Ratios put patient safety *first*

NSW NURSES & MIDWIVES' ASSOCIATION

2015 Award Claim It's time to vote

It's time to confirm your commitment for the ratios and pay claims for 2015. The strong show of support for last year's ratios claim will continue in 2015 with some additional claims recommended by your elected Log of Claims Committee.

Next pay rise due in July

Your next pay rise is also due in July 2015. Your elected Committee recommends that NSWNMA again claim a 2.5% pay increase, the same amount as last year.

Inflation is currently 1.7% per annum.

Your feedback tells us that what you want is a balance between getting improved nurse to patient ratios and workloads, and a fair pay rise.

Building on our current ratios system

The ratios campaign that nurses and midwives backed so strongly over the last few years will continue. The details of these ratios claims for all the relevant specialties are reprinted inside this kit.

It's clear that ratios work – in international research as well as in Victoria and NSW – so our campaigning in 2015 will maintain the pressure on the Government. We won't stop campaigning until the Government realises that ratios save lives <u>and</u> make economic sense.

Participate in your Branch meeting – before 30 April

Your Branch is asked to vote on the 2015 claim by no later than Thursday 30 April.

All members are encouraged to join the Branch discussion about the claim and plan how you can join activities to push for improved and extended ratios this year.

We strongly recommend that your branch endorse this claim and that all members join the campaign effort to put patient safety first.

Brett Holmes
General Secretary

Judith Kiejda
Assistant General Secretary

What's new in 2015?

Your elected Log of Claims Committee recommends that in addition to the existing claims for improved and extended ratios the following five claims be included:

- Short stay wards ratios;
- Drug and Alcohol units ratios;
- Non-Birthrate Plus maternity services staffing arrangements;
- Increasing the minimum notice required to display rosters to four weeks; and
- Providing DONs and Area Managers, Nurse Education with the capacity to accrue up to three ADOs without forfeiting them.

Ratios claims continue

The push to improve ratios continues. The 2015 claim still includes the ratios claims that were included in the 2014 Campaign, because evidence-based practice matters.

Birthrate Plus has now been implemented in maternity services. The three year data review has commenced for maternity services to ensure this ratios-equivalent staffing system keeps up to date in each facility where it is used.

In 2015 NSWNMA Officers, in consultation with members, will review the operation and implementation of Birthrate Plus in NSW.

Every patient, in every community deserves the right to safe care

The current ratios claim continues to fight for improvements in staffing levels funded in non-tertiary hospitals to the same levels as tertiary referral city hospitals so that patients get the same level of care regardless of where they are treated.

Currently, Peer Group A medical and surgical wards are staffed at 6 nursing hours provided for each patient per day – which can be described as an equivalent ratio of 1:4 morning, 1:4 afternoon and 1:7 on night shifts, with some shifts including an 'in charge' without a patient allocation.

Our claim is for this same level of nursing care to be provided to patients in Peer Groups B, C, D and the acute beds of F3 MPS facilities. Please refer to NSW Health Information Bulletin IB2014_070 to find which Group your hospital is in.

It's time for the Baird Government to deliver the same level of patient care to country and regional hospitals in NSW that patients in the cities receive.

See the full recommended claims on the following pages.

Government can afford to deliver more funding for improved ratios

It's time for the Government to improve and fund nurse ratios that are fair for all hospitals and extend the current system to more nursing specialties.

International nursing research continues to be published that shows increasing nursing numbers and RN skill mix delivers better patient outcomes and avoids adverse events.

The Government can afford to do this – it's a priority for our society, for the health system and our profession. Ratios save lives – and make good economic sense.

Draft 2015 Claims at a glance...

To deliver safer patient care the Government must improve and extend legally enforceable, mandated minimum nurse-to-patient ratios, built on nursing hours.

