

Nursing Workload Management

Human Resources Policy

Effective Date: April 2008

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ATTACHMENT ONE: Nursing Workloads Grievance Procedures

1 PURPOSE

Queensland Health nursing workload management is intended to achieve a balance between service demand and the supply of nurses.

Schedule 4 (*Nurses (Queensland Health) Section 170MX Award 2003*) of the *Nurses (Queensland Health) Certified Agreement (EB6) 2006* specifies that:

- Workload management will be undertaken in accordance with the Business Planning Framework: Nursing Resources.
- Nursing workload committees are established at a Health Service District level.
- A specific grievance procedure will address nursing workload grievances and disputes.

2 APPLICATION

This policy applies to all nursing positions in Queensland Health.

3 GUIDELINES

Guidelines may be developed to facilitate implementation of this policy. The guidelines must be consistent with this policy.

4 DELEGATION

The “delegate” is as listed in the Queensland Health Human Resource Delegations Manual as amended from time to time.

5 REFERENCES

- *Health Services Act 1991*
- Schedule 4 (*Nurses (Queensland Health) Section 170MX Award 2003*) of the *Nurses (Queensland Health) Certified Agreement (EB6) 2006*

6 SUPERSEDES

- IRM 2.5-31 Nursing Workload Management
- ER Circular 70/05
- ER Circular 34/06

7 POLICY

7.1 Business Planning Framework: Nursing Resources

A Queensland Health Ministerial Taskforce on Nursing Recruitment and Retention, completed in 1999, highlighted increasing workloads as an issue affecting the recruitment and retention of nurses in Queensland. The report recommended that a business planning model for nurses be developed as a priority.

The Business Planning Framework: Nursing Resources (BPF) provides nurses with a business planning process for determining appropriate nursing staff levels to meet service requirements. The BPF documentation should be read and applied in

conjunction with the provisions of Schedule 4 (Nurses (Queensland Health) Section 170MX Award 2003) of the Nurses (Queensland Health) Certified Agreement (EB6) 2006.

The purpose of the BPF is to provide nurses with the knowledge and skills to develop a relevant service business/operational plan. This approach focuses on achieving a balance between service demand and the supply of nursing resources necessary to meet the identified demand¹.

In accordance with Schedule 4 (Nurses (Queensland Health) Section 170MX Award 2003) of the Nurses (Queensland Health) Certified Agreement (EB6) 2006 implementation of the BPF has occurred in 21 facilities and these facilities are referred to as the 'Advanced Implementation Group'.

The use of the BPF is a requirement and is *not* discretionary.

8 APPLYING THE POLICY

Queensland Health supports a transparent application of the BPF supported by ongoing training and development of nurses in its application.

The first step in applying the BPF is the development of a Service Profile for each Cost Centre (ward/unit). The Service Profile is to be developed in accordance with the BPF manual and should be done in consultation with the staff of the Service (ward/unit/department).

Queensland Health supports Agreed Service Profiles² being made available to the clinical unit and relevant union representatives and, as a minimum; they should include the following information:

- Funded activity (eg occupied bed days, occasions of service).
- Funded nurse to patient hours (eg hours per patient day, hours per occasion of service).
- Funded nursing Full Time Equivalents (FTE).

The provision of any other relevant documentation containing data used to create the above figures is to be negotiated at a local level with the Nursing Executive or equivalent. Queensland Health encourages reasonable access to relevant supporting information.

8.1 Minimum Nursing Hours per Patient Day (NHPPD)

In addition to the obligation to apply the Business Planning Framework: Nursing Resources, clause 17 Workload Management of Schedule 4 (Nurses (Queensland Health) Section 170MX Award 2003) of the Nurses (Queensland Health) Certified Agreement (EB6) 2006 specifically requires Health Service Districts to address nursing hours per patient day (NHPPD). The BPF notes that some nursing services may require a minimum number of nursing hours based on factors other than NHPPD³.

¹ Queensland Health 2005, *Business Planning Framework: Nursing Resources, Introduction*

² Queensland Health 2005, *Business Planning Framework: Nursing Resources; Module 2*

³ Queensland Health 2002, *Business Planning Framework: Nursing Resources; page 58*

Subclause 17.1.3 of Schedule 4 (Nurses (Queensland Health) Section 170MX Award 2003) of the Nurses (Queensland Health) Certified Agreement (EB6) 2006 states that the BPF “will be utilised to identify minimum, consistent and enforceable nursing hours per patient day for clinical units”.

