

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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Minister's Praise for Troubled Hospital Ironic

In the wake of damning reports on medical errors and unhealthy working relationships at Windsor's notorious Hotel-Dieu Grace Hospital, news that Health Minister Deb Matthews has praised the progress that has been made ([source](#)) is likely leaving many registered nurses rolling their eyes.

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Little Media Support for LHINs in Wake of Ombudsman's Report

Health care unions may feel just a tiny bit smug following revelations in Ontario Ombudsman Andre Marin's report on the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN).

Just five years ago, a coalition of health care unions – including ONA – launched an aggressive ad campaign and cross-province tour to warn Ontarians that these bodies were about to be created and to urge them to speak out.

At that time, many media outlets were uninterested in these strange-sounding organizations and seemed to side with the Health Minister's dismissal of ONA concerns, saying the unions were simply "fear-mongering."

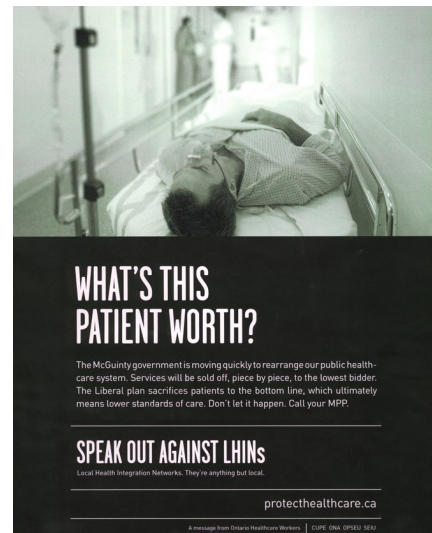
Now, with revelations in Marin's report, the media is all over the LHINs story and backing up opposition calls to either scrap them or move up a comprehensive review of them.

It's impossible to find a news story that is supportive of LHINs. In most cases, opinion editorials, news reports and columns take the LHINs to task.

Globe and Mail columnist Christie Blatchford's column is particularly scathing. Blatchford wrote about the "rot" that has set in to the government agencies in just a short while ([source](#)).

Blatchford's column uses expressions such as "little fiefs" in her description of LHINs and she reports on LHIN board member Jack Brewer's assertion that he participated in "community engagement" while playing at his \$8,000-year private golf club.

Blatchford concludes that LHINs have "simply added to the enormous administrative costs Ontarians pay to have health care delivered unevenly and opaquely." She adds that doctors, nurses and patients have been excluded from the discussions of the LHINs while not one person within the LHINs treats patients.



ONA and other health care unions mounted an aggressive campaign to alert the public about the flaws in LHIN legislation in 2005. Many predictions have come true.



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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**LHINs:
 The Promises, The Predictions,
 The Ombudsman's Report**

In November, 2005, ONA, OPSEU, SEIU and CUPE launched a public awareness and advertising campaign to warn Ontarians about the "deeply flawed Liberal plan" to introduce Local Health Integration Networks (LHINs).

There was broad media coverage of a multi-city series of open forums hosted by the unions in 2005/06 outside of Toronto, but the concerns of the unions were dismissed by government and LHIN legislation was passed in spring of 2006.

As Ontarians, opposition critics and the media take a new, hard look at what's happening to the province's health care system under the LHINs, it's worth a look back at what the government promised they would do, what the unions predicted would happen, and what is occurring:

