



9 MAR 2016

Enquiries to: Mr David Noon  
Manager  
Cabinet and Parliamentary  
Services  
Telephone: [REDACTED]  
File Ref: [REDACTED]

Ms Leanne Linard MP  
Chair  
Health, Communities, Disability Services and  
Domestic and Family Violence Prevention Committee  
Parliament House  
George Street  
BRISBANE QLD 4000

Dear Ms Linard

Thank you for the opportunity for Department of Health officers to appear before the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee on 17 February 2016 in relation to the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015.

Thank you also for the Committee's letter dated 18 February 2016, requesting a response from the Department to four questions taken on notice during the hearing.

I am pleased to enclose the Department's response to the Committee.

Should the Committee require further information, the Department of Health's contact is Mr David Noon, Manager, Cabinet and Parliamentary Services, on telephone [REDACTED]

Yours sincerely

**Michael Walsh**  
Director-General  
Queensland Health

[REDACTED]

# Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee Inquiry

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

The Department of Health provides the following responses to questions taken on notice at the 17 February 2016 hearing before the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee into the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015.

### **Question on notice 1:**

**Could you please provide the Committee with further detail on how the ratios selected compare to other jurisdictions (both in Australia and overseas)?**

International evidence has demonstrated that there are benefits to patients, nursing staff and the health system when there are more nurses to care for patients. The minimum nurse-to-patient-ratios to be applied to the Queensland public health sector have been informed and determined based on this research and the minimum ratios applied in other key national and international jurisdictions. **Table 1** provides a comparative summary between minimum ratios proposed for Queensland against those in other key jurisdictions.

Jurisdiction	Ward type	Minimum ratios by shift		
		Morning shift	Afternoon shift	Night shift
Queensland	medical / surgical	1:4	1:4	1:7
Victoria	medical / surgical	1:4	1:4	1:8
California	medical / surgical	1:5	1:5	1:5

**Table 1: Ratio comparison between Queensland and other key jurisdictions**

The Victorian legislation applies nurse to patient ratios differentially according to the size and capability of the hospital. There are four levels identified in the legislation. For the medical surgical wards in level 1 hospitals the ratios are 1:4, 1:4, 1:8; in level 2 hospitals 1:4, 1:5, 1:8; in level 3 hospitals 1:5, 1:6, 1:10; level 4 hospitals 1:6, 1:7, 1:10.

### **Data sources**

#### **Victoria**

<https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery/safe-patient-care-act>

#### **California**

<https://www.cga.ct.gov/2004/rpt/2004-R-0212.htm>

### **Question on notice 2:**

**Could you please provide the Committee with details of the feedback from the consultation process, including from nursing staff?**

Exposure drafts of the legislation were distributed to a range of stakeholders including Hospital and Health Services (HHSs); the nursing and midwifery professional colleges; Queensland schools of nursing and midwifery; private sector health organisations; relevant unions including the Queensland Nurses' Union; and the Australian Medical Association (Queensland).

Responses were received from the following:

- HHSs
- Queensland Nurses' Union

- Australian College of Midwives (ACM)
- Australian College of Nurse Practitioners (ACNP)
- Schools of nursing and midwifery at Griffith University, University of Queensland (UQ) and Queensland University of Technology (QUT)
- Maternity Choices Australia
- Friendly Society Private Hospital
- Private Hospitals Association of Queensland
- Health Ombudsman

#### Hospital and Health Services

Feedback provided by HHSs comprised submissions from six HHSs and feedback provided through the Executive Directors of Nursing and Midwifery (EDNM) Forum comprising senior HHS nursing managers. Generally, feedback provided on the exposure version of the Bill and draft regulation focussed on the following matters:

- the scope and applicability of the proposed definitions in the exposure Bill and draft regulation (eg. 'patient', 'medical ward', 'surgical ward');
- the inclusion, or otherwise, of staff such as shift coordinators in the calculation of ratios;
- the proposed scope of application of the shifts and shift hours prescribed in the regulation, with respect to existing nursing and midwifery Award provisions;
- the application of the rounding methodology in the regulation;
- the framework for monitoring compliance with the legislation; and
- the capacity of the legislation as drafted to accommodate the application of ratios to other services, if required.

Feedback was also provided by the Queensland Emergency Department Strategic Advisory Panel. The Panel suggested that ratios should apply to Emergency Departments and associated short-stay wards.

#### Queensland Nurses' Union

The QNU was supportive of the Government's commitment to legislate for minimum ratios. The feedback provided by the QNU on the exposure drafts is largely reflected in its current submission to the Committee.

#### Professional Colleges

The professional colleges were supportive of the proposed legislation. The ACM suggested that, on maternity wards, newborn babies that require additional nursing support should be counted as patients in their own right for the purpose of calculating midwifery staffing ratios. The ACNP suggested that indirect clinical hours associated with nurse practitioner roles be quarantined from ratio calculations, and that nurses and midwives should receive further education regarding the business planning framework in the context of the proposed nursing and midwifery standard.

#### Schools of Nursing and Midwifery

All schools of nursing and midwifery were supportive of the proposed legislation. The QUT submission suggested data should be collected to monitor the impact of the legislation. The UQ submission argued that the inclusion of registered nurses and enrolled nurses together under a single definition of 'nurse' may have implications for skill mix on prescribed wards, and questioned the suitability of the prescribed ratios if applied to labour wards.

