



Nurse/Midwife to Patient Ratios Non-Compliance Form

This form is required to be completed in every instance that relevant Nurse/Midwife to Patient Ratio is not met on a given shift.

The Nurse Manager (or equivalent) must complete the relevant sections of this form detailing the instance of non-compliance and identify the mitigation strategy implemented.

When completed, please email **XXX** (HSP email). This form will be assessed by the relevant Health Service Provider Ratios Steering Committee.

For Ward/Unit Completion

Non-Compliant Incident Date:

Health Service Provider	
Hospital	
Ward or Unit	
Shift	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Night
Reason for non-compliance:	
<input type="checkbox"/> Known roster shortage unable to be replaced. Shortfall unfilled.	
<input type="checkbox"/> Unplanned personal leave, unable to be replaced. Shortfall unfilled.	
<input type="checkbox"/> Occupancy over profile.	
<input type="checkbox"/> Staff resource balanced to another clinical area for higher clinical need.	
<input type="checkbox"/> Reallocation of resources for high acuity / specials.	
<input type="checkbox"/> Other – Please comment below.	

Mitigation Strategy

After discussion with Clinical Nurse Specialist and/or Shift Coordinator, please select the most appropriate mitigation strategy or strategies from the list below. If the strategy is not listed, please select other option and provide sufficient detail.

- ☐ Identified the current capacity and capability of the Nursing resources and reallocated resources as required.
- ☐ Changed/alterd patient/consumer activity/demand where possible.
- ☐ Changed/alterd Nursing skill mix where possible.
- ☐ Sought assistance from Nursing support services to seek additional staffing.
- ☐ Escalated the identified imbalance(s) through the governance framework.
- ☐ Other (provide detail).

Please email completed form to **XXX** (HSP email).

For Steering Committee Completion

Outcome:

- ☐ Mitigations strategy noted and supported.
- ☐ Additional actions required. See below.

Commented [PFS1]: Please write in full: Clinical Nurse Specialist or is this to be Nurse Manager (as above in introduction)