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| Guide to implementation of the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025* |
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| To receive this document in another format, email the Nursing and Midwifery Workforce team <ratios@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, April 2025.**ISBN** 978-1-76131-752-1 **(pdf/online/MS word)**Available at [Nursing and midwifery - legislation and regulation](https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation) <https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation> |
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# Definitions

|  |  |
| --- | --- |
| **Afternoon shift** | Reference to afternoon shift in the Principal Act means the same as outlined in the Enterprise Agreement |
| **Amendment Act 2019**  | *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Act 2019*  |
| **Amendment Act 2020**  | *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Act 2020*  |
| **Amendment Bill 2025**  | *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025*  |
| **Enterprise Agreement**  | *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2024–2028*  |
| **Morning shift** | Reference to morning shift in the Principal Act means the same as outlined in the Enterprise Agreement |
| **Night shift** | Reference to night shift in the Principal Act means the same as outlined in the Enterprise Agreement |
| **Nurse in charge** | Nurse in charge means a registered nurse who isundertaking, whether temporarily orpermanently, the role of—(a) a nurse unit manager or equivalent; or(b) an associate nurse unit manager orequivalent; |
| **Principal Act**  | *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*  |
| **Regulations**  | Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Regulations 2015 |
| **Royal Assent** | The bill is presented to the Governor of Victoria for royal assent. Once royal assent is received, the bill becomes an Act of Parliament. This means it is a law of Victoria. |

# Purpose

This implementation guide is a resource to assist operators of certain publicly funded health facilities to understand and implement legislated amendments to the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 (*the Principal Act*).*

This guide provides direction regarding the implementation of the Amendment Bill 2025 and includes, for completeness as a link in the appendix, the implementation guide pertaining to the *Amendment Act 2019* and the *Amendment Act 2020*

Operators of hospitals must understand their responsibilities and obligations under the Principal Act, inclusive of any amendments, and are expected to have processes and procedures in place to ensure correct compliance and application of the amendments once they come into effect. It is equally important that all nurses and midwives working in the public sector understand the legislation and have the necessary knowledge of how ratios are applied in their workplace.

This implementation guide is for information only and does not replace or intend to interpret the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015, Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Act 2019, Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Act 2020 Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025* *(Amendment Bill 2025)* or the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios)* Regulations 2015 (or as updated). It is recommended that hospital operators obtain legal advice for interpretation of specific provisions, as required.

# Background

Nurse to patient and midwife to patient ratios have maintained the safety of the Victorian public since they were first introduced in 2000 under the *Nurses (Victorian Public Health Sector) Multi-business Agreement 2000–2004.*

In 2015, the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* was established to enshrine into legislation nurse to patient and midwife to patient ratios that were previously contained in the *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2012–2016*. Through this action, Victoria became the first State or Territory in Australia to legislate minimum nurse and midwife to patient ratios in public hospitals.

The purposes of the Principal Act are to provide:

(a) requirements that the operators of certain publicly funded health facilities staff certain wards and departments with a minimum number of nurses or midwives; and

(b) the reporting of compliance with those requirements.

The first phase of amendments to the Principal Act were outlined in the Amendment Act 2019. Following a five-stage implementation approach, the first of these changes came into effect on 1 March 2019 and the final stage commenced from 1 March 2023.

The second phase of amendments to the Principal Act are contained in the Amendment Act 2020. These changes also had a staged implementation with the first of these changes coming into effect on 1 March 2021 and the final stage from 1 July 2023.

The third phase of amendments to the Principal Act are contained in the Amendment Bill 2025. These changes have a staged implementation with the first of these changes coming into effect on the day following Royal Assent and the final phase to be implemented by 1 July 2026.

A copy of the finalised legislation will be available on the Victorian Legislation website [Victorian Legislation](http://www.legislation.vic.gov.au) <www.legislation.vic.gov.au> once it has received royal assent.

A copy of the Bill and Explanatory Memorandum can be found at [Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025](https://www.legislation.vic.gov.au/bills/safe-patient-care-nurse-patient-and-midwife-patient-ratios-amendment-bill-2025) <https://www.legislation.vic.gov.au/bills/safe-patient-care-nurse-patient-and-midwife-patient-ratios-amendment-bill-2025>

# Scope of the Amendment Bill 2025

#### Emergency Departments (ED)

* 1:1 nursing ratio in resuscitation cubicles in Emergency Departments on morning shift applicable in hospitals specified in Schedule 3, Part 1 of the Principal Act

#### Intensive Care Units (ICU) – Adult and paediatric

* 1:1 nurse to occupied bed ratio in ICUs on all shifts in Level 1 and Level 2 hospitals specified in Schedule 1 of the Principal Act\*
* Team leader and liaison nurse in addition to the prescribed 1:1 ratio on specified shifts to support ICUs in Level 1 and Level 2 hospitals specified in Schedule 1 of the Principal Act
* Nurse in charge in ICUs on all shifts in Level 1 and Level 2 hospitals specified in Schedule 1 of the Principal Act