Here's what is needed to build on our Award achievements:

1. Improve ratios in all NSW hospitals to the same level as Group A city hospitals
2. Introduce ratios in paediatric and neonatal intensive care units
3. Introduce ratios in EDs, EMUs and MAUs
4. Introduce ratios in intensive and critical care units
5. Introduce a ratios-equivalent system in community and community mental health
6. Extend ratios to more mental health units, and improve ratios in specialised mental health hospitals
7. Introduce ratios for short stay wards – High Volume and Day Only
8. Introduce ratios for Drug and Alcohol units – Inpatient and Outpatient
9. Introduce staffing arrangements for non-Birthrate Plus maternity services
10. Employ an additional 275 Clinical Nurse/Midwifery Educators
11. Employ Assistants in Nursing only where clinically appropriate
12. Replace the 'midnight census' for nursing hours calculations with a system that accurately reflects patient numbers
13. Patient 'specialling' to be provided in addition to mandated nursing hours/ratios
14. 2.5% pay increase for nurses and midwives in July 2015
15. Introduction of an accrued Accumulated Days Off process to allow three days accumulation of ADOs not taken for Directors of Nursing and Area Managers, Nurse Education
16. Increase the Minimum notice for Rosters to be displayed from two weeks to four weeks

Ratios claims in detail

The table shows the proposed minimum 'nursing hours per patient day' that NSWNMA recommends for different ward types. The equivalent ratio is also shown. The first groups of ratios are the same as the 2014 claim that you are fighting for.

Only nurses providing direct clinical care are included in the ratios/nursing hours. This does not include positions such as NUMs, NMs, CNEs, CNCs, dedicated administrative support staff and wardspersons.

Specialty / Ward Type	Equivalent Ratios			Nursing Hours
	AM	PM	Night	
General Adult Inpatient Wards				
Peer Group B (Major Metropolitan and Major Non-Metropolitan Hospitals)[1]	1:4	1:4	1:7	6 (includes some shifts staffed with an in charge)
Peer Group C (District Group Hospitals)[1]	1:4	1:4	1:7	
Peer Group D (Community Acute and Community non-acute Hospitals)[1]	1:4	1:4	1:7	
Peer Group F3 (Multi-Purpose Services – Acute Beds)[1]	1:4	1:4	1:7	
Peer Group F3 (Multi-Purpose Services – Aged Care Beds (Department of Social Services))[2]	1:6	1:6	1:7	4.1

Specialty / Ward Type	AM	PM	Night	Nursing Hours
Inpatient Mental Health[3]				
Adult – in specialised Mental Health Facilities[4]	1:4	1:4	1:7	6 (includes some shifts staffed with an in charge)
Acute Mental Health Rehabilitation[4]	1:4	1:4	1:7	
Child and Adolescent[5]	1:2 + in charge	1:2 + in charge	1:4	10.5 + additional hours for in charge
Long Term Mental Health Rehabilitation[5]	1:6 + in charge	1:6 + in charge	1:10	3.67 + additional hours for in charge
Older Mental Health[5]	1:3 + in charge	1:3 + in charge	1:5	7.33 + additional hours for in charge

Specialty / Ward Type	AM	PM	Night	Nursing Hours
Emergency Department (adult and paediatric)[6]				
Resuscitation Beds	1:1	1:1	1:1	26
Level 4-6 Emergency Departments	1:3 + in charge + triage	1:3 + in charge + 2 triage	1:3 + in charge + triage	8.67 + additional hours for in charge and triage
Level 3 Emergency Departments	1:3 + in charge + triage	1:3 + in charge + triage	1:3 + in charge	
Level 2 Emergency Departments	1:3	1:3	1:3	8.67
EMUs	1:3 + in charge	1:3 + in charge	1:4 + in charge	7.83 + additional hours for in charge
MAUs	1:4 + in charge	1:4 + in charge	1:4 + in charge	6.5 + additional hours for in charge

Specialty / Ward Type	Equivalent Ratios AM	PM	Night	Nursing Hours
Paediatrics[7]				
General Inpatient Wards	1:3 + in charge	1:3 + in charge	1:3 + in charge	8.67 + additional hours for in charge

Neonatal intensive care units[8]				
ICU	1:1 + in charge	1:1 + in charge	1:1 + in charge	26 + additional hours for in charge
HDU	1:2 + in charge	1:2 + in charge	1:2 + in charge	13 + additional hours for in charge
Special Care Nurseries[9]	1:3 + in charge	1:3 + in charge	1:3 + in charge	8.67 + additional hours for in charge

