Speech By

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

Ms LINARD (Nudgee—ALP) (4.49 pm): I rise to speak in support of the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015. It is a pleasure to speak in support of this bill, particularly today on International Nurses Day. I wish every nurse across Queensland, particularly the one who sits beside me in the chamber, the member for Greenslopes, and the most handsome RN around, my husband, a very happy International Nurses Day. Nurses do an extraordinary job keeping our communities safe and we are tremendously grateful. I acknowledge the Minister for Health and Ambulance Services for his stewardship and championing of this bill. I cannot put too fine a point on the fact that this bill signals a historic milestone in patient healthcare delivery in Queensland.

At the last election this government made a commitment to legislate in our first term for safe nurse-to-patient ratios to ensure fair workloads and quality health care, and this bill delivers on that commitment. The bill establishes the legislative framework to enable minimum nurse-to-patient and midwife-to-patient ratios and workload provisions to be mandated in Queensland public sector health service facilities. It provides a head of power to enable minimum nurse-to-patient and midwife-to-patient ratios and requirements relating to the nursing and midwifery skill mix to be prescribed by a regulation known as the Nursing and Midwifery Regulation. It provides 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. The regulation prescribes ratios of one nurse or midwife to every four patients for morning and afternoon shifts and one nurse or midwife to every seven patients for a night shift. I stress that this does not impose a prescriptive ratio about how many nurses you can have in emergent situations—a one-size-fits-all approach as outlined by the member for Surfers Paradise. It does not impinge on their autonomy. It sets a safe minimum floor to ensure patient safety.

The regulation prescribes the Queensland public sector hospitals and acute wards within those hospitals to which ratios are proposed to apply in a phased manner from 1 July 2016. Nearly all of the major facilities in Queensland will be covered. It is estimated that an additional 250 nurses will be needed to meet ratios across Queensland on a full-time-equivalent basis which is on top of an additional $212 million over four years for 4,000 graduate nurses and up to 400 nurse navigators.

International research over the past 20 years in over 32 countries strongly supports that safe nurse-to-patient ratios lead to significant improvements in patient outcomes. Research in such pre-eminent journals as the *Australian Health Review*, *Journal of Advanced Nursing*, *International Journal of Nursing Studies*, *Journal of the American Medical Association*, *American Journal of Public Health*, *Journal of Nursing Administration*, *Medical Care* and the *New England Journal of Medicine* have found compelling evidence of the relationship between nurse staffing, patient outcomes and quality care. The evidence shows that a higher number of nurses relative to the number of patients has a

positive impact on patient outcomes such as length of hospital stay and inpatient mortality. Nurses with increased patient workloads have a reduced time for patient contact which negatively impacts quality of care. Insufficient time to provide patient care leads to important tasks such as wound care, the administration of pain relief, hygiene and patient education delayed or undone.

Research findings on the impact of nurse staffing levels on patient outcomes include that nursing hours per patient day and skill mix can significantly reduce the rate of mortality, cardiac arrest, upper gastrointestinal bleed, length of stay and urinary tract infections, as the minister outlined in his address. Rates of pneumonia can be decreased by 11 per cent with a 10 per cent increase in the proportion of hours worked by a registered nurse. Adding one additional full-time-equivalent registered nurse each day can reduce the risk of patient mortality and adverse patient outcomes.

Staffing levels directly affect emotional exhaustion which is correlated with patient falls, medication errors and hospital acquired infections. Here is the clincher: each additional patient added to a nurse's workload is associated with a seven per cent increase in the likelihood of death within 30 days of admission. The benefits of mandating a minimum nurse-to-patient ratio go beyond improved nurse and patient outcomes. Some may seek to argue that mandating minimum safe ratios imposes an unacceptable cost in the form of additional staff. The research indicates that ratios save not only lives but also money. Professor Di Twigg, Dean of the School of Nursing and Midwifery at Edith Cowan University, provided the committee with a paper titled 'The economic benefits of increased levels of nursing care in the hospital setting' published in the *Journal of Advanced Nursing* in 2013. Professor Twigg's paper refers to a longitudinal study investigating the economic impact of increased nursing hours of care on health outcomes in adult teaching hospitals in her home state of Western Australia. A key finding of that study was that increased nursing hours per patient day were cost effective when compared with threshold interventions commonly accepted in Australia. Said differently, having adequate staff saves money as it decreases the incidence of failure-to-rescue events and the incidence of surgical wound infection, pulmonary failure, pneumonia et cetera, all of which present a significant cost to the healthcare system, not to mention the human cost of such events.

A number of studies also demonstrated that patient length of hospital stay decreases with increased nurse staffing levels and higher proportions of registered nurses. Evidence also indicates appropriate staffing numbers benefit the nursing workforce by reducing work related injuries, absenteeism and turnover, and increasing job satisfaction.

Currently, ratios are not legislatively mandated in Queensland. Instead, public sector health facilities utilise the Queensland Health Business Planning Framework, or BPF, to determine appropriate staffing levels. The BPF sets out the methodology to assist a hospital and health service to calculate the nursing and midwifery hours required to provide an appropriate professional and safe standard of health service. The BPF is industrially mandated under the nurses and midwives certified agreement.

