

safety in numbers



staffing and skill mix
for safe patient care

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**2010 Claim for Nurse Staffing Ratios
and Skill Mix for Safe Patient Care**

2010 NSWNA claim for nurse staffing ratios and skill mix for safe patient

INTRODUCTION

This is a claim for the introduction of nurse staffing ratios and tools for the nursing specialties of medical, surgical, emergency, palliative care, rehabilitation, inpatient mental health, community health, community mental health, critical care and operating theatres approved by vote of NSWNA Branches in September 2010. It is amended to reflect feedback received from NSWNA members during the validation process for the interim claim, obtained through more than 55 meetings across NSW in the months of July/August 2010.

The claim would replace the current Award provision of an interim workload tool entitled the “General Workload Calculation Tool” insofar as that tool provides a methodology for calculating the nursing hours per patient day required on a ward/unit. This interim tool has applied to a reducing number of medical and surgical wards since its progressive introduction from late 2004 and is now inadequate for the demands of NSW Health facilities in 2010. Similarly, the “principles and guidelines” introduced into the Award for inpatient mental health, community and emergency departments have not comprehensively provided workload solutions for nurses in those specialties. Above all, the current Award tools and principles do not provide the basis for staffing NSW Health facilities for safe patient care.

This claim would also replace the current Award provision of ACORN 2002 staffing standards for operating theatres with the ACORN 2008 standards.

The Association made this claim in 2009 as part of the Award review of the reasonable workloads clause, and is yet to receive a response from NSW Health.

2010: WORKLOADS AT CRISIS POINT; PATIENT SAFETY AT RISK

By 2010, evidence was informing the NSWNA of a workload and skill mix crisis in NSW public health services and facilities.

NSWNA General Secretary Brett Holmes says, ‘When we developed the GWCT in 2004 we were clear that if the GWCT didn’t work we would review it. With the Award coming to an end, we sought to seize the opportunity to find a way to ensure our members have enough resources with the right skill mix to provide safe patient care.

We looked at how these issues are dealt within Australia and overseas and after detailed analysis, we decided we needed to test the Victorian ratio model in the NSW context for medical, surgical, emergency, palliative care and rehabilitation. We also decided that we would try to develop ratios for inpatient mental health, community health and community mental health.

The NSWNA engaged leading nurse workforce and industrial relations academics to conduct empirical research on what is the current status of staffing numbers and skill mix.

We also spoke with expert clinicians (NUMs and some CNCs) from each of the nursing specialties we had decided to develop ratios models for.

This research has provided crucial information about staffing issues and staffing requirements and has informed the nurse staffing claim detailed in this document.

NURSE-TO-PATIENT RATIOS WOULD MEAN CERTAINTY WITH NURSE NUMBERS AND SKILL MIX

The introduction of nurse-to-patient ratios, with appropriate support structures, would ensure a base number of nurses but also has sufficient flexibility to factor in skill mix and acuity. A nurse-to-patient ratio would mean all absences from the clinical roster must be replaced or backfilled by an employee of the same Award classification to ensure the quality and safety of patient care. Necessary budgets would be allocated to ensure this.

The claim for each specialty has a preamble with specific additional requirements to ensure a skill mix that is capable of providing nurses with the ability to provide safe patient care.

There may be situations where a ward has staffing above that suggested by our claim. In these cases, the claim states that those numbers cannot be reduced.

The claim calls for increases in the proportion of RNs in some settings. NSWNA supports all existing ENs in their jobs and calls on NSW Health to increase financial support to all ENs wanting to upgrade their skills to RN.

Birthrate Plus is still progressing with planned consultation currently occurring around the pilot sites.

The additional CNE ratio claim for nursing specialties covered by this claim shall also apply in other clinical nursing units where a ratio is not being claimed.

This claim also provides a consultation process regarding the introduction of Assistants in Nursing to the roster for any ward or unit. It includes provision to ensure Nursing Unit Managers have the delegated authority to make the final decision about whether patient care can be maintained with an AiN role as part of the unit's skill mix. This means if the NUM believes AiNs can enhance the nursing care for that unit then they can employ one as per the package but there cannot be more than one AiN per shift. No AiNs are to be rostered in emergency, palliative care or inpatient mental health units or wards.

Definition of terms

STAFFING RATIOS are expressed as the maximum number of patients who can safely be cared for by one nurse: for example, 1 nurse: 4 patients.

