



**Australian
Nursing &
Midwifery
Federation**

VICTORIAN BRANCH

Newsflash

New and improved ratios coming in March and July 2021

Timeline for the two phases of ratio improvements

Monday 1 March 2021

Public sector nurse and midwife patient ratios have been enshrined in Victorian legislation since 2015. The Safe Patient Care (Nurse to Patient Ratios and Midwife to Patient Ratios) Act 2015 recognises that workloads have a significant impact on patient care. Prior to the Act ratios had been included in the public sector enterprise agreement since they were first secured in 2000.

The Andrews Government passed its first ratios improvements amendment bill in February 2019 (611 additional nurses). A further bill was passed in November 2020 (547 additional nurses) as part of the government's re-election promises.

Implementation of the new and improved ratios under the 2019 amendment are being implemented over five years each March and started in 2019. The improvements in the 2020 amendment will be phased in over two years concurrently with the 2019 improvements each July starting 2021 (with the exception of one change taking effect in March 2021).

All of the new and improved ratios, from both amendments, will be implemented by July 2023.

Ratios are hard won mandated minimums, but they must respond to the ever-changing health system. Many of the improvements have their origins in ANMF Job Rep resolutions at our annual delegates conferences. Members identified issues at their workplace and worked with their Job Reps to develop motions that were passed by hundreds of their peers to guide the work of the ANMF.

We must never forget those members who campaigned, including taking industrial action such as closing beds and walking out of hospitals, to save ratios when they were under threat in 2001, 2004, 2007 and 2011-12.

The Andrews Government's commitment to amend the legislation again demonstrates its respect for nurses, midwives and their patients.

Authorised by Lisa Fitzpatrick ANMF (Vic Branch) Secretary

More work to do

There is more work to do. We need to build workforce capacity. The Andrews Government is investing \$50 million in a nursing and midwifery workforce development fund to increase the number of nurses and midwives in the most needed clinical areas. The ANMF is doing the same with its annual fee grant. Branch Council recently approved increasing total grant assistance each year from \$500,000 to \$750,000. Grants assist eligible members with up to 80 per cent of tuition costs of post-registration and postgraduate education. (For more information visit <https://anmfvic.asn.au/feegrant>)

What about mental health ratios?

In 2020 the ANMF, with the assistance of members and Job Reps, comprehensively mapped the staffing of nurses on each shift in each public sector mental health bed-based unit across the state. We now have the most contemporary record of nurse staffing levels in Victoria's mental health system. The data is assisting ANMF in our discussions with the Andrews Government to progress the ratio legislation for public sector mental health nurses, which was part of its 2018 re-election commitments.

What are the new ratio changes and when do they happen?

The 2019 amendments are referred to as phase one. To ensure the nurses and midwives required to implement the improvements are available, the changes will be introduced in stages in over five years each March from 2019. Each phase has two key changes:

- changes to ratios – either improvements or the introduction of new ratios
- the removal of the '50% rule'. Where the number of beds is not divisible by the prescribed ratio, e.g. a 29-bed ward with a 1:4 ratio = 7.25 nurses, the number of nurses must always be rounded up, not down.

The 2020 amendments are referred to as phase two and are highlighted in yellow. These amendments will be phased in over two years each July from 2021.

Phase one: stage 1 improvements from 1 March 2019

(Safe Patient Care Amendment Act 2019)

Ratio improvement

Removal of night shift emergency department formula (Part 2 s.20 of the *Safe Patient Care Act 2015*)

50% rule removal

1. All shifts in the following wards of level 1 and level 2 hospitals
 - a. general medical or surgical wards
 - b. coronary care units
 - c. high dependency units
 - d. operating theatres
 - e. post-anaesthetic recovery rooms
 - f. all shifts in Level 1 emergency departments
2. Night shifts in the following wards of level 3 and level 4 hospitals

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- a. general medical or surgical wards
 - b. all aged high care residential wards
 - c. coronary care units
 - d. high dependency units
 - e. operating theatres
 - f. post-anaesthetic recovery rooms
3. Night shifts in level 2 and level 3 emergency departments (and those with more than 7000 presentations per annum)
 4. Night shifts in all aged high care residential ward in all hospitals

Other improvements

1. Abolition of the provisions allowing for below ratio arrangements to be proposed by a hospital
2. Sunshine, Casey and Monash Children's hospitals will be named as level 1 hospitals (Schedule 1 Part 1 of the Act)
3. Neo-natal intensive care unit ratios apply to all hospitals which have a NICU, rather than only the four named in the current Act (Part 2 s.28 of the Act)
4. Delivery suites become known as birthing suites
5. Direct entry midwives may be counted in meeting special care nursery ratios
6. Fairer, transparent and evidence-based provision for declaring nominated birthing suites to be used
7. Fairer, transparent and evidence-based provision for determining ratios in mixed wards

Phase one: stage 2 from 1 March 2020

(Safe Patient Care Amendment Act 2019)

Ratio improvements

1. Palliative care units 4:4:6 + in-charge on each shift
currently 4:5:8 with no in-charge on ND (Part 2 s.23 of the Act)
2. Birthing suites (AM shifts) + in-charge if 6 suites or more
currently no in-charge (Part 2 s.31 of the Act)
3. Special care nurseries (AM and PM shifts) + in-charge if 8 cots or more
currently no in-charge (Part 2 s.27 of the Act)

