Speech By

Hon. Cameron Dick

MEMBER FOR WOODRIDGE

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HOSPITAL AND HEALTH BOARDS (SAFE NURSE-TO-PATIENT AND MIDWIFE-TO-PATIENT RATIOS) AMENDMENT BILL

Second Reading

Hon. CR DICK (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (4.02 pm): I move—

That the bill be now read a second time.

As the largest clinical workforce in the Queensland health system, nurses and midwives play a critical role in ensuring the effective delivery of patient centred health care for all Queenslanders. Nurses and midwives have demonstrated their capacity to respond to the increasing demand for high-quality health services. They do this day after day in dynamic and complex environments and in the face of constant challenges posed by a growing and ageing population with increasingly complex health needs.

This afternoon, on International Nurses Day, I welcome to the gallery of the Legislative Assembly many of those outstanding nurses who have come to observe the debate on this important bill before the House. Queensland nurses and midwives deserve our ongoing commitment and support. That is why the Palaszczuk government has made it a priority to implement our Nursing Guarantee and Refresh Nursing election commitments in order to build a strong, well-supported and sustainable nursing and midwifery workforce and a health system that empowers them to practise their professions to the highest possible standards with genuine job satisfaction.

The bill before the House delivers on our election commitment to legislate for nurse-to-patient ratios and workload provisions. I thank the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for its consideration of the bill and, in particular, Madam Deputy Speaker, I acknowledge you for the outstanding work that you have done as chair of the committee. I also thank those individuals and organisations who made submissions to inform the committee's deliberations.

As I have said, today is International Nurses Day and the theme for this year is Nurses: a force for change: improving health systems' resilience. Our nurses and midwives truly are a force for change. As I noted when introducing the bill last December, they had been instrumental in advocating for this legislation and have played a critical and ongoing role in informing its development. On behalf of the Queensland government, I express my thanks and that of the government to the Queensland Nurses' Union for its commitment to this legislation and, more recently, for its contribution to the work of the committee through its written submission and appearance at public hearings.

Trade unions and other industrial organisations that represent working men and women in this state are regularly and routinely subjected to what could only be described as abuse, denigration and vilification in this House by members of the Liberal National Party opposition. The bill before the House

is testament to the thoughtful and vigorous advocacy of the Queensland Nurses' Union and the thousands of QNU members who work throughout Queensland. I also acknowledge and thank those clinical nurses and midwives who gave of their valuable time to attend the committee's public hearings in order to share their experiences and concerns. In doing so, they provided the committee with practical, real-world evidence as to why this legislation is vital to ensuring a better and more resilient health system in Queensland for the patients who rely on it and for those who work in it.

As a result of feedback provided during the committee's public hearings, there is a particular aspect of the bill that I believe would benefit from further clarification. For that reason, I advise the House that I will be moving an amendment during the consideration in detail to make it clear that only those nurses or midwives who directly provide patient care may be counted in ratios.

The committee tabled its report on the bill on 29 April 2016. The committee agreed as a whole on the significant contribution that all nurses and midwives across Queensland make to the health and wellbeing of the community. It also supported adequate nurse staffing levels and acknowledged that inadequate staffing can result in adverse outcomes. Very regrettably, the Liberal National Party members of the committee—those members being at the time of the committee report the members for Buderim, Moggill and Mudgeeraba—were unable to recommend to this House that the bill be passed. The committee's report notes that government members strongly support the intent of the bill and considered that it should be passed. I thank Madam Deputy Speaker, the member for Thuringowa and the member for Greenslopes for their informed advocacy for this legislation.

The committee report also notes that the then non-government members—being the members for Buderim, Moggill and Mudgeeraba—cannot support the bill in its current form owing to concerns regarding fixed minimum ratios. The Liberal National Party opposition has circulated amendments to the bill, which it will move during the consideration in detail. Among other things, these amendments seek to remove minimum ratios from the legislative framework. Instead, the opposition proposes that the bill require hospital and health services to use the business planning framework to determine the number of nurses and midwives to be engaged in delivering a health service. Rather than explain now why a ratios bill without ratios will not work, I will explain the reasons that these amendments are fatally flawed during my reply.