#### Maternity Choices Australia

Maternity Choices Australia indicated that overall it was happy with the exposure drafts, but questioned how ratios could be applied to a 'caseload' model of care in the midwifery setting.

#### Private Hospitals

The Private Hospitals Association of Queensland (PHAQ) and Friendly Society Private Hospital opposed the introduction of minimum ratios.

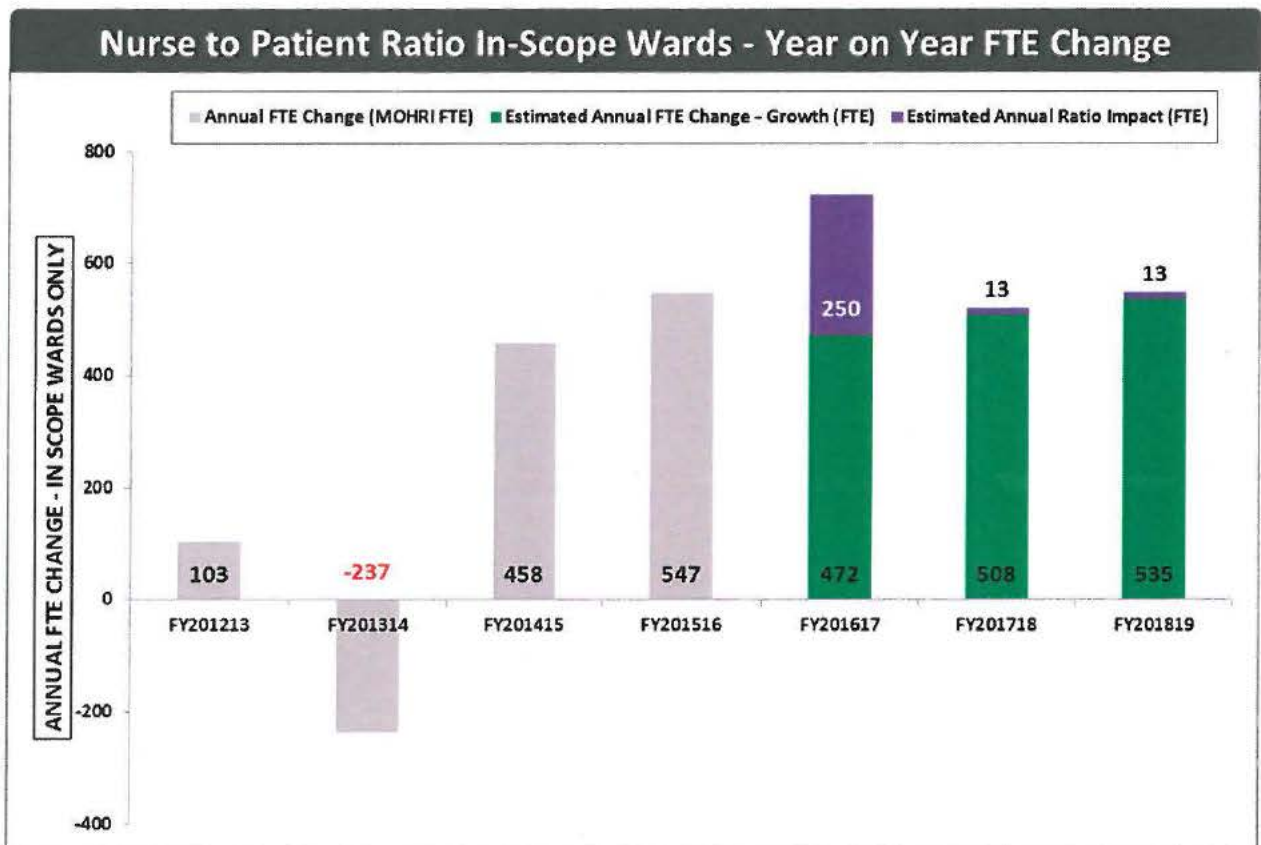
Health Ombudsman

The Health Ombudsman advised his intention not to make a submission given his independent statutory role.

**Question on notice 3:**

**Could you please provide a chart with details of the natural growth in nurses over the past five years and projected figures, including the additional nurses, in the areas affected by the Bill?**

Natural staffing growth, whilst increased from a decline in the 2013-2014 period, is estimated at 5% annually on average. Modelling indicates that the addition of 250 nurses into the system in 2015-2016 will represent a 2.5% growth in addition to the annual growth of 5%. The additional staff will alter the ongoing annual growth to 5.125% on average.



Data source: DSS Necto, HR SAP module, Payroll cube. Extract date 17 February 2016 and 18 February 2016.

Note:

- Growth in nursing FTE across in-scope wards has been estimated at 5% per annum after 2015/2016. Actual service growth across the period 2010/2011 to 2015/2016 averaged 3.23%, including negative growth in 2012/2013. Excluding this year, average growth totalled 4.72%.
- Implementation of ratios during 2016/2017 results in estimated growth from the previous year of approximately 7.5%
- After 2016/2017, the impact of ratio implementation on service growth increases the growth to 5.125% (0.125% above modelled growth)

**Question on notice 4:**

**Could you please provide details of the status of the tender for independent researchers to assess the impact of the policy?**

The procurement of independent research is underway and is currently pending finalisation. As such, the Department is unable to provide further details at this point in time.