Government promise:	ONA prediction:	The reality:
"LHINs will ensure community priorities and patient needs are determined locally, by people in the community."	<i>LHIN boards will concentrate health services in urban centres, transfer, merge or close providers.</i>	LHINs have been secretive, unresponsive, closed to local communities' input.
"People at the local level understand best the needs of their community and will LHINs will provide locally managed health care decisions."	<i>LHINs will be directed by the government, take away true local control by removing input from front-line staff.</i>	The LHIN Spin report notes the exclusion of doctors and nurses from decision-making and consultation process.
"Government is committed to public health care and LHINs will not open the door to private health care."	<i>LHINs are driven by the bottom line, not health care concerns.</i>	LHINs have approved ER closures, transferred services out of hospital to the "community" where patients must pay out of pocket for services formally covered by OHIP.
"LHINs won't mean program cuts or job losses."	<i>There will be service cuts and consolidations, leading to job losses.</i>	Dozens of programs and services cut from hospitals, including diabetes programs. More than 2,400 registered nursing positions cut in the past 18 months alone.
"LHINs will be accountable."	<i>LHINs are unelected and unaccountable bodies who answer to the government.</i>	LHINs found to have ignored community concerns, hold illegal in-camera meetings to make decisions.
"LHINs will put decision-making into the hands of local communities."	<i>LHINs will take away local control and shut out caregivers' input.</i>	See above.

Minister's Praise for Troubled Hospital Ironic

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Matthews told reporters she is "very impressed with the progress that has been made" at Hotel-Dieu and "proud" of the work to improve issues identified by a ministry-appointed investigator.

The investigation into pathology and surgical errors also reported an "alarming lack of respect" between Hotel-Dieu medical leaders, senior management and the board of directors.

The report urged improvements in the "unhealthy" workplace culture that has existed for more than a decade if any patient care improvements are to be made.

If this sounds eerily familiar, it's because the coroner's jury inquest into the workplace murder of registered nurse Lori Dupont also found an unhealthy workplace culture at Hotel-Dieu Grace Hospital.

Dupont was stabbed to death five years ago by anesthetist Marc Daniel while she worked in the OR recovery room at the hospital.

The coroner's jury heard evidence of the "toxic" workplace at the hospital and the coroner commented on a "culture of physician dominance."

The hospital's management was also shown to have ignored its own policies on harassment and nurses were described as being demoralized.

Five years and another scandal later, the hospital seems to have some work left to do.

UNDER THE RADAR

News the Media is Missing

Public-Sector Wage Freeze – Poll Shows Ontarians Have Concerns

A new poll conducted in early August by Angus Reid Public Opinion shows that many Ontarians have some concerns about the impact on health care of a public-sector wage freeze.

Despite the support expressed for union members to help solve the province's deficit ([source](#)), the poll reveals that Ontarians believe wage freezes for nurses will impact negatively on health care delivery.

Of those surveyed:

- 82 per cent say the proposed two-year wage freeze will cause the existing shortage of nurses to worsen
- 76 per cent believe it will cause wait times for emergency care to increase
- 75 per cent believe it will increase wait times for elective surgery/diagnostic tests
- 79 per cent believe it will result in Ontario nurses taking jobs outside of the province
- 72 per cent believe it will result in surgeries being delayed.

While 81 per cent of Ontarians say they support delaying tax rebates and credits to corporations, almost as many (73 per cent) say they support freezing the salaries of public-sector employees. Yet just 25 per cent say they support freezing the salaries of nurses.

When asked who should sacrifice to pay off Ontario's debt, 75 per cent cited corporate CEOs, 73 per cent cited banks and financial institutions, and 39 per cent cited public-sector employees. Just eight per cent cited nurses.

When asked about the personal repercussions of a wage freeze for nurses:

- 57 per cent say they will have to wait longer in the emergency room
- 54 per cent say there will be fewer nurses to help patients
- 43 per cent say they will have to wait longer for surgery
- 42 per cent say they will have to do more for themselves when in hospital.

The poll measures Ontarians' support for and attitudes toward the proposed public-sector wage freeze for unionized employees floated by the McGuinty government.

Only 25% of Ontarians support freezing the salaries of nurses.

Just 8% say nurses should sacrifice to pay off Ontario's debt.

The public believes wage freezes for nurses will impact negatively of health care delivery.