In determining the nursing hours required, clinical units must take into account the minimum safe staffing hours required for that particular clinical unit over the number of nursing hours provided in a 24 hour period.

8.2 Notional Nurse: Patient Ratios

Subclause 17.1.4 of Schedule 4 (Nurses (Queensland Health) Section 170MX Award 2003) of the Nurses (Queensland Health) Certified Agreement (EB6) 2006 states that “notional, ward/unit based nurse: patient ratios will be defined”.

This is an Award requirement and the following table has been developed as a guide to give effect to this provision.

Each clinical unit/ward must identify the maximum number of available beds that can be utilised based on the available rostered productive hours in line with the required NHPPD.

Ward G – An example of a notional nurse:patient ratio

The negotiated average annual productive NHPPD for Ward G are five. This means, on average, supply is for five nursing hours per patient per 24 hour period. Negotiated nursing FTE for Ward G are based on average patient capacity of 25 occupied beds per day.

Based on these averages the following example is a suggested rostering approach to meet patient demand.

Shift Times - Range of Hours	Patient Numbers / occupied beds	Nursing Hours required per 24 hour period	Various Options for Shift Hours	Nominal Ratio
AM 0600 - 1500	25	56 Direct	e.g. 8 hours	1:3.5 to 1:4 or 7 staff + NUM* (M-F) 7 staff (S & S)
PM 1230 - 2300	25	45 Direct	e.g. 8 hours	1:4.5 to 1:5 or 5.6 staff
ND 2130 - 0730	25	24 Direct	e.g. 8 hours	1:8:3 to 1:9 3 staff
24 hours	25 patients	125 Hours	e.g. 8 hour shifts	Variable per shift

*NUM: Nurse Unit Manager

In this example, shift start and finish times have been staffed to meet daily peaks and troughs. **It is important to note that this is an example only.**

If occupancy and/or acuteness changes, then the NHPPD will change. A change in the NHPPD as calculated by applying the principles of the BPF means there could be a change in the nominal nurse:patient ratio. If this does occur, the application of the facility's integrated bed management arrangements will apply.

The NHPPD per 24 hours for each clinical unit is to be utilised to define notional nurse:patient ratios. The required nurse:patient ratio in some services (units/wards/departments) may vary on an hour by hour basis and requires consideration of patient acuteness and staff skill mix. Achieving a balance of supply of nursing hours to service demand will require a range of strategies that may include deployment (when supply is greater than demand), limiting admissions when discharges occur and prioritisation of nursing activities (when demand is greater than supply).

A table similar to that set out on page four with the commentary should be displayed in each clinical unit.

However, by agreement with the local Queensland Nurses' Union (QNU) Branch, nursing hours required versus supplied on any shift may be identified by an agreed Patient Dependency System and Staffing Methodology Policy providing that the information is available to nurses within the unit concerned.

8.3 Staffing Levels and Integrated Bed Management Arrangements

Staffing will be based on established NHPPD in each unit and will vary in accordance with changing acuteness and activity. Patient safety and sustainable workloads will be the guiding principles in defining the nursing hours required.

Daily staffing and bed availability is to be determined for each clinical unit on a situational basis.

Any bed closure or reduction in nursing hours is to occur within the context of the integrated bed management arrangements of each particular facility.

In the first instance any concerns regarding the application of the integrated bed management arrangement is to be resolved through the workload management processes of their ward/unit. The Nursing Workloads Grievance Procedure can then be utilised if concerns are not resolved.

Integrated bed management arrangements should include a senior member of the nursing staff. It is the responsibility of this nurse manager/nursing director to identify the most appropriate care area for a patient. This decision needs to be determined after giving consideration to the clinical status of the patient. The nursing director/nurse manager will then nominate the area/ward within the hospital that is appropriately resourced with nursing staff to manage this patient.

The nurse responsible for patient care within the ward/unit area who has any concerns related to workloads and /or skill mix needs to contact his/her line manager to seek support for further staff or staff with a different skill level.

All workload concerns will be managed by the nursing director/nurse manager responsible for bed management/patient flows. However, if the issue cannot be resolved at that time, a nursing workloads grievance can be activated in accordance with the Nursing Workloads Grievance Procedure (see Attachment One).