*\* 1:1 nurse to occupied bed ratio only applies where the patient meets the definition of an ICU level patient (ICU equivalent)*

#### Maternity wards

* 1:4 midwifery ratio on night shift in postnatal and antenatal wards for prescribed health services\* (\*prescribed health services are derived from the [Maternity Capability Framework](https://www.health.vic.gov.au/patient-care/capability-frameworks-for-maternity-and-newborn-care-in-victoria) <https://www.health.vic.gov.au/patient-care/capability-frameworks-for-maternity-and-newborn-care-in-victoria> and will be listed in Regulations. These services pertain to Level 4 maternity services that are part of a larger metropolitan health service, Level 5 and Level 6 maternity services only as listed at [Appendix A](#_Appendix_A_–))

#### Coronary Care Units (CCU) and Standalone High Dependency Units (HDU)

* + Nurse in charge on night shift in CCUs
	+ Nurse in charge on night shift in standalone HDUs in level 1 hospitals

As defined in the Principal Act a CCU “*means a unit of specialised critical care beds dedicated to acute care, treatment and monitoring of patients with serious or unstable cardiac diseases*”.

A standalone HDU is considered a ward. As defined in the Principal Act a ward *“means a ward, unit, department or component of a hospital..”.* A HDU that is part of a mixed ward, including where co-located with an ICU is not considered a standalone HDU.

## Timing

The requirements outlined above will come into effect following the day after Royal Assent.

Following the day after Royal Assent, 25% of each ratio is required to be implemented, followed by 75% from 1 December 2025 with 100% of each change being implemented from 1 July 2026.

To support health services in their understanding of phased implementation, an example of the 25% implementation provided in **Appendix C**.

## Applying the ratios

The amended ratios will apply to services across metropolitan Melbourne and regional Victoria:

* 24 hospitals with intensive care units outlined in Schedule 1 to the Principal Act as Level 1 and Level 2 hospitals
* 22 hospitals with emergency departments outlined in Part 1 in Schedule 3 to the Principal Act
* 18 hospitals with a Maternity Capability Level of 5 and 6 services, and Level 4 where that service is part of a larger multicampus metropolitan health service as listed at [**Appendix A**](#_Appendix_A_–)
* Existing standalone High Dependency Units in Level 1 hospitals and Coronary Care Units.

Refer to [**Appendix A**](#_Appendix_A_–) for the comprehensive list of the hospitals where the amendments will apply.

As with previous amendments, nurse to patient and midwife to patient ratios must be applied to every ward in each hospital to which the Principal Act is specified to apply**. Furthermore,** **ratios must be applied based on the actual number of patients or occupied beds (or available to be occupied as applicable) in each ward**.

Importantly, ratios are a minimum requirement, and the Principal Act is not intended to prevent the operator of a hospital from staffing a ward with additional staff beyond the number required by the ratio if there is a reason to do so.

### Flexible application of ratios

The Principal Act contains provisions for the flexible application of ratios.

A ratio may be applied in a flexible way to evenly distribute workload, having regard to the level of care required by patients in the ward.

The ratios specified in the Principal Act provide the minimum number of nurses or midwives for a ward based on the number of patients who occupy or are expected to occupy beds within that ward. The Principal Act does not require each nurse or midwife within that ward to be allocated the same number of patients.

### Rounding method

Section 12 ‘*Rounding method’* of the Principal Act applies to all new ratios in intensive care units including the ICU team leader and liaison nurse roles, emergency departments, postnatal and antenatal units, coronary care units and high dependency units.

**If the actual or expected number of patients in a ward or the number of beds of one of the following categories is not divisible into a whole number following the application of the relevant ratio, the operator of the hospital must ensure that the ward or number of beds is staffed with one additional nurse or midwife (as the case requires) in order to comply with the ratio.**

### Examples

**Example 1: Level 1 hospital co-located ICU/HDU nurse to patient ratio**

Provisions have been made in to cater for non-ICU level patients that are located within the ICU but do not require a 1:1 ratio, i.e., because they are not critically ill or do not require the sustained support of vital organ functions. In these circumstances the operator of a level 1 or level 2 hospital does not contravene the 1:1 ratio if a nurse assigned to the ICU provides care to up to 2 patients who meet the above criteria.

In a level 1 hospital with a co-located ICU ward with 37 ICU patients and two (2) HDU patients, the ratio requirements on all shifts are 1 nurse for every ICU level patient, 1 nurse for every 2 non-ICU level patient, in this case HDU level patients, and 1 nurse in charge.

To meet the required nurse to patient ratio in an ICU with 37 ICU patients and 2 HDU patients 38 nurses should be rostered, comprising 1 nurse providing care to up to 2 patients and 37 nurses providing 1:1 care.

