Appendix 2:

NSW NURSES & MIDWIVES' ASSOCIATION

Ratios: A claim to put patient safety first

Every patient, in every community, deserves the same level of safe care

2017

It's time to extend mandated ratios in NSW

Research indicates patient outcomes improve when nursing hours increase. With the strongest fiscal position in the country and a robust economic outlook, the NSW Government can afford to deliver more funding for improved ratios throughout the state.

Nurses and midwives have a professional responsibility to their patients to advocate for such improvements and call on the Berejiklian Government to put patient safety first by improving and extending legally enforceable mandated nursing hours / equivalent ratios within the *Public Health System Nurses' and Midwives' (State) Award*. New South Wales is now lagging behind other states, including Victoria and Queensland, which introduced nurse to patient ratio legislation in 2016.

It is incumbent on the Berejiklian Government to deliver these changes and make patient safety the priority in our health sector.

In addition to improving and extending nursing hours / equivalent ratios, nurses and midwives are seeking: guaranteed staffing for outpatient settings; specials provided whenever clinically needed; the payment of superannuation while on paid parental leave; pay for clinical advice when not rostered on; increased sick leave of 5 days; the payment of higher grade duties for all shifts, and 4 weeks minimum notice for display of rosters.

Our claim seeks to improve the staffing levels funded in non-tertiary hospitals to the same levels as tertiary referral city hospitals, ensuring patients receive the same level of safe nursing care, regardless of where they live or are treated.

Further details of our claim to put patients first are outlined in the following tables.

2017 Claims for Improved Staffing

They indicate the proposed minimum Nursing Hours Per Patient Day required for safe patient care for different ward types, averaged over one week. The equivalent ratios are also shown. Only nurses providing direct clinical care are included in the nursing hours / equivalent ratios. This does not include positions such as NUMs, NMs, CNEs, CNCs, dedicated administrative support staff and wardspersons.

Where the nursing hours / equivalent ratio provided in any particular unit is greater than the specified nursing hours / equivalent ratio, as at the commencement date of the 2017 Award, those nursing hours shall not be reduced. In the tables that follow, "in charge" means a nurse who does not have an allocated patient workload.

General Adult Inpatient Wards

Specialty / Ward Type	Equivalent Ratios			Nursing Hours
	AM	PM	Night	
Peer Group B (Major Metropolitan and Major Non-Metropolitan Hospitals)	1:4	1:4	1:7	6 (includes some shifts staffed with an in charge)
Peer Group C (District Group Hospitals)	1:4	1:4	1:7	
Peer Group D (Community Acute and Community non-acute Hospitals)	1:4	1:4	1:7	
Peer Group F3 (Multi-Purpose Services – Acute Beds)	1:4	1:4	1:7	

This minimum staffing claim applies to all medical, surgical and combined medical/surgical wards in Peer Group B (Major Metropolitan and Major Non-Metropolitan Hospitals), Peer Group C (District Group Hospitals), Peer Group D (Community Acute and Community Non-Acute Hospitals) and Peer Group F3 (Multi-Purpose Services – Acute Beds). The staffing ratio expressed as nursing hours provides the option of rostering some shifts with a nurse in charge who does not also have an allocated patient workload. This claim is the same as currently legally mandated ratios/nursing hours for Peer Group A city hospitals.

Specialty / Ward Type	Equivalent Ratios			Nursing Hours
	AM	PM	Night	
Peer Group F3 (Multi-Purpose Services – Aged Care Beds (Department of Social Services))	1:6	1:6	1:7	4.1

This minimum staffing claim will apply only to the Department of Social Services-funded beds of Peer Group F3 Multi Purpose Services.