8.4 Minimum Safe Staffing

In facilities such as rural hospitals, the BPF may not be applicable as minimum safe staffing levels would always prevail when determining nursing hours. However, the principles contained within the BPF and the specific requirements of Schedule 4 (Nurses (Queensland Health) Section 170MX Award 2003) of the Nurses (Queensland Health) Certified Agreement (EB6) 2006 regarding workload management, including the related grievance procedure must be adhered to.

8.5 Nursing Workload Committees

Clause 17.1.9 of Schedule 4 (Nurses (Queensland Health) Section 170MX Award 2003) of the Nurses (Queensland Health) Certified Agreement (EB6) 2006 states that:

“Each District will establish a joint Employer/Union Workloads Committee. This Committee will deal with issues of nursing workload management, including the provision of specialist advice, training and workload management review, in relation to the local application of the tool and with grievances or disputes relating to its application.”

Nothing in this section is to limit local agreed arrangements between a Health Service District and the QNU; however, nursing workload committee meetings may be scheduled separate to or as part of the regularly scheduled workload management committees of the District Consultative Forum (DCF). If the nursing workload committee matters are included as part of this broader workload management committee, the nursing section will occur last, allowing time and attendance to be nursing specific. Each Health Service District should determine their specific arrangements through agreement with the QNU having regard to the requirements of Schedule 4 (Nurses (Queensland Health) Section 170MX Award 2003) of the Nurses (Queensland Health) Certified Agreement (EB6) 2006.

There will be regular, monthly meetings of the nursing workload committee scheduled by each Health Service District. Only where no agenda items have been received seven days prior to the scheduled meeting of the nursing workload committee can the meeting be cancelled by either party.

8.6 Nursing Workload Grievance Procedure

Should a nurse/s or representative of the QNU or Queensland Health have a grievance or dispute relating to nursing workload Schedule 4 (Nurses (Queensland Health) Section 170MX Award 2003) of the Nurses (Queensland Health) Certified Agreement (EB6) 2006, the four step grievance procedure outlined in clause 17.2 of the above award will be followed, as outlined in attachment one.

A workload grievance form for initiating any nursing workload grievance should be developed and agreed by the local nursing workload committee. If no form is available, a grievance can be notified in any written manner.

8.7 Specialist Panel Nursing Workload Committee

Step 3 of the Nursing Workload Grievance Procedure requires the formation of a specialist panel to determine an outcome of matters referred from the district Nursing Workload Committee. Referrals to the specialist panel will be through the BPF form which can be located under HR Forms on the Queensland Health Electronic Publishing Service (QHEPS).

The committee includes representatives from Queensland Health and the QNU who are nurses trained in the application of the BPF.

9 HISTORY

This updated policy has been developed to incorporate the integration of the *Nurses (Queensland Health) Section 170MX Award 2003* into the *Nurses (Queensland Health) Certified Agreement (EB6) 2006* and as a result of the HR Policy Framework Consolidation.

NURSING WORKLOADS GRIEVANCE PROCEDURE

Clause 17.2 – Nursing Workloads Grievance Procedure in Schedule 4 (*Nurses (Queensland Health) Section 170MX Award 2003*) of the *Nurses (Queensland Health) Certified Agreement (EB6) 2006* allows any nurse/s, QNU or **Queensland Health** representative to raise a grievance or dispute using this procedure:

<p>STEP 1 Clinical Unit / Ward</p>	<p>A grievance regarding a staffing issue is raised with the Clinical Unit/Ward NO3 or NO4 responsible to ensure the <i>Business Planning Framework: Nursing Resources</i> has been correctly applied.</p>
<p>STEP 2 Nurse Executive Nursing Workload Committee</p>	<p>If the NO3 or NO4 responsible cannot resolve the grievance, the grievance is taken to the Nurse Executive or equivalent. <i>Complete any applicable Workloads Concern Form.</i> If the Nurse Executive or equivalent is unable to resolve the grievance, the grievance is taken to the District nursing workload management committee for advice and recommendation. It is expected that the Nurse Executive and relevant union official would confer on the recommendation and that suitable action would be taken to resolve the grievance.</p>
<p>STEP 3 Specialist Panel</p>	<p>If the Nurse Executive or Nursing Workload Committee cannot resolve the grievance, the grievance is taken to the specialist panel for the determination of an outcome. <i>Complete the attached Specialist Panel Referral Form.</i></p>
<p>STEP 4 Australian Industrial Relations Commission</p>	<p>If the Specialist Panel cannot resolve the grievance, either party may refer the matter to the Australian Industrial Relations Commission for its assistance, including conciliation and, if necessary, arbitration.</p>