There is compelling international and Australian research evidence supporting the benefits of ratios for patients, staff and health services. During its Brisbane public hearing into the bill, the committee heard from Professor Christine Duffield, who is a Professor of Nursing and Health Services Management at the University of Technology, Sydney and at Edith Cowan University and who is one of Australia's leading researchers on nurse staffing issues. Professor Duffield said—

The research, both in this country and internationally, is absolutely on the same page. There is no doubt that nurse-to-patient ratios improve patient outcomes. That is really a bit of a no-brainer. There is no question about it.

Following on from Professor Duffield's neat summation, I would like to share with the House a sample of the research evidence regarding nurse staffing and nurse-to-patient ratios. Some of the first major studies were conducted in the United States. In 2002, the *New England Journal of Medicine* published the results of a 1997 study of over 2.6 million patients admitted to 799 hospitals across 11 states. This study found that there was a statistically significant relationship between increased registered nurse hours per patient day and a reduction in the incidence of urinary tract infection and upper gastrointestinal bleeding. An average, an additional hour of registered nurse time resulted in a 3.6 per cent reduction in urinary tract infection and a 5.2 per cent reduction in gastrointestinal bleeding.

Similarly, there was a relationship between a higher proportion of registered nurses and a reduction in urinary tract infection, hospital acquired pneumonia, shock and cardiac arrest. The study also found that a very significant increase in registered nurse hours per patient day had an effect on decreasing patients' length of stay. In the same year, 2002, a study was published in the *Journal of the American Medical Association* which had looked at over 232,000 patients and 184 nurses in 168 hospitals in Pennsylvania. The results of the study revealed that each additional patient per nurse was associated with a seven per cent increase in the likelihood of a patient dying within 30 days of admission and a seven per cent increase in the odds of failure to rescue. 'Failure to rescue' is a term used to refer to a patient death resulting from a treatable complication.

In 2007 the *International Journal of Nursing Studies* published a United Kingdom study which began in 1999 and looked at patient outcomes in 30 hospital trusts in the National Health Service. The results found that patients in the hospitals with the highest patient-to-nurse ratios—that is, hospitals with the least number of nurses to care for patients—had a 26 per cent higher patient mortality. A further United States study published in 2012 looked at 1.2 million patients in 665 hospitals with 39,000 nurses across four states. The study found that having less nurses for patient care increases the odds of patient

deaths and failure to rescue, while higher percentages of qualified nurses decreases those odds. The study found that a 10 per cent increase in qualified nurses decreases the odds of patients dying by about four per cent.

The most significant research undertaken internationally was undertaken in 2009 and published in the *Lancet* in 2014. Funded by the European Commission, the research project, known as RN4CAST, was a consortium of 15 partners in 11 European countries that examined a range of hospital environmental factors and their impact on patient safety. The study found that hospitals in which nurses cared for fewer patients each had significantly lower mortality than hospitals in which nurses cared for more patients. In particular, analysis of 300 hospitals in nine countries showed that an increase in nurses' workloads by one patient increases the likelihood of in-patient hospital mortality by seven per cent.

Finally, there is also evidence from Australia regarding nursing staff numbers and patient outcomes. For example, a study published in 2015 looked at all patients admitted to a large acute care hospital in Western Australia between October 2004 and November 2006. This study found that there was a link between the number of understaffed shifts that a patient was exposed to and whether the patient suffered an adverse event. Adverse events include surgical wound infection, urinary tract infection, pressure injury, upper gastrointestinal bleeding, pneumonia, deep vein thrombosis, psychological and metabolic derangement and sepsis. There were increased adverse events when there were fewer nurses to care for patients.

The research evidence has also shown that there are two critical elements in nurse staffing that are required to deliver high-quality nursing care to patients: the right number of staff and the correct skill mix of staff. By skill mix I mean the proportion of registered nurses to other nursing staff. This bill establishes a legislative framework that delivers both the right number of staff and the correct skill mix. It enables minimum nurse-to-patient and midwife-to-patient ratios to be prescribed via a regulation known as a nursing and midwifery regulation. The ratios will set the minimum number of nursing staff that a hospital and health service must provide on a prescribed ward during a morning, afternoon or night shift. In effect, the ratios will operate as a minimum staffing level for the provisions of quality care. The bill provides the flexibility for ratios to be prescribed by stated hospital and health services, by stated facilities or parts of facilities, at stated times and in stated circumstances. This will enable ratios to be gradually implemented in hospital and health services in a phased manner from 1 July 2016.

