Safe Staffing Levels – Public Sector Bargaining: Wards/Units/Areas

The ANMF (SA Branch) wants to ensure that members are protected at work and have safe staffing levels at all times. This requires the introduction and use of models of staffing that are easily understood and applied appropriately by everyone.

What is the current Safe Staffing Model for the South Australian Public Sector?

The South Australian Safe Staffing Model is based on significant evidence to support the allocation of minimum Nursing/Midwifery Hours Per Patient Day (N/MHPPD). This is the common method for calculating the number of nurses and/or midwives required to provide safe patient care over a 24 hour period based on average occupancy.

Under the current Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013 (NMEA 2013), each of the 224 patient care areas has an N/MHPPD allocation agreed between SA Health, individual Local Health Networks and the ANMF (SA Branch). The agreed N/MHPPD is reviewed only when it has been triggered by a change to the model of care, patient cohort or type, ward environment or clinical support model.

Why do we want to refine the current N/MHPPD staffing model?

Refinement of South Australian Safe Staffing Model will ensure visibility, transparency and accountability. The refined model will empower nurses and midwives so that they can raise workload issues that result from changes in patient acuity/demand or changes to the model of care that impact on safe staffing levels.

Since the NMEA 2013 came into effect, there have been over 200 joint reviews of different inpatient areas listed in Appendix 2 of the NMEA 2013. The feedback from members and the view of ANMF (SA Branch) is that the current N/MHPPD model in its current format is labour intensive and does not provide a clear understanding of the daily staffing levels required in specific ward/units/areas.

Given the feedback provided by members, ANMF (SA Branch) propose to simplify the South Australian Safe Staffing Model by grouping wards/units/areas with similar N/MHPPD into a series of levels. This allows for the development of a transparent way of showing the shift by shift configurations that identify the number of nurses/midwives by each shift and time of day.

How can the current Safe Staffing Model be improved?

ANMF (SA Branch) propose that the first step is to round the agreed N/MHPPD to the nearest 0.25 increment of an hour (representing 15 minutes) which will reduce the current 224 individual N/MHPPD areas into approximately 20 levels which will simplify the model, making it logical and easier to apply.

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In order to demonstrate the approach, the following table provides an example only of six different wards with similar N/MHPPD with the rounding to the nearest 0.25 increment of an hour (representing 15 minutes) applied.

The table then provides an example only of the application of the total N/MHPPD based on the average occupancy and / or the number of beds. The total hours can then be configured by the Clinical Service Coordinators to determine the minimum daily staffing shifts based on clinical judgement to ensure safe patient care.

<table>
<thead>
<tr>
<th>Ward/unit/area type</th>
<th>Current Agreed NMHPPD</th>
<th>Proposed NMHPPD rounding for NMEA 2016 consultation</th>
<th>Number of Beds @ 100% occupancy</th>
<th>Total hours per day</th>
<th>For example: this may translate to the following daily shift configuration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>surgical</td>
<td>6.72</td>
<td>6.75</td>
<td>24</td>
<td>162</td>
<td>8.25*</td>
</tr>
<tr>
<td>surgical</td>
<td>6.75</td>
<td>6.75</td>
<td>28</td>
<td>189</td>
<td>10</td>
</tr>
<tr>
<td>surgical</td>
<td>6.80</td>
<td>6.75</td>
<td>32</td>
<td>216</td>
<td>10.5*</td>
</tr>
<tr>
<td>medical</td>
<td>6.66</td>
<td>6.75</td>
<td>24</td>
<td>162</td>
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<td>medical</td>
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<td>medical</td>
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<td>6.75</td>
<td>32</td>
<td>216</td>
<td>10.5*</td>
</tr>
</tbody>
</table>

Note: The above NMHPPD and shift configuration plan excludes Clinical Service Coordinators, Clinical Practice Consultants and the requirement for clinical specials.

*Note: Part shifts can be realigned to support peak clinical activities as long as the total hours are not exceeded in a 2 week cycle

Refining the South Australian Safe Staffing Model will ensure the current staffing model will provide and support visibility, transparency and accountability of the minimum safe staffing levels for members. Importantly, for the wards/units/areas, this approach preserves (no loss) and protects the existing agreed minimum safe staffing levels.

**What are the benefits for members?**

Refinement of the safe staffing model for wards/units/areas will make staffing allocations easier to apply and enforce on a daily basis.

The actual proposed distribution of shifts by time of day will be determined by the Clinical Service Coordinators based on their wards/unit/areas models of care, patient flow and activity. This will then be formally agreed by site management (via a process to be agreed) and the ANMF (SA Branch) and form the agreed daily staffing plan for the ward/unit/area.

The agreed daily staffing plan will be transparent and visible within each ward/unit/area location so that members are able to easily see the number of staff required for each shift within their area.

If you require further information, please contact the ANMF Duty Officer on 8334 1900 or email enquiry@anmfsa.org.au

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