Health-Care Cuts in the Spotlight as ONA Launches New Campaign

Just how blunt do nurses have to be to persuade the media – and the Ontario public – to understand that registered nurses have concerns that cuts to health care are harming their patients?

That was the dilemma facing the Ontario Nurses’ Association (ONA) as it launched the latest in a long line of public awareness ad campaigns to inform and motivate residents to speak out against cuts to health care.

As she launched “The Truth Hurts. Nurses Know” campaign, ONA President Linda Haslam-Stroud, RN told media gathered at Queen’s Park that for whatever reason, the long line of ONA campaigns – the Not Enough Nurses, Still Not Enough Nurses, Cutting Nurses, Cutting Care, Value the Invaluable, and More Nurses campaigns – had yet to drive home the message that more RNs equals better health outcomes for patients.

Conversely, RN cuts – such as have been happening in Ontario for years now – have been repeatedly shown in studies to increase patients’ risks of suffering complications and even death.

Haslam-Stroud said it was time to speak in layman’s terms – recounting horror stories relayed to her by front-line RNs about the impact of prolonged nursing cuts and bed closures.

In a powerful set of remarks, in an effort to clearly convey what bed closures have done to patients, Haslam-Stroud said that patients are being “kicked out” of ICU beds prematurely and sometimes suffer a health setback – or death – as a result.

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Outspoken Medical Officer of Health Decries Money “Wasted” on Flu Vaccines

As a report in InsideBelleville.com (source) notes, it’s “not often one gets taken aback at a monthly board of health meeting.”

However, the October meeting saw the medical officer of health for Hastings and Prince Edward County, a former provincial medical officer of health, Dr. Richard Schabas announce that the flu vaccine last year and likely this year was a huge waste of money.

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What is ONA?
The Ontario Nurses’ Association (ONA) is the union representing 60,000 registered nurses and allied health professionals and more than 14,000 nursing student affiliates providing care in Ontario hospitals, long-term care facilities, public health, the community, clinics and industry.

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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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The message was received and accurately reported on by two well-respected reporters. Keith Leslie of the Canadian Press (source) and Theresa Boyle from the Toronto Star (source) both reported thoroughly and well on the concerns of Ontario RNs.

Boyle’s piece noted that patients are often kept in the dark about things that go wrong in hospitals. As Haslam-Stroud said, “They don’t know that the reason their insulin was late...was because we didn’t have enough RNs that day to care for them. They didn’t know that the blood work was missed because we didn’t have enough RNs... The near misses are horrendous.”

Later in Question Period, NDP Leader Andrea Horwath warned that four years of frozen hospital budgets are taking their toll. Health Minister Eric Hoskins said the government has been “working to stabilize Ontario’s nursing workforce, but acknowledge more work needs to be done.”

Leslie’s piece was picked up province wide. He noted that Premier Kathleen Wynne’s comments included, “there is a transition in communities where there is more community care that is being set up.”

However, Haslam-Stroud says that the RN positions being cut from hospitals are not being replaced in the community. “The reality is that these positions are not moving into the community for our patients. A new model of nursing care is an excuse for the bean counters to make decisions about our patients,” she said.

The bottom line for registered nurses is that they have seen the reality of prolonged cuts to services, RN positions and beds. As RNs, it is part of their duty to advocate for their patients’ care, and this new public awareness campaign is part of that effort.

Those who have seen their loved ones parked on a stretcher in the hallway of an emergency department know the reality. Perhaps now Ontarians will understand a bit better what this really means for their health.

More information can be found at morenurses.ca.
Workplace Violence Finally Gets Some Media Attention

The need for sensational visuals has been an impediment to ONA receiving full media coverage of the issue of workplace violence for health-care workers.

Workplace violence in health care has been of concern to ONA for decades. Recently, though, as crowding has increased in our health-care facilities and wait times have grown, ONA has noted an increase in the number and severity of workplace violence incidents in the province. This has led to a renewed focus for ONA on the issue, with increased efforts to stop this trend.

While media in Ontario is interested in doing its part to report workplace violence, television especially has visual needs.

However, ONA has not been able to connect RNs who have been injured on the job to reporters, which would leave their privacy breached and vulnerable.

Despite this, the Toronto Star (source 1, source 2) and Global television’s “16x9” news programs each have done great work in reporting on the reality of what an RN faces in every health-care setting.

