



11 February 2015

Research Director
Health and Ambulance Services Committee
Parliament House
Brisbane Qld 4000
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Dear Health and Ambulance Services Committee

Re: Hospital and Health Boards (Safe Nurse-to-Patient and Mid-wife-to-Patient Ratios) Amendment Bill 2015

The ACMHN would like to thank the Committee for the opportunity to comment on the Hospital and Health Boards (Safe Nurse-to-Patient and Mid-wife-to-Patient Ratios) Amendment Bill 2015 (the Bill).

The Australian College of Mental Health Nurses (ACMHN) is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of efforts to improve service and care delivery to those affected by mental illness and disorder. The ACMHN also sets standards of practice for the profession and promotes best practice of mental health nursing.

Mandating nurse-to-patient ratios is an important step in addressing both nurse and patient safety in health services. The ACMHN note that this is the second such piece of legislation in Australia, acknowledging however that the Bill in Queensland also includes a provision for a regulation to prescribe requirements about the skills and qualifications of the nurses and mid-wives in the ratios, if necessary.

The ACMHN comments on the Bill relate to:

- Ensuring flexibility to account for population and workforce changes
- The detail to be provided in the regulation
- The ongoing and associated costs of implementing the Bill and ratios

Ensuring flexibility to account for population and workforce changes

The ACMHN supports the intent of the Bill, but notes that it is important to ensure that nurse-to-patient ratios are able to be flexible and account for changes in population and health needs, and the constitution of the nursing workforce, which will change over time. Prescribing the actual ratios in a regulation rather than in the actual legislation will obviously allow for more flexibility, including to incorporate necessary changes over time or specific issues for particular services. It is also important to recognise the complexity of providing health care, which will also impact on the necessary ratios.

The Bill is very broad, which the ACMHN acknowledges is to enable the details to be included in a regulation, however this does mean that the content and process of developing this detail in the regulation will be important. This level of detail in the regulation also applies to the provision to prescribe skills and qualification requirements, and the compliance data to be collected.

The detail to be provided in the regulation

The ACMHN supports the inclusion of a provision in regulation to prescribe skills and qualifications. A central issue for the ACMHN is ensuring that consumers receive a high-level of care from skilled and qualified mental health nurses. As noted above, the ACMHN sets standards of practice for the profession and promotes best practice of mental health nursing.

The Credential for Practice Program is an initiative of the ACMHN and has established the only national consistent recognition for specialist mental health nurses. The Mental Health Nurse Credential recognises the qualifications, skills, expertise and experience of nurses who are practicing as specialist mental health nurses. It demonstrates to employers, professional colleagues, consumers and carers that an individual nurse has achieved the professional standard for practice in mental health nursing.

There is limited information in the Bill's Explanatory Notes about what considerations will be taken into account in developing the provision to prescribe skills and qualifications, recognising this will be in the regulation. However, if this is to be a part of the regulation then issues such as credentialing to ensure the level of skills and qualifications and the care provided should be considered.

With regards to the actual ratios, the Explanatory Notes state that 'the ratios will apply to prescribed acute wards, units or departments within prescribed public sector health service facilities. It is proposed that ratios will be gradually implemented in Services, in a phased manner, from 1 July 2016'. The Victorian legislation on nurse-patient ratios only applies to certain wards within Victorian public hospitals. Services that are not covered by the legislation include:

- public day admission and procedural wards
- public mental health services
- public low and mixed care residential aged care services
- private and not-for-profit hospitals,
- private and not-for-profit residential aged care services, and
- private and not-for-profit day procedural centres.¹

The Queensland Government will need to provide detail about what public acute wards, units and departments the legislation will apply to and if there will be any exclusions, as per the Victorian legislation. This will obviously be a matter of interest to the ACMHN and mental health

¹ State of Victoria, department of Health and Human Services (2015), Safe Patient care (Nurse to patient and Midwife to Patient Ratios) Act 2015, Implementation Guide. Victorian Government: Melbourne.

nurses given public mental health services are not covered by nurse-to-patient ratio legislation in Victoria.

Under the Bill, services will also be required to report on and provide data on compliance with ratios. The ACMHN is interested in further detail on this provision including what data will actually be recorded and reported, for example will it be purely quantitative, or will it be used to examine qualitative aspects, such as patient outcomes and improvements to nurse workplace health and safety.

The ongoing and associated costs of implementing the Bill and ratios

The Bill's Explanatory Notes state that the estimated cost of implementing the Bill will be \$25.9 million in the first year, to be funded within existing service budget allocations. The key issue will be the ongoing costs of maintaining nurse-patient ratios and, if a regulation is to prescribe skills and qualifications is pursued, costs or funding for training and updating nurses skills.

The Bill includes examples of matters the Minister can consider in relation to the Bill including the costs of compliance, recruiting and training staff, and supporting staff. Therefore there is a recognition that training and supporting staff are important. There would be an expectation this is also considered in budget allocations for implementing the Bill and maintaining the intent of the Bill in health services over time.

Once again I would like to thank the Committee for the opportunity to comment on the Bill. The ACMHN would be happy to speak to the Committee and expand on any matters addressed in this submission.

Yours sincerely



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