The number of patients a nurse may be allocated to care for on any shift may vary at the Nursing Unit Manager's professional judgement to respond to the varying acuity of patients on the unit. However, at all times shall remain within the overall staffing ratio for that unit. For example, in a unit with 16 patients where the ratio is 1:4, two nurses may be allocated responsibility for three patients each and two other nurses allocated responsibility for five patients each.

SKILL MIX refers to the balance or mix of the various nursing classifications, skills and responsibilities required in the particular specialty and/or peer group or Emergency Department Level.

PATIENT MOVEMENT includes the movement of patients from one unit to another – in other words, admissions and discharges. Academic research has established that the admission, transfer or discharge of one patient requires 60-120 minutes of nursing time.

PEER GROUP and associated descriptors refer to the designation given to each hospital by NSW Health.

EMERGENCY DEPARTMENT LEVEL refers to the designation given to the Department by NSW Health.

CLINICAL SUPPORT is a general term used to describe classifications of staff who perform work in wards/units in addition to that of the nurses occupying classifications that are included in the staffing ratios.

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Specialty-based nurse staffing ratios and skill mix claim

MEDICAL AND SURGICAL

The following staffing claim applies to all Medical, Surgical and combined Medical and Surgical units according to their Peer Group.

In addition to the ratios for each Peer Group below, additional staff will be rostered to enable nurses to perform the increased nursing workload required as a result of increasing patient movement.

PEER GROUP A:

Principal Referral Hospitals;

PEER GROUP B:

Major Metropolitan and Major

Non- Metropolitan Hospitals; and

PEER GROUP C:

District Group Hospitals

Staffing Ratio

Morning Shift: 1:4 +RN in charge

Afternoon Shift: 1:4 + RN in charge

Night Shift: 1:7

Skill Mix

The following provisions will apply:

- the skill mix for each ward or unit will include a minimum of 85% Registered Nurses for each shift;
- there will be no more than 1 (headcount) AiN performing work on any shift, and in any event the decision to utilise an AiN is subject to the Nursing Unit Manager's professional judgement;
- in addition to the provisions in Clause 6 Introduction of Change, where it is proposed to introduce an AiN to a ward or unit, the Special Consultation Process will apply;
- where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 85%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Clinical Nurse Consultant, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

PEER GROUP D1A AND D1B:

Community Acute Hospitals

Staffing Ratio

Morning Shift:	1:5 + RN in charge
Afternoon Shift:	1:5 + RN in charge
Night Shift:	1:7

Skill Mix

The following provisions will apply:

- there must be at least 1 (headcount) Registered Nurse on every shift in every ward;
- the existing proportion of Registered Nurses on each shift in any particular ward as at the date of this Agreement shall not be reduced;
- there will be no more than 1 (headcount) AiN performing work on any shift, and in any event the decision to utilise an AiN is subject to the Nursing Unit Manager's professional judgement;
- the Nursing Unit Manager will determine the appropriateness of using an AiN on night shifts;
- in addition to the provisions in Clause 6 Introduction of Change, where it is proposed to introduce an AiN to a ward or unit, the Special Consultation Process will apply.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Clinical Nurse Consultant, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

PEER GROUP D2:

Community Non-Acute Hospitals and

PEER GROUP F3:

Multi-Purpose Services

Acute Beds Staffing Ratio

Morning Shift:	1:5 + RN in charge
Afternoon Shift:	1:5 + RN in charge
Night Shift:	1:7

Aged Care Beds Staffing Ratio

Morning Shift:	1:6
Afternoon Shift:	1:6
Night Shift:	1:7

Skill Mix

The following provisions will apply:

- there must be a minimum of two (headcount) Registered Nurses rostered per shift;
- the existing proportion of Registered Nurse on each shift in any particular ward as at the date of this Agreement shall not be reduced;
- there will be no more than 1 (headcount) AiN performing work on any shift, and in any event the decision to utilise an AiN is subject to the Nursing Unit Manager's professional judgement;
- the Nursing Unit Manager will determine whether in their professional judgement it is safe for an AiN to work night shift;
- in addition to the provisions in Clause 6 Introduction of Change, where it is proposed to introduce an AiN to a ward or unit, the Special Consultation Process will apply.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Clinical Nurse Consultant, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

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REHABILITATION

The following claim applies to all Peer Group F6 Rehabilitation hospitals, rehabilitation wards in other hospitals.

In addition to the ratios below, additional staff will be rostered to enable nurses to perform the increased nursing workload required as a result of increasing patient movement.

