

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:

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Canada Health Accord Debate Heating Up

The *Toronto Star's* Thomas Walkom's column ([source](#)) on the new *Canada Health Act* contains a surprising nugget of information.

Walkom writes that a decade ago, anti-medicare forces were arguing that a second, private tier of medicine funded through private insurance was the only thing that would save our public health care system.

Now, most critics accept that two-tier Medicare doesn't save money – and overall, usually costs more.

Perhaps the continual stream of criticism aimed at those working in public health care facilities has led to a siege mentality for them – the news that even the critics accept that public Medicare is cost-effective will be a nice surprise.

Quality of Care in Nursing Homes: Nurses Have Spoken Up For Years



ONA leaders have spoken out for years about the need to improve conditions in Ontario's long-term care facilities. Here in 2008, Vicki McKenna, RN, ONA First Vice-President, answers questions during a media conference at Queen's Park calling for more care hours for residents.

Kudos to the *Toronto Star's* Jesse McLean and Moira Welsh for their latest investigative stories on abuse in Ontario nursing homes ([source](#)).

ONA can't help but note, however, that its leaders and those of other health care unions have been calling for increased hours of care for residents of long-term care for years.

The *Star* articles bring the plight of these residents in many facilities to the public's attention. While RNs must report abuse as a condition of their license, health care professionals (such as registered nurses) are prevented from informing the public or media because of strict regulations around patient privacy.

As the union representing 57,000 Ontario registered nurses and allied health professionals and more than 13,000 nursing student affiliates, it is frustrating to see the media fail to pick up calls for implementing a minimum standard of care for these residents.

There seems to be a disconnect – readers and the media express outrage that residents are not cared for properly in every case, yet they also support public-sector cuts. RNs and other health care workers are public-sector workers and their services are desperately needed in these facilities.

Many long-term care facilities are staffed with the minimum number of registered nurses (which is one RN per facility under provincial legislation).

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What is ONA?

The Ontario Nurses' Association (ONA) is the union representing 57,000 front-line RNs and allied health professionals and more than 13,000 nursing student affiliates providing care in Ontario hospitals, long-term care facilities, public health, the community, industry and clinics.



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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Quality of Care in Nursing Homes,

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It's difficult to attract and retain qualified RNs to this sector as long-term care RNs are not provided the same level of wages and benefits as hospital RNs.

Ironically, RNs in these facilities are responsible for the health of residents who – in increasing numbers – require very complex care, yet they have little time to provide hands-on care. In a large facility, one RN can be responsible for the oversight and supervision of care for up to 300 residents.

Is the fact that it is union officials who have been raising the alarm and advocating for residents in long-term care the reason these warnings have not been covered?

No matter how the stories come to light, ONA members are pleased that the *Star* continues its advocacy efforts to improve the care long-term care residents receive.

What's Good for the CEO Also Good for the Nurses?



Ontario is losing registered nurses to retirement and there aren't enough new nursing graduates to replace them. Shown here are RN students at Lakehead University.

The collective scratching of heads may have been audible in Ontario when RNs read Ontario Hospital Association President Tom Closson's opinion editorial on hospital CEO salaries ([source](#)).

Arguing that the salaries of hospital CEOs should not be capped at \$400,000 as NDP Leader Andrea Horwath is advocating, Closson says that "just" one hospital CEO in Ontario is paid more than \$800,000 per year and 75 per cent of hospital CEOs earn less than the proposed cut-off point.

While registered nurses and the Ontario Nurses' Association have no qualms with Closson's argument that CEOs should be paid "reasonable, competitive

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compensation” and that doing so helps draws talented people to the province, it seems odd that the same argument doesn't resonate with Closson for attracting RNs to Ontario.

Particularly intriguing is his inference that capping salaries at \$400,000 will make it easier for other provinces to lure CEOs out of the province and – as he argues – “we do ourselves no favours by pretending otherwise.”

The nursing shortage plaguing Ontario and the rest of the world hasn't seemed to influence the treatment of our RNs in order to prevent them from leaving the province. In Ontario, tens of thousands of nurses are at or within a few years of retirement age, and there simply aren't enough young nurses to replace them.

Salaries for RNs working in hospitals, Community Care Access Centres and nursing homes are frozen for two years – despite arbitration rulings for other health care workers that gave them very modest wage increases. And in Ontario, an RN reaches the top of the pay grid within eight years, with no further recognition of experience, continuing education or expertise until the 25-year mark.

Registered nurses in the provinces of British Columbia, Alberta and Saskatchewan earn more than RNs in Ontario, a tempting prospect for new nursing graduates with no ties to Ontario.

Closson's correct in his thinking that we need to attract and retain

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Home Care Stays in the Spotlight

Vancouver Sun reporter Barbara Yaffe put a personal spin on an opinion editorial calling for the country's premiers to advocate for home care funding in their Canada Health Accord negotiations ([source](#)).