Critical Care (adult and paediatric)[10]				
ICU	1:1 + in charge	1:1 + in charge	1:1 + in charge	26 + additional hours for in charge
HDU	1:2 + in charge	1:2 + in charge	1:2 + in charge	13 + additional hours for in charge
CCU	1:2 + in charge	1:2 + in charge	1:2 + in charge	13 + additional hours for in charge

Community Health and Community Mental Health services, except for Acute Assessment Teams	Limit of 4 hours of face to face client contact per 8 hour shift, averaged over a week.[11]

Community Mental Health Services (Acute Assessment Teams)	Limit of 3.5 hours of face to face client contact per 8 hour shift, averaged over a week.[11]

New claims recommended for 2015:

Short Stay Wards				
High Volume Short Stay	1:4	1:4	1:7	6 (includes some shifts staffed with an in charge)
Day Only Units	3.5 nursing hours per patient. This includes nursing staff time spent doing preparation, transfer and post-operative care prior to discharge			

Drug and Alcohol Units				
Drug and Alcohol Inpatients (discrete standalone units)	1:4	1:4	1:7	6 (includes some shifts staffed with an in charge)
Drug and Alcohol Outpatients	These time-based figures can be converted to a 'nursing hours' model: *Each initial assessment:* 90 minutes *Subsequent visits:* 30 minutes (this includes case management) *Dosing visits:* 5 minutes			

Notes:
Where the nursing hours/ratio in any particular unit is greater than the specified nursing hours/ratio as at the commencement date of the 2015 Award, it shall not be reduced.

In the table above, "in charge" means a nurse who does not have an allocated patient workload.

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[1] **General Adult Inpatient Wards:** This minimum staffing claim applies to all Medical, Surgical and combined Medical/Surgical wards in Peer Group B (Major Metropolitan and Major Non – Metropolitan Hospitals), Peer Group C (District Group Hospitals), Peer Group D (Community Acute and Community Non – Acute) and Peer Group F3 (Multi Purpose Service – acute beds). The staffing ratio expressed as nursing hours provides the option of rostering some shifts with a nurse in charge who does not also have an allocated patient workload. This claim is the same as currently legally mandated ratios/nursing hours for Peer Group A city hospitals.

[2] **General Adult Inpatient Wards:** This minimum staffing claim will apply only to the DOHA-funded beds of Peer Group F3 Multi Purpose Services.

[3] **Inpatient Mental Health:** This claim does not apply to adult acute mental health wards in general hospitals that are not 'specialised' mental health facilities, because these wards already have legally mandated nursing hours/ratios under the 2011 Award. This claim does not apply to forensic or PECC units.

[4] **Acute Adult Mental Health – Specialised Facilities and Acute Mental Health Rehabilitation:** This minimum staffing claim provides the option of rostering some shifts with a nurse in charge who does not also have an allocated patient workload.

[5] **Child and Adolescent, Long Term Mental Health Rehabilitation and Older Mental Health:** In addition to this minimum staffing claim, additional hours must be provided for in charge of shift across two shifts.

[6] **Emergency Department (adult and paediatric):** This minimum staffing claim applies to adult and paediatric Emergency Departments according to their NSW Health designated level. This claim applies to beds, treatment spaces, rooms and any chairs where these spaces are regularly used to deliver care. The claim includes Emergency Departments, Emergency Medical Units, and Medical Assessment Units (whether co-located with an ED or not) and other such services however named. Additional hours must also be provided for in charge of shift and triage nurses across all shifts, where specified in the table above. The minimum nursing hours/ratios will not include Clinical Initiative Nurses or any other nurse however named whose role has been introduced for a specific purpose.

[7] **Paediatrics:** This minimum staffing claim applies to all paediatric general inpatient wards including medical, surgical and combined medical surgical wards and units across all Peer Groups. Additional hours must also be provided for in charge of shift across all shifts as specified in the table above. Further additional hours must be provided for nurse escorts and work that in general adult hospitals would be described as 'ambulatory care'.

[8] **NICU:** This minimum staffing claim applies across all Peer Groups. Additional hours must also be provided for in charge of shift across all shifts as specified in the table above. Further additional hours must be provided for work that may be described as discharge nurse, neonatal family support and transport nurse (including retrieval).