Emergency Department (adult and paediatric)

Specialty / Ward Type	Equivalent Ratios			Nursing Hours
	AM	PM	Night	
Resuscitation Beds	1:1	1:1	1:1	26
Level 4-6 Emergency Departments	1:3 + in charge + triage	1:3 + in charge + 2 triage	1:3 + in charge + triage	8.67 + additional hours for in charge and triage
Level 3 Emergency Departments	1:3 + in charge + triage	1:3 + in charge + triage	1:3 + in charge	
Level 2 Emergency Departments	1:3	1:3	1:3	8.67
EMUs	1:3 + in charge	1:3 + in charge	1:4 + in charge	7.83 + additional hours for in charge
MAUs	1:4 + in charge	1:4 + in charge	1:4 + in charge	6.5 + additional hours for in charge

This minimum staffing claim applies to adult and paediatric emergency departments according to their NSW Health designated level. This claim applies to beds, treatment spaces, rooms and any chairs where these spaces are regularly used to deliver care.

The claim includes emergency departments, emergency medical units, and medical assessment units (whether co-located with an ED or not) and other such services however named.

Additional hours must also be provided for in charge of shift and triage nurses across all shifts, where specified in the table above.

The minimum nursing hours / ratios will not include Clinical Initiative Nurses or any other nurse however named whose role has been introduced for a specific purpose. These roles are considered to be in addition to the minimum nursing hours / ratios.

Inpatient Mental Health

Specialty / Ward Type	Equivalent Ratios			Nursing Hours
	AM	PM	Night	
Adult – in specialised Mental Health Facilities*	1:4	1:4	1:7	6 (includes some shifts staffed with an in charge)
Acute Mental Health Rehabilitation*	1:4	1:4	1:7	

Specialty / Ward Type	Equivalent Ratios			Nursing Hours
	AM	PM	Night	
Child and Adolescent#	1:2 + in charge	1:2 + in charge	1:4	10.5 + additional hours for in charge
Long Term Mental Health Rehabilitation#	1:6 + in charge	1:6 + in charge	1:10	3.67 + additional hours for in charge
Older Mental Health#	1:3 + in charge	1:3 + in charge	1:5	7.33 + additional hours for in charge

This claim does not apply to adult acute mental health wards in general hospitals that are not 'specialised' mental health facilities. These wards currently operate with legally mandated 6 nursing hours/ratios equivalent. This claim does not apply to forensic or PECC units.

* *This minimum staffing claim provides the option of rostering some shifts with a nurse in charge who does not also have an allocated patient workload.*

\# *In addition to this minimum staffing claim, additional hours must be provided for in charge of shift across two shifts.*

Paediatrics

Specialty / Ward Type	Equivalent Ratios			Nursing Hours
	AM	PM	Night	
General Inpatient Wards	1:3 + in charge	1:3 + in charge	1:3 + in charge	8.67 + additional hours for in charge

This minimum staffing claim applies to all paediatric general inpatient wards including medical, surgical and combined medical surgical wards and units across all Peer Groups.

Additional hours must also be provided for in charge of shift across all shifts as specified in the table above. Further additional hours must be provided for nurse escorts and work that in general adult hospitals would be described as 'ambulatory care'.

Neonatal Intensive Care Units

Specialty / Ward Type	Equivalent Ratios			Nursing Hours
	AM	PM	Night	
ICU	1:1 + in charge	1:1 + in charge	1:1 + in charge	26 + additional hours for in charge
HDU	1:2 + in charge	1:2 + in charge	1:2 + in charge	13 + additional hours for in charge
Special Care Nurseries	1:3 + in charge	1:3 + in charge	1:3 + in charge	8.67 + additional hours for in charge

This minimum staffing claim applies across all Peer Groups. Additional hours must also be provided for in charge of shift across all shifts as specified in the table above. Further additional hours must be provided for work that may be described as discharge nurse, neonatal family support and transport nurse (including retrieval).

The Special Care Nurseries claim does not apply to the following named special care nurseries that perform CPAP, where the HDU claim will apply instead: Blacktown, Campbelltown, Gosford, Lismore, St. George, Tweed Heads, Wollongong, Coffs Harbour, Dubbo and Wagga Wagga.

