

Amendments to the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*

Frequently asked questions

The Andrews Labor Government is committed to improving nurse to patient and midwife to patient ratios and re-introduced the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2018 (the Bill) into the 59th Parliament.

When did the changes commence?

The Bill successfully passed through Parliament on 21 February 2019 and amendments to the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* commenced 1 March 2019. Amendments will be phased in over 5 stages.

Why has the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* (the Act) been amended?

In 2015, Victoria became the first State in Australia to legislate minimum nurse and midwife staffing in public hospitals. The Act delivered on a key Andrews Labor Government election commitment to enshrine into legislation nurse to patient and midwife to patient ratios that were previously contained in the 'Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2012-2016' (the Enterprise Agreement).

As part of that election commitment, the Andrews Labor Government pledged to work with nurses, midwives and health services to consider improvements to ratios.

Amendments to the Act reflect a continuous improvement process to ensure minimum safe nursing and midwifery staffing ratios are fit for purpose and acknowledge increasing patient complexity, changing models of care and the growing demand for health services. Enhancements to ratios will ensure nurses are able to devote more individualised time to each patient.

Who will the changes affect?

Changes affect services covered by the Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2016–2020.

What types of services aren't covered by the amended legislation?

The amended legislation only affects certain wards within Victoria's public hospitals. Services not impacted by the legislation include:

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

What are the changes?

A summary of amendments to the Act include:

- Changes to the rounding methodology to determine staffing numbers on a ward across all Victorian public hospital levels. This will mean that in most circumstances, where the number of patients in a ward is not divisible into a whole number when a ratio is applied, the number of nurses or midwives must be rounded up to the next whole number.
- Increased ratios to provide more nurses and midwives in palliative care, birthing suites and special care nurseries, and during peak times in emergency department resuscitation cubicles.
- New ratios introduced in acute stroke wards, haematology wards and acute inpatient oncology wards.
- Removal of particular sections, and changes to enhance the structural and/or operational application of the Act.

How were the changes determined?

The Nurse/Midwife to Patient Ratio Improvements Taskforce was established in 2016 to provide a balanced assessment and independent advice on improving ratios as prescribed in the Act.

The Taskforce conducted a public stakeholder submission process in 2016-2017 and received over eighty submissions from a broad range of stakeholders including representative unions, health services, professional colleges, peak bodies and individual nurses and midwives. Following a review of submissions, the Taskforce consulted further on strategic themes with key stakeholders.

The amendments to the Act were informed by the Taskforce and through further consultation with key stakeholders.

Are there any changes from the original Bill when first introduced into Parliament in August 2018?

The only variation from the original Bill introduced into Parliament in August 2018 is permitting midwives to work in special care nurseries in the absence of a registered nurse. This is now specified in section 27 of the Act.

What are the likely staffing requirements?

At a statewide perspective, an additional 600 equivalent full-time nurses and midwives will be employed in Victorian public hospitals to meet the new ratios. Once these improvements are made, Government will commence a next phase of improvements that will see the total number of new nurses and midwives in Victoria reach 1,100.

Will the additional nurses and midwives be funded?

The Department of Health and Human Services will ensure appropriate recurrent funding is available to support implementation of the changes.

Will hospital operators be provided with time to recruit extra nurses and midwives?

The amendments to the Act will be phased in over five stages. In addition, local disputes regarding alleged breaches of the first phase of amendments cannot be raised within the first 180 days following commencement of the Act. This period ensures health services have time to become familiar with the amendments and, where necessary, adjust staffing levels to meet the new specified ratios.

What support is available to develop the workforce?

The Department of Health and Human Services will continue administering programs that promote attraction, retention, training and skill development opportunities for new and experienced nurses and midwives.

The Andrews Labor Government has committed to a \$50 million Nursing and Midwifery Workforce Development Fund to support more nurses and midwives in Victoria develop specialised clinical skills and technical knowledge.

The Fund will expand the existing Registered Nurse and Midwife Graduate Program and support a graduate program for Enrolled Nurses. It will also provide up to 400 postgraduate scholarships for current nurses and midwives to upgrade their skills, 400 places in programs such as the Postgraduate Midwifery Employment Program, as well as refresher programs for 800 nurses and midwives currently registered but not practicing so they can re-enter the workforce.

