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Healthscope nurses and midwives **2024 Ratios Claims**

WITHOUT PREJUDICE – ENDORSED

NSW Nurses and Midwives' Association | ANMF NSW Branch

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May 2024 • Authorised by S.Candish, General Secretary, NSWNMA and Branch Secretary, ANMF NSW Branch

Nurses and midwives call on Healthscope to put patient safety first by agreeing to include legally enforceable staff to patient ratios within all Healthscope Hospitals in NSW.

The Safe Staffing Claims below indicate the proposed minimum staffing ratios required for safe patient care for different ward/unit types in Healthscope hospitals and facilities.

These claims have been developed with Healthscope nurses and midwives with significant expertise in their specialty.

Claims by specialty

1. Perioperative Services and Recovery/PACU
2. General Adult Inpatient Medical and Surgical Wards
3. Short Stay Wards
4. Maternity Services
5. Mental Health
6. Rehabilitation
7. End of life/Palliative Care
8. Critical Care (Adult and Paediatric)
9. Emergency Department
10. Paediatrics
11. Outpatient Clinics
12. NUMs and MUMs

1. Perioperative Services

Hospitals will comply with the Australian College of Perioperative Nurses (ACORN) Standards (as varied from time to time) to establish minimum ratios and skill mix. This includes:

THEATRES

The minimum number of nursing staff per session/procedure should be 3.5 nurses who collectively meet the skills and qualifications needed to fulfil the following roles:

- **Anaesthetic nurse** – an appropriately authorised, educated and skilled anaesthetic nurse, who may be a registered nurse or an enrolled nurse under the supervision of an experienced anaesthetic registered nurse
- **Instrument nurse** – a registered nurse or an enrolled nurse performing within the limits of their competence and under the direct or indirect supervision of a registered nurse
- **Circulating nurse** – another registered nurse or an enrolled nurse
- A 0.5 registered nurse to provide adequate assistance, support, and relief, including meal breaks, to all nursing staff

RECOVERY/POST-ANAESTHESIA CARE UNITS (PACUS)

At all times, a minimum of 2 nurses to be available in PACU area, one of whom must be a competent post-anaesthesia care RN.

2:1 + RN supernumerary for initial reception phase (e.g., when patient requires airway support, assisted ventilation or is critically ill, unstable or complicated)

1:1 + RN supernumerary for uncomplicated, unconscious patients

1:2 + RN supernumerary in PACU stabilisation phase if both patients are conscious and stable

2. General Adult Inpatient Medical and Surgical Wards

This minimum staffing claim applies to all medical, surgical and combined medical/surgical wards.

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

3. Short Stay Wards

Short Stay Wards cover a variety of specialties including but not limited to:

- Orthopaedics
- Cardiac
- Gynaecology
- Urology
- General Surgery
- ENT
- Infusions for specific oncology /MS/ Iron deficiency
- Radiology intervention

	STAFFING RATIO	PAEDIATRIC STAFFING RATIO
Morning Shift	1:4 + RN in charge	1:3 + RN in charge
Afternoon Shift	1:4 + RN in charge	1:3 + RN in charge
Night Shift	1:7 + RN in charge	1:3 + RN in charge

Further additional nursing hours must be provided for patients requiring longer stays in the unit such as Tonsillectomies 4-6 hours, Extensive ear surgery 4-6 hours, Gynaecology and ACL. Whilst these patients previously stayed for 1-hour post-operative, they now routinely stay 4-6 hours.

4. Maternity Services

BIRTHING UNIT/DELIVERY SUITE

2 midwives: 3 mothers in delivery suites + RN/M in charge

1 midwife: 1 mother in active labour + RN/M in charge

ANTENATAL AND POSTNATAL WARDS

1 midwife: 3 mothers + RN/M in charge

SPECIAL CARE NURSERIES

1:3 + RN/M in charge

Skill Mix

- A ratio of 1 midwife to 3 mothers and their babies will recognise the workload created by newborns
- Additional midwives will be provided for peak times involving admissions and discharges
- In Charge of shift will not be allocated a patient load
- On call midwives to be rostered for birthing suite

5. Mental Health

The following claim applies to Inpatient Mental Health wards/units including Mood Disorder Units, Drug and Alcohol, and Eating Disorders.

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

Additional nurses will be rostered for seclusions, level 1 or 2 observations, diversional therapy, EXT, group therapy, escort nurses, response team nurses.

