



Government of **Western Australia**  
Department of **Health**

# WA Nurse Midwife to Patient Ratios (Minimum NMTPR)

## Frequently Asked Questions



*Note: From 7 October 2024, NMTPR only apply to 9 medical and surgical wards at North Metropolitan Health Service listed in this document. The information within this document is not applicable to any area outside of this scope.*

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## About Nurse Midwife to Patient Ratios (NMTPR)

### What are minimum NMTPR?

A minimum NMTPR is the minimum number of nurses/midwives working on a particular ward, unit or department, in relation to the number of patients.

### Why is WA moving to minimum NMTPR?

WA Health is committed to maintaining a contemporary workload management methodology that strongly aligns with the principles of evidence-based safe staffing.

Under 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 introducing minimum NMTPR via a phased approach over a minimum of 2 years.

Implementation will be overseen by a time-limited Taskforce led by WA Health and the Australian Nursing Federation, signifying that the success of minimum NMTPR is a shared responsibility between all parties.

The clause further stipulates the minimum NMTPR model will:

- Retain staffing in areas where current prescribed Nursing Hours per Patient Day (NHpPD) classification level is higher than the minimum NMTPR.
- Incorporate staffing requirements from existing standards, care requirements and models of care.
- Exclude the coordinator from the ratio, noting that clinical and jurisdictional assessment findings may support inclusion of the coordinator in the ratios in some circumstances.
- Count qualified babies as patients consistent with the Australian Institute of Health and Welfare newborn qualification status, and 'unqualified' babies where clinically indicated.
- Provide a dispute resolution process, to be enacted 4 months following implementation in a relevant ward/unit.

Use of minimum NMTPR is also consistent with other Australian jurisdictions. Queensland, Victoria, the Australian Capital Territory, South Australia and New South Wales have either already moved or are in the process of moving to minimum NMTPR as a key workload management model to determine nurse/midwife staffing levels.

### What will happen to Nursing Hours per Patient Day (NHpPD)?

NHpPD was implemented in WA in 2002 and will continue to be used while health services transition to minimum NMTPR. Once minimum NMTPR are implemented, NHpPD will no longer be used as the primary workload methodology for nurses/midwives in the WA health system.

### Some other states have legislated ratios – why are minimum NMTPR not legislated in WA?

WA will mandate NMTPR under a policy. Embedding minimum ratios as policy, rather than legislation, enables WA Health to be more responsive to the needs of the WA health system and the needs of the WA community.

A policy can be readily updated, supporting continuous improvement in the process to ensure that minimum NMTPR are fit for purpose. It also acknowledges that increasing patient

complexity, changing models of care and the growing demand for health services, may necessitate further improvements.

Sections 26 and 27 of the *Health Services Act 2016* prescribe that mandatory policies are binding to the Health Service Providers to which they apply. A minimum Nurse/Midwife to Patient Ratios Policy (Policy) ensures that all public inpatient areas across the WA health system use minimum NMTPR in a consistent manner and provides ongoing oversight and quality improvement.

## Minimum NMTPR implementation timeline

### Where and when will minimum NMTPR come into effect?

Minimum NMTPR will be implemented across all WA public inpatient areas in a phased approach, commencing with a **trial in medical and surgical wards across North Metropolitan Health Service (NMHS) from 7 October 2024.**

Table 1: NMHS trial areas in scope for NMTPR

<b>Osborne Park Hospital</b>	6
<b>Sir Charles Gairdner Hospital</b>	C16 C17 G53 G61 G66 G73 G74 Woods Ward

Following the trial at NMHS, NMTPR will be implemented more widely across the WA health system in a staged manner. This document, and all other documents related to the implementation of NMTPR will be updated accordingly to reflect where NMTPR is in effect.

### Where will minimum NMTPR not apply?

Areas that are outside the scope of minimum NMTPR implementation include:

- public outpatient clinics
- private and not-for-profit hospitals
- private and not-for-profit residential aged care services
- private and not-for-profit day procedural centres.

### Will Health Service Providers be provided with time to recruit extra nurses and midwives if needed?

Minimum NMTPR will be introduced in a phased approach which will enable HSPs to adjust to a new workload methodology and required staffing. This approach ensures HSPs have time to

become familiar with the minimum NMTPRs and, where necessary, adjust staffing levels to meet the new specified ratios.

Wards/units/departments are given 4 months post implementation to meet the minimum NMTPR.

