



Nurse/Midwife to Patient Ratios Policy

1. Purpose

Nurse/Midwife to Patient Ratios (NMTPR) are the proportion of Nurses/Midwives working on a ward or unit in relation to the number of patients they care for. The purpose of the Nurse/Midwife to Patient Ratios Policy (policy) is to outline the approach to implementing NMTPR across Health Service Providers (HSPs) that provide inpatient clinical care services. This includes prescribing the mandatory minimum requirements for staffing levels specific to the care delivered.

Consistent with the registration of the *WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2022* (Agreement), WA health is committed to transitioning to the NMTPR model within the WA health system.

NMTPR will be implemented in a phased approach across WA health system inpatient services. Only clinical care areas in phase one of the transition (medical and surgical wards at North Metropolitan Health Service (NMHS)) are bound by this policy. All other clinical care areas remain on Nursing Hours per Patient Day methodology the WA health system has utilised since 2002, until their transition phase commences, at which time this policy will be updated accordingly.

This policy is not applicable to:

- Assistants in Nursing (AINs).
- Nurses/Midwives not delivering direct care to patients, with the exception of the hands free shift coordinator (HFSC).

This policy is a mandatory requirement for Health Service Providers under the *Clinical Services Planning and Programs Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

2. Applicability

This policy is applicable to all NMHS wards/units classified as metropolitan adult inpatient medical/surgical.

3. Policy Requirements

Application of NMTPR across applicable wards/units at NMHS must commence on 7 October 2024.

3.1 Classification of Wards

NMHS must staff their ward/unit as per the relevant classification found in the [NMHS Nurse/Midwife to Patient Ratios Workload Planning Framework](#).

3.2 NMTPR Requirements

Minimum Requirements

Relevant NMHS wards must commence staffing as per the NMTPR of:

- 1:4 + 1 Shift Coordinator (Morning)
- 1:4 + 1 Shift Coordinator (Afternoon)
- 1:7 (Night).

NMHS must staff at the NMTPR as it is a minimum mandatory staffing. Individual wards/units may staff above the NMTPR if required. The NMTPR includes only Enrolled Nurses, Registered Nurses and Midwives. AINs must not be included in the NMTPR.

Morning and Afternoon Shift

The 1:4 NMTPR must be applied across any shift pattern or shift hours that fall between 07:00 and 21:00.

Night Shift

The 1:7 NMTPR must be applied to any shift considered a 'Night Duty' shift or any shift that falls between 19:00 to 07:00, including 12 hour 'Night Duty' shifts.

3.3 Calculation of NMTPR

Supernumerary Roles

NMHS must calculate the NMTPR only in consideration of those Enrolled Nurses, Registered Nurses and Midwives who provide direct care for the entirety of their shift. Roles that are not providing direct care for the entirety of the shift are supernumerary to the NMTPR and must not be used when calculating the NMTPR.

NMHS must ensure the NMTPR be met with the addition of a supernumerary HFSC on morning and afternoon shifts. The HFSC must be a suitably senior clinician as determined by NMHS. The HFSC is not counted in the NMTPR and must not be included in the number of Nurses/Midwives providing direct care for reporting purposes.

NMHS may determine if a HFSC in addition to the minimum NMTPR is clinically necessary on night shift.

Rounding

NMHS must ensure when calculating NMTPR, determination of the staffing level for the ward/unit must be rounded up to the nearest whole number.

Skill Mix

NMHS must use clinical judgement that is appropriate for the demand and acuity of the ward/unit to determine the appropriate skill mix within the NMTPR. There is no prescribed skill mix when calculating NMTPR.

3.4 Application of NMTPR

Flexibility of Application

NMHS must ensure that the overall NMTPR for a unit/ward must be met on all shifts. This does not preclude individual Nurses/Midwives from carrying an individual patient load that is below or above the NMTPR, as long as the overall NMTPR at a ward/unit level is met.

3.5 Reporting

Reporting Timing

Formal reporting of NMTPR compliance will begin 4 months after NMTPR has commenced implementation in the relevant ward/unit at NMHS.