Staffing Ratio

Morning Shift:	1:4 + RN in charge
Afternoon Shift:	1:4 + RN in charge
Night Shift:	1:7

Skill Mix

The following provisions will apply:

- The skill mix for each ward or unit will include a minimum of 85% Registered Nurses for each shift;
- There will be at least two (headcount) Registered Nurses on every shift;
- there will be no more than one (headcount) Enrolled Nurse and one (headcount) AiN performing work on any shift, and in any event the decision to utilise an AiN is subject to the Nursing Unit Manager's professional judgement;
- in addition to the provisions in Clause 6 Introduction of Change, where it is proposed to introduce an AiN to a ward or unit, the Special Consultation Process will apply;
- Where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 85%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Clinical Nurse Consultant, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

PALLIATIVE CARE

The following claim applies to all Peer Group F5 Palliative Care wards, 'outlying' palliative care beds, and for the care of palliative patients who are occupying non-palliative care-designated beds.

In addition to the ratios below, additional staff will be rostered to enable nurses to perform the increased nursing workload required as a result of increasing patient movement.

Staffing Ratio

Morning Shift: 1:4 + RN in charge

Afternoon Shift: 1:4 + RN in charge

Night Shift: 1:7

Skill Mix

The following provisions will apply:

- The skill mix for each ward or unit will include a minimum of 85% Registered Nurses for each shift;
- Due to the nature of the service AiNs will not form part of the skill mix;
- Where there is a patient occupying an 'outlying' bed a Registered Nurse will be allocated to their care, unless the Nursing Unit Manager determines that the delivery of best practice care would not be compromised;
- Where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 85%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Clinical Nurse Consultant, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

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staffing and skill mix
for safe patient care

EMERGENCY DEPARTMENTS

The following claim applies to all Emergency Departments according to their NSW Health designated Level. Each staffing ratio below applies to all beds, treatment spaces, triage rooms, procedure rooms and any chairs where these spaces are regularly used to deliver care. This staffing ratio does not apply to the staffing of EMU, MAU or PECC units.

LEVEL 6; LEVEL 5; LEVEL 4 EMERGENCY DEPARTMENTS

Staffing Ratio

Morning Shift:	1:3 + RN in charge + triage
Afternoon Shift:	1:3 + RN in charge + 2 triage
Night Shift:	1:3 + RN in charge + triage

Resus beds will be staffed 1 nurse: 1 patient.

Skill Mix

The following provisions will apply:

- The skill mix for each ward or unit will include a minimum of 90% Registered Nurses on each shift;
- Due to the nature of the service, AiNs will not form part of the skill mix;
- Where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 90%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager; Clinical Nurse Educator, Clinical Nurse Consultant, Clinical Initiative Nurse, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

LEVEL 3 EMERGENCY DEPARTMENTS

Staffing Ratio

Morning Shift:	1:3 + RN in charge + triage
Afternoon Shift:	1:3 + RN in charge + triage
Night Shift:	1:3 + RN in charge

Skill Mix

The following provisions will apply:

- The skill mix for each ward or unit will include a minimum of 90% Registered Nurses for each shift;
- Due to the nature of the service, AiNs will not form part of the skill mix;
- Where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 90%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Clinical Nurse Consultant, Clinical Initiative Nurse, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

LEVEL 2 EMERGENCY DEPARTMENTS

Staffing Ratio

Morning Shift:	1:3
Afternoon Shift:	1:3
Night Shift:	1:3

Skill Mix

The following provisions will apply:

- There will be at least two (headcount) Registered Nurses on every shift;
- Due to the nature of the service, AiNs will not form part of the skill mix.

Clinical Support

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are less than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

LEVEL 1 EMERGENCY DEPARTMENTS

Staffing Numbers and Skill Mix

There will be no separate dedicated nurse staffing for emergency departments.

The following provisions will apply:

- Due to the nature of the service, AiNs will not form part of the skill mix treating ED patients.

Clinical Support

There shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are less than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

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for safe patient care

INPATIENT MENTAL HEALTH

The following claim applies to Inpatient Mental Health wards/units. This claim does not apply to forensic units.

In addition to the ratios below, additional staff will be rostered to enable nurses to perform the increased nursing workload required as a result of increasing patient movement.

In inpatient mental health units all 'specialling' shall be undertaken by suitably qualified RNs or ENs, and the staffing for specialised patients shall be in addition to the ratios below. The same specialling arrangements shall apply to mental health patients who are 'outliers' in other wards or units.

