

If ratios go, nurses and midwives will go.



The Victorian public sector nurses' and midwives' enterprise bargaining negotiations with the Baillieu Government are at an impasse because nurses and midwives will not agree to trade away guaranteed minimum nurse/midwife patient ratios and their patients' safety.

The Baillieu Government wants to end nurse/midwife patient ratios. The Government's own estimates show that by having less nurses and midwives it will save \$473 million by 2016*. The Government wants to substitute nurses and midwives, who have a minimum of three-years training, with health assistants, who have three-months training. The end of guaranteed minimum staffing levels will affect every Victorian who may need to go to hospital - and that's all of us.

What you should know about this dispute:

1. It's about the Baillieu Government cutting Victoria's health budget

Despite promising to open 800 new beds in Victorian public hospitals in its first term, the Baillieu Government plans to cut \$473 million* from the nursing budget by 2016 by reducing the number of hours worked by nurses and midwives. The Government will replace qualified nurses with health assistants *as part* of the ratio and replace nurses' and midwives' eight-hour shifts with unlimited four-hour shifts and split shifts.

2. Nurse/midwife to patient ratios will exist on paper only

Mandated minimum nurse/midwife ratios will not exist under the Government's proposal because an employer can at any time roster less nursing hours than the ratios require. On paper the ratio might be 1: 4 or seven nurses for a 28-bed ward. When two nurses are replaced with health assistants and one nurse is on a short shift, qualified nursing numbers will dwindle to five and then four for those 28 patients instead of seven.

3. Replacing nurses with health assistants will impact the quality of care

Unregistered health assistants have only three-months TAFE training compared to registered nurses who have three-years university education. Research demonstrates the quality of care patients receive, as well as whether they live, is linked to the number of qualified nurses on the ward. Receiving nursing care in hospital should not be a lottery.

4. Nurse/midwife patient ratios matter to patients

Australian researchers Professors of Nursing Diane Twigg and Christine Duffield, together with international researchers, have proven lower nursing numbers are linked to poorer patient outcomes with complications such as higher rates of infection, deep vein thrombosis, sepsis and pressure ulcers.

5. Nurse/midwife patient ratios matter to nurses and midwives

Minimum nurse/midwife patient ratios quarantine a transparent nursing and midwifery budget and prevent systemic understaffing at our hospitals. This is one of the main reasons why Victoria does not have a critical nurse and midwife shortage.

6. Politicians do not use public hospitals, they go to private hospitals

Few, if any, politicians would be one of the 1,539,738** patients treated in our public hospitals in the last year. Yet their decisions will lead to longer waiting times, compromised care and nurse/midwife workforce shortages for those who do use public hospitals.

7. Fair Work Australia, the independent umpire, can't make decisions about ratios

Nurses and midwives can't ask Fair Work Australia (FWA) to sort this out because it has no power to determine the numbers, qualifications or hours of work of employees in public hospitals. The Baillieu Government is relying on this as outlined in its leaked cabinet document signed by Health Minister David Davis in May 2011 and published in The Sunday Age on 6 November 2011. Read the article and cabinet document at www.tiny.cc/9822k

8. Many Victorian nurses earn 18.5 per cent less than NSW nurses

A degree qualified registered nurse with three years experience working Monday to Friday day shift earns \$52,600 gross. A vocationally-qualified enrolled nurse with three years experience earns \$44,400. Additional rates apply for working unsociable hours such as night shift and weekends. A hospital cleaner earns \$38,000.

The Baillieu Government's 2.5 per cent wages policy is below inflation. The Government is yet to make nurses and midwives a formal wage offer. Nurses and midwives have refused to agree to lower staffing levels to pay for their wage rise.

9. The Baillieu Government has pushed nurses and midwives into a corner

Why doesn't the Government want the dispute fixed? Nurses and midwives have worked with safe patient ratios for 12 years. Thousands of nurses and midwives are now considering resigning from permanent employment because the Baillieu Government's plan to end ratios means they won't have the time to safely care for patients. Nurses will be held responsible for mistakes made by health assistants. This will place nurses' and midwives' registration with the Nursing and Midwifery Board of Australia (NMBA) at risk. If they stay, their workload will double and patients will receive sub-standard care.

10. If a negotiated agreement is not reached – it's back to the 1990s

Nurses and midwives will begin leaving the system in droves as they did in the 1990s when there were no nurse/midwife patient ratios. Some will change career. Some will work for nursing agencies and earn up to 80 per cent more for doing the same work in the same hospital, but without the continuity of care that makes their work rewarding and safer for patients. Hundreds of public hospital beds will be closed permanently.

Health assistants will replace nurses resulting in increased patient mortality and morbidity. The quality of patients care in the Victorian public health system will drop dramatically. This could be the outcome for you or one of your loved ones. It is not worth the risk.

*Cabinet-in-Confidence Nurses Enterprise Bargaining Strategy, signed by Health Minister David Davis, May 2011

**Victorian Health Services Performance Report 2010 – 2011, page 9

This will affect everyone. Tell Premier Baillieu you want ratios to stay, visit www.respectourwork.com.au for details.