[9] **Special Care Nurseries:** This minimum staffing claim applies across all Peer Groups. Additional hours must also be provided for in charge of shift across all shifts as specified in the table above. Further additional hours must be provided for work that may be described as discharge nurse, neonatal family support and transport nurse (including retrieval). The Special Care Nurseries claim does not apply to the following named special care nurseries that perform CPAP, where the HDU claim will apply instead: Blacktown, Campbelltown, Gosford, Lismore, St. George, Tweed Heads, Wollongong, Coffs Harbour, Dubbo and Wagga Wagga.

[10] **Critical Care, including Adult and Paediatrics:** This minimum staffing claim applies to Critical Care units, including Intensive Care Units, High Dependency Units and Coronary Care Units across all Peer Groups. Additional hours must also be provided for in charge of shift across all shifts. Further additional staffing (eg. access nurse) may be clinically required and if so, should be provided.

[11] **Community Health and Community Mental Health:** Work that is not included in 'face to face hours' includes travel, meal breaks and administration (eg. phone calls to other health professionals or suppliers, paperwork), otherwise known as 'indirect care'. 'Face to face hours' may also be known as 'direct care'.

Proposed Staffing Arrangement Model: Maternity Services where Birthrate Plus does not operate

Intrapartum workload:
1:1 midwifery care in labour and birth.

1:1 ratio is a minimum and would increase in need to reflect the additional needs of higher risk categories of women.

Antenatal Care:
1.5 hours per booking-in visit.

Antenatal Care – Inpatients:
Minimum of 3 hours per case – need to assess the workload including non-admitted Occasions of Service. The hours would increase as risk factors increase.

Postnatal Care – Inpatients:
A **minimum** of 6 hours per case. This would increase to reflect the additional needs of higher risk categories of women.

Travel Allowance – Community Midwifery:
A travel allowance (time factor) of 17.5% is added to the time allocated for each woman. This will be increased to 20% in some facilities to reflect local distances travelled.

Leave Relief, Mandatory and Essential Education for Midwives:
Leave relief of additional 18.7% FTE is factored in when determining appropriate staffing.

Unplanned Antenatal workload in Intrapartum Services:
The Birthrate Plus score sheet is used to attach hours to the additional work.

Additional workload within Intrapartum services:
Additional hours are allocated to women with a 16 to 20 week gestation pregnancy loss and also for women with a pregnancy loss less than 15 weeks where cared for in the Birthing or antenatal/maternity unit.

Allocated midwife hours – elective caesarean section:
A minimum 4 hours per elective caesarean section.

Antenatal Care – Outpatients clinics:
Hours are determined by the type of treatment required.

Parental Education:
The Birthrate Plus score sheet is used to attach hours to the additional work.

Unplanned Antenatal workload in Intrapartum Services:
The Birthrate Plus score sheet is used to attach hours to the additional work.

Midwifery Models of Care:
Hours are allocated for **Total continuity of care** i.e. all antenatal, intrapartum and postnatal care provided in the woman's home, community facility or hospital. Hours are inclusive of the new born assessment for normal risk cases.

Normal risk = 41 hours per case.

NB: No high risk births in the total continuity of care model. This is because women who have or develop risk will not be cared for within this type of model.

This is due to the need for obstetric and/ or medical and inpatient care.

Midwifery Models of Care:
Hours allocated for **Partial continuity of care** i.e. all antenatal, intrapartum care with only postnatal care home. Care may occur in woman's home, community facility or hospital. Hours are inclusive of the new born assessment for normal risk cases.

Hospital postnatal care can be provided by hospital midwives (see above for hours).

Normal risk = 36 hours per case.

High risk = 40 hours per case.

Postnatal care in the Home:
A **minimum** of 3 hours per case and would increase to reflect the additional needs of higher risk categories of women.

In addition, a travel allowance appropriate to the maternity service (see above) is added to the mean hours.

Claims in detail (continued)

More CN/MEs needed

275 more CNEs and CMEs – working across seven days and all shifts – need to be employed.

As the new graduates recruited since 2011 to implement the ratios system consolidate their practice, we are seeing an improvement in the overall RN skill mix.

But achieving a better skill mix will take more support than is currently promised to genuinely take some pressure off our most experienced RN/RMs.

The Government can and must do more to help by funding more CN/MEs, and not just on day shift.

