

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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Arbitrator Denies Request for a Nursing Home Worker Wage Freeze

Ontario Arbitrator Norm Jesin has denied a request from for-profit long-term care homes to impose a province-wide wage freeze on caregivers ([source](#)).

The precedent-setting ruling was made on September 16th; the arbitrator said the demand from Queen's Park for the wage freeze would worsen the shortage of nurses and key front-line health care workers.

Jesin ruled that he "cannot accept that compensation should be frozen because of the budget."

Proposed Public-Sector Wage Freeze: Media's Take Runs the Gamut

As the provincial government sits down with public-sector union leaders one group at a time to make its case for workers to accept a voluntary two-year wage freeze, columnists have weighed in – and non-unionized "public-sector workers" have spoken out ([source](#)).

The week of September 10th saw two opinion columns published that varied broadly in their take on the government's proposed freeze.

In the *Toronto Star*, Linda McQuaig ([source](#)) wrote that private financial sector companies will benefit from provincial corporate tax cuts being implemented by the government, saving roughly \$500 million in taxes this year.

In contrast, the public sector pay freeze, which might save the province an estimated \$1.7 billion annually, won't really reduce the deficit at all. Rather, the wage freeze will go to help pay for the corporate tax cuts.

She writes that if \$1,000 in wages is taken away from a nursing home worker earning \$25,000 a year, it won't go toward deficit reduction, but rather into reducing the taxes of some of our richest banks and corporations.

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By the Numbers:

The Public/Private Sector Tax Gap

1,000,000: The number of provincial public-sector workers being asked to accept a two-year wage freeze.

16 YEARS: The length of time it took for public-sector worker salaries to recover from the wage cuts during the 1990's Social Contract exercise. Adjusted for inflation, the average public worker earned the same pay in 2008 as in 1992.

4% LOWER: Despite popular perception, public-sector wage increases remain four per cent behind those in the private sector.

\$1.8 BILLION:

The amount the provincial government says it will save if public-sector workers accept the two-year wage freeze.

\$2.4 BILLION:

The cost in tax revenues of Ontario's planned corporate tax cuts.



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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Media's Take on Proposed Public-Sector Wage Freeze

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McQuaig asks why public-sector workers, who played no role in creating a financial crisis, are being singled out to pay for deficit reduction.

She also disputes the government's argument that reducing corporate taxes stimulates the economy – saying evidence that shows it does nothing of the sort. The provincial government's corporate tax cuts will take \$2.4-billion annually out of tax revenues by 2013, she notes, and are slated to take place even though a KPMG study revealed that Ontario's corporate tax rates were already lower than comparable U.S. jurisdictions.

Christina Blizzard's *Toronto Sun* column ([source](#)) is in stark contrast. Blizzard writes that she suspects that taxpayer sympathy for public-sector workers is in direct proportion to exactly which sector these workers are in.

Blizzard's view is that transit workers, garbage collectors and school secretaries enjoy no support from others due to strikes and the perceived lack of skill they require to do their jobs.



RNs say public-sector wage freezes mean patient will be left "high and dry".

She says it's tougher for the public to condemn nurses, as they don't have job security, are highly trained, well educated, work "thankless shifts" and are the first line of defence against epidemics like SARS and H1N1. She also notes that if the "obscene" salaries of hospital CEOs were rolled back, there'd be more money left over for those who "do the heavy lifting."

Blizzard quotes ONA President Linda Haslam-Stroud in her column, who says that patients will experience being moved through the health care system as fast as they can be moved... "so that CEOs can get their performance bonuses" from the government.

Haslam-Stroud predicts that at the end of the day, patients are the ones who will be "left high and dry." She believes that RN wage freezes are about nurses paying the price for corporate tax cuts.

Behind the Front Lines wonders where the truth lies. As reported last month, an August 2010 Angus Reid public opinion poll found that of Ontarians polled:

- 83 per cent blame banks and financial institutions for the current economic crisis;
- just 39 per cent believe a two-year wage freeze for nurses would protect RN jobs;
- a total of 75 per cent say the Ontario government should postpone planned corporate tax cuts.

Co-ed rooms at Sault Area Hospital a Sign of Overcrowding

In the latest case of a hospital making news because of overcrowding, Sault Area Hospital is in the spotlight for resorting to co-ed hospital rooms, parking patients in hallways and a sunroom and being at the mercy of the fire department, which has informed the hospital of fire code violations ([source](#)).

Even as hospital administrators across Ontario continue to use the official line that bed closures and RN cuts won't impact quality patient care, Sault Area Hospital has seen patients and patient advocates decry the state of care ([source](#)).

One letter to the editor told of a family member who found herself post-surgery in a room with three male patients. If the lack of privacy wasn't annoying enough, finding a blood-soaked male roommate draped across her bed in the middle of the night was at least comparable in discomfort to the time she had had to spend in a hallway because there were no beds or nurses available to care for her elsewhere.

ONA President Linda Haslam-Stroud says the mixed-gender rooms are not "new and improved health care," ([source](#)) and says they're a symptom of not having the appropriate number of in-patient beds.

UNDER THE RADAR

News the Media is Missing

Nursing Educators Concerned By Cutbacks

Concerned with finding the balance between fiscal responsibility and ensuring Canadian nurses are properly educated, the Canadian Association of Schools of Nursing/Association canadienne des écoles de sciences infirmières (CASN/ACES) has released a new report calling for quality health human resources. Extensive consultation has reaffirmed that education "at the baccalaureate level or higher" for registered nurses is critical to meeting the health needs of the population.