**Example 2: Nurse in charge requirements where there is a CCU/HDU component within another ward**

**Example 3: Flexible application of the ratio in a postnatal ward**

In a level 2 hospital where there is a CCU component within another ward (e.g., the cardiology ward has a CCU attached) only one nurse in charge on night shift is required.

The nurse in charge on night shift is only applicable to level 1 hospitals with a standalone HDU and all hospitals with a standalone CCU. If the CCU is a component in another ward, then the existing nurse in charge arrangements will apply.

In a prescribed postnatal ward with 28 patients and a 1-to-4 ratio on night shift, a minimum of 7 midwives as well as a one midwife in charge or nurse in charge would be required under the amendment to the ratios. If 9 patients require a higher level of care, and 19 patients require a lower level of care, then the midwife in charge may allocate 3 midwives to care for the 9 patients requiring the higher level of care (i.e. 1-to-3 ratio), 1 midwife to care for 4 patients (i.e. 1-to-4 ratio) and the other 3 midwives care for 15 patients (i.e. 1 to 5 ratio).

This may legitimately result in some midwives either being assigned fewer or more patients than prescribed in the relevant ratio.

**Example 4: Application of ICU Liaison Nurse and Team Leader ratio**

There are 32 beds in a level 1 hospital ICU. The ratio for a level 1 hospital ICU is 1:15 for the liaison nurse and 1:10 for the team leader.

In this example the hospital must staff with three (3) liaison nurses and four (4) team leaders to meet the liaison nurse and team leader ratios for the 32 bed ICU.

As the number of ICU beds does not align directly with the relevant ratios, the operator of the hospital must round up with one additional liaison nurse and one additional team leader to ensure that this ICU is staffed in accordance with the liaison nurse and team leader ratios.

## Compliance with ratios

Following the implementation of the 25% and 75% phases of the Amendment Bill 2025,provision has been made in the Amendment Bill 2025 for a ‘no dispute’ period. Providing health services with greater flexibility and removing possible penalties, this provision will ensure that during implementation where it is alleged a breach of a staffing requirement has occurred local dispute processes outlined at section 41 of the Principal Act do not apply.

Health services are not expected to recruit agency staff or to employ staff at overtime rates to meet the new ratios during the ‘no dispute’ periods. Once a no dispute period has passed, local dispute resolution processes will apply as outlined in Table 1 below.

**Table 1: No dispute periods and local dispute resolution timeframes**

|  |  |  |
| --- | --- | --- |
| **Implementation phase** | **No dispute period** | **Local dispute resolution applies** |
| 25% | The day after Royal Assent to 30 November 2025 | From 1 December 2025 |
| 75% | 1 December 2025 to 30 June 2026 | From 1 July 2026 |
| 100% | Nil | From 1 July 2026. |

### Operationalisation of the roles to comply with ratios

As the ICU team leader and liaison nurse roles are not specifically defined in the Principal Act or the Amendment Bill 2025, to guide health services to operationalise these roles in the context of the Act iterative descriptors will be provided in the *Phase three - Improvements to ratios FAQ* document. Additionally, best practice guidance such as the Australian College of Critical Care Nurses (ACCCN’s) [Workforce Standards for Intensive Care Nursing](https://acccn.com.au/wp-content/uploads/Workforce-Standards.pdf) <https://acccn.com.au/wp-content/uploads/Workforce-Standards.pdf> may be used by health services to inform the role and responsibilities of the ICU liaison nurse and team leader positions.

It is up to each health service to operationalise the various roles to meet local health service needs, including models of care, at the same time as meeting legislated ratio requirements. Health services are also required to ensure arrangements put in place are consistent with the Enterprise Agreement.