2010 Shows A Net Loss In Nursing Care Hours

'New' RNs Working in Ontario: 745
RN Positions Cut: 2,250

The College of Nurses of Ontario (CNO), the regulatory body governing nursing in the province, has released 2010 statistics on new RN registrations and whether they identify themselves as employed in nursing.

The new statistics barely show an uptick in the number of RNs employed. According to the CNO, 281 more RNs have full-time employment in hospitals, 128 more in long-term care, 270 in the community, and the rest "unspecified or other" for a total of 577 more RNs with full-time employment province-wide.

Part-time employment was found by 90 hospital RNs, 35 long-term care RNs, four community RNs, and 169 "unspecific or other" RNs. This is the equivalent of 40 more full-time-equivalent RN jobs.

In the casual employment category, CNO statistics show 22 hospital RNs found employment, 24 long-term care RNs found casual work, 167 community-sector RNs found casual employment and 87 RNs found "unspecified or other" RN casual employment.

Balance this total of 745 more RNs employed in the province with the 2,250 RN positions cut, and the province continues to clearly lose RN care hours.

Home Care Failing Without Adequate Funding

Troubles in Ontario's home care system had largely flown under the radar in the media – but an opinion editorial in the *Toronto Star* ([source](#)) has highlighted the decline in services in what Bob Hepburn writes is one of the "most critical parts of the health care system."

Hepburn writes that the McGuinty government's plan to transfer more people out of hospital quickly and have them receive care at home is "laudable," but this critical part of the system is becoming a "province-wide nightmare."

ONA has been warning about the troubles in home care since the McGuinty government reinstated the competitive bidding process for home care providers; now, the situation is declining further.



Among the factors that have damaged home care services in Ontario is the reintroduction of the competitive bidding process for home care providers. ONA joined with hundreds of concerned citizens in Hamilton to protest this change.

As Hepburn notes, the government has failed to adequately fund the programs and tens of thousands of patients are receiving fewer visits from health care professionals, or receiving no help at all.

Hospitals are moving patients out of hospital – as per the plan – more quickly than ever. They are simultaneously "trimming" the number of beds, services and staff, but the Community Care Access Centres (CCACs) charged with delivering home care services are also cutting staff and services.

Hepburn has the statistics to back up his argument and he bluntly labels the situation "nuts."

Home care spending now is less than it was in 1998 under the Harris government. Many of the for-profit and non-profit companies that provide caregivers are also in trouble and laying off nurses, physiotherapists and others.

As Hepburn advises, the health minister would "do well to listen very closely" to what health care associations are saying.

Latest Restructuring of British Health Care System Gives More Power to Doctors

The *New York Times* has reported on the latest reinvention of Great Britain's health care system – and it couldn't be more different than the direction Ontario is heading in.

The *Times* article ([source](#)) says that while details are scarce, the government plans to shift control of the country's \$160-billion annual health budget from a centralized bureaucracy into the hands of doctors at the local level.

The news emerges as Ontario hospitals are watering down front-line medical influence on decisions taken by their local boards.

The proposal calls for \$100 billion a year to be distributed to general practitioners, who would use the money to buy services for their patients from hospitals and other health care providers.

To save \$30-billion in administrative costs, the British government announced it plans to cut tens of thousands of bureaucrats' jobs. It will abolish its version of Local Health Integration Networks – called primary care trusts – and eliminate many government-set targets, such as guaranteed wait times.

Advocacy groups for primary physicians say the changes will allow clinicians to take responsibility for making the decisions on patient care.

Looking for the real story?

Speak to front-line nurses!

The Ontario Nurses' Association has a whole host of experts in health care. ONA members work in hospitals, long-term care, public health, the community and industry and can answer your questions as health continues to evolve in this province.

Need a reliable and informed source?

Contact ONA.



www.ona.org

FOR MEDIA ONLY:

Behind the Front Lines – an electronic newsletter that takes a look at the stories behind the stories. Great background info, insight and a resource for every journalist who writes about health care. E-mail shereeb@ona.org today to receive your copy.