It prioritises \$10 million for grants, scholarships, graduate jobs and refresher programs for rural and regional students and current nurses and midwives.

How will the Department of Health and Human Services support implementation of the amended Act?

The Department of Health and Human Services has conducted information sessions for hospital operators and has published a guide to assist implementation of the amendments. The guide is available on the Safe Patient Care website at: <https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery/safe-patient-care-act>.

Are any changes required to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Regulations 2015 (the Regulations)?

There are three main areas where the Regulations have been updated to reflect amendments to the Act. These are:

- removal of references to variations from ratios due to the repeal of sections 33–35 in the Act
- specifying criteria that hospital operators must consider when determining the need for increased staffing in special care nurseries and neonatal intensive care units
- prescribing the requirements that must be satisfied by a nurse before being included in the postnatal wards staffing ratios.

When do the amended regulations commence?

The amendments to the Regulations commenced on 6 March 2019.

Is there a commitment to make further improvements to ratios?

The Andrews Labor Government has committed to delivering a second tranche of ratio improvements that will see an extra 500 full time equivalent nurses and midwives in the public health system.

The improvements include an additional nurse/midwife in charge on night shift, amending the remaining rounding down clauses, reclassifying Warrnambool from a Level 3 to Level 2 hospital, enshrining into legislation the staffing arrangements that are currently specified in the 'Victorian Public Mental Health Service Enterprise Agreement 2016-2020', and a review of hospital levels.

Where can I find full details of the Bill, Regulations and the amended Act?

Relevant legislation is available for download and printed copies can be purchased at <http://www.legislation.vic.gov.au>

Where can I find updates?

Updates, as available, will be published on the [Safe Patient Care Act webpage](#)

Questions can be directed to: ratios@dhhs.vic.gov.au

Questions regarding funding can be directed to: Corporate Services, Department of Health and Human Services on (03) 9096 2555.

Mixed Wards

How many decimal places should I use when completing the mixed ward calculation?

It is recommended to use 2 decimal places in the mixed ward calculation. This aligns with the example calculations outlined in the [Safe Patient Care \(Nurse to Patient and Midwife to Patient Ratios\) Amendment Bill 2015 – Explanatory Memorandum](#).

When determining the number of staff for each portion of the mixed ward (step 1: implementation guide) – if my calculation results in less than 0.5 staff (a fraction of a nurse/midwife), and the rounding down methodology may be applied, should I round down to zero?

It is suggested to consider each portion as if it was a separate ward. If rounding down a number would result in zero nurses/midwives for that portion, it is highly likely that this would compromise safe patient care.

As such, it is recommended to retain the staff fraction for that portion during the calculations (i.e. don't round down) and add to the other staff fractions when determining the total number of staff required for the mixed ward (step 2: implementation guide).

The mixed ward calculation suggests fewer staff numbers than are currently utilised on the ward – what does this mean?

The Act establishes the requirement for the minimum number of nurses or midwives per patients in specified wards and does not restrict hospitals in staffing above ratios where there is a requirement to do so.

The mixed ward calculation will determine the minimum number of staff required for a ward with a mixture of clinical services. If a hospital has previously made a decision to staff above minimum ratios to ensure clinical safety is maintained or is required to do so according to legislative/industrial instruments, and these staffing levels are higher than the results from the mixed ward calculation, it is expected that the higher staffing levels would be maintained.

What information do I need to publish about mixed wards?

The Act specifies that an operator of a hospital must publish details of a mixed ward on the hospital's Internet site. The details required to be published are specified in Section 12A(1)(b) of the Act.

The example below demonstrates how a health service may choose to format the mixed ward detail information.

| | |
|---|---|
| Name of the mixed ward: | Banksia Ward |
| The total number of occupied beds: | 16 |
| The different ratios that apply in Banksia Ward | |
| Rehabilitation: | Acute: |
| Morning shift: 1 nurse to 5 patients, 1 nurse in charge | Morning shift: 1 nurse to 6 patients, 1 nurse in charge |
| Afternoon shift: 1 nurse to 5 patients, 1 nurse in charge | Afternoon shift: 1 nurse to 7 patients, 1 nurse in charge |
| Night shift: 1 nurse to 10 patients | Night shift: 1 nurse to 10 patients |
| The expected number of occupied beds in Rehabilitation | 6 |
| The expected number of occupied beds in Acute | 10 |