ACUTE ADULT MENTAL HEALTH

Staffing Ratio

Morning Shift: 1:3 + RN in charge
Afternoon Shift: 1:3 + RN in charge
Night Shift: 1:5

Skill Mix

The following provisions will apply:

- The skill mix for each ward or unit will include a minimum of 85% Registered Nurses for each shift;
- Due to the nature of the service AiNs are not permitted as part of the profile or as agency or casual use;
- Where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 85%, that proportion shall not be reduced;
- Where an adolescent is placed in an acute adult ward that patient will be provided with 1:1 Registered Nurse care.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

CHILD & ADOLESCENT MENTAL HEALTH

Staffing Ratio

Morning Shift: 1:2 + RN in charge
Afternoon Shift: 1:2 + RN in charge
Night Shift: 1:4

Skill Mix

The following provisions will apply:

- The skill mix for each ward or unit will include a minimum of 85% Registered Nurses for each shift;
- Due to the nature of the service AiNs are not permitted as part of the profile or as agency or casual use;
- Where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 85%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

ACUTE MENTAL HEALTH REHABILITATION

Staffing Ratio

Morning Shift: 1:4 + RN in charge
Afternoon Shift: 1:4 + RN in charge
Night Shift: 1:5

Skill Mix

The following provisions will apply:

- The skill mix for each ward or unit will include a minimum of 85% Registered Nurses for each shift;
- Due to the nature of the service AiNs are not permitted as part of the profile or as agency or casual use;
- Where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 85%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

LONG TERM MENTAL HEALTH REHABILITATION

Staffing Ratio

Morning Shift: 1:6 + RN in charge
Afternoon Shift: 1:6 + RN in charge
Night Shift: 1:10

Skill Mix

The following provisions will apply:

- There will be a minimum of two staff on the night shift one of which is a Registered Nurse;
- The skill mix for each ward or unit will include a minimum of 85% Registered Nurses for each shift;
- Due to the nature of the service AiNs are not permitted as part of the profile or as agency or casual use;
- Where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 85%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

OLDER ADULT MENTAL HEALTH

Staffing Ratio

Morning Shift: 1:3 + RN in charge
Afternoon Shift: 1:3 + RN in charge
Night Shift: 1:5

Skill Mix

The following provisions will apply:

- The skill mix for each ward or unit will include a minimum of 85% Registered Nurses for each shift;
- Due to the nature of the service AiNs are not permitted as part of the profile or as agency or casual use;
- Where the proportion of Registered Nurses on each shift in any ward as at the date of this Agreement is higher than 85%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Nurse Practitioner, administrative support staff and wardspersons.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

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for safe patient care

COMMUNITY HEALTH AND COMMUNITY MENTAL HEALTH SERVICES

COMMUNITY HEALTH & COMMUNITY MENTAL HEALTH SERVICES

The following claim applies to all Community Health and Community Mental Health services, except for Acute Assessment Teams.

Caseload

A Community Nurse will not have more than 4 hours of face-to-face client contact per eight-hour shift.

Skill Mix

The following provisions will apply:

- The skill mix for each service will include a minimum of 85% Registered Nurses for each shift;
- In addition to the provisions in Clause 6 Introduction of Change, where it is proposed to introduce an AiN to a service, the Special Consultation Process will apply;
- Where the proportion of Registered Nurses on each shift as at the date of this Agreement is higher than 85%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager, Clinical Nurse Educator, Clinical Nurse Consultant, Nurse Practitioner and administrative support staff.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

COMMUNITY MENTAL HEALTH SERVICES (ACUTE ASSESSMENT TEAMS)

The following claim applies to Acute Assessment Teams.

Caseload

A community nurse will not have more than 3.5 hours of face-to-face client contact per eight-hour shift.

Skill Mix

The following provisions will apply:

- The skill mix for each service will include a minimum of 85% Registered Nurses for each shift;
- In addition to the provisions in Clause 6 Introduction of Change, where it is proposed to introduce an AiN to a service, the Special Consultation Process will apply;
- Where the proportion of Registered Nurses on each shift as at the date of this Agreement is higher than 85%, that proportion shall not be reduced.

Clinical Support

The ratio specified above does not include the following positions or classifications: Nursing Unit Manager; Clinical Nurse Educator, Clinical Nurse Consultant, Nurse Practitioner and administrative support staff.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

OPERATING THEATRES

Operating theatres shall be staffed according to the standards of ACORN 2008.

