



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

Minimum Nurse/Midwife to Patient Ratios at North Metropolitan Health Service (NMHS)

Take 5



What is a minimum Nurse/Midwife to Patient Ratio (NMTPR)?

What is a minimum Nurse/Midwife to Patient Ratio?

- A minimum NMTPR is the minimum number of nurses (registered or enrolled nurses) or midwives working on a particular ward, unit or department, in relation to the number of patients on the ward.
- Minimum NMTPR are applied for every shift (i.e. morning, afternoon and night). A minimum NMTPR may not be the same for every shift or every clinical care area.

Why are we implementing minimum Nurse/Midwife to Patient Ratios?

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.
- The application of minimum NMTPR was agreed as part of the Industrial Agreement (Agreement) between the Government and the Australian Nursing Federation to replace Nursing Hours per Patient Day.

What ratios will initially apply for medical / surgical units at NMHS?

Based on the approach undertaken by other Australian states and territories, a minimum NMTPR of **1:4 for morning and afternoon shifts + 1 shift coordinator and 1:7 on night shifts*** will be implemented initially for medical/surgical units at NMHS.

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 NMTPR calculations will be rounded up to the nearest whole number.

Examples:

Where the NMTPR is 1:4 (AM & PM) and 1:7 (night duty) the staffing for a surgical ward of 28 adult patients:

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

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

The staffing for a medical ward with 17 adult patients:

AM & PM shift = minimum of 5 nurses (rounded up) + 1 shift coordinator

Night duty shift = minimum of 3 nurses (rounded up)

*A shift coordinator may be assigned on a night shift if it is current practice or deemed clinically appropriate. However, it is not needed for the purposes of NMTPR compliance.

Important facts to know about the minimum NMTPR

The minimum NMTPR:

- Is a minimum mandatory staffing level. Wards/units/departments may staff above the minimum NMTPR if required, according to clinical need.
- Applies to enrolled nurses, registered nurses and midwives
- Does not include assistants in nursing.
- Does not dictate skill mix. This remains at the discretion of the ward/unit/department manager and Health Service Provider.

Day-to-day operations of a ward/unit/department under minimum NMTPR will continue to operate as per clinical need.

The overall minimum NMTPR for a unit/ward/department must be met on all shifts. This does not mean every nurse or midwife will have the same number of patients.

In areas where the Nursing Hours per Patient Day classification level is higher than the minimum NMTPR, the higher staffing level will be retained.

There will be no reduction of current staffing levels.

How will the minimum NMTPR be implemented?

How?

The minimum NMTPR will be implemented in a phased approach across WA health system acute inpatient services over a minimum of 2 years.

The first stage of this will commence across **9 wards** at Sir Charles Gairdner Hospital and Osborne Park Hospital at NMHS from **7 October 2024**.

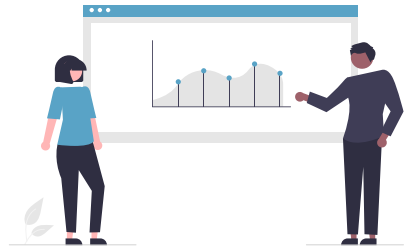
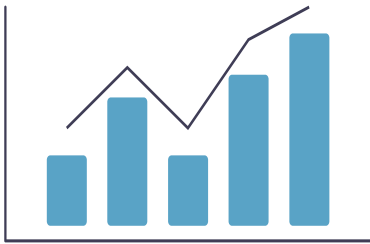


Who?

The NMHS ward/units that will go live on 7 October 2024 are:

Osborne Park Hospital	6 Surgical
Sir Charles Gairdner Hospital	C16 (Acute Medical/Delirium) C17 Gem (Medical) G53 (Surgical/orthopaedics) G61 (Surgical) G66 (Surgical/Neurosurgery) G73 (Med Specials) G74 (Medical) Woods Ward

How will the minimum NMTPR at NMHS be measured and monitored?



An interim WA Health Minimum NMTPR Report Dashboard has been created for the trial at NMHS.

The NMTPR Report Dashboard uses data about staffing levels and admitted patient numbers.

Nurse/midwife managers can view the staffing levels and admitted patients numbers via the NMTPR Report Dashboard.

Reporting and monitoring will be undertaken by the NMHS Minimum NMTPR Steering Committee.

Reporting Compliance

Under the Agreement, any ward/unit/department that implements minimum NMTPR has 4 months from the commencement date before formal reporting is required. This provides sufficient time for wards/units/departments to instigate ways to meet minimum NMTPR in the future, such as adapting rostering practices and/or recruit additional staff if required.

After the initial 4-month period, instances of minimum NMTPR non-compliance must be reported to the Department of Health.



1. A nurse/midwife manager develops a roster to meet the required minimum NMTPR.



2. The nurse/midwife manager monitors ward/unit/department compliance using the NMTPR Report Dashboard.



3. If a nurse/midwife manager identifies a shift that was non-compliant, they complete a Non-Compliance Form with a clear cause and robust remediation strategy.



4. 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.

Non-compliance with minimum NMTPR is defined as any shift that does not have sufficient nurses or midwives to meet the minimum NMTPR.

Raising Workload Concerns

Any nurse, midwife, or relevant union representative may report workload concerns related to NMTPR utilising the 4-step process outlined Clause 10 (12) of the Agreement. The process comprises the following stages:

Stage 1 – matter to be raised with the relevant line manager (which may include After Hours Manager/Coordinator) responsible for ensuring the ratio has been correctly applied, with parties to engage and resolve the concern within the shift.

Stage 2 – referral of an unresolved Stage 1 matter for discussion with the nominated nursing and midwifery executive (Nursing/Midwifery Director or higher depending on the relevant facility structure).

Stage 3 – referral of an unresolved Stage 2 matter to the relevant health service provider/Hospital Steering Committee.

Stage 4 – referral of an unresolved Stage 3 dispute to the WAIRC.

**Nothing will prevent either party
from applying to the WAIRC at
any stage.**

Where to go for more information or if you have concerns



Escalate any workload concerns

A Workload Management Concern Escalation Form may be used to report workload concerns.

The Policy and Framework will include the link and more information on how to submit this.

Have a conversation with the leaders in your area if you have any questions

If there is a concern about minimum NMTPR, any nurse and midwife or union representative may raise a concern to the relevant line manager in the first instance.

Reach out to the minimum NMTPR project team at NMHS

NMHS has established a NMTPR Steering Committee and Working Group to provide local-level oversight and support.

They can be contacted at:
SCGOPHCG.NMTPR@health.wa.gov.au