**Table 2: Calendar of phase three amendments to the Principal Act**

*When determining how to staff the ward with the additional hours to meet the new ratio requirements, hospitals are expected to consult with staff.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Amendment Bill 2025** | **Stage 1 – Day after Royal Assent to 30 November 2025** | **Stage 2 - 1 December 2025 to 30 June 2026** | **Stage 3 - 1 July 2026 onwards** |
| Amendment Bill 2025 - Schedule 3 - Categories of hospitals for emergency department ratios – Part 1 |
| On the morning shift(i) one nurse for each resuscitation bed | 25% compliance | 75% compliance | 100% compliance |
| Amendment Bill 2025 - Schedule 1, Level 1 hospitals - 20A Intensive care units |
| on the morning shift(i) one ICU liaison nurse for every 15 beds; and(ii) one team leader for every 10 beds; and(iii) one nurse for each bed; and(iv) one nurse in charge. | 25% compliance with each staffing component  | 75% compliance with each staffing component  | 100% compliance with each staffing component  |
| on the afternoon shift(i) one ICU liaison nurse for every 15 beds; and(ii) one team leader for every 10 beds; and(iii) one nurse for each bed; and(iv) one nurse in charge. |
| on the night shift(i) one ICU liaison nurse for every 30 beds; and(ii) one team leader for every 10 beds; and(iii) one nurse for each bed; and(iv) one nurse in charge. |
| Amendment Bill 2025 - Schedule 1, Level 2 hospitals - 20B Intensive care units |
| on the morning shift(i) one ICU liaison nurse; and(ii) one team leader for every 12 beds; and(iii) one nurse for each bed; and(iv) one nurse in charge. | 25% compliance with each staffing component  | 75% compliance with each staffing component  | 100% compliance with each staffing component  |
| the afternoon shift(i) one ICU liaison nurse; and(ii) one team leader for every 12 beds; and(iii) one nurse for each bed; and(iv) one nurse in charge. |
| on the night shift(i) one team leader; and(ii) one nurse for each bed; and(iii) one nurse in charge. |
| Amendment Bill 2025 - Section 21 (b) (ii) Coronary care units |
| on the night shift—(ii) subject to subsection (2), one nurse in charge. | 25% compliance  | 75% compliance  | 100% compliance  |
| Amendment Bill 2025 – Section 22 (1) (b) High dependency units (standalone only) |
| The operator of a level 1 hospital on the night shift—(ii) subject to subsection (1A), one nurse in charge unless the unit is co-located with an intensive care unit. | 25% compliance  | 75% compliance  | 100% compliance  |
| Amendment Bill 2025 – Section 30A, \*as listed in the Regulations |
| the operator of a prescribed hospital\* must staff an antenatal ward on the night shift with one midwife for every 4 patients. | 25% compliance  | 75% compliance  | 100% compliance  |
| Amendment Bill 2025 – Section 31B, \*as listed in the Regulations |
| the operator of a prescribed hospital\* must staff a postnatal ward with the following— (a) on the night shift— (i) one midwife or nurse for every 4 patients. | 25% compliance  | 75% compliance  | 100% compliance  |

# Funding

During the implementation phase, health services are advised to consider available funding when determining how to staff the ward with the additional hours to meet the new ratio requirements.

Funding will be provided to operationalise the ratios. Further advice on funding will be provided to each impacted health service directly.

# Reporting requirements

## Nominate and publish details of mixed wards

The existing process outlined in section 12A(1) of the Principal Act regarding nominating and publishing the ratio of mixed wards will apply to any new ratios that come into effect via the Amendment Bill 2025.

For the purposes of the amendments, where a designated ICU has non-ICU beds, e.g., HDU beds, this would not be considered a mixed ward.

## Compliance reporting

Operators of hospitals impacted by the amendments will be required by the Department of Health (the department) to maintain appropriate documentation to demonstrate compliance with the new ratios such as rosters and payroll data. This includes information from the day following Royal Assent regarding the number of hours and/or shifts per area where 25% of the amendments have been implemented and from 1 December 2025 demonstrating that 75% of the amendments have been implemented.

### Inability to comply with ratios

To support health services in addressing issues that may result in the inability to comply with ratios implemented as part of the Amendment Bill 2025 health services will be required to provide a bimonthly compliance update until 1 July 2026.

The inability to comply with ratios should be reported to the department with reasons as to why, may include but is not limited to:

* Unable to recruit relevant staff to fulfil the ratio
* Insufficient internal staff to fulfil the ratio
* Leave requirements including unplanned and planned leave
* Redistribution of staff to fulfil other ratio requirements.

The department will consult with health services regarding data collection prior to reporting requirements being finalised. All efforts will be made to utilise existing reporting and data collect processes. Further information on the reporting process, including any relevant templates, will be provided to health services in due course.

# Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Regulations 2015

The *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Regulations 2015* will be updated to list the prescribed hospitals where phase 3 midwifery ratios will apply.

The prescribed hospitals will reflect those listed in the department’s [Maternity Capability](https://www.health.vic.gov.au/patient-care/capability-frameworks-for-maternity-and-newborn-care-in-victoria) Framework <https://www.health.vic.gov.au/patient-care/capability-frameworks-for-maternity-and-newborn-care-in-victoria> as a Level 5 and 6 service, and Level 4 services that are part of a larger multicampus metropolitan health service. To ensure that only applicable services are listed, the Regulations will be updated routinely to capture any capability uplift or decrease.

A copy of the in-force Regulations can be found at Safe Patient Care ([Nurse to Patient and Midwife to Patient Ratios) Regulations 2015](https://www.legislation.vic.gov.au/in-force/statutory-rules/safe-patient-care-nurse-patient-and-midwife-patient-ratios-regulations/002) <https://www.legislation.vic.gov.au/in-force/statutory-rules/safe-patient-care-nurse-patient-and-midwife-patient-ratios-regulations/002>.