Further, there shall be 1.4 FTE Clinical Nurse Educators employed for every 30 nursing staff, and a proportion thereof where there are fewer than 30 such staff in a unit/service. CNEs should be rostered to provide coverage on seven days of the week over each roster period.

CRITICAL CARE

Critical care units, and beds occupied by clinically-determined intensive care, high dependency and coronary care patients shall be staffed according to the "Staffing Position Statement" of the Australian College of Critical Care Nursing Ltd (ACCN). This claim encompasses Intensive Care Units, High Dependency Units and Coronary Care Units.

The Day-to-Day Operation of Staffing Ratios

APPLYING THE STAFFING RATIO TO ACTUAL PATIENT NUMBERS

The methodology used to apply the nurse:patient ratio shall be consistent with the principle of ensuring that the number of nurses available to work is commensurate with the number of patients requiring care. Average occupancy may not reflect variations in patient numbers and therefore may not match the staff to periods of peak demand.

Consequently, the nurse:patient ratio will be calculated on actual patient numbers in a given ward/unit or service. If a ward/unit has 30 beds and only 26 beds are generally occupied, the four “unused” beds may only be used when additional staff are available to meet the ratio requirements.

While the nurse:patient ratio will apply to the number of beds that are generally occupied, any occupancy of additional beds is subject to:

- 1) Additional beds being available; and
- 2) Nurses being rostered to the level required to meet the nurse:patient ratio for the duration of the occupancy of additional beds.

Where demand requires fewer beds, staffing may be adjusted down or redeployed prior to the commencement of shifts subject to compliance with relevant Award provisions or an individual’s employment contract.

APPLYING THE STAFFING RATIO WHERE THERE ARE UNEVEN BED NUMBERS

Where the actual number of occupied beds in a unit (or the equivalent in EDs) is not evenly divisible by the maximum number of patients in the applicable ratio, an additional staff member will be used in proportion with the ratio. For example, a 28-bed ward with a ratio of 1:4 would require a staffing level of 7 FTE positions. A 30-bed ward using the same ratio would require 7.5 FTE positions (i.e. with a 1:4 ratio, every additional patient would increase staffing by 0.25 FTE nurses).

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Public hospital peer groups and Emergency Department levels

A1a PRINCIPAL REFERRAL GROUP A

Estab Name	Emergency Lvl	Area
Concord Repatriation Hospital	6	Sydney South West Area Health Service
John Hunter Hospital	6	Hunter New England Area Health Service
Liverpool Hospital	6	Sydney South West Area Health Service
Prince of Wales Hospital	6	South Eastern Sydney Illawarra Area Health Service
Royal North Shore Hospital	6	Northern Sydney Central Coast Area Health Service
St George Hospital	6	South Eastern Sydney Illawarra Area Health Service
Westmead Hospital	6	Sydney West Area Health Service
Royal Prince Alfred Hospital	6	Sydney South West Area Health Service

A1b PRINCIPAL REFERRAL GROUP B

Estab Name	Emergency Lvl	Area
Bankstown Lidcombe Hospital	5	Sydney South West Area Health Service
Gosford Hospital	5	Northern Sydney Central Coast Area Health Service
Nepean Hospital	5	Sydney West Area Health Service
Wollongong Hospital	5	South Eastern Sydney Illawarra Area Health Service

A3 UNGROUPED ACUTE

Estab Name	Emergency Lvl	Area
Royal Hospital for Women		South Eastern Sydney Illawarra Area Health Service
Royal Newcastle Centre		Hunter New England Area Health Service
Sydney Hospital & Eye Hospital	4	South Eastern Sydney Illawarra Area Health Service

B1 MAJOR METROPOLITAN

Estab Name	Emergency Lvl	Area
Auburn Hospital	4	Sydney West Area Health Service
Blacktown-Mount Druitt Hospitals	4	Sydney West Area Health Service
Campbelltown Hospital	5	Sydney South West Area Health Service
Canterbury Hospital	4	Sydney South West Area Health Service
Fairfield Hospital	4	Sydney South West Area Health Service
Hornsby Ku-Ring-Gai Hospital	5	Northern Sydney Central Coast Area Health Service
Manly Hospital	4	Northern Sydney Central Coast Area Health Service
Mona Vale Hospital & Com. Health Service	4	Northern Sydney Central Coast Area Health Service
Ryde Hospital & Community Health Services	4	Northern Sydney Central Coast Area Health Service
Sutherland Hospital (The)	5	South Eastern Sydney Illawarra Area Health Service
Wyong Hospital	3	Northern Sydney Central Coast Area Health Service