The requirement for formal reporting for NMHS medical and surgical wards will commence on 10 February 2025.

Formal Reporting Requirements

Reporting of NMTPR compliance at NMHS medical and surgical wards must be undertaken as outlined in the [NMHS Nurse/Midwife to Patient Ratios Workload Planning Framework](#).

3.6 Escalation

Escalation of Workload Grievances

NMHS must educate Nurses, Midwives and relevant union representative of their ability to report workload concerns related to NMTPR utilising the 4 step process outlined in Part 2, Clause 10, Subclause 12 of the Agreement.

As per Part 2, Clause 10, Subclause 13 of the Agreement, this dispute resolution process will only apply to the relevant ward/unit 4 months after NMTPR is implemented in the relevant ward/unit.

Escalation of Non-Compliance

Following the initial 4 month period following implementation of NMTPR in a relevant NMHS ward/unit, should a shift not comply with NMTPR, non-compliance must be reported by the NMHS Nurse Unit Manager or equivalent position within 4 weeks of the shift concluding.

A non-compliant shift is one that does not staff at sufficient level to meet the minimum direct care requirements under the relevant NMTPR, and/or a shift that does not staff a HFSC when required.

NMHS must report non-compliance as per the [NMHS Nurse/Midwife to Patient Ratios Workload Planning Framework](#). All instances of non-compliance must be reported with a clear cause and robust remediation strategy.

3.7 Governance

NMHS Steering Committee

A NMHS Steering Committee to oversee implementation of NMTPR must be established and operate according to the terms of reference outlined in the [NMHS Nurse/Midwife to Patient Ratios Workload Planning Framework](#).

4. Compliance Monitoring

The Strategic Workforce and Development Directorate on behalf of the System Manager, will monitor compliance with this policy by requiring NMHS to report NMTPR compliance for all applicable wards/units on a 6-monthly basis following the initial 4-month non-reporting period. This reporting must include actual NMTPR compliance for all shifts in the relevant period. If a shift did not meet NMTPR, the relevant form must be included with the report.

Reporting must be provided to the Strategic Workforce and Development Directorate, Department of Health via email to workload.methodology@health.wa.gov.au. Reports must be approved by the NMHS Steering Committee prior to submission.

Escalation of workload concerns by ward/unit must be reported via email to workload.methodology@health.wa.gov.au on a quarterly basis. Reporting must include the number of workload grievances lodged by month for the relevant period and the outcome. All relevant supporting information must be included in the report.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- [NMHS Nurse/Midwife to Patient Ratios Workload Planning Framework](#)

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [Nurse/Midwife to Patient Ratios Frequently Asked Questions](#)
- [Nurse/Midwife to Patient Ratios Information Sheet-NMHS](#)
- [Nurse/Midwife to Patient Ratios Information Sheet-Systemwide](#)
- [Nurse/Midwife to Patient Ratios Take 5-NMHS](#)

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Direct care	Care which involves any direct interaction with a patient, including treatments, counselling, self-care, patient education and administration of medication.
Metropolitan adult inpatient medical/surgical	A multi-day inpatient ward, in which patient presentations include acute or chronic illness/injury, multiple comorbidities and patients recovering from surgery. The ward is also an area of a hospital into which patients admitted via the emergency department are transferred for the provision of high complexity acute health care.
Nurse Unit Manager	A Senior Registered Nurse responsible for leading and managing nursing to deliver evidence based care to achieve optimal patient outcomes within allocated resources.
Hands free shift co-ordinator	Suitably senior clinician who oversees a ward for the entirety of their shift in a supernumerary capacity.
Supernumerary	For the purposes of NMTPR, supernumerary Nurses and Midwives are those not counted in the NMTPR due to not spending an entire shift providing direct patient care.
WA health system	The WA health system is comprised of: <ul style="list-style-type: none"> (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic

	Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.
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8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Director Strategic Workforce and Development

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9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0187/24	30 September 2024	April 2025	Original version

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Sash Tomson A/Assistant Director General, Strategy and Governance Division
Approval date	25 September 2024

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