# Further information

Updates, as available, will be published on the Safe Patient Care Act [webpage](https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation) <https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation>

Impacted health services can direct questions to: ratios@health.vic.gov.au

# Appendix A – Applicable health services

## Intensive care unit ratios

All phase 3 ICU ratios will apply in Level 1 and level 2 hospitals specified in Schedule 1 to the Principal Act where there is an intensive care unit. This encompasses 24 hospitals across metropolitan Melbourne and regional Victoria.

| **Hospital Level (Current Schedule 1)** | **Hospital Name as listed in the Principal Act (pre nomenclature update\*)** |
| --- | --- |
| Level 1 hospitals | Alfred Hospital |
| Level 1 hospitals | Austin Hospital |
| Level 1 hospitals | Box Hill Hospital |
| Level 1 hospitals | Casey Hospital |
| Level 1 hospitals | Dandenong Hospital |
| Level 1 hospitals | Footscray Hospital |
| Level 1 hospitals | Frankston Hospital |
| Level 1 hospitals | Monash Children's Hospital |
| Level 1 hospitals | Monash Medical Centre (Clayton) |
| Level 1 hospitals | Northern Hospital |
| Level 1 hospitals | St Vincent's Hospital |
| Level 1 hospitals | Sunshine Hospital |
| Level 1 hospitals | The Royal Children's Hospital |
| Level 1 hospitals | The Royal Melbourne Hospital |
| Level 1 hospitals | University Hospital Geelong |
| Level 2 hospitals | Ballarat Base Hospital |
| Level 2 hospitals | Bendigo Hospital |
| Level 2 hospitals | Goulburn Valley Health |
| Level 2 hospitals | Latrobe Regional Hospital |
| Level 2 hospitals | Maroondah Hospital |
| Level 2 hospitals | New Mildura Base Hospital |
| Level 2 hospitals | Northeast Health Wangaratta |
| Level 2 hospitals | Warrnambool Base Hospital |
| Level 2 hospitals | Werribee Mercy Hospital |

It is noted that several hospitals listed in Schedule 1 to the Principal Act do not currently have an ICU so will not be subject to the ICU ratios at this time. These hospitals include Level 1 hospitals; Heidelberg Repatriation Hospital and the Peter MacCallum Cancer Centre and Level 2 hospitals; Mercy Hospital for Women, The Royal Women's Hospital.

## Emergency department ratios

Phase 3 amendments will apply in hospitals with emergency departments outlined in Part 1 in Schedule 3 to the Principal Act. This encompasses 22 hospitals across metropolitan Melbourne and regional Victoria.

| **Hospital Level (Schedule 3, Part 1)** | **Hospital (as listed in the Principal Act pre nomenclature update\*)** |
| --- | --- |
| 1 | Alfred Hospital |
| 1 | Angliss Hospital |
| 1 | Austin Hospital |
| 1 | Ballarat Base Hospital |
| 1 | Bendigo Hospital |
| 1 | Box Hill Hospital |
| 1 | Casey Hospital |
| 1 | Dandenong Hospital |
| 1 | Footscray Hospital |
| 1 | Frankston Hospital |
| 1 | Goulburn Valley Health (Shepparton campus) |
| 1 | Latrobe Regional Hospital |
| 1 | Maroondah Hospital |
| 1 | Monash Medical Centre (Clayton) |
| 1 | New Mildura Base Hospital |
| 1 | Northern Hospital |
| 1 | St Vincent's Hospital |
| 1 | Sunshine Hospital |
| 1 | The Royal Children's Hospital |
| 1 | The Royal Melbourne Hospital (City campus) |
| 1 | University Hospital Geelong |
| 1 | Werribee Mercy Hospital |

## Midwifery ratios

Phase 3 midwifery ratios will apply in postnatal and antenatal wards of prescribed hospitals. The department’s Maternity Capability Framework has been used to determine the prescribed hospitals

As the levels outlined in the Maternity Capability Framework are subject to change, these levels have not specified in the Principal Act and reference to ‘operators of a *prescribed* hospital’ has instead been used. Prescribed hospitals will be listed in the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Regulations 2015*.

The phase 3 midwifery ratios will apply only in [Maternity Capability](https://www.health.vic.gov.au/patient-care/capability-frameworks-for-maternity-and-newborn-care-in-victoria) Level 5 and 6 services, and Level 4 services that are part of a larger multicampus metropolitan health service. This encompasses 18 hospitals across metropolitan Melbourne and regional Victoria.

| **Maternity Capability level** | **Maternity Capability Framework Service name** | **Hospital name as listed in Schedules of the Principal Act currently (pre nomenclature update\*)** |
| --- | --- | --- |
| 4 | Eastern Health - Angliss Hospital | Angliss Hospital |
| 4 | Mercy Werribee Hospital | Werribee Mercy Hospital |
| 4 | Monash Health - Casey Hospital | Casey Hospital |
| 4 | Monash Health - Dandenong Hospital | Dandenong Hospital |
| 4 | Monash Health Women’s – Sandringham | Sandringham Hospital |
| 5 | Albury Wodonga Health | Albury Wodonga Health (Wodonga campus) |
| 5 | University Hospital Geelong | University Hospital Geelong |
| 5 | Bendigo Health | Bendigo Hospital |
| 5 | Eastern Health - Box Hill Hospital | Box Hill Hospital |
| 5 | Goulburn Valley Health | Goulburn Valley Health (Shepparton campus) |
| 5 | Grampians Health - Ballarat Base Hospital | Ballarat Base Hospital |
| 5 | Latrobe Regional Hospital | Latrobe Regional Hospital |
| 5 | Northern Health - The Northern Hospital | Northern Hospital |
| 5 | Peninsula Health - Frankston Hospital | Frankston Hospital |
| 6 | Mercy Hospital for Women | Mercy Hospital for Women |
| 6 | Monash Medical Centre Clayton | Monash Medical Centre (Clayton) |
| 6 | The Royal Women's Hospital – Parkville | The Royal Women’s Hospital  |
| 6 | Western Health - Sunshine Hospital | Sunshine Hospital |