Skill Mix

- Due to the nature of the service, Assistants in Nursing should not be used as part of the profile or as agency or casual use.
- All specializing in inpatient mental health units shall be undertaken by suitably qualified RNs or ENs and the staffing for specialised patients shall be in addition to the ratio above
- Nursing/Midwifery Unit Managers, Clinical Nurse/Midwife Educators, Clinical Nurse/Midwife Consultants and Nurse/Midwife Practitioners do not carry a direct clinical load and are not included in the ratio above
- ACORN Standards will apply for ECT procedures

6. Rehabilitation

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

Skill Mix

- There will be at least two (headcount) Registered Nurses on every shift;
- Access to casual or agency nurses where permanent nurses are not available;
- 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.

7. End of Life/Palliative Care

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

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

Skill Mix

- Assistants in Nursing will not have a patient load and will only be used for care that is appropriate to their training and as directed by an RN.
- 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.

8. Critical Care (adult and paediatric)

Hospitals will comply with professional standards established by expert nursing bodies including but not limited to the Australian College of Critical Care Nursing Ltd (ACCCN) 'Staffing Position Statement' to establish minimum ratios and skill mix.

Critical care units, and beds occupied by clinically-determined intensive care, high dependency and coronary care patients shall be staffed as follows:

	ICU STAFFING RATIO	HDU STAFFING RATIO	CCU STAFFING RATIO
Morning Shift	1:1 + RN in charge	1:2 + RN in charge	1:2 + RN in charge
Afternoon Shift	1:1 + RN in charge	1:2 + RN in charge	1:2 + RN in charge
Night Shift	1:1 + RN in charge	1:2 + RN in charge	1:2 + RN in charge

Notes:

The Australian College of Critical Care Nurses (ACCCN) guidelines require a minimum of 1:1 for ventilated and other critically ill patients, and 1:2 nursing staff for lower acuity patients (clinically determined).

The ACCCN guidelines additionally require ACCESS (Assistance, Coordination, Contingency, Education, Supervision, and Support) nurses to be rostered to provide 'on-the-floor' support to nurses working in ICUs.

Greater ratios may be required for patients requiring complex management. There should be a supernumerary team leader/in charge of each pod per shift who is a designated senior nurse with a post-registration qualification in intensive care.

9. Emergency Department (adult and paediatric)

	RESUSCITATION BEDS	EMERGENCY DEPARTMENTS
Morning Shift	1:1 + RN in charge	1:3 + RN in charge
Afternoon Shift	1:1 + RN in charge	1:3 + RN in charge
Night Shift	1:1 + RN in charge	1:3 + RN in charge

This minimum staffing claim applies to: beds, treatment spaces, rooms and any chairs where these spaces are regularly used to deliver care.

Additional nursing hours must also be provided for both in charge of shift and triage nurses across all shifts.

10. Paediatrics

This minimum staffing claim applies to all paediatric general inpatient wards including medical, surgical, and combined medical surgical wards and units.

Further additional nursing hours must be provided for nurse escorts/ambulatory care.

	STAFFING RATIO
Morning Shift	1:3 + RN in charge
Afternoon Shift	1:3 + RN in charge
Night Shift	1:3 + RN in charge

11. Outpatient Clinics

ALL NEW REFERRALS

Initial assessments 90 minutes or 1.5 nursing hours per patient.

FOLLOW UP CLINICS

15 minutes: 4 patients per hour or 0.25 nursing hours per patient.

Medium consultation clinics

30 minutes: 2 patients per hour or 0.5 nursing hours per patient.

Complex treatment clinics within a multidisciplinary team

60 minutes: 1 patient per hour or 1 nursing hour per patient. Certain clinics may require 2 nurses for procedures (e.g., VAC dressings).

Oncology and Dialysis:

1:1 plus in charge for complex patients.

1:3 plus in charge for non-complex patients.

Infusion/Treatment Centres:

1:1 plus in charge for complex patients.

1:3 plus in charge for non-complex patients.

12. Nursing Unit Managers/Midwifery Unit Managers

- NUMs/MUMs to not be allocated a patient load
- Fair KPIs to ensure the delivery of quality care in ward, unit or theatre
- Training and education for new NUMS/MUMs on MyTime and other administrative systems
- Authority to replace leave absences, approve overtime and other entitlements
- Paid overtime for NUMs/MUMs