



Submission to the Queensland Parliament Health and Ambulance Committee: January 2016

HOSPITAL AND HEALTH BOARDS AMENDMENT BILL 2015

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback on the *Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015* (the Bill), proposed by the Queensland Parliament Health and Ambulance Committee.

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients across Australasia.

ACEM notes that nurse-to-patient ratios are dependent upon many factors, including patient acuity and nursing skill mix. These factors are best understood by senior nursing clinicians in the specific area, such as surgical, medical, or emergency. Whilst exemptions may be given for reasons that are not patient centred, such as budget, workforce availability, and surge in patient load, ACEM considers that nurse-to-patient ratios should ultimately be prescribed by senior nursing clinicians.

Should an exemption be made regarding nurse-to-patient ratios due to non-patient centred reasons, ACEM considers that the added risk to patient safety needs to be acknowledged in writing by the administrators who make the decision. If this does not occur, clinicians could potentially be left in stressful situations, which could also potentially result in an unsafe environment for patients. ACEM notes that this could, in turn, lead to poorer patient outcomes and poor clinician performance, as well as issues relating to recruitment and retention in the longer term.

Whilst the Act relates to nurse-to-patient ratios, ACEM notes that there is no direct reference to the emergency department (ED) specifically. ACEM considers that, if nurse-to-patient ratios are introduced to wards only, there may be a significant impact upon patient flow. For example, under such ratios, wards may not have the capacity to accept ED patients until the appropriate number of