The BPF attempts to achieve a balance between service demand and the supply of nursing resources required to meet identified demand. Evidence received by the committee during the inquiry from the Queensland Nurses' Union indicated that nurses are experiencing issues with how the tool is being applied. Nurses at the hearing conveyed frustration at financial considerations overriding requirements for adequate staffing numbers to safely staff wards. Further, some people consider the BPF to be optional even though it is industrially mandated, making the point that the guarantee of the minimum ratio and the application of the BPF in conjunction with that would resolve this issue.

The submission received from Professor Di Twigg went further to say 'the Queensland government's resolution to legislate and regulate nurse-to-patient ratios increases the likelihood of safe staffing levels being adhered to and Australian Council on Healthcare Standards accreditation being achieved in hospital and health services.' Nurse-to-patient and midwife-to-patient ratios have been in place in Victoria under an enterprise bargaining framework since 2000. In October 2015 the Victorian government legislated to mandate minimum ratios, which came into effect in December 2015. Similar to the Queensland proposed position, the ratios apply only to public health facilities.

While many overseas jurisdictions have introduced minimum nurse-to-patient ratios, no other Australian jurisdiction has legislated minimum nurse staffing levels. I am proud to be a member of a Labor government that is at the forefront of safe nursing workplace policy in this regard in the country. You cannot lead from the back. This is about putting patient safety first.

While I looked first to the evidence, it was the human stories of the effect on nurses of letting down patients due to inadequate nurse-to-patient staffing levels which told the real story during our bill inquiry. The committee sought written submissions, held a public departmental briefing, undertook a broadscale literature review, travelled to Perth and Melbourne to consider their comparative provisions and, most importantly, held public hearings in Brisbane, Cairns, Townsville and Gladstone. What we heard from nurse after nurse after nurse is that nurses currently carry highly variable, inconsistent and

unpredictable workloads. As a result, nurses are experiencing frustration and disillusionment at not being able to provide the quality of care that patients require and deserve; increased sick leave, burnout and stress leave as a result of fatigue caused by workload; and that many nurses, even recent graduates, are leaving the profession due to these concerns.

The QNU in its submission reported that the main effects of unmanageable workloads, according to their members—and there are 53,000 of them—include a lack of time to comprehensively complete patient care, poor motivation and staff morale, increased levels of stress, fatigue and burnout, high error rate when making clinical decisions, and difficulty in fully complying with protocols and procedures. Their testimony was not new to me. As I have said before, I am married to a registered nurse. Many of the pressures, concerns and personal struggles that nurses shared with the committee are those things that I hear about at the end of a long day or night when you get home and share the highs and lows of the day with your partner.

I am not proud to admit that prior to this inquiry I unintentionally dismissed many of those frustrations as the normal ones experienced in the daily pressures of any job, but it is far more than that. As the QNU so eloquently said in their submission when talking about nurses—

> They no longer feel able to deliver the quality of care they know they are capable of providing because the necessary staffing numbers and skill mix are not available. This is the source of significant ethical distress for our members.

We all feel pressures and frustrations in our daily jobs, but for nurses and those in the caring professions the impact of these are far more personal. Nurses cannot evade the responsibility of an increasing workload, such as turning patients away or providing a reduced level of service. They are the 'end of the line' as such when it comes to the flow-on effects of financial and human resource constraints, taking on increasing workloads to accommodate an increasing patient population, increasing patient acuity and a lack of mandated minimum staffing levels.

This legislation is about putting patient safety first and it is about the people who look after them. For patients, it is part of our commitment to ensuring that our public hospitals provide safe, quality health care and the best possible health outcomes. For our hardworking nurses and midwives, this legislation will empower them to deliver safe nursing and midwifery services. This bill provides an opportunity to work in a bipartisan way. It is about patient safety and quality of care—both should be above politics. My question to all members of this House is: why would you not support it?

I would like to thank those individuals and organisations who lodged written submissions and appeared at the committee's public hearings, many of whom are registered nurses and midwives. I would like to thank the QNU for their comprehensive evidence based submission to the committee, for their testimony and hearings and for their strong advocacy on behalf of Queensland nurses and midwives. I would like to acknowledge the assistance provided by the Department of Health, the Queensland Parliamentary Library and Research Service, Hansard, the Scrutiny of Legislation secretariat staff and the committee secretariat. I would like to thank all of my fellow committee members for their contributions to this inquiry. While I was disappointed that we could not agree on a recommendation that the bill should be passed, the committee was able to agree on the contents of the report.

I would like to make special mention of the contribution of my colleague the member for Greenslopes. His experience as a registered nurse of 25 years and his passion for health economics and evidence based research was of significant assistance to me as chair of the committee and to the committee's report. His deep and abiding respect of the profession of nursing was clearly evident throughout our committee hearings. For him, this bill is no doubt personal.

This government made a commitment at the last election to legislate in our first term for safe nurse-to-patient ratios to ensure fair workloads and quality health care, and this bill delivers on that commitment. I congratulate the Premier and the Minister for Health on their leadership and on this historic bill for the Queensland healthcare system. This legislation is about putting patient safety first and it is about the people who look after them, so I am supporting this bill for every patient who will benefit, for my husband, for the member for Greenslopes, for every nurse who sat in front of the inquiry or made a submission and for every nurse in the gallery today, in my electorate and across Queensland. Ratios save lives. I commend the bill to the House.