## Impact of minimum NMTPR

### What are the likely impacts of minimum NMTPR on staffing?

Minimum NMTPR outline the minimum mandatory staffing levels. In some cases, additional nurses/midwives may be required based on ward/unit/department acuity and activity. Importantly, there will be no reduction of current staffing levels in any area across the WA health system.

### What are the benefits of minimum NMTPR?

Research has shown that the ratio of nurses/midwives relative to the number of patients is an important factor when considering patient outcomes such as lengths of stay and reduced patient morbidity and mortality.

Further evidence indicates that appropriate staffing numbers benefits the nursing and midwifery workforce by reducing work-related injuries, absenteeism, and turnover, as well as increasing job satisfaction.

Implementing minimum NMTPR aims to deliver the following:

- safe nursing/midwifery workloads and transparency of nursing/midwifery staffing levels.
- improved retention and satisfaction of nurses/midwives, and greater workforce sustainability.

## Ratios in practice

### What are the minimum NMTPR?

The current NMTPR for the NMHS trial in medical and surgical areas are:

- 1:4 + 1 shift coordinator on morning and afternoon shifts
- 1:7 on night shifts.

Night shifts may staff a shift coordinator should this be current practice or if determined clinically appropriate, however this is not required for the purposes of NMTPR compliance.

### How are minimum NMTPR calculated?

The NMTPR will be calculated by considering the number of patients on a ward/unit relative to the minimum number of nurses/midwives required.

The minimum NMTPR calculations must be rounded up to the nearest whole number.

*Consider a surgical ward of 28 adult patients:*

*AM & PM shift = minimum of 7 nurses + 1 shift coordinator*

*Night duty shift = minimum of 4 nurses in total*

*Consider a medical ward with 17 adult patients:*

*AM & PM shift = minimum of 5 nurses + 1 shift coordinator*

*Night duty shift = minimum of 3 nurses in total*

### **Will all nurses/midwives have the same number of patients?**

Not necessarily. Patients will be allocated to nurses/midwives based on patient acuity to ensure appropriate and safe patient care is delivered. This may result in some nurses/midwives having a lower number of patients with higher acuity, and other nurses/midwives having a higher number of patients with lower acuity.

As long as the overall minimum NMTPR for the ward or unit is being met, the allocation of patients to individual staff may vary.

Patient allocations should continue to be based on acuity and remain responsive to the needs to the activity of the ward/unit/department and patient demands.

### **Are all nurses/midwives included in how minimum NMTPR are calculated?**

Enrolled nurses, registered nurses and midwives that are providing direct care on a shift are included in determining minimum NMTPR. In addition to these staff, a hands-free shift coordinator will be assigned for morning and afternoon shifts and is not counted in the minimum NMTPR.

Additional supernumerary nursing/midwifery roles such as those related to leadership and education, as well as specialty roles such as resuscitation sit outside of NMPTR and are to be staffed as deemed necessary.

Assistants in nursing are excluded from minimum NMTPR calculations.

### **Can an area be staffed above the minimum NMTPR?**

Yes. All wards/units/departments will be able to staff above the minimum NMTPR as clinically necessary.

## **Education and training**

### **Will training be provided?**

Support will be given to each HSP to assist in the transition to minimum NMTPR, including opportunities for in-person and further training as it is developed.

## **Reporting and quality improvement**

### **What are the minimum NMTPR reporting requirements?**

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

### **What happens if the minimum NMTPR is not met?**

After the initial 4-month period, instances of minimum NMTPR non-compliance must be reported to the Department of Health. All instances of non-compliance must be reported with a clear cause and robust remediation strategy.

### **Are there penalties for non-compliance?**

There are no direct consequences of non-compliance; however, compliance with the NMTPR will be monitored. If a ward/unit/department is consistently non-compliant, the NMHS Minimum NMTPR Steering Committee will work with the clinical area to explore these rostering challenges.

### **What do I do if I think there is a workload issue?**

Any nurse, midwife, or relevant union representative may report workload concerns related to NMTPR utilising the 4-step process outlined in the Agreement, with the first step to raise workload concerns with the relevant line manager.

At any time, a concern can be escalated using the dispute resolution process outlined in the Agreement.

There will also be specific Workload Management Concern Escalation Forms made available at implementation.

### **How will the effectiveness of minimum NMTPR in WA be measured?**

A robust evaluation of minimum NMTPR will be undertaken during and after the 6-month trial at NMHS to inform continuous improvement.

**This document can be made available in alternative formats on request for a person with disability.**

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