Critical Care (Adult and Paediatric)

Specialty / Ward Type	Equivalent Ratios			Nursing Hours
	AM	PM	Night	
ICU	1:1 + in charge	1:1 + in charge	1:1 + in charge	26 + additional hours for in charge
HDU	1:2 + in charge	1:2 + in charge	1:2 + in charge	13 + additional hours for in charge
CCU	1:2 + in charge	1:2 + in charge	1:2 + in charge	13 + additional hours for in charge

This minimum staffing claim applies to Critical Care units, including Intensive Care Units, High Dependency Units and Coronary Care Units across all Peer Groups. Additional hours must also be provided for in charge of shift across all shifts. Further additional staffing (eg. access nurse) may be clinically required and if so, should be provided.

Community Health and Community Mental Health services

The nature of Community Health and Community Mental Health services does not lend itself to the application of the nursing hours / equivalent ratios methodology. Instead, the application of a limit of face to face client contact hours in any shift will be a starting point to put patients first.

Community Health and Community Mental Health services require a limit of 4 hours of face to face client contact per 8 hour shift, averaged over a week to be applied in order to provide safe patient care.

The nature of the work of Community Mental Health Services Acute Assessment Teams requires them to have a limit of 3.5 hours of face to face client contact per 8 hour shift, averaged over a week to provide such care.

Work that is not included in this 'face to face hours' claim includes travel, meal breaks and administration (eg. phone calls to other health professionals or suppliers, paperwork), otherwise known as 'indirect care'. 'Face to face hours' may also be known as 'direct care'.

Short Stay Wards

Specialty / Ward Type	Equivalent Ratios AM	PM	Night	Nursing Hours
High Volume Short Stay	1:4	1:4	1:7	6 (Includes some shifts staffed with an in charge)
Day Only Units	3.5 nursing hours per patient. This includes nursing staff time spent doing preparation, transfer and post-operative care prior to discharge			

This minimum staffing claim applies across all Peer Groups. The staffing ratio expressed as nursing hours for High Volume Short Stay provides the option of rostering some shifts with a nurse in charge who does not also have an allocated patient workload.

Drug and Alcohol Units

Specialty / Ward Type	Equivalent Ratios AM	PM	Night	Nursing Hours
Drug and Alcohol Inpatients (discrete standalone units)	1:4	1:4	1:7	6 (Includes some shifts staffed with an in charge)
Drug and Alcohol Outpatients	These time-based figures can be converted to a 'nursing hours' model: Each initial assessment: 90 minutes Subsequent visits: 30 minutes (this includes case management) Dosing visits: 5 minutes			

This minimum staffing claim applies to the following Inpatient Units: Corella Lodge (Fairfield); Gormand Unit St. Vincent's Hospital; Herbert St. RNS; Lake View Newcastle; Wyong Hospital; Nepean Centre for Addiction; O'Connor House Wagga Wagga; Riverlands Lismore; Ward 64 Concord and Watershed Wollongong. The staffing ratio expressed as nursing hours for Drug and Alcohol Inpatients provides the option of rostering some shifts with a nurse in charge who does not also have an allocated patient workload.

Staffing Model: Maternity Services where Birthrate Plus does not operate

Intrapartum workload: A minimum of 1:1 midwifery care in labour and birth. This would increase to reflect the additional needs of higher risk categories of women.

Antenatal Care: 1.5 hours per booking-in visit.

Antenatal Care – Inpatients: Minimum of 3 hours per case – need to assess the workload including non-admitted Occasions of Service. The hours would increase as risk factors increase.

Postnatal Care – Inpatients: A minimum of 6 hours per case. This would increase to reflect the additional needs of higher risk categories of women.

Travel Allowance – Community Midwifery: A travel allowance (time factor) of 17.5% is added to the time allocated for each woman. This will be increased to 20% in some facilities to reflect local distances travelled.

