

At present the *Queensland Health Business Planning Framework: Nursing Resources (BPF)*² is used as the method by which nursing and midwifery staffing levels are determined. Under clause 138E of the *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015* the chief executive is empowered to:

¹ *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015*, Explanatory Notes at p.1.

² Industrially mandated under the *Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012*.

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“...make a standard about nursing and midwifery workload management by Services, including how a Service-

- (a) calculates its nursing and midwifery human resource requirements; or
- (b) develops and implements strategies to manage nursing and midwifery resource supply and demand; or
- (c) evaluates the performance of its nursing or midwifery staff.”

The Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015 is silent as to how the existing industrially mandated nursing and midwifery staffing levels will be operationalised. The Society therefore makes the following comments, primarily in relation to implementation issues, raised by the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015.

Definition of nurse

The Society notes clause 138A which defines the terms ‘midwife’ and ‘nurse’. ‘Nurse’ is defined to mean:

- ‘... a person registered under the Health Practitioner Regulation National Law-
- (a) to practice in the nursing and midwifery profession as a nurse, other than as a student; and
- (b) in the registered nurses division or enrolled nurses division of that profession’

As the definition does not include Assistants in Nursing (AINs) it is presumed that this category of nurse is excluded from the ratio calculation. In Queensland, AINs currently provide a significant percentage of ‘hands on’ patient care in the public sector of health care delivery. This is particularly relevant to rural and isolated practice health care services which experience difficulty in attracting registered and enrolled nurses. It is also of note that a percentage of undergraduate nursing students are employed in the public sector as AINs. This undergraduate nursing experience provides the students with a wide range of clinical experience that is in addition to, and builds upon, the clinical practicum included in their Bachelor of Nursing degree. The work experience gained as an AIN positively contributes to the capacity of a Queensland’s newly graduated registered nurses to safely and competently perform a full range of nursing skills on initial entry into the nursing workforce. We are concerned that the omission of AINs from the Nurse-to-Patient ratio calculation will result in the subsequent reduction of numbers of AINs employed within the public health sector.

Recommendation 1

The Queensland Government consider the role of Assistants in Nursing in providing high quality and safe nursing care to patients and clients. That Part 6 Division 4, *Definitions for division*, is amended to include a separate definition for 'Assistant in Nursing' and thereby the inclusion of AINs in the Nurse-to-Patient ratio calculation. The calculation, as set out in Recommendations 2 and 3 to be determined by the nursing workforce requirements of the stipulated clinical unit.

Flexibility of ratios to meet fluctuations in health service demand

The Bill provides that the minimum ratios of nurses and midwives to be engaged in the delivery of health services will be prescribed through regulation (clause 138B). The Government *Nursing Guarantee* policy however endorses the following ratios³:

“one nurse or midwife to four patients (1:4) for morning and afternoon shifts, and one nurse or midwife to seven patients (1:7) for night shifts.”.

The ratio of 1 nurse for every 4 patients between 7am and 3pm is identified by way of example within the Bill: clause 138B (2). The ratios are mandated according to the numbers of patients⁴ receiving a public health service and thereby lack the flexibility to appropriately address, or rapidly respond to, changes in patient acuity, seasonal admission numbers and/or fluctuation in annual admission rates. For example, the imposition of a specific 1:4 nurse/midwife to patient ratio would not provide the flexibility to adequately address the following:

- two high acuity patients who each require one nurse/midwife to deliver the requisite care while one nurse is appropriate to deliver safe and high quality care to six other patients whose condition is uneventful and stable;
- the necessity for a nurse working under the proposed 1:4 ratio leaving the clinical unit to accompany one of the four patients to undergo diagnostic testing which necessitates leaving the other three patients for several hours;
- significant and sudden variations and lack of predictability in numbers and acuity of presentations to Emergency Departments, high dependency and post-surgery units;
- the physical positioning of beds occupied by acute, as opposed to stable patients, within a particular clinical unit.

³ *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015*, Explanatory Notes at p.2

⁴ *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015* clause 138B(1).

Recommendation 2

The Queensland Government consider a wider range of prescribed ratios. As an example, 5:20 (morning and afternoon shifts) or 4:28 (night shift) which would provide a greater flexibility to immediately respond to the allocation of nurse/midwife to patients and a capacity to more evenly distribute the clinical workload. The *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015* expressly mandate the wider range of minimum ratios.

Skill mix

The Bill does not identify the specific skill or qualification mix of the mandated ratios. The ratios, skills and qualifications of the nurses and midwives are to be prescribed by regulation (a nursing and midwifery regulation)⁵. While the minimum numbers of nurses and midwives per patient is one factor influencing the safety and quality of health care outcomes, the skill mix and individual roles of the nursing workforce is fundamental to the provision of high quality care and the improvement of patient outcomes. A generalised 1:4 ratio of a nursing workforce comprised predominantly of enrolled nurses (as an example) will not have the skill base to ensure the legislative objectives. It is of note that the prescription of ratios by regulation as provided under the Bill differs from the legislative provisions of the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 (Vic)* which mandates both the ratio and skill mix for identified clinical units as illustrated in the following example:

S 20 Emergency Departments

- (1) the operator of a hospital specified in part 1 of Schedule 3 must staff a ward that is an emergency department as follows-
 - (a) on a morning shift –
 - (i) one nurse for every 3 beds; and
 - (ii) one nurse in charge; and
 - (iii) one triage nurse;
 - (b) on the afternoon shift-
 - (i) one nurse for every 3 beds; and
 - (ii) one nurse in charge; and
 - (iii) 2 triage nurses...”

⁵ *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015*, clause 138B.

Recommendation 3

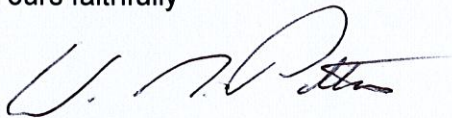
The *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015* expressly mandates the skills and qualification of nurses and midwives prescribed for specifically identified clinical units. The amendment to include identification of specific roles such as Nursing Unit Manager and Shift Coordinator.

The provisions of the *The Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015* defer to the yet to be formalised and released *nursing and midwifery regulation* providing for the specific details of the nurse/midwife ratios within the Queensland public health sector. The foregoing is therefore provided by way of comment in relation to the implementation of the legislative objectives.

Thank you for the opportunity to provide feedback on *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015*.

If you have any queries regarding the contents of this letter, please do not hesitate to contact our Policy Solicitor, Ms Louise Pennisi on (07) 3842 5979 or l.pennisi@qls.com.au

Yours faithfully



**Bill Potts
President**