This is the practical way to thoroughly and safely assist new practitioners to consolidate their practice.

Protecting skill mix

The skill mix of the nursing workforce must be protected.

Short-sighted attempts to cut budgets by employing lesser skilled staff mean higher rates of hospital-acquired infections, adverse events and failure to rescue. Evidence-based academic research is proving this time and time again.

NSWNMA members consistently raise concerns about the inadequate support provided for beginning practitioners and the risks to patients caused when RN and RM absences are not replaced "like for like".

Unless the Transitional Registered Nurses being employed now get proper support to stay in the system, the gradual improvements in skill mix that you have won with the new ratios system will be eroded.

NSWNMA is focusing on the claim to increase CNEs and CMEs. In the medium term this will assist retention of experienced nurses and midwives in the public system.

Our claim also calls for AINs to be introduced only in accordance with the 2010 Health Service Implementation Package for AINs in Acute Care. If this plan is followed correctly then appropriate engagement of AINs will occur.

Patient 'specials' need extra staff

Patients clinically assessed as requiring specialling shall have that specialling care provided in addition to the minimum mandated nursing hours for the ward/unit that that patient would ordinarily receive.

Specialling within rostered nursing hours takes time away from other patients. Patient safety must not be compromised by taking care hours away from other patients in a ward where specialling is required.

Replace midnight census

The mechanism for determining average patient numbers needs revision as it is evident to all nursing practioners that 'the midnight census' does not reflect the needs of patients.

Fair pay rise

The NSWNMA will seek a 2.5% pay increase to be paid in July 2015.

Members continue to say that a 2.5% pay increase without any 'trade offs' would be acceptable if it is accompanied by a legally enforceable Award containing the necessary extensions and improvements in ratios.

Hold your branch meeting from 14 April

All public health system facilities (not including affiliated health organisations) should hold a meeting to discuss the proposed claim using the information in this kit. All Branches should vote on the following resolution:

> *'The ________ NSWNMA Branch* endorses the 2015 draft pay and conditions claim for our Award, which includes improving and extending the ratios system for safer patient care and a strong future for nursing and midwifery in NSW.'*

*Or 'meeting of NSWNMA members' if you have no Branch at your facility.

Before your meeting

All public health system facilities and services should hold meetings between Tuesday 14 and Thursday 30 April. While only the votes of NSWNMA Branches will determine whether the draft claim is endorsed, other workplaces without an NSWNMA Branch are still encouraged to send in their feedback.

Think about the best time, date and place for your meeting so that the maximum number of nurses and midwives can participate. Note that the week beginning 13 April is the second week of schools holidays. Take a copy of the meeting notice in this kit to each ward/unit and encourage members to come to the meeting and vote.

Send a reminder on the day. Spread the word: "It's really important that we all be there". The face-to-face approach gets the best results.

Invite nurses and midwives to join the Association. New members can vote as long as they have sent in or given you their signed form. Distribute copies of this information pack in advance if you wish.

The Branch executive should decide whether to vote by secret ballot or show of hands. Your result is a simple majority of the members who vote. Need more information? Phone 8595 1234 to speak to your Organiser.

At the meeting

Discuss the draft claims and then take a vote. You are voting to either approve or reject the proposed claim in its entirety – not to amend.

At the meeting ask for volunteers to help with campaigning this year – even for small jobs like distributing information and getting an accurate list of members in each unit. Aim for at least one person on each unit who will take an active role in the campaign by joining a campaign committee.

Ask members at the meeting to identify colleagues on their unit who haven't joined the Association yet – and distribute new member forms inviting them to join.

After the meeting

Send an SMS to the number below by 3pm, Thursday 30 April with the following:

- Your Branch's name;
- Your name and member no.; and
- Either "Yes" or "No"

0416 905 552

Only **one** Branch Official should send in the result.

Ratios put patient safety *first*

NSW NURSES & MIDWIVES' ASSOCIATION

Meeting of nurses and midwives

To vote on proposed claims for our Award.

DATE: ______________________________

TIME: ______________________________

WHERE: ______________________________

FOR MORE INFO CONTACT:

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All nurses and midwives are invited.

New members can join the Association at the door.

www.backyournurses.org

Authorised by B. Holmes, General Secretary, NSWNMA GSC 42/2015

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