

Behind the Front Lines

A recap/critical look at health-care news and the reality behind the reporting from the viewpoint of front-line Ontario registered nurses

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Three Things You'll Learn in This Issue:

1. **Hospital funding is falling further behind**
2. **There's a different view on medical errors** – [go](#)
3. **Opinion may be turning against LHINs** – [go](#)

Home Care Services Cut

As hospitals continue to discharge patients more quickly – relying on home care to allow patients to fully recover at home – an article in the *Stratford Beacon Herald* has highlighted the system's flaws ([source](#)).

The *Herald* recounts the story of a 20-year-old Stratford woman with complex medical issues whose home care was cut, and who has slept every night since 2007 at Stratford General Hospital.

CUPE has been advocating for changes to the way Community Care Access Centres function. Currently they must contract out home-care services using a competitive bidding model; the union wants CCACs to be able to hire direct care staff.

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Provincial Budget Coverage: Hospital Funding a Disaster or a Relief?

Following the release of the McGuinty government's 2010/11 budget, media coverage across the province varied wildly in the interpretation of the hospital funding increase.

The government announced that hospitals would receive a 1.5-per-cent increase in base funding – far below the three to four-per-cent increase in their fixed costs for the fiscal year.

Reactions ranged from relief: "Windsor's hospitals say the modest 1.5 per cent increase to their base funding...will prevent service and job cuts they've been bracing for" ([source](#)) to wildly optimistic: "Funding hike could save jobs: a 1.5% increase in funding will stem any potential loss in jobs" ([source](#)).

However, the coverage from Hamilton seems more realistic to us. A Hamilton hospital CEO voiced serious concern: "Area hospitals forced to get scalpel out; 1.5% fund increase short of expected 2%, meaning there will be some cutting to do" ([source](#)).

Ottawa media – which had recently covered the massive number of RN cuts announced by The Ottawa Hospital – got right to the crux of the implications of the modest funding increase. In the *Ottawa Citizen*, reporter Pauline Tam quoted Michael Bilodeau, CEO of the Children's Hospital of Eastern Ontario, who said that health-care reform in the U.S. coupled with that country's nursing shortage would see American hospitals aggressively poaching Canadian nurses – a repeat of the mid-1990s when RNs were cut by the thousands ([source](#)).

Clearly, some media missed the mark on the implications of the funding announcement. While funding is 1.5 per cent higher than in 2009, it's far short of the increase required to maintain current services and prevent further bed closures, nursing and service cuts.

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What is ONA?

The Ontario Nurses' Association (ONA) is the union representing 55,000 registered nurses and allied health professionals and more than 12,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.



Who is Linda Haslam-Stroud, RN?

ONA President Linda Haslam-Stroud, RN (pictured), is a veteran renal transplant nurse who is an expert spokesperson on a range of issues. Linda is available to comment on everything from workplace violence, patient care, health-care policy in Ontario, the flu pandemic, nursing cuts, public health and much more. Simply contact ONA's media relations officer, Sheree Bond, at (416) 964-8833, ext. 2430 if you would like to interview Linda on a health-related issue.

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Home Care Services Cut *cont'd*

CUPE's national researcher, Doug Allan, says the current government has changed the focus of home care to short-term assistance for those just released from hospital, leaving those with long-term needs vulnerable. He says there's been a 30-per-cent reduction in services.

The article also notes the astronomical turnover in home care staff – a Ministry of Health and Long-Term Care study found that 57 per cent of home-care workers changed jobs within 12 months, leaving their patients with no continuity of care.

Medical Errors: Humbling or Alarming?

The story of a Windsor surgeon mistakenly performing two mastectomies on patients who did not have breast cancer garnered a lot of media attention recently. One piece stood out for its call for understanding.

The Globe and Mail's Andre Picard wrote a column urging that Hotel-Dieu Grace Hospital surgeon Barbara Heartwell not be made a scapegoat for the errors ([source](#)). Heartwell is the surgeon who performed the mastectomies.

The Ministry of Health and Long-Term Care subsequently announced it would conduct a review of pathology reports and possibly other cases of errors in the Windsor area.