*\*Refer to* [*Appendix B*](#_Appendix_B_-) *- Hospital names updated in the Schedules for updated names.*

## Standalone High Dependency Units and Coronary Care Unit ratios

Includes all existing standalone level 1 hospital HDUs and CCUs across metropolitan Melbourne and regional Victoria.

### Standalone High dependency unit ratios

The phase 3 nurse in charge on night shift ratio in standalone HDUs will apply in all Level 1 hospitals specified in Schedule 1 to the Principal Act where there is a standalone HDU. Schedule 1 encompasses 15 hospitals across metropolitan Melbourne. It is noted that not all services listed have a standalone HDU.

| **Hospital Level (Current Schedule 1)** | **Hospital Name as listed in the Principal Act**  |
| --- | --- |
| Level 1 hospitals | Alfred Hospital |
| Level 1 hospitals | Austin Hospital |
| Level 1 hospitals | Box Hill Hospital |
| Level 1 hospitals | Casey Hospital |
| Level 1 hospitals | Dandenong Hospital |
| Level 1 hospitals | Footscray Hospital |
| Level 1 hospitals | Frankston Hospital |
| Level 1 hospitals | Monash Children's Hospital |
| Level 1 hospitals | Monash Medical Centre (Clayton) |
| Level 1 hospitals | Northern Hospital |
| Level 1 hospitals | St Vincent's Hospital |
| Level 1 hospitals | Sunshine Hospital |
| Level 1 hospitals | The Royal Children's Hospital |
| Level 1 hospitals | The Royal Melbourne Hospital |
| Level 1 hospitals | University Hospital Geelong |

### Coronary Care Unit ratios

The phase 3 nurse in charge on night shift ratio in CCUs will apply in all hospitals specified in Principal Act where there is a CCU.

# Appendix B - Hospital names updated in the Principal Act

The following hospital names have been updated in the applicable clauses and Schedules to the Principal Act to ensure they reflect current nomenclature.

## High dependency units

### Section 22(2) of the Principal Act

|  |  |
| --- | --- |
| **Hospital name – pre update** | **Hospital name – post update** |
| Wimmera Health Care Group Hospital (Horsham campus) | Grampians Health (Wimmera Base Hospital) |

## Schedule 1—Level 1, 2 and 3 hospitals

### Part 2 of Schedule 1 to the Principal Act

|  |  |
| --- | --- |
| **Hospital name – pre update** | **Hospital name – post update** |
| Ballarat Base Hospital | Grampians Health (Ballarat Base Hospital) |
| New Mildura Base Hospital | Mildura Base Public Hospital |

### Part 3 of Schedule 1 to the Principal Act

|  |  |
| --- | --- |
| **Hospital name – pre update** | **Hospital name – post update** |
| Castlemaine Health | Dhelkaya Health (Castlemaine campus) |
| Wimmera Health Care Group (Horsham campus) | Grampians Health (Wimmera Base Hospital) |

## Schedule 2—Hospitals not restricted in use of enrolled nurses

### Schedule 2 to the Principal Act

|  |  |
| --- | --- |
| **Hospital name – pre update** | **Hospital name – post update** |
| Castlemaine Health | Dhelkaya Health (Castlemaine campus) |
| Hepburn Health Service (Creswick campus) | Central Highlands Rural Health (Creswick campus) |
| Hepburn Health Service (Daylesford campus) | Central Highlands Rural Health (Daylesford campus) |
| Cobram District Health | NCN Health (Cobram campus) |
| Djerriwarrh Health Services | Bacchus Marsh Hospital |
| Castlemaine Health  | Dhelkaya Health (Castlemaine campus) |
| Maldon Hospital | Dhelkaya Health (Maldon Hospital) |
| Edenhope and District Memorial Hospital | Grampians Health (Edenhope and District Memorial Hospital)  |
| Stawell Regional Health | Grampians Health (Stawell Regional Health)  |
| Lorne Community Hospital | Great Ocean Road Health (Lorne Community Hospital)  |
| Otway Health | Great Ocean Road Health (Otway campus) |
| Nathalia District Hospital | NCN Health (Nathalia District Hospital) |
| Numurkah and District Health Services | NCN Health (Numurkah campus) |
| Wimmera Health Care Group (Dimboola campus) | Grampians Health (Dimboola District Hospital)  |
| Wimmera Health Care Group (Horsham campus) | Grampians Health (Wimmera Base Hospital) |