Leave Relief, Mandatory and Essential Education for Midwives: Leave relief of additional 18.7% FTE is factored in when determining appropriate staffing.

Unplanned Antenatal workload in Intrapartum Services: The Birthrate Plus score sheet is used to attach hours to the additional work.

Additional workload within Intrapartum services: Additional hours are allocated to women with a 16 to 20 week gestation pregnancy loss and also for women with a pregnancy loss less than 15 weeks where cared for in the Birthing or antenatal/maternity unit.

Allocated midwife hours – elective caesarean section: A minimum 4 hours per elective caesarean section.

Antenatal Care – Outpatients clinics: Hours are determined by the type of treatment required.

Parental Education: The Birthrate Plus score sheet is used to attach hours to the additional work.

Unplanned Antenatal workload in Intrapartum Services: The Birthrate Plus score sheet is used to attach hours to the additional work.

Midwifery Models of Care: Hours are allocated for **Total continuity of care** i.e. all antenatal, intrapartum and postnatal care provided in the woman's home, community facility or hospital. Hours are inclusive of the new born assessment for normal risk cases. Normal risk = 41 hours per case. **Note**: No high risk births in the total continuity of care model. This is because women who have or develop risk will not be cared for within this type of model.

This is due to the need for obstetric and/or medical and inpatient care.

Midwifery Models of Care: Hours allocated for **Partial continuity of care** i.e. all antenatal, intrapartum care with only postnatal care home. Care may occur in woman's home, community facility or hospital. Hours are inclusive of the new born assessment for normal risk cases. Hospital postnatal care can be provided by hospital midwives (see above for hours). Normal risk = 36 hours per case. High risk = 40 hours per case.

Postnatal care in the Home: A **minimum** of 3 hours per case and would increase to reflect the additional needs of higher risk categories of women. In addition, a travel allowance appropriate to the maternity service (see above) is added to the mean hours.

This minimum staffing claim applies to all Maternity Services that do not use Birthrate Plus.

Staffing Model: Outpatients Clinics in the hospital setting

This minimum staffing claim applies across all peer groups. This is a new 2017 claim recommended by the NSWNMA clinical reference group.

All new referrals

Initial assessments 90 minutes or 1.5 nursing hours per patient.

Follow up clinics

Minor consultation and clinical review clinics: 15 minutes: 4 patients per hour or 0.25 nursing hours per patient.

Medium consultation clinics:
30 minutes: 2 patients per hour or 0.5 nursing hours per patient.

Complex treatment clinics within a multidisciplinary team:
60 minutes: 1 patient per hour or 1 nursing hours per patient. Certain Clinics may require 2 nurses for particular procedures (e.g. Vac dressings).

Hospital in home ambulatory clinic:
3.5 nursing hours per patient. In addition:

- Appropriate hours for case management should be included in the funded FTE to maintain a safe and holistic level of care for patients. This principle is inherent in the needs for patients in the community.
- Appropriate time for travel in the context of the local geography and traffic conditions must be factored into hours required for clinical workload.

Oncology and Dialysis:
1:1 plus in charge for complex patients.
1:3 plus in charge for non-complex patients.

Infusion/Treatment Centres:
1:1 plus in charge for complex patients.
1:3 plus in charge for non-complex patients.

Explanatory Notes

Outpatient Clinic Type	
Minor Consultation	Anti-coagulant screening, orthopaedic review, phone triage, screening tests, screening results, minor wound dressing, BCG vaccination.
Medium Consultation	Excision of minor lesions, rheumatology, cardiology respiratory function, immunology, co-morbidities /drug resistant/CALD clients, non-compliant, counselling /education, wound assessment and dressing, psycho-geriatric review.
Complex Clinics	Administration of infusions of less than 1 hour, complex wound assessment and treatment/dressing, complex burns dressing, biopsies, lumbar puncture; multiple co-morbidities and complex management.

