



November 10, 2010

Sylvia Moustacalis
Manager, System Productivity and Governance Unit
Ministry of Health and Long-Term Care
Health System Strategy Division
80 Grosvenor Street, 8th Floor, Hepburn
Toronto ON M7A 1R3

Dear Ms. Moustacalis,

Re: Proposed Regulations under the *Excellent Care for All Act, 2010*

The Ontario Nurses' Association (ONA) is the union representing 55,000 front-line registered nurses 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 and industry.

Nurses strive to provide quality care for every patient in every health care setting. ONA has been an advocate for appropriate resources and improved conditions of work to permit nurses to focus on the provision of quality care to our patients in all sectors of our health care system. We welcome the opportunity to provide comments on the Proposed Regulations under the *Excellent Care for All Act, 2010*.

Proposed Regulation – Quality Committee Membership

We believe the omission of a frontline registered nurse from the proposed membership of the Quality Committee is a glaring shortcoming in terms of representation from the largest group of frontline health professionals delivering health care to patients. While we support the inclusion of the Chief Nursing Executive, we believe it is equally important to have a frontline registered nurse represented on the committee who will bring a quite different perspective to the committee deliberations. The proposed membership includes a member of a health profession who provides health care in the hospital, other than a physician or a nurse, but does not include a frontline registered nurse. It seems incongruent with the concept of quality care for patients, the purpose of the Quality Committee, to exclude a frontline representative for the largest group of health professionals who provide patient care.

Additionally, a safety culture is central to a quality practice setting in hospitals, as nurses learned through tragic personal experience during SARS.ⁱ Patient safety must not be separated from worker safety but must be considered together, not operating as “silos.”ⁱⁱ A representative of registered nurses sitting on the Quality Committee will assist with bridging this divide.

Other hospital committees, under regulation 965 of the *Public Hospitals Act*, include the full range of nursing representation: the chief nurse executive, nurse managers as well as staff nurses. We believe the Quality Committee should follow this model with the addition of a representative of frontline registered nurses (RNs) in addition to the Chief Nursing Executive.

We recommend that frontline registered nurses be represented on Quality Committees because of the daily connection to quality patient care in the work performed by RNs. Because ONA is the representative of registered nurses in the majority of Ontario hospitals, we further recommend that the representative of RNs who sits on the Quality Committee be the ONA Bargaining Unit President in each ONA-represented hospital.

Proposed Regulation – Ontario Health Quality Council

The regulation proposes to add a fairly open-ended function to the functions of the Ontario Health Quality Council as provided for in section 12 of the *Excellent Care for All Act, 2010*. The additional function of the Council to be added is “to carry out any functions formerly carried out by a ministry of the Government of Ontario that are transferred to the Council by an agreement with the Crown or Minister and with the approval of the Lieutenant Governor in Council...”

We propose limiting the addition of this general function by restricting it to any function that can be related to the current functions of the Ontario Health Quality Council provided for in section 12 of the *Act*. Therefore, we recommend amending section 7 in the Proposed Regulation to read: “...any functions, **related to functions provided for in section 12 of the *Excellent Care for All Act, 2010***, formerly carried out...” We do not believe it is appropriate to transfer *any* functions of a Ministry to the Ontario Health Quality Council without any public consultation, but simply through an agreement with the Minister.

We also are expressing our concerns that the expanded mandate for the Ontario Health Quality Council may justify delisting of needed health services that are currently funded by government and covered by OHIP. While we do support constraints on the overuse or misuse of technological interventions in order to curtail inappropriate treatment and unnecessary costs to the health care system, we believe that there should be broad public consultation on any recommendations concerning changes to government funding of health care services and medical devices. This public consultation would be in addition to the section 13(2) requirement in the *Act* for the Minister to table yearly reports from the Ontario Health Quality Council in the Legislative Assembly.

Finally, we recommend that at least one registered nurse be appointed to the Ontario Health Quality Council because of the close connection between the work of the Council related to the development of quality indicators and the frontline perspective of registered nurses with respect to the hands on delivery of quality patient care each and every day.

Conclusion

We have made a number of recommendations for amendments to the proposed regulations that we believe will improve the composition of Quality Committees and will improve the functioning of the Ontario Health Quality Council.

We also believe that additional work needs to be done by the government in order to recognize that quality patient care is dependent on care from a range of regulated health professionals. It is time to update hospital committee membership in regulation 965 under the *Public Hospitals Act* to recognize this fact by mandating an Interprofessional Advisory Committee with representation from frontline registered nurses.

As well, we believe that Fiscal Advisory Committees (FACs) in hospitals are an important part of ensuring quality care in hospitals as this committee is responsible for making recommendations on the operation, use and staffing of the hospital.

We recommend amendments to section 5 in regulation 965 under *the Public Hospitals Act*:

- to address the frequency with which FAC meetings should take place to coincide with the hospital budget cycle but not less than quarterly meetings;
- to require that information necessary for meaningful consultation be provided in advance to members of the FAC; and
- to require that the FAC make recommendations to the Board and that the Board of a hospital take into account the recommendations of its FAC before making significant decisions affecting the operation, use and staffing of the hospital.

It is important to quality patient care that the Ministry of Health and Long-Term Care put in place inspection processes to ensure that violations of section 5 in regulation 965 are inspected and that the regulation is enforced, including board by-laws that provide for the participation of staff nurses in decision-making related to administrative, financial, operational and planning matters in the hospital.ⁱⁱⁱ Additionally, follow-up is required under the *Public Hospitals Act* on the recommendations in the Dupont/Daniel Inquest regarding hospital physician privileges.

Quality care by registered nurses is a fundamental part of positive patient outcomes while in hospital. For that reason, it is important that frontline registered nurses be active participants of hospital Quality Committees as well as other committees as provided for in regulation 965.

Thank you for consideration of our recommendations.

Sincerely,

ONTARIO NURSES' ASSOCIATION



Linda Haslam-Stroud, RN
President

lhs/lw

C: ONA Board of Directors
Mary Lowe, Chief of Staff, Ontario Health Minister Deb Matthews
Vanessa Burkoski, Ontario Chief Nursing Officer

ⁱ The late Justice Archie Campbell, in his SARS Commission report, wrote: "occupational health and safety protections perform a double duty, safeguarding workers while also shielding patients and visitors....If workers are not protected from health and safety hazards, patients and public are not protected either. It's that simple." See *Spring of Fear*. Volume 1e.

ⁱⁱ "Until this divide is bridged and infection control and worker safety disciplines begin to actively and effectively cooperate, it will be difficult to establish a strong safety culture in Ontario." *Ibid*.

ⁱⁱⁱ See section 4(1)(f)(i) in regulation 965.