What is a nurse-to-patient ratio?

A nurse-to-patient ratio is the minimum number of nurses or midwives working on a particular ward, unit or department, in relation to the number of patients on the ward. The ratio is calculated on the basis of patient acuity: the greater the level of acuity, the higher the number of nurses required to provide safe care.

For the purposes of ratios, a nurse or midwife who is counted as part of this ratio will be a registered or an enrolled nurse, or a registered midwife.

Why has Queensland legislated minimum nurse-to-patient ratios?

International evidence has repeatedly demonstrated that there are benefits to patients, nursing staff and the health system as a whole when there are more nurses available to care for patients.

Research has shown that a higher number of registered nurses relative to the number of patients has a positive impact on patient outcomes, including decreased lengths of stay in hospital and reduced inpatient mortality. Evidence also indicates that appropriate staffing numbers benefits the nursing workforce by reducing work-related injuries, absenteeism and turnover, and by increasing job satisfaction.

Under the Nursing Guarantee policy, the Queensland Government committed to legislate for mandated ratios and workload provisions in Queensland’s public sector health facilities to ensure patient safety and quality care.

This commitment recognises the important role that nurse-to-patient ratios and an appropriate mix of nursing skills for different wards and services play in supporting patient safety and quality patient care.

What are the endorsed minimum nurse-to-patient ratios?

The Queensland Government has endorsed minimum nurse-to-patient ratios of one nurse to every four patients for a morning and afternoon shift (1:4) and one nurse for every seven patients for a night shift (1:7) in acute medical and surgical wards in prescribed wards and facilities in the State’s public health services.

What is the Business Planning Framework (BPF)?

The Business Planning Framework is a tool currently used by Queensland Health to determine the nursing and midwifery staffing levels that are needed to provide appropriate and safe care in different types of clinical settings. The BPF is underpinned by consistent adherence to professional standards and expert clinical judgement regarding appropriate staffing levels.

The BPF will continue to be the primary mechanism through which the required skills mix will be determined on all wards in Queensland public hospitals.

The BPF methodology will be incorporated into a Standard that will apply to facilities prescribed under the legislation. Prescribed facilities will therefore be required to comply with the Standard and with the minimum nurse-to-patient ratios.
Who will the legislated nurse-to-patient ratios apply to and when will they come into effect?

The legislated ratios apply only to Queensland public sector health service facilities and will be implemented in a phased manner from 1 July 2016.

The hospitals and wards to which minimum ratios will apply will be prescribed in the Hospital and Health Boards Regulation 2012.

From 1 July 2016, it is proposed that the ratios will initially apply to acute medical wards in 28 hospitals and acute surgical wards in 24 hospitals. This will cover approximately 80 per cent of the acute medical and surgical wards in Queensland public hospitals. It is proposed that ratios will also apply to acute mental health wards in 2 hospitals.

To ensure patient safety and safe workplaces for frontline staff, non-prescribed facilities will continue to be expected to implement appropriate and safe standards and processes through the application of the BPF.

Providing safe, high quality health services is an expectation for all service providers across Queensland irrespective of whether they operate within a prescribed facility.

What are the benefits legislated nurse-to-patient ratios?

Mandating ratios in legislation will benefit patients, nurses and Hospital and Health Services. The key benefits of legislating for safe ratios are:

- Improved patient safety and quality of care, which will provide greater patient satisfaction and improved patient outcomes.
- Assurance to patients of a reliable and consistent level of care.
- Improved recruitment, retention and satisfaction of nurses and greater workforce sustainability.
- Safer nursing workloads and transparency of nursing staff levels.

Facilities that have a higher proportion of nurses to patients have been shown to have lower patient mortality, reduced length of stay, improved quality of life and fewer adverse events. Ratios will assist with providing patients with better health outcomes.

Ratios will also positively impact on the wellbeing of nurses and midwives, by giving them the ability to deliver expert professional service in well-managed environments where the workload is safe.

How will the effectiveness of legislated nurse-to-patient ratios in Queensland be measured?

The legislation will be subject to a comprehensive and independent evaluation process over the next 18 months.

The evaluation will be conducted by the world leader in research on nurse to patient ratios, the University of Pennsylvania, which has carried out similar studies in more than 30 countries.

The research team, led by Professor Linda Aiken and Associate Professor Matthew McHugh, will work in collaboration with the Queensland University of Technology to assess the impacts of the legislation in terms of outcomes for nurses, patients and the Queensland public health system.

More information

For more information please visit http://www.health.qld.gov.au