

Research Director
Health and Ambulance Services Committee
Parliament House
Brisbane 4000

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Dear Sir/Madame

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10 FEB 2016

HASC

The purpose of this letter is to express support for the submission tendered to your Committee by the Private Hospitals Association Queensland in respect of the HOSPITAL AND HEALTH BOARDS (NURSE-TO-PATIENT AND MIDWIFE-TO-PATIENT RATIOS) AMENDMENT BILL 2015 (Bill).

The private hospital sector is strongly committed to the provision of safe patient care and the allocation of nursing/midwifery resources that directly target the needs of each individual patient but is opposed to legislation which prescribes minimum nurse/midwife to patient ratios together with associated regulations which may further articulate minimum staffing requirements as international research falls short of recommending any optimal minimum ratios or prescribed skill mix.

Australia now has National Safety & Quality Health Service Standards (NSQHS) which underpin the National Accreditation System. All public and private hospitals must be accredited to the national standards which include a substantial auditing component and evidence requirement that the standards are being met. The standards do not prescribe staffing ratios or minimum requirements but hospitals must demonstrate that staff are appropriately skilled and trained. Hospitals must also provide evidence of outcomes across a wide ranging set of indicators under the broad headings of clinical governance, partnering with consumers, patient identification and procedure matching, clinical handover, recognising and responding to clinical deterioration, falls, medication, pressure injuries, infection control and blood management.

To maintain a good working environment for nurses/midwives and a safer environment for patients, hospitals need to ensure that they have the right nurses/midwives with the right skills in the right place at the right time but what the actual number and skill mix will be will vary from hospital to hospital, units within the same hospital and between shifts within the same unit and be subject to the changing condition and needs of its patients. If the proposed nursing and midwifery regulation prescribes the same skill mix for all medical and surgical units within the specified facilities, it may not reflect contemporary team based care models for a particular ward or unit and in consequence could result in a waste of scarce resources.

Reporting compliance with prescribed ratios will not in itself provide evidence that a hospital is staffing safely because it is a process and not an outcome measure. As the stated intent of this legislation is to improve patient safety, it is recommended that the focus of reporting should be on recognised nursing and patient safety sensitive indicators

Yours sincerely



Lucy Cheetham
DIRECTOR, POLICY AND ADVOCACY
10 February 2016