Now, the ministries of Labour and Health and Long-Term Care have convened a violence roundtable with stakeholders, including ONA, to develop solutions to eliminate workplace violence.

In a letter to the editor, Linda Haslam-Stroud notes that two elements would go a long way towards ending workplace violence in health-care facilities – adequate nurse staffing levels and a zero-tolerance policy that is enforced by employers.

ONA has been working to improve workplace safety for health-care workers for decades. Efforts increased back in 2005, when ONA member Lori Dupont, RN, was brutally murdered while working in the recovery room of Windsor’s Hotel-Dieu Grace Hospital. Hope is high among the RNs in Ontario workplaces that with this commitment by the ministries, the workplace conditions faced by nurses every day will at long last improve.
Flu Season is Here But Vaccinate-or-Mask Story Difficult to Report

Arbitrator James Hayes said there is doubt about whether unfitted surgical masks protect against the spread of influenza.

The September arbitration decision by James Hayes regarding influenza vaccination was big news in Ontario for registered nurses working in 30 hospitals (source). The matter remains a complicated one for media to accurately report on.

Hayes ruled that Sault Area Hospital – which had implemented a policy of forcing RNs who had not received an influenza vaccine to wear an unfitted surgical mask for up to six months of the year – was coercive and did not protect patients from the spread of the virus.

While media coverage was widespread, the reports tended to miss the point of the story and the grievance filed by the Ontario Nurses’ Association (ONA).

While many reported the story from the angle that RNs could not be forced to take an influenza vaccine, in fact the story is that unfitted surgical masks do not offer protection for patients or workers.

In his decision, Hayes wrote that the policy was unreasonable and was meant to coerce nurses into having an influenza vaccine.

ONA introduced evidence that Sault Area Hospital – the test case in this grievance – did not alter its vaccinate-or-mask policy during the previous influenza season after it became known that the vaccine was relatively ineffective and a mismatch for the strain circulating in 2014-15.

Sault Area Hospital's own Chief of Medical Staff and Director of Medical Care, as well as its Chief Nursing Officer, made known to the CEO their disagreement with the policy.

Experts testified during the 18-day arbitration hearing that there is scant evidence that nurses who are asymptomatic should be made to wear an unfitted surgical mask for up to six months per year. One expert – in masking – testified that the unfitted surgical masks likely did not protect either the patient or the nurse from transmission of influenza.

What the arbitration was not about was a debate on the effectiveness of influenza vaccines; as the president of ONA, Linda Haslam-Stroud, RN explained to various media outlets, ONA members already have collective agreement language to protect their patients in the event of an influenza outbreak declared by the medical officer of health.

In such an event, unvaccinated nurses would take a leave or work in another unit.
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Vaccinate-or-Mask Story Difficult to Report, cont’d from page 4

What the arbitration was about was the coercive techniques used to pressure RNs into having an influenza vaccination. By forcing unvaccinated nurses to wear masks, the employer was making a public example of nurses, breaching their right to health privacy by signaling to others whether or not the nurse was vaccinated, all of which did nothing to improve infection control.

Canadian Press did a great job of capturing the issue (source).

The CP report included an interview with infectious disease expert Dr. Michael Gardam, who said that, “the influenza vaccine is only about 40 to 60 per cent effective even in good years, which means all hospital workers should wear masks all the time if they were actually effective at preventing the spread of the flu.”

“So the only way you can really explain that argument is to say ‘well, it’s not really that the masks are working,’” he said. “It’s because the masks are a way of driving you towards vaccination.”

Linda Haslam-Stroud says that wearing a mask is “symbolic rather than a scientifically based tool in the fight against influenza,” and amounted to a “draconian shaking of the finger at nurses.”

ONA members already have provisions in their hospital agreements that require a non-vaccinated nurse to move to another ward if the medical officer of health determines there is a flu outbreak in the area where she works.

“I am not going to suggest that anyone should be forced to take the vaccine,” said Haslam-Stroud. “I personally take it, but it is an individual right as a nurse.”

Ex-British Health Secretary Tours Ontario to Warn Against Private Healthcare

Frank Dobson is a former British health secretary warning Ontarians to avoid the “dismal failure” that Britain experienced when it tried to transfer surgeries out of hospital and into private clinics. The Hamilton Spectator’s report on Dobson’s visit to that city (source) gets an A-plus for its descriptive prose and clear message: the practice is a failure in the U.K.

