Nurse/Midwife to Patient Ratio Improvements Taskforce

16 February 2017

Introduction

The Victorian Healthcare Association (VHA) acknowledges the Andrews’ Government’s pre-election commitments to legislate nurse to patient ratios (as they existed at the time in the 2012-2016 Nurses and Midwives Enterprise Agreement) and to consult with the Australian Nursing and Midwifery Federation about improving ratios over time.¹

In making this submission, the VHA recognises that our members are represented in EBA negotiations by the Victorian Hospitals’ Industrial Association as the relevant employer association.

We have three key areas of interest relevant to this consultation:

- Delivering consumer-centred, safe and quality care to Victorians
- Ensuring that ratios and any changes to them do not impose any unfunded costs on the sector or result in service reductions
- Ensuring that an appropriately qualified skilled workforce is available to support ratio requirements, particularly in rural and regional areas

1. Delivering consumer-centred, safe and quality care

While we recognise the Government’s stated intent of ratios to assist in ‘maintaining the safety of patients,’² the challenge with ratios is they do not afford health services the flexibility to adjust their workforce to optimise care according to ever fluctuating factors. These might include, for example:

- Different patient needs based on acuity, age, mobility and functionality
- Fluctuations and variations in patient care needs by shift and day
- Diverse skill mixes, education and experience levels of available/rostered nurses and midwives
- Variable physical layouts of wards and hospital departments
- Shifting occupancies and patient turnover

It is important to note that nurse/midwife to patient ratios fail to recognise or account for the vital skills of and contributions from other care staff, such as allied health

professionals for example, and cannot be utilised to guide interdisciplinary care within shifts. Further, with the evolution of consumer directed care in the aged and disability sectors, the services that make up a consumer’s overall package of care will be increasingly designed and determined by the consumer, requiring flexibility of staff mix and numbers.

Accordingly, the VHA believes that meeting the needs of patients, consumers or - in the case of aged care- residents, requires a holistic approach that draws on a range of staff with different skills to meet diverse needs and improve patient outcomes.

A one size fits all staffing ratio based largely on patient numbers is a blunt instrument for delivering care and cannot be relied on as a vehicle through which to drive quality in an increasingly consumer driven, market oriented health and aged care environment.

The VHA is concerned to ensure that ratios do not become more rigid or impede the development of new staffing models that respond to contemporary contexts such as staffing principles, expanding skill sets and consumer/patient/resident needs and expectations. Staffing models should optimise resources and maximise quality outcomes, as well as job satisfaction for staff.

2. Funding issues

Our health workforce is our greatest asset, accounting for approximately two thirds of Victoria’s public health and hospital service expenditure. Nurses and midwives comprise almost 45 per cent of Victoria’s entire workforce (43 per cent of the registered health workforce) in our public health services and hospitals.

Any change to ratios will have financial impacts for the state. It is critical that these impacts are accurately quantified and fully funded by government. If they are not funded, health services and hospitals will be forced to cut costs elsewhere – for example by reducing allied health staff - with the ultimate effect being reduced service provision and poorer outcomes for consumers.

Public health services and hospitals already face a series of funding challenges, particularly in relation to the delivery of residential aged care services. Indeed, in 2016 the Aged Care Financing Authority attributed the continuing financial losses in public sector residential aged care facilities to the ‘significant short fall’ of state government subsidies designed to offset the labour costs associated with the application of nurse to patient ratios, which, do not apply in privately operated residential aged care. The funding shortage has meant our public hospitals have had to cross subsidise from their acute services to ensure rural communities and/or vulnerable people whose care needs cannot be supported by the private sector, can continue to access residential care in their communities and near their families.

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3 Based on analysis of 2016 operating revenue and expenditure of Victoria’s public health services and hospitals, available from their annual reports.

3. Workforce availability

A significant issue faced by health services, especially but not solely in rural and regional areas, is the availability of a skilled workforce, particularly in relation to nursing roles (Registered and Enrolled Nurses). In the aged care sector, the nursing workforce is ageing itself, with our members reporting lower numbers of new recruits and a diminishing enrolled nurse workforce.5

Rural hospitals already face difficulties recruiting and retaining nursing staff. To overcome this, they have commonly relied on part-time staff to work extra shifts, reallocated specialist responsibilities (such as wound management) or utilised personal care assistants to cover unplanned roster shortages.6

Current legislated ratio thresholds have been difficult to meet consistently in rural and regional Victoria - mainly due to workforce shortages – which are outside of our members’ control.

It is crucial that the Victorian Government invests in measures that attract, retain and upskill the nursing workforce, particularly in rural and regional areas.

4. Further information

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5 Productivity Commission, 2011, Caring for Older Australians.