Picard writes that those in the health-care system are human and that mistakes will be made. Certainly this is true...and he adds that perhaps the errors made by Dr. Heartwell will be "humbling" and prevent future errors.

As journalists covering health-care issues will know, the Ontario system has been beset with round after round of service cuts, bed closures and nursing position cuts. In addition, services such as rehabilitation, diabetes clinics, laboratory services and even cleaning have been outsourced to private, for-profit companies across the province.

While Picard's comments are true, there is growing evidence that moving services to for-profit companies may not be the safest option.

For instance, Sault Area Hospital outsourced cleaning services to an American company and subsequently experienced a hospital-wide MRSA (antibiotic-resistant bacteria) outbreak which killed a number of patients. The hospital ultimately spent millions of dollars on special disinfecting services to finally rid itself of the stubborn germs.

It will be interesting to see what the investigation into laboratory services in southwestern Ontario concludes.

Picard notes that new legislation means there is a compulsory surgical checklist that may prevent many errors in the future for Ontarians.

While surgery may become safer, continuing cuts to RN positions mean an increase in patient morbidity (complication) and mortality (death) rates.

LHINs Expenses Questioned

Local Health Integration Networks – or LHINs – are 14 regional health authorities in Ontario that have largely escaped the microscope of the media as they have reorganized the way that health-care is delivered in Ontario.

The tide seems to be turning. With the large provincial deficit, the release of the “sunshine list” of public-sector workers earning more than \$100,000 per year and a series of unpopular decisions challenged by communities, the media is increasingly questioning the cost and value of these bodies.

The *Toronto Star*, for example, has just published an opinion editorial questioning the “salary creep” of those who work for the 14 LHINs ([source](#)).

The sunshine list revealed that each LHIN has a CEO earning about one-quarter of a million dollars – \$350,000 in Toronto – and a raft of senior executives and managers earning up to \$200,000 annually.

The LHINs have also had their share of recent spending scandals, but are not subjected to the same spending constraints as government departments.

The *Toronto Star* piece notes that while it has supported LHINs in principle, there are growing concerns about value for the taxpayers’ money related to these bodies.

UNDER THE RADAR

News the Media is Missing

Hallway Nursing on the Rise?

A fascinating article in *The Guardian* newspaper ([source](#)) focused on the phenomenon of “hallway nursing” recently, noting that in a recent poll, two-thirds of nurses surveyed in National Health System hospitals said patients were being treated in areas not designed for clinical care.

The nurses’ responses indicated that the practice is widespread – and one nurse said she’d seen a patient cared for in a hospital kitchen. Most said hallway nursing was occurring more than once a week and the patient could be displaced for days at a time.

Close to 80 per cent of the nurses surveyed believe the practice is putting patients at risk – they highlighted patients having no access to call bells, water and suction facilities, emergency equipment and noted the increased risk of infection.

Ontario is increasingly relying on hallway nursing to handle the overflow of patients. Many hospitals are routinely over capacity and put patients in hallways, conference rooms and in one instance, a linen closet.

Further, the provincial government’s emergency wait times strategy – which has targeted timeframes during which patients must be moved from ER departments to other units – will inevitably lead to more hallway nursing in our hospitals.

Interestingly, the NHS cites the fact that all political parties in Britain are focused on putting resources toward front-line care, yet patient care advocates say if patients are forced into hallways, there’s either not enough funding going to front-line care or the funds are being spent unwisely.

The survey also put the spotlight on the nurses’ sense of powerlessness. Of those surveyed, 83 per cent said they’d voiced concern to senior managers about the precariousness of their hallway patients, but just four per cent said their concerns were addressed.

The author, Randeep Ramesh, also reported that the number of NHS managers rose 12 per cent last year – five times faster than nursing staff growth ([source](#)).

What is hallway nursing?

It’s the practice of storing unattended patients in hallways – due to a lack of available staffed hospital beds – with:

- no access to medical equipment
- an increased risk of infection
- a lack of privacy.

Hallway nursing is NOT conducive to quality patient care.