

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. **Media coverage of Canada's class war out of touch with readers' attitudes** – [go](#)
2. **Toronto's public health nurse flap a case of discrimination?** – [go](#)
3. **Niagara Health System in crisis mode with no PR head** – [go](#)

Physician-Led Hospitals Outperforming Non-Clinical CEO-Led Facilities

In a fascinating study out of the U.S., patient care has been found to be superior in physician-run hospitals than in hospitals run by non-clinical CEOs ([source](#)).

The results are especially significant for their implications in Ontario, where the last couple of decades have seen hospitals headed by mostly financial experts with no health care experience.

The results run counter to the trend to use non-clinical managers to helm hospitals.

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Nursing Can Be Hazardous:

Nurses experience more workplace injuries due to violence than many other professions. Here, ONA President Linda Haslam-Stroud speaks out about assaults on nurses at the Centre for Addiction and Mental Health as CAMH RN Danielle Latulippe-Larmond looks on.



Workers Compensation Board Stats Show Health Care Staff at Highest Risk of Workplace Assaults

The *Winnipeg Free Press* ([source](#)) has published an investigative series on workplace hazards and lost-time injuries and reports that health care industry professionals are “working in fear.”

According to Manitoba Workers Compensation Board statistics, those employed in the health industry such as nurses and orderlies are the most likely to suffer lost-time injuries due to workplace assaults or violence.

Manitoba Nurses Union President Sandi Mowat says she believes nurses have become numb to violence, noting that while there have always been such incidents in hospitals, long-term care facilities and other health care settings, they are increasing in frequency and nurses get to the point where they feel that it's just another daily occurrence to cope with.

In Manitoba (and to an extent, in Ontario), police can be reluctant to pursue criminal charges against patients for assaults. Nurses see these roadblocks occurring and often opt to choose to not press for charges to be laid.

Several years ago, the Ontario Nurses' Association surveyed its members about whether they had experienced physical or verbal violence on the job; 36 per cent reported that they had been physically assaulted, 67 per cent reported they had been verbally assaulted and 11 per cent reported that they had been sexually assaulted.

CBC research found that health care workers are three to 12 times more likely to be assaulted or injured on the job than any other profession, including firefighters and police officers.



What is ONA?

The Ontario Nurses' Association (ONA) is the union representing 57,000 front-line RNs and allied health professionals and more than 12,000 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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New York Times Essay Illustrates the Dangers of Overtime, Heavy Workloads for Nurses and Their Patients

The suicide of a Seattle nurse who had made a serious error has inspired an essay that was published in the *New York Times* to illustrate how nursing errors reverberate.

Nurse and author Theresa Brown, RN wrote the piece ([source](#)) to illustrate the repercussions when nurses work too many hours.

She recounts an error she made early in her career – while working overtime after a 12-hour shift – that could have seriously impacted her patient. It didn't, but she writes that she recognized the risks in working too many hours.

Brown writes that working overtime increases the likelihood that nurses and other health professionals will make errors, and has refused overtime since that day.



Too much overtime, heavy workloads can be a danger for both nurses and their patients.

Studies Linking RN Care and Patient Outcomes:

A number of new studies have been released this year showing the benefits of registered nurses and their broad scope of practice.

A quality and cost analysis reported by Health Services Research ([source](#)) shows that when more RNs are working on a hospital unit and RN overtime hours are lower, there is a correlated lower rate of ER visits and readmission of patients due to complications.

A study published by the *New England Journal of Medicine* ([source](#)) showed a significant association between patient mortality and shifts that have lower levels of RN staffing or high patient turnover.

Another study looked at the association between nurse staffing and “adverse events” on a shift-to-shift basis ([source](#)). Researchers found that a higher percentage of RNs working was significantly associated with fewer patient falls and medication administration errors.

Hospital CEO Questions Whether Public Health Care is Possible Anymore

One in a series of reports in the *Barrie Examiner* this month contained a startling statement from the city's Royal Victoria Hospital CEO.

In an article about finding new opportunities to rent space to private-sector businesses on hospital property to offset tight budgets and funding ([source](#)), CEO Janice Skott expressed doubt about whether a totally public health care system is even attainable.

The hospital has created a new position – director of business development – to find alternate sources of revenue. Currently, there is a food court with five fast-food franchises in it, paid parking, bank machines and a baby photo booth. The hospital makes about \$4 million per year from these ventures.

The director of business development is exploring a whole range of options as the hospital attempts to stay out of “a full-fledged crisis.”

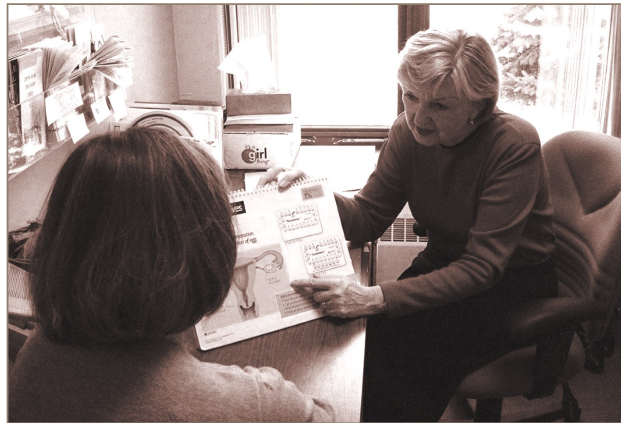
The piece notes that hospitals are being encouraged by the Ministry of Health and Long-Term Care to develop business opportunities, and there are no guidelines or regulations being imposed. Some have wondered how appropriate it is to have high-fat, high-sodium and high-calorie fast food available in hospitals while more hospital-run food services close.

