Queensland Government

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File Ref:

- 9 MAR 2016

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 your letter of 18 February 2016 requesting a response from the Department of Health to public submissions made to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's inquiry into the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015.

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

The Department would also like to take the opportunity to clarify testimony provided by Dr John Wakefield at the public briefing on 17 February 2016. In response to a question posed by yourself regarding the implementation of ratios in other jurisdictions (subsequently taken on notice), Dr Wakefield advised the Committee that an additional thirteen states had adopted legislation in relation to nurse-to-patient ratios.

The Department wishes to clarify for the Committee that thirteen states in the United States, in addition to California, have legislation regarding nurse staffing. It should be noted however, this is not always in the form of nurse-to-patient ratios. Massachusetts has legislation in relation to nurse-to-patient ratios in intensive care. Seven states require that hospitals have a staffing policy and a further five states require disclosure and/or public reporting of nurse staffing. The Minnesota legislation makes reference to the chief nurse approving nurse staffing levels.

Should the Committee require further information, the Department of Health's contact is Mr David Noon, Manager, Cabinet and Parliamentary Services, on telephone 07 3234 0433.

Yours sincerely

Michael Walsh
Director-General
Queensland Health

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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

Department of Health response to issues raised in public submissions

The Department has carefully considered the contents of all 18 submissions provided to the Committee, and offers the following comments in response.

Minimum ratios and patient acuity and activity

Public hospitals are complex, dynamic and adaptive systems that respond effectively to fluctuations in patient acuity and activity levels on a daily, seasonal and annual basis. Some respondents expressed concern that prescribing minimum ratios, and potentially skill mix, will limit or prevent this inherent flexibility and adaptability. In particular, the Queensland Law Society (QLS) and Metro North Hospital and Health Service (MNHHS) included on-ward scenarios in their submissions that they argued minimum ratios would lack sufficient flexibility to address, and recommended that the legislation include a broader range of ratios in order to provide this flexibility. For example, the QLS suggested ratios of 5:20 for morning and afternoon shifts and 4:28 for a night shift.

In practice, a ratio of 5:20 on a morning and afternoon shift would be the same as the prescribed ratio of 1:4, and a ratio of 4:28 on a night shift would be the same as the prescribed ratio of 1:7. This is because the purpose of ratios is to prescribe the minimum nursing staff levels on a prescribed ward, having regard to the number of patients on that ward. The ratios are not a model of care in themselves and do not operate to limit how nurses are allocated in response to patient acuity and activity on the ward. For example, on a morning shift on a prescribed ward, if there are 28 patients the ward will need to be staffed with a minimum of seven professional nurses (registered nurses or enrolled nurses). How those nurses are distributed among those 28 patients will be a decision for the person in charge of the ward, having regard to issues such as patient acuity. The ratios will not affect the day to day arrangements hospitals have in place to deal with issues such as varying and fluctuating patient acuity and activity, the need for patients to be accompanied whilst underdoing diagnostic tests in other parts of the hospital; and patient flows from emergency departments to medical and surgical wards.

The Department notes that section 9(d) of the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* (Vic) clarifies that a ratio may be applied in a way in order to evenly distribute the workload, having regard to the level of care required by patients on the ward. The Department will give consideration as to whether to include a similar provision in the relevant regulation to clarify this matter, as well as further examples clarifying the application of the rounding methodology used when calculating ratios.

Skill mix and staffing numbers on prescribed wards

A range of issues relating to skill mix were raised by some respondents. These included the exclusion of Assistants in Nursing (AIN) from minimum ratios (QLS, MNHHS); the inclusion, or otherwise, of indirect nursing staff in minimum ratios (MNHHS, Queensland Nurses Union); and the mandating of specific skill mix on prescribed wards (MNHHS, Private Hospitals Association of Queensland).

The Bill reflects the Government's intention that the legislation should provide flexibility for Hospital and Health Services to decide at the local level whether to include, or exclude, indirect staff such as shift coordinators in their ratios calculations. This is because conditions on prescribed wards may vary greatly across the public hospital system.

Ratios will set the minimum number of professional nursing staff (registered nurses and enrolled nurses) that must be rostered on a prescribed ward. However, the actual number of staff required on the ward to meet service demands, and details of the skills of these staff, will be determined by nurse managers through the application of the relevant parts of the Business Planning Framework (BPF) included in the standard to be made under section 138E of the Bill. The BPF predicts the number and types of patients expected in a ward, and applies an hours per patient day calculation to the expected activity to determine direct and indirect productive hours for all nursing staff.

The Department acknowledges the important contribution that AINs make to the delivery of quality patient care in Queensland public hospitals, and the value of the AIN role in training undergraduate nursing students. The exclusion of AINs from ratios has previously been addressed by the Department in its oral briefing to the Committee on 17 February 2016.

Application of minimum ratios to other services and sectors
The Bill reflects the Government's intent that ratios will only apply to the public sector. Hence the legislation will not apply to the private sector or aged care sector.

Ratios will apply only to prescribed acute medical, surgical and mental health wards in certain public sector hospitals. The application of ratios in the first instance has been restricted to particular medical and surgical wards that have similar levels of patient acuity and require similar nursing staff levels, and two acute mental health wards.

The Department notes the recommendation of the Maternity Provider Organisation of Australia and Queensland Nurses Union that the implementation of ratios should be trialled in maternity wards during the initial implementation phase. The Department is aware of concerns held by stakeholders regarding the implications of ratios for the midwifery 'continuity of care' model and is engaged in ongoing consultation with stakeholders regarding the application of ratios to maternity services.