B2 MAJOR NON-METROPOLITAN

Estab Name	Emergency Lvl	Area
Albury Wodonga Health - Albury Campus	4	Greater Southern Area Health Service
Coffs Harbour Health Campus	4	North Coast Area Health Service
Dubbo Base Hospital & Health Service	3	Greater Western Area Health Service
Lismore Base Hospital	5	North Coast Area Health Service
Maitland Hospital	4	Hunter New England Area Health Service
Manning Rural Referral Hospital	4	Hunter New England Area Health Service
Orange Base Hospital	4	Greater Western Area Health Service
Port Macquarie Base Hospital	4	North Coast Area Health Service
Shoalhaven District Memorial Hospital	4	South Eastern Sydney Illawarra Area Health Service
Tamworth Base Hospital & Health Service	4	Hunter New England Area Health Service
Tweed Hospital (The)	4	North Coast Area Health Service
Wagga Wagga Base Hospital	5	Greater Southern Area Health Service

C1 DISTRICT GROUP 1

Estab Name	Emergency Lvl	Area
Goulburn Health Service	3	Greater Southern Area Health Service
Armidale & New England Hospital	4	Hunter New England Area Health Service
Bathurst Base Hospital	4	Greater Western Area Health Service
Bega District Hospital	3	Greater Southern Area Health Service
Belmont District Hospital	3	Hunter New England Area Health Service
Blue Mountains Dist ANZAC Memorial Hosp.	4	Sydney West Area Health Service
Bowral and District Hospital	3	Sydney South West Area Health Service
Broken Hill Base Hospital	3	Greater Western Area Health Service
Camden District Hospital	3	Sydney South West Area Health Service
Grafton Base Hospital & Health Service	3	North Coast Area Health Service
Griffith Base Hospital	4	Greater Southern Area Health Service
Kempsey District Hospital	4	North Coast Area Health Service
Murwillumbah District Hospital	3	North Coast Area Health Service
Shellharbour Hospital	3	South Eastern Sydney Illawarra Area Health Service

C1 DISTRICT GROUP 2

Estab Name	Emergency Lvl	Area
Ballina District Hospital	2	North Coast Area Health Service
Batemans Bay District Hospital	2	Greater Southern Area Health Service
Bulli District Hospital	3	South Eastern Sydney Illawarra Area Health Service
Casino & District Memorial Hospital	3	North Coast Area Health Service
Cessnock District Hospital	3	Hunter New England Area Health Service

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Estab Name	Emergency Lvl	Area
Cooma Hospital & Health Service	3	Greater Southern Area Health Service
Cowra District Hospital	2	Greater Western Area Health Service
Deniliquin Hospital	3	Greater Southern Area Health Service
Forbes District Hospital The	2	Greater Western Area Health Service
Gunnedah District Hospital	3	Hunter New England Area Health Service
Inverell District Hospital The	2	Hunter New England Area Health Service
Kurri Kurri District Hospital	3	Hunter New England Area Health Service
Lithgow District Hospital	3	Sydney West Area Health Service
Macksville Health Campus	3	North Coast Area Health Service
Maclean District Hospital	2	North Coast Area Health Service
Milton-Ulladulla Hospital	2	South Eastern Sydney Illawarra Area Health Service
Moree District Hospital	3	Hunter New England Area Health Service
Moruya District Hospital	3	Greater Southern Area Health Service
Mudgee Health Service	3	Greater Western Area Health Service
Muswellbrook District Hospital	3	Hunter New England Area Health Service
Narrabri District Hospital & Health Service	3	Hunter New England Area Health Service
Parkes District Hospital	2	Greater Western Area Health Service
Queanbeyan Hospital & HC Service	3	Greater Southern Area Health Service
Singleton District Hospital		Hunter New England Area Health Service