## Schedule 3—Categories of hospitals for emergency department ratios

### Part 1 of Schedule 3 to the Principal Act

|  |  |
| --- | --- |
| **Hospital name – pre update** | **Hospital name – post update** |
| Ballarat Base Hospital | Grampians Health (Ballarat Base Hospital) |
| New Mildura Base Hospital | Mildura Base Public Hospital |

### Part 2 of Schedule 3 to the Principal Act

|  |  |
| --- | --- |
| **Hospital name – pre update** | **Hospital name – post update** |
| Wimmera Base Hospital (Horsham campus) | Grampians Health (Wimmera Base Hospital) |

# Appendix C – Rostering example application of new nursing and midwifery ratio

## 1:1 staffing in Emergency Department (ED) resuscitation bays in Level 1 hospitals on morning shift (25% implementation)

### **Calculation**

Number of ED resuscitation bays = number of nurses required on morning shift to meet 1:1 ratio

Number of nurses required on AM shifts in a 4-week period x shift length (e.g., 8 hours) = number of overall morning shift roster hours to meet 1:1 ration in a 4-week period

Number of overall morning shift roster hours to meet 1:1 ratio in a 4-week period x percentage increase divided by 100 = number of hours in the period that must have the 1:1 ratio on AM shift.

### **Example**

3 (ED resuscitation bays) x 28 (AM shifts in 4 weeks) = 84 shifts required to meet the 1:1 ratio

84 (shifts required to meet the 1:1 ratio) x 8 (shift length in hours) = 672 hours

672 (Number of overall AM shift hours to be rostered in 4-week period to meet 1:1 ratio) x 25 / 100 = 168 hours.

### **Outcome**

Using the above example, to meet the 25% requirement, 168 hours (or 21 shifts of 8 hours in duration) on the AM shift in every 4-week period must have a 1:1 nurse to resuscitation bay ratio.

*Please note this is an example only to demonstrate the application of 25% implementation. It is acknowledged that health services may differ in their rostering approaches.*

# Appendix D –Overview of clauses in the Amendment Bill 2025

**Clause 1:** sets out the main purposes of the Bill which are—

* to amend the **Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015** (the Act)—
* to amend the rounding method used when determining staffing requirements in intensive care units in level 1 hospitals and level 2 hospitals; and
* to amend the ratios applying to coronary care units, emergency departments and high dependency units; and
* to provide for a ratio in relation to night shifts in postnatal wards in prescribed hospitals and night shifts in antenatal wards in prescribed hospitals; and
* to provide for a ratio in relation to intensive care units in level 1 hospitals and level 2 hospitals; and
* to update the names of hospitals specified in Schedules 1, 2 and 3 to that Act.

**Clause 2:** is the commencement provision which provides for the Bill to come into operation on the day after the day on which the Bill receives the Royal Assent.

**Clause 3:** provides that in the Bill the **Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015** is called the Principal Act.

**Part 2—Amendment of Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015**

**Clause 4:** amends section 3 of the Act to insert a new definition of an intensive care unit which is defined as:

*“a unit (other than a neonatal intensive care unit), or part of such a unit, dedicated to the identification, monitoring and treatment of patients who are critically ill through the initial and sustained support of vital organ functions”.*

**Clause 5:** amends section 12 of the Act to apply the rounding method when determining staffing requirements in intensive care units. The rounding method already applies, in the Act, to EDs, postnatal/antenatal wards and HDUs/CCUs.

**Clause 6:** amends section 20 of the Act and inserts a new section 20(2) which sets out the new ratio for emergency departments

This new ratio comprises one nurse for each resuscitation bed in emergency departments on the morning shift.  This ensures consistency across the daily roster for resuscitation beds as ratio requirements for the morning shift are brought in line with the afternoon and night shifts.

To avoid the inefficient use of scarce resources, a nurse allocated to a resuscitation bed may be redeployed to assist elsewhere in the emergency department to enable them to respond to a critical incident. This new section also sets out the phased implementation (25%, 75% and then 100%) for this new ratio.

**Clause 7:** inserts new sections 20A and 20B into the Act which set out the new ICU ratios for level 1 and level 2 hospitals

New section 20A(1) sets out the new ICU ratios for level one hospitals. These new ratios are:

On the morning shift:

* (i) one ICU liaison nurse for every 15 occupied beds; and
* (ii) one team leader for every 10 occupied beds; and
* (iii) one nurse for each occupied bed; and
* (iv) one nurse in charge;

On the afternoon shift:

* one ICU liaison nurse for every 15 occupied beds; and
* (ii) one team leader for every 5 10 occupied beds; and
* (iii) one nurse for each occupied bed; and
* (iv) one nurse in charge;

           On the night shift:

* (i) one ICU liaison nurse for every 30 occupied beds; and
* (ii) one team leader for every 10 occupied beds; and
* (iii) one nurse for each occupied bed; 15 and
* (iv) one nurse in charge

New section 20A(2) provides for flexibility in relation to the application of the new ICU ratios, so that a nurse may be assigned up to 2 patients where specific short-term circumstances apply such that the patients have been determined to no longer require a high level of care.  These short-term circumstances are either that the patient is not critically ill or where a patient does not require the sustained support of vital organ functions.