Physicians Outperform Non-Clinical CEOs, *cont'd from page 1*

The trend was first questioned in the U.K. by the National Health Service, which commissioned the Darzi Report to study the issue. The report contained no clear evidence, but this new study proves what medical personnel have long since suspected.

It found that hospital quality scores are approximately 25 per cent higher in facilities headed by medical staff than in average hospitals.

Disadvantaged Being Targeted in Toronto Public Health Nurse Debate?



Toronto Mayor Rob Ford's rejection of provincial funding for two additional Public Health Nurses will impact new immigrants and the poor.

While the Toronto media has devoted much coverage to Toronto Mayor Rob Ford's turndown of provincial funding for two additional public health nurses, an opinion editorial in the *Toronto Star* has questioned whether the mayor's decision is targeting the disadvantaged.

The editorial ([source](#)) notes that if two-thirds of city councilors were willing to challenge the mayor's “irrational” agenda, there might be hope of overturning the rejection of the new nurses. In the end, council did not overturn the decision.

The piece openly wonders whether the mayor's decision would have been different if the beneficiaries of the new nurses' skills and programs – Toronto's new immigrants and the poor – were middle class Torontonians.

The editorial goes a bit further – saying that rejection of nurses for those in need is “so heartless, and throwing away an offer of free funding so stupid” that it's hard to imagine more than a handful of councilors making such an error.

For Ontario's public health nurses, the need for more nurses on the front lines is evident. Toronto is the only municipality to turn down the offer and a group of more than 2,000 nurses have sent letters to the mayor and council, urging them to reconsider their decision.

Across the province's public health units, many public health nurses have seen cuts to their workforces, programs and services. The extra government funding is excellent news for ensuring healthy communities.

NHS Spokesperson's Departure is a Mystery

The Niagara Health System is regularly the subject of Niagara-region media attention, but the extent of the current *C. difficile* outbreak, the NHS's failure to inform the public quickly and the news that other Ontario hospitals have outbreaks as well has extended media coverage across the province.

In the midst of the PR crisis, Chief Communications Officer Christine Clark has disappeared and neither she nor the hospital is talking.

Clark has been the communications officer since 2000, when eight hospitals in the region amalgamated to form the Niagara Health System. She has been the voice of the organization as it closed emergency departments, cut staff and closed beds.

Her departure has many people wondering whether the hospital's failure to inform the public of the *C. difficile* outbreak for more than a month is the reason.

UNDER THE RADAR

News the Media is Missing

Did Hospital Improvement Plan Contribute to Niagara's *C. difficile* Outbreak?

Niagara-area health care activist Pat Scholfield has voiced her conviction that there is a direct correlation between a serious outbreak of *C. difficile* and cuts at the Niagara Health System – a link that the media hasn't yet pursued.

In a letter to the editor of the *St. Catharines Standard* on July 2, Scholfield writes that the implementation of the Niagara Health System's contentious hospital improvement plan has resulted in the closure of two emergency departments, more than 100 bed closures and nursing cuts.

As a result, Niagara Health System facilities are overcrowded and patients are often transferred from one site to another to receive needed care.

According to a British Medical Association report, these factors all contribute to an environment conducive to the spread of superbugs and are not conducive with effective infection control policies, Scholfield writes.

While there has been extensive coverage of the outbreak at the Niagara Health System and other Ontario hospitals, no one as yet has investigated whether cuts have been at least partially to blame.

One letter to the editor of a Cornwall newspaper ([source](#)) expressed empathy for the nurses and housekeepers who are trying to do their best for patients while under enormous time pressures. A. Payne notes that "in these days of repeated cutbacks" the staff must clean a bed and surrounding area before a new patient can be admitted. Payne applauds them for doing "great work" under increasingly difficult conditions.

Niagara Health System Visitors Becoming Aggressive During Outbreak:

Visitors Refusing to Take Precautions, Abusing Staff

Though it didn't receive much coverage in Ontario, the *Calgary Sun* ([source](#)) reported the story of Niagara Health System staff having to cope with aggressive visitors who refuse to wash their hands during the *C. difficile* outbreak.

CEO Sue Matthews says nurses are finding some visitors are becoming "increasingly agitated and are refusing to wash their hands."

Though she says that it isn't unusual for nurses to face aggression and violence on the job, she has vowed to have security escort such visitors out of the building.

No nurses have been physically assaulted, but some have faced verbal abuse when they've asked visitors to comply with hand-washing directives.

Media Losing Touch with Readers' Reality?

Linda McQuaig's delightfully funny and insightful opinion column in *The Toronto Star* says the "genius" of the architects of the conservative "revolution" sweeping Canada has been to distract Canadians with the activities and outfits of the Royal Family ([source](#)).

McQuaig writes about the class war that is heating up in Canada – including the attacks on unions, which are now focusing on public-sector unions. She counters the "conservative narrative" that the public hates unions with a statistic: **While 30 per cent of Canadians do belong to unions, a full 52 per cent say they would like to.**

McQuaig also points out that conservative commentators like to portray public-sector workers as a "pampered elite," yet the royals – among the most pampered people on the planet – are portrayed as down-to-earth if they flash a smile.

The contracts that have been negotiated by unions shouldn't be seen as a threat to other workers, she argues, as they are a benchmark that can be used by others to win the same.

McQuaig concludes that the conservative "revolution" has "thwarted" Canadians in their desire to unionize themselves in this ongoing class war. The up side? "It has put no limits on their freedom to fully observe the pageantry of royal life."

As more media coverage is critical of public-sector unions and propagates the myth of union member "entitlement" – and repeats the mantra of working Canadians needing to "do their part" to help during these economic times, the reality of how Canadians truly feel is food for thought.

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.