Now touring the province with CUPE and Ontario Council of Hospital Unions officials, Dobson said Britain’s experiment with the practice – which is now occurring in Ontario – resulted in “abandoned contracts, increased costs, compromised care, and a growing roster of consultants promoting enterprising clinics in government.”

Most significantly, Dobson says the practice did not make the healthcare system more efficient, but “rather more sluggish.” Taxpayer dollars are now being spent on “bloated corps” of lawyers, accountants and consultants hired by the government to “fret over tenders and contracts” which must be watertight.

Non-Profit Long-Term Care Patients Do Better

ONA has long been a vocal proponent of not-for-profit health care, including long-term care. Now a study has backed up ONA’s arguments against allowing for-profit providers to care for patients.

The study, released by the Bruyère Research Institute, did not receive widespread coverage but the Ottawa Sun did report on it (source).

The study found a 16-per cent higher mortality rate and 33 per cent higher hospitalization rate for residents of Ontario for-profit long-term care homes compared with non-profit facility residents.

The Ottawa Hospital’s Dr. Peter Tanuseputro, the research lead, said that even he found the results of the study “eye-opening.” While the study did not examine possible causes of the discrepancies between for-profit and non-profit homes, literature suggests that staffing levels, fundraising and meeting the needs of residents can vary between the two.

Of Ontario’s 640 long-term care homes, 60 per cent are for-profit.
There has been little reporting of the new funding formula for public health units in Ontario.

In Ontario, hospital funding has been frozen for four years running, resulting in massive bed closures, service cuts and RN layoffs, yet public health units have not been subjected to the same degree of funding pressures that hospitals have seen. However, that has changed.

The Ministry of Health and Long-Term Care has quietly introduced a new funding formula for public health in Ontario, and it is negatively impacting small and rural health units.

The only media coverage of the issue so far has been in Owen Sound (source) and in the Brantford Expositor, where reporter Heather Ibbotson reports that the head of the Brant County Health Unit is concerned that the new funding formula – which freezes funding for the health unit – means that staff changes may be coming.

Brant County Health Unit executive director Jo Ann Tober told Ibbotson that the funding formula “does not favour” smaller, rural areas. Management and staff are now scrambling to do some strategic planning that sets priorities, looks for cost savings and explores ways of doing things differently.

The medical officer of health for the Grey Bruce Health Unit, Dr. Hazel Lynn, says the new funding formula unfairly hurts rural Ontario. She says the province’s 26 northern and rural health units just found out in September that they will have a funding freeze for the current 2015 fiscal year.

Most alarming, she says that northern and rural populations are generally less healthy than their urban counterparts. The “winners” in this new funding formula, are Peel and York regions, which have the lowest morbidity and mortality rates compared to many rural and northern areas.

It is almost inevitable that the frozen funding will result in public health nurse cuts – perhaps not the best idea as the province needs to remain on alert for infectious disease outbreaks, ensure that newborns have the best start to life possible, and provide the myriad of public health services that Ontarians rely on for the health of their families and communities.
New RN Exam Getting Lots of Attention

Lakehead University RN students are shown here practicing on a dummy. RN students trained in Ontario are among the most sought-after in the world, but a new RN exam, developed in the U.S., has left the pass rate lower than in previous years when a Canadian exam was used.

One nursing-related story with great “legs” has been the new registered nurse exam being used for the first time. The “National Council Licensure Exam for Registered Nurses” or NCLEX-RN for short, has been on the front pages of newspaper across Ontario for several weeks. Even Yahoo news (source) has featured the story, which for some reason has captured the media’s attention.

For those unfamiliar with the story, the issue is that the new RN exam was developed in the U.S. and students say it contains questions regarding medications not available in Canada, uses the imperial rather than metric system for measures, and asks questions not relevant to RNs practicing in Canada.

The fail rate for Canadian RN students has risen since the new exam has been used. The regulatory bodies who made the decision to switch to the U.S.-based exam defend the decision. One of those regulatory bodies is the College of Nurses of Ontario.

FOR MEDIA ONLY:
Behind the Front Lines – an electronic newsletter that takes a look at the stories behind the stories.

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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 care continues to evolve in this province.

Contact ONA.

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