

ANMF NEWSFLASH

North West Regional Hospital Emergency Department Benchmarking and Step 1 Grievance

The Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) met with members from the North West Regional Hospital (NWRH) Emergency Department (ED) on Tuesday 19 November 2024. Members resolved that the proposed benchmarked Full Time Equivalent (FTE) increase of 2.67 is not reflective of current workload or concerns experienced by nurses in a regularly bed blocked ED. ANMF members endorsed raising a Step 1 Grievance as per the *Tasmanian Nurses and Midwives [Tasmanian State Service] Award 2024, Part VII, Section 2: Workload Management S2013*.

The key issues that significantly impact both staff wellbeing and patient care include:

- 1. Bed Block** - an inability to transfer patients to the wards or to other hospitals.
- 2. Admitted Patients Sitting on Benches** - triage nurse unable to adequately supervise these patients, particularly problematic on afternoon shift.
- 3. Wait for Assessment** - potentially aggressive patients and/or patients experiencing mental ill health waiting for assessment and/or admission to Spencer Clinic are often held in the ED for long periods of time with limited assistance from the broader mental health team.
- 4. Skill Mix** - the clinical facilitator role is not fully filled and the proposal to remove 0.5 from the establishment to facilitate adequate staffing is, in members opinion, short sighted.



5. **Shift Coordinator** - the benchmarking data does not allow for an additional shift coordinator falling short by just 1757 presentations which would attract a 4.79 FTE increase. If this was a percentage increase it would see a 4.50 FTE increase.
6. **Nurse Navigators** - NWRH do not have nurse navigators on shift. A promise was made to include nurse navigators as part of the Transfer of Care (ToC).
7. **College of Emergency Nursing Australasia (CENA) Standards** - resus bays are currently staffed 1 nurse to 2 resus bays, CENA Standards indicate resus bays should be 1- 1.
8. **Patient care requirements are unreasonable and excessive.**
9. **Ratios-** nurse to patient ratios are unmanageable in an emergency environment, whereby you are dealing with unstable patients. The current ratio of 1:4/5/6 is the same or at times higher than the ward ratios where patients are considered stable.

Members understand that the hospital may face staffing challenges; however, the current conditions now pose daily risks to both patient care and staff safety.

Requested Actions:

To address these unsafe conditions, members request the following actions:

- **Reduction of Double Shifts and Short Staffed Shifts:** Develop a plan to reduce reliance on double shifts and understaffed shifts, ensuring staff can provide safe, quality care without burnout.
- **Data and Consultation for Sustainable Solutions:** Consult with members and their ANMF official to create viable solutions to staffing and workload pressures. To inform this, we request data on vacancies (including duration), double shifts, agency and overtime usage, and sick leave data for the past 12 months (broken down by hours per pay fortnight). Ramping data, number of patients who arrived to the NWRH via ambulance and transfer greater than 15 minutes per month for the previous 24 months.

Length of time admitted patients are spending in the department, per month for the previous monthly 24 months.

- **Roster Associate Nurse Unit Manager (ANUM) Hours as Indirect Care:** Ensure that ANUM hours are rostered as indirect hours, separate from direct care hours.
- **Establishment Review:** Review the current establishment, consider moving long term positions that are unlikely to be taken up by the incumbent to a central pool thus allowing permanent appointment to vacant positions and decreasing the use of agency nurses. Commit to filling all vacancies within 3 months.
- **Increase Baseline Staffing:** increase to direct and indirect nursing care hours in line with that of the Royal Hobart Hospital Emergency Department. Members seek:
 1. Psychiatric Enrolled Nurses (PENs).
 2. Nurse navigator at 4.79.
 3. Clinical Initiatives Nurse (CIN).
 4. Shift coordinator FTE 4.5.
 5. Clinical facilitators FTE 4.79 from indirect care hours.
 6. Additional triage nurse on afternoon shifts.
 7. Additional resus nurse on day and afternoon shifts.
 8. Bays are allocated 1:3 and resus 1:1.

The ANMF expects a written response by **close of business Friday 17 January 2025**, once this is received the ANMF will meet with members to discuss the response and seek direction for next steps.



The ANMF Tasmanian Branch is 8000 plus members strong! Supporting nurses, midwives, and care workers as the only union in Tasmania employing nurses, midwives and care workers to represent members. This is why our Organisers and Member Support Team are uniquely positioned to understand your experiences, represent you in your workplace, and offer industrial advice that's relevant to you.

Authorised by Emily Shepherd, ANMF Tasmanian Branch Secretary
24 December 2024