CASN/ACES released its report on nursing education in the 21st century ([source](#)) following the wrap-up of its Inaugural Nursing Education Summit. The report, entitled *The Case for Healthier Canadians: Nursing Workforce Education for the 21st Century*, identifies three key recommendations for nursing education investment in Canada:

- **Invest in nursing faculty and nursing program infrastructure** – increase access to graduate programs (which increases the number of nurses who can teach), provide financial assistance to nurses in Master's and Doctoral programs, and increase financial support for practice placements.
- **Foster innovative initiatives to sustain an appropriately prepared nursing workforce** – increase access to simulation training, provide distance education models to improve access for Aboriginal students and others, and create a database so researchers can study the trends that influence nursing students.
- **Invest in nursing research and knowledge translation** – provide nurses with the information they need to ensure they can provide the type of care that will have the best outcomes for patients, evaluate new models of care to ensure patient safety and optimum patient outcomes are the top priority.

Canada's nursing shortage is worsening each year. In Ontario, far fewer registered nurses graduate than the number who retire, and many new graduates cannot find permanent, full-time employment in the province. Just over 2,400 RN positions have been cut here in the past 18 months alone, and the Ontario government's proposed public-sector two-year wage freeze is unlikely to attract students to the profession.

As the report also notes, patient safety is becoming more of a priority than ever before as only those who have complex conditions are actually admitted to hospitals. RN education is critical to ensure patients receive safe and effective care. And, notes the report:

"A growing body of North American research over the last decade has clearly shown that patient safety and outcomes are directly related to the overall level of nursing knowledge within a health care agency. Patient outcomes are significantly better when patients are cared for by registered nurses who are baccalaureate prepared. The risk of death is decreased, fewer adverse reactions to treatment occur, there are fewer procedural violations, and there is a reduction in medication errors."

Security Clearance Changes Delay Nursing Student Placements:

Some Humber Students to Lose a Year of Education



Baccalaureate RN students in a simulation lab.

A *Toronto Star* article has detailed the fallout from a delay in getting security clearance for 44 Humber College nursing students ([source](#)).

Theresa Boyle writes that the students have been told that failure to get their police background checks by mid-September means they will not be allowed to enter the placement portion of their nursing education. Some will be unable to continue in a clinical course which isn't offered again until September 2011.

The students have been asking Humber College to intervene – the RCMP has recently changed its process for so-called “vulnerable sector checks” to make the process stricter. The changes have meant a process that used to be completed in four to six weeks but now take up to four months.

The Ontario Nurses' Association has formally written to Ministry of Health Assistant Deputy Minister Josh Tepper to request assistance for the students.

Students also allege that their applications were put on the back burner during the G20 Summit. They say they were told in July that they needed a letter from Humber College in order to obtain a letter of disclosure before applying for their security clearance. Many found it difficult to get the letter from Humber due to vacations.

Star Columnist Says Health Minister Has Created Chaos

As if opposition party attacks on the provincial government weren't enough of a challenge, *Toronto Star* columnist Bob Hepburn has written an opinion piece that calls for the intervention of the Premier to sort out the “chaos” that Ontario's health care system is in ([source](#)).

Hepburn pieces together many disparate stories on health care in the province – the fact that hospitals are announcing layoffs almost daily as they are pressured to save money, sending patients into the community where there are inadequate supports available for them.

He writes that funding cuts at Community Care Access Centres have left all but the most desperate patients with no care in the community, just as the government is relying on community health supports for patient care more than ever.

Hepburn's column omits just one piece of the puzzle – changes to how Community Care Access Centres have been directed to award home-care provider contracts.

The province has reinstated a competitive bidding process for home care agencies, meaning that nurses, physiotherapists and other care providers who contemplate entering the home care sector do so knowing that if their provider loses their contract, caregivers are out of a job and lose seniority and often wages and benefits in the process. This has resulted in a shortage of health care professionals willing to work in this very unstable sector and left those who need services with less access to them.

The surprising thing about Hepburn's column is that, though he acknowledges that Health Minister Deb Matthews is a “smart, pleasant and politically savvy woman whose heart is in the right place,” he places the blame for the widespread chaos and misery in critical parts of health care squarely on her shoulders.

He also writes about a “culture of fear” that exists in the sector, and says Matthews has created a “closed and defensive ministerial office.” Strong words indeed for a *Star* columnist...

More on the Myth of Health Care Costs

Thomas Walkom has taken a look at the issue of user fees for medicare and found a nugget of truth about health care costs in an unlikely place ([source](#)).

Walkom details the “wrong-headed” call for user fees contained in a new report from the Organisation for Economic Co-operation and Development. The Paris-based group’s latest report includes a chapter on Canadian health care that, as Walkom writes, shows a curious disconnect between its findings and its recommendations.

As he notes in the *Toronto Star*, Canadians have endured the user-fee debate before – most recently in 2002 when a special Senate committee examined the idea and concluded that user fees made no sense.

But the most interesting nugget of truth in the report is that, contrary to what politicians and other organizations are trying to sell Canadians, health care costs are NOT spinning out of control.

Medicare spending represents about the same proportion of the economy as it did 35 years ago – approximately five per cent.

However, the cost of drugs in Canada has risen disproportionately, an issue that Canada’s health ministers are discussing doing something about with a pan-Canadian drug purchasing strategy ([source](#)). Doing so could save more than \$10 billion a year – and is an expansion of medicare.

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

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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.