New ratios

1. Oncology wards 4:4:8 + in-charge on all shifts
2. Acute stroke units 1:3 + in-charge on all shifts
(where they meet the definition under the Act)
3. Specialist haematology wards 3:3:5 + in-charge on all shifts
(where they meet the definition under the Act)

50% rule removal

1. Night shifts in all palliative care inpatient units and geriatric evaluation management beds
2. Morning shifts in the following wards of level 3 and level 4 hospitals
 - a. general medical or surgical wards
 - b. coronary care units

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- c. high dependency units
 - d. operating theatres
 - e. post-anaesthetic recovery rooms
 - f. level 4 acute wards
3. Morning shifts in level 2 emergency departments, and emergency departments with more than 7000 presentations per annum

Phase one: stage 3 from 1 March 2021

(Safe Patient Care Amendment Act 2019)

New ratio

New afternoon and night shift ratios in level 1 emergency department resuscitation bays 1:1 (currently NO ratio)

50% rule removal

1. Afternoon shifts in the following wards of level 3 and level 4 hospitals:
 - a. general medical or surgical wards
 - b. coronary care units
 - c. high dependency units
 - d. operating theatres
 - e. post-anaesthetic recovery rooms

2. Morning shifts in:
 - a. palliative care inpatient units
 - b. rehabilitation beds and
 - c. geriatric evaluation management beds

3. Afternoon shifts in level 2 emergency departments, and emergency departments with 5000-7000 presentations per annum

4. Night shifts in:
 - a. special care nurseries
 - b. neo-natal intensive care units
 - c. antenatal and postnatal wards
 - d. birthing suites

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Phase two: stage 1 from 1 March 2021

(Safe Patient Care Amendment Act 2020)

New definition of a short stay observation area for the purposes of calculating a ratio for a mixed ward.

50% rule removal

1. All shifts on:

- a. acute stroke wards
- b. haematology wards
- c. oncology wards

Phase two: stage 1 (continued) from 1 July 2021

(Safe Patient Care Amendment Act 2020)

Improved ratio

- a. general surgical and medical wards in level 1 hospitals
4:4:8 (+ in-charge on all shifts)
currently no plus in charge on night shift (Part 2 s.15 of the Act)

Phase one: stage 4 from 1 March 2022

(Safe Patient Care Amendment Act 2019)

50% rule removal

1. Afternoon shift in:

- a) palliative care inpatient units
- b) rehabilitation beds and
- c) geriatric evaluation management beds

2. Morning shift in:

- a) special care nurseries
- b) neo-natal intensive care units
- c) antenatal and postnatal wards
- d) birthing suites

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Phase two: stage 4 from 1 July 2022

(Safe Patient Care Amendment Act 2020)

50% rule removal

1. Afternoon shift in residential aged care wards
2. Night shifts for rehabilitation beds

Improved ratio

1. General surgical and medical wards (night shift) in level 2 hospitals + in charge *currently no plus in charge on night shift (Part 2 s.16 of the Act)*
2. Birthing suites (night shift) + a midwife in charge if 6 or more nominated suites *currently no in charge (Part 2 s.31 of the Act)*
3. Special care nurseries (night shift) + a midwife/ nurse in charge if 8 occupied cots or more *currently no in charge (Part 2 s.27 of the Act)*
4. Postnatal wards (night shift) + a midwife/ nurse in charge *currently no plus in charge (Part 2 s.31 of the Act)*

Improved definition for the purposes of calculating a mixed ward ratio

A short stay observation area is defined as 'an area of a hospital which patients admitted to the emergency department are transferred for the provision of short-term treatment, observation, assessment or reassessment when they no longer require emergency care.'

The mixed ratio calculation does not apply to a short stay observation unit, resulting in an additional nurse in charge on night shift, if the SSO is:

- a. co-located with an emergency department, and
- b. the number of occupied beds in the combined SSO and emergency department is 30 or more (Part 2 s.12 of the Act)

After hours coordinators in level 4 hospitals

Level 4 hospitals with one or two wards must staff one after hours coordinator in addition to ratios if that hospital operates:

- a. a nominated birthing suite, and/or
- b. an emergency department (however titled) with greater than 2500 presentations per year.

Hospital level reclassification

Warnambool Base Hospital will be reclassified from a level 3 to a level 2 hospital.

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Phase one: stage 5 from 1 March 2023

(Safe Patient Care Amendment Act 2019)

50% rule removal

1. Afternoon shifts in:
 - a) special care nurseries
 - b) neo-natal intensive care units
 - c) antenatal and postnatal wards
 - d) birthing suites

Phase two: stage 5 from 1 July 2023

(Safe Patient Care Amendment Act 2020)

50% rule removal

1. morning shift in:
 - a. aged high care residential wards

Improved ratios

1. Level 3 hospital general surgical and medical wards (night shift) + in charge
currently no plus in charge (Part 2 s.17 of the Act)
2. Birthing suites (afternoon shift) + in charge if six or more nominated suites
Currently no in charge (Part 2 s.31 of the Act)
3. Geriatric evaluation management beds (night shift) + in charge
currently no plus in charge (Part 2 s.24 of the Act)

The *Safe Patient Care Amendment Act 2020*, the *Safe Patient Care Act 2015* and the *Guide to implementation of amendments to the Safe Patient Care Act 2015* are available via <http://bit.ly/3t7klpj>

Note: This newsflash was edited on 16 March 2021.

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