New section 20A(3) provides for the new ICU ratios to be progressively phased into operation commencing on the day on which the Bill comes into operation so that the operator of a level 1 hospital will have sufficient time to implement the changes – namely:

* 25% from the day after Royal Assent
* 75% from 1 July 2025
* 100% from 1 July 2026.

 New section 20B(1) sets out the new ICU ratios for level two hospitals. These new ratios are:

 On the morning shift:

* (i) one ICU liaison nurse; and
* 15 (ii) one team leader for every 12 occupied beds; and
* (iii) one nurse for each occupied bed; and
* (iv) one nurse in charge;

On the afternoon shift:

* one ICU liaison nurse; and
* (ii) one team leader for every 12 occupied beds; and
* (iii) one nurse for each occupied bed; and
* (iv) one nurse in charge;

On the night shift:

* one team leader; and
* (ii) one nurse for each occupied bed; and
* (iii) one nurse in charge.

New section 20B(2) replicates new section 20A(2) and provides for flexibility in relation to the application of the new ICU ratios, so that a nurse may be assigned up to 2 patients where specific short-term circumstances apply such that the patients have been determined to no longer require a high level of care.

New section 20B(3) provides for the new ICU ratios to be progressively phased into operation commencing on the day on which the Bill comes into operation – namely:

* 25% from the day after Royal Assent
* 75% from 1 December 2025
* 100% from 1 July 2026

**Clause 8:** provides that the operator of a hospital must staff a coronary care unit with a nurse in charge on the night shift. This is in addition to the existing ratio of one nurse for every 3 patients

Subclause (2) provides for the phased implementation of this new ratio – namely:

* 25% from the day after Royal Assent
* 75% from 1 December 2025
* 100% from 1 July 2026

**Clause 9:** provides that the operator of a level 1 hospital must staff a standalone HDU with a nurse in charge on the night shift unless the unit is co-located with an intensive care unit.

Subclause (2) provides for the phased implementation of this new ratio – namely:

* 25% from the day after Royal Assent
* 75% from 1 December 2025
* 100% from 1 July 2026.

**Clause 10:** creates a new section 30A in the Act for the new antenatal ward ratio

**Clause 11:** provides that the operator of a hospital must staff antenatal wards in relation to the night shift as 1 midwife for every 4 patients.

Subclause (2) provides for the phased implementation of this new ratio – namely:

* 25% from the day after Royal Assent
* 75% from 1 December 2025
* 100% from 1 July 2026.

**Clause 12:** clarifies that the staffing requirements that apply to a postnatal ward in relation to the night shift are subject to the additional staffing requirements for postnatal wards imposed by new section 31B.

**Clause 13:** provides that the operator of a hospital must staff postnatal wards in relation to the night shift as 1 midwife for every 4 patients.

Subclause (2) provides for the phased implementation of this new ratio – namely:

* 25% from the day after Royal Assent
* 75% from 1 December 2025
* 100% from 1 July 2026.

**Clause 14:** provides that the local dispute resolution process does not apply during the no dispute periods, ensuring that the operators of hospitals have sufficient time to recruit additional nurses and midwives to meet the new staffing requirements.

**Part 3 - Further amendment of Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015**

**Clause 15:** amends the definition of ***Department*** to omit "and Human Services" so that it reflects the correct name of the responsible Department in accordance with machinery of government changes.

**Clause 16:** substitutes “Wimmera Health Care Group Hospital (Horsham Campus)” for “Grampians Health (Wimmera Base Hospital)” to reflect the name change of the hospital following the establishment of Grampians Health.

**Clause 17:** updates the names of specified hospitals following name changes or amalgamations. There is no change to the classification or level of these hospitals.

**Clause 18:** updates the names of specified hospitals following name changes or amalgamations. There is no change to the classification or level of these hospitals.

**Clause 19:** Similar to the amendments in clauses 17 and 18, clause 19 amends Schedule 3 to the Act to update the names of specified hospitals.  There is no change to the classification or level of these hospitals.

**Clause 20:** provides for the automatic repeal of the Bill on the first anniversary of the day on which the Bill receives the Royal Assent.

# Appendix D – Previous version of the ‘*Guide to implementation of amendments to the Safe Patient Care (Nurse to Patient Ratios) Act 2015*’

Accessible at [Nursing and midwifery - legislation and regulation](https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation) <<https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation>>