Oncology - Complexity Criteria	Weight/Score
2 or more anti-neoplastic drugs	2
Vesicant drugs (requires continual observation of infusion site during drug administration)	2
Potential for hypersensitivity reaction	2
Multiple vital sign measurement during infusion/transfusion	2
ECG recording prior to or during/infusion	2
Pre-treatment checking of blood results	1
Pre-treatment assessment of toxicities from previous cycles/days of anti-neoplastic drug administration in the current course	1
Baseline vital signs prior to administration of anti-neoplastic drug therapy or infusion or procedure	1
Observation period / measuring of vital signs post completion of anti-neoplastic drug therapy or infusion or procedure	1
Other assessments prior to treatment, e.g. urinalysis, weight	1
Total Score (if ≥5, categorised as a 'complex patient') Criteria: For any treatment with a score of 5 or more, the treatment is complex. This would have the advantage of enabling a 'complexity rating' of new therapies.	

Infusion / Treatment Clinics	
1:1	Phototherapy and Dermal clinics Toxicity of treatment, Portacath access, Blood Transfusions, Biological agent injections, Iron infusions etc
1:3	All other infusions types.

Clinical Nurse / Midwifery Educators

Record numbers of new graduates continue to be employed. To ensure that new practitioners consolidate their practice, an additional 275 Clinical Nurse / Midwifery Educators working across seven days and all shifts need to be employed.

Ancillary mechanisms for putting patients first

To put patients first, some existing ancillary arrangements need to be improved to make them more responsive to patient need.

Existing arrangements that need improvement include:

- Patients clinically assessed as needing specialised care in addition to the rostered nursing hours for all wards or units. It is clinically inappropriate for specialised care to be within rostered nursing hours because it takes time away from other patients. Patient safety must not be compromised by squeezing the budget and taking care hours away from other patients in a ward where specialling is required.

- The mechanism for determining average patient numbers needs revision as it is evident to all nursing practitioners that 'the midnight census' does not accurately reflect the needs of patients.

- The *2010 Health Service Implementation Package for AINs in Acute Care* needs to be more rigorously applied across NSW Health facilities to ensure an appropriate level of care.

Other claims – changes to existing Award provisions

Vary subclause (ii) of Clause 8 Rosters, to require local hospital management to display the roster at least four weeks prior to the commencing date of the first working period of the roster.

Vary subclause (i) of Clause 24 Higher Grade Duty to remove the requirement to act in higher grade duty for minimum continuous period of a least five working days before Higher Grade Duty applies.

Vary Clause 25 Overtime to provide for the payment of overtime when a clinician provides clinical advice when they are not rostered to work.

Vary Clause 34 Maternity, Adoption and Parental Leave to provide for the payment of superannuation during paid parental leave.

Vary Clause 37 Sick leave to increase sick leave entitlement from 10 day to 15 days.

No right to bargain

Our wages claim in the context of the *Industrial Relations (Public Sector Conditions of Employment) Regulation 2011*

Since the NSW Coalition Government's introduction of the *Industrial Relations Amendment (Public Sector Conditions of Employment) Act 2011* and the *Industrial Relations (Public Sector Conditions of Employment) Regulation 2011*, there has simply been no legal capacity for public sector workers in this State to achieve a pay increase higher than that mandated by the Government without direct trade-off of hard won conditions.

Through the Government's manipulation of industrial laws, the most that is supposed to be given to NSW nurses and midwives is 2.5% per annum, unless trade-offs are made. This is regardless of their increasing skill levels, their levels of real productivity or any of the other factors that normally affect wage fixation. The new legal regime is neither fair nor does it constitute a genuine bargaining process.

In this context and consistent with the *NSW Public Sector Wages Policy 2011*, the Association claims a 2.5% salary increase to all Award classifications and allowances starting from the first pay period to commence on or after 1 July 2017.