D1a COMMUNITY ACUTE WITH SURGERY

Estab Name	Emergency Lvl	Area
Bellingen River District Hospital	2	North Coast Area Health Service
Byron District Hospital	3	North Coast Area Health Service
Cootamundra Hospital	2	Greater Southern Area Health Service
Glen Innes District Hospital	2	Hunter New England Area Health Service
Gloucester Soldiers Memorial Hospital The	2	Hunter New England Area Health Service
Narrandera District Hospital	2	Greater Southern Area Health Service
Pambula District Hospital	2	Greater Southern Area Health Service
Quirindi Hospital & Health Service	3	Hunter New England Area Health Service
Scott Memorial Hospital, Scone		Hunter New England Area Health Service
Springwood Hospital		Sydney West Area Health Service
Temora & District Hospital	3	Greater Southern Area Health Service
Tumut Community Health Centre	3	Greater Southern Area Health Service
Wauchope District Memorial Hospital	2	North Coast Area Health Service
Yass District Hospital & Health Service	2	Greater Southern Area Health Service
Young District Hospital & HC Services	3	Greater Southern Area Health Service

D1b COMMUNITY ACUTE WITHOUT SURGERY

Estab Name	Emergency Lvl	Area
Holbrook Health Service	2	Greater Southern Area Health Service
Wellington District Hospital	3	Greater Western Area Health Service
West Wyalong Hospital and Health Service	2	Greater Southern Area Health Service
Bonalbo Subsidiary Hospital		North Coast Area Health Service
Bulahdelah District Hospital	2	Hunter New England Area Health Service
Campbell Hospital Coraki	2	North Coast Area Health Service
Cobar Health Service	2	Greater Western Area Health Service
Condobolin Health Service	2	Greater Western Area Health Service
Coonabarabran District Hospital	3	Greater Western Area Health Service
Finley Hospital	2	Greater Southern Area Health Service
Gulgong Health Service	2	Greater Western Area Health Service
Mullumbimby & District War Memorial Hosp.		North Coast Area Health Service
Murrumburrah-Harden District Hospital	2	Greater Southern Area Health Service
Portland District Hospital		Sydney West Area Health Service
Prince Albert Memorial Hospital, Tenterfield	2	Hunter New England Area Health Service
Walgett District Hospital	2	Greater Western Area Health Service
Wee Waa District Hospital	2	Hunter New England Area Health Service
Nelson Bay Community Health Centre		Hunter New England Area Health Service

D2 COMMUNITY NON-ACUTE

Estab Name	Emergency Lvl	Area
Long Jetty Community Care Centre		Northern Sydney Central Coast Area Health Service
Balranald District Hospital	2	Greater Western Area Health Service
Barham Kondrook Soldiers Memorial Hosp.	2	Greater Southern Area Health Service
Batlow District Hospital	2	Greater Southern Area Health Service
Berrigan War Memorial Hospital	2	Greater Southern Area Health Service
Bingara District Hospital		Hunter New England Area Health Service
Bombala Hospital	2	Greater Southern Area Health Service
Boorowa District Hospital	2	Greater Southern Area Health Service
Canowindra Health Service		Greater Western Area Health Service
Coonamble District Hospital	2	Greater Western Area Health Service
Crookwell District Hospital	2	Greater Southern Area Health Service
Cudal Health Service		Greater Western Area Health Service
Dunedoo Health Service	2	Greater Western Area Health Service
Dungog Community Hospital		Hunter New England Area Health Service
Egowra Health Service		Greater Western Area Health Service
Gundagai District Hospital		Greater Southern Area Health Service
Guyra District War Memorial Hospital The	2	Hunter New England Area Health Service
Hay Hospital	2	Greater Southern Area Health Service
Henty Hospital	2	Greater Southern Area Health Service

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Estab Name	Emergency Lvl	Area
Hillston District Hospital	2	Greater Southern Area Health Service
Lockhart & District Hospital The		Greater Southern Area Health Service
Manilla District Hospital	2	Hunter New England Area Health Service
Merriwa Community Hospital		Hunter New England Area Health Service
Molong Health Service		Greater Western Area Health Service
Narromine District Hospital	2	Greater Western Area Health Service
Nyngan Health Service	2	Greater Western Area Health Service
Peak Hill District Hospital		Greater Western Area Health Service
Tingha Multi Purpose Service		Hunter New England Area Health Service
Tocumwal Hospital	2	Greater Southern Area Health Service
Tottenham Health Services		Greater Western Area Health Service
Tullamore Multi Purpose Servies	2	Greater Western Area Health Service
Walcha Multi Purpose Service	2	Hunter New England Area Health Service
Warialda District Hospital		Hunter New England Area Health Service
Wentworth District Hosp. & Health Service		Greater Western Area Health Service
Werris Creek District Hospital		Hunter New England Area Health Service
Wilson Memorial Hospital, Murrurindi		Hunter New England Area Health Service
Woy Woy Hospital		Northern Sydney Central Coast Area Health Service