The government has endorsed ratios of one nurse to every four patients for morning and afternoon shifts and one nurse to every seven patients for a night shift. These ratios have been informed by international research and consultation with key stakeholders and aligned with the staffing levels required in similar types of wards in public hospitals in Victoria and New South Wales. The ratios will apply initially to acute medical wards in 28 hospitals, acute surgical wards in 24 hospitals and acute mental health wards in two hospitals. These facilities and wards have been chosen based on their similar and high level of patient acuity.

In addition to ensuring minimum staffing levels through the application of ratios, hospital and health services will be required to ensure that prescribed wards are staffed with an appropriate number and skill mix of nursing staff to meet the clinical service demands of those wards. This will be achieved by incorporating key elements of the Queensland Health business planning framework into a standard. The business planning framework, also known as the BPF, is an industrially mandated planning tool which was developed collaboratively by Queensland Health and the Queensland Nurses' Union. It was first published in 2001 and it is periodically reviewed and updated. The BPF is used by hospital and health services to calculate the appropriate nursing and midwifery hours and skill mix of staff required to manage clinical service demands and provide an appropriate professional and safe standard of service. The standard will be made by the chief executive of the Department of Health and the bill provides that the chief executive's power to make the standard may not be delegated. The standard will be binding on hospital and health services in respect of those hospital wards to which ratios apply. On all other wards, hospital and health services will continue to be required to apply the BPF as mandated under existing industrial arrangements.

To recap, the minimum ratios and the standard will work in conjunction with each other and with the professional judgement of nursing managers to ensure that prescribed wards are staffed with the right number and skill mix of nursing staff. From time to time there may be extenuating circumstances that temporarily affect a hospital and health service's ability to comply with the minimum ratios for a particular facility or ward. For example, it may be experiencing difficulty in recruiting nursing staff. That is why the bill includes the flexibility for the minister to grant a temporary exemption from compliance with a nursing and midwifery regulation for a period of up to three months with the option to extend an exemption for a further three months if required.

The bill also contains data collection and reporting requirements that will assist in managing compliance with the legislation and provide public transparency regarding nurse staffing levels in hospital and health services. For prescribed facilities and wards, hospital and health services will be required to provide data on their compliance with minimum ratios and the nursing and midwifery standard. Non-prescribed facilities wards will be required to provide data on their compliance with the business planning framework. These requirements will enable hospitals' nursing and midwifery resource management performance to be monitored and analysed and any areas of concern to be identified and addressed.

Compliance will also be supported by an industrially mandated escalation process outlined in the award covering nurses and midwives employed by Queensland Health. This process enables a nurse who identifies a workload issue on a ward to raise their concerns and seek resolution on the issue.

I mentioned earlier that there is an extensive body of international research regarding nurse staffing issues. Queensland will be making a valuable addition to this research through a comprehensive and independent evaluation of the legislation. The evaluation will be conducted by the world leader in research on nurse staffing issues, the University of Pennsylvania, in collaboration with the Queensland University of Technology. The research team, led by world renowned expert Professor Linda Aiken, will assess the impacts of the legislation in terms of its outcomes for nurses, patients and the Queensland public health system as a whole. In addition to providing valuable data on the outcomes of the legislation, the evaluation project also provides an exciting opportunity for significant transfer of skills and benefits to local research institutions while creating relationships and potential for further collaborative work for the benefit of Queenslanders.

Through this legislation, patients can be assured that they will receive a transparent and reliable level of service from the state's public health system and nurses can be assured of more manageable and safer workloads and increased job satisfaction. On this special day, International Nurses Day, I consider that there could be no finer demonstration by this parliament of its solidarity and support for our nurses and midwives than by passing this bill. I commend the bill to the House.