Yaffe writes about the need for improvements to Canadian home care as a demographic bubble of boomers hits their sixties and calls for the country's premiers to put financing in place to provide community-based home care options that would make life better for seniors.

Why? Yaffe believes her 86-year-old father “engineered his own death” by curtailing his kidney dialysis because he was “fed up with his assortment of illnesses and despised every day of the three years he spent living in a nursing home.”

She admits her father was too frail to manage to live in his own home, but it's where he longed to be – as will the boomers.

She quotes Institute for Research on Public Policy gerontologist Neena Chappell who insists that a national, publicly funded home care system is the next essential service for medicare. In a new report, the Institute defines home care as everything from informal care (such as helping seniors with shopping or banking) to formal health-related care administered in the home.

In Ontario, the government does fund home care. ONA and other health care advocates note that while we are fortunate that funding is provided, the system does need more work.

Keeping Nurses Safe Keeps Patients Safe

Yet another study has been released that found benefits for patient safety when a safe working environment is created for patients.

Dr. Jennifer Taylor of the Drexel University School of Public Health analyzed data from 28,876 patient discharges on 29 nursing units; the researchers collected nurses' responses to a safety attitude survey (one measure of safety climate) and nurse and patient injury data.

Patient injury data included preventable hospital injuries, such as falls, pulmonary embolism/deep vein thrombosis and pressure ulcers/bedsores. Nurse injury data included needlestick injuries, splashes, trips, slips and falls.

The researchers found that patient injuries were directly correlated with nurse safety, and that with each 10-per-cent increase in nurses' turnover rates, a 68-per-cent increase in the odds of nurse injury occurred. Patients were also at higher risk of suffering a pulmonary embolism/deep vein thrombosis.



ONA President Linda Haslam-Stroud, RN, has been a vocal advocate of improving the way we provide home care services to Ontarians.

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the best to our health care system – but those he advocates for have a consistent habit of cutting RN positions first to balance their budgets.

No matter how you look at it, that practice is unlikely to attract or retain nurses during a time when America and countries worldwide are recruiting nurses trained in Ontario.

Health Unit Cuts Won't Impact Front-Line Staff

What at first seemed like a refreshing story of public health unit cuts that didn't affect front-line staff turned out to be not quite as it first seemed ([source](#)).

Calling the reorganization a way to take the “scalpel” to senior management positions in order to inject a transfusion of cash into core services, the Leeds, Grenville and Lanark District Health Unit's medical officer of health announced that the number of departments would be cut from six to three to allow for more allocation of funding into front-line programming.

Three director positions were to be terminated in the reorganization. As it turns out, though, the funds saved on directors' salaries will not go into more public health nurses. Rather, the health unit will hire more managers to “provide more help for staff.”

Health unit officials say the funds to pay for an organizational review came from its financial reserves.

UNDER THE RADAR

News the Media is Missing

Registered Nursing Numbers Have Declined

The College of Nurses of Ontario – the body that regulates and licenses the province's nurses – has released new statistics that show fewer working nurses.

The number of registered nurses employed in Ontario has actually declined since 2010. At the same time, the number of registered practical nurses employed has risen, as has the number of nurse practitioners.

The organization's 2011 Membership document shows the number of RNs working in Ontario declined by 501 since 2010; RPNs working increased by 1,050 as did NPs – 180 more working since 2010.

While the full report will be released in early 2012, the following are highlights to date:

Registered Nurses Employed Compared with 2010:

Full-time:	+ 1,946
Part-time:	- 2,054
Casual:	- 393

Total: Loss of 501

Registered Practical Nurses Employed Compared with 2010:

Full-time:	+ 1,584
Part-time:	- 554
Casual:	+ 20

Total: Addition of 1,050

Nurse Practitioners Employed Compared with 2010:

Full-time:	+ 170
Part-time:	+ 21
Casual:	- 11

Total: Addition of 170

Name Change Costs Hospital \$108,000 – So Far

It's rare that a physician will speak out or criticize a hospital, but in the case of Sudbury Regional, a physician recently did just that ([source](#)).

Sudbury Regional Hospital is in the midst of a transformation into an academic health sciences centre. As part of that transformation, it recently emerged that management has spent \$108,000 – to date – on a name change and new logo.

The hospital recently held a health care forum at its newly christened Health Sciences North facility and featured former Sunnybrook Health Sciences senior executive Dr. Donald Livingstone as a speaker. Livingstone helped turn Sunnybrook from a hospital into an academic health sciences centre some 20 years ago – the current goal of the Sudbury organization.

While supportive of the change and noting that the transformation will not take money away from patient care, but rather attract new money in the form of grants, Livingstone was openly critical of the money spent on the name change.

“Some people have questioned the need for a new name and expenses. I agree,” he said. “A hospital should never spend money to change the name and logo.”

Seventy per cent of the \$108,000 spent to date has gone to outside consultants, funds that ONA believes could have been better spent on front-line 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

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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.