F1 PSYCHIATRIC

Estab Name	Emergency Lvl	Area
Bloomfield Hospital		Greater Western Area Health Service
Cumberland Hospital		Sydney West Area Health Service
Kenmore Hospital		Greater Southern Area Health Service
Macquarie Hospital		Northern Sydney Central Coast Area Health Service
Morisset Hospital		Hunter New England Area Health Service
Concord Centre for Mental Health (Rozelle)		Sydney South West Area Health Service
Hunter New England Mental Health Unit (Waratah) (also known as James Fletcher)		Hunter New England Area Health Service

F2 NURSING HOMES

Estab Name	Emergency Lvl	Area
Garrawarra Centre For Aged Care		South Eastern Sydney Illawarra Area Health Service
Queen Victoria Memorial Home		Sydney South West Area Health Service
Wallsend Aged Care Facility		Hunter New England Area Health Service

F3 MULTI-PURPOSE SERVICE

Estab Name	Emergency Lvl	Area
Baradine Multi Purpose Health Service		Greater Western Area Health Service
Barraba Multi Purpose Service	2	Hunter New England Area Health Service
Blayney Multi Purpose Service		Greater Western Area Health Service
Boggabri Multi Purpose Service	2	Hunter New England Area Health Service

Bourke District Hospital & Health Service	3	Greater Western Area Health Service
Corowa Hospital	2	Greater Southern Area Health Service
Leeton District Hospital	3	Greater Southern Area Health Service
Junee District Hospital		Greater Southern Area Health Service

Estab Name	Emergency Lvl	Area
Braidwood Multi - Purpose Service		Greater Southern Area Health Service
Brewarrina Centre - Yetta Dhinnakkal	2	Greater Western Area Health Service
Collarenebri District Hospital	2	Greater Western Area Health Service
Coolah Multi Purpose Service	2	Greater Western Area Health Service
Coolamon-Ganmain Health Service		Greater Southern Area Health Service
Culcairn Multi Purpose Service		Greater Southern Area Health Service
Delegate Multi-Purpose Service		Greater Southern Area Health Service
Denman Multi Purpose Service	3	Hunter New England Area Health Service
Dorrigo Multi-Purpose Service		North Coast Area Health Service
Gilgandra Multi Purpose Health Service	2	Greater Western Area Health Service
Gower Wilson Multi Purpose Service		South Eastern Sydney Illawarra Area Health Service
Grenfell Multi Purpose Health Service		Greater Western Area Health Service
Gulgambone Multi Purpose Service	2	Greater Western Area Health Service
Jerilderie Multi Purpose Service	2	Greater Southern Area Health Service
Kyogle Multi Purpose Service	3	North Coast Area Health Service
Lake Cargelligo Multi Purpose Service		Greater Western Area Health Service
Lightning Ridge Multi Purpose Service		Greater Western Area Health Service
Nimbin Multi Purpose Service		North Coast Area Health Service
Oberon Multi-Purpose Service		Greater Western Area Health Service
Rylstone Multi Purpose Service		Greater Western Area Health Service
Trangie Multi Purpose Service		Greater Western Area Health Service
Trundle Multi-Purpose Service		Greater Western Area Health Service
Tumbarumba Multi Purpose Service		Greater Southern Area Health Service
Urana Multi Purpose Service		Greater Southern Area Health Service
Urbenville & District Multi-Purpose Svc (The)		North Coast Area Health Service
Vegetable Creek Multi Purpose Svc (Emmaville)		Hunter New England Area Health Service
Warren Multi-Purpose Service		Greater Western Area Health Service
Wilcannia Health Service		Greater Western Area Health Service

F4 SUB-ACUTE

Estab Name	Emergency Lvl	Area
Balmain Hospital		Sydney South West Area Health Service
Coledale District Hospital		South Eastern Sydney Illawarra Area Health Service
David Berry Hospital		South Eastern Sydney Illawarra Area Health Service
Port Kembla Hospital	5	South Eastern Sydney Illawarra Area Health Service

F6 REHABILITATION

Estab Name	Emergency Lvl	Area
Wingham and District War Memorial Hosp.		Hunter New England Area Health Service

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**2010 Claim for Nurse Staffing Ratios
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