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

Volume 7, No. 6
December 2015

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The Year in Review

As 2015 comes to an end, Behind the Front Lines is taking a look back at the most covered nursing-related stories of the year.

From a strike by nine of Ontario's Community Care Access Centre care coordinators early in the year, to an intense focus on workplace violence in health care to massive nursing cuts across the province, registered nurses were in the news in 2015.

CCAC Strike: Fair and Extensive Coverage

ONA provincial leaders travelled the province during the strike to give members support. Here, ONA First Vice-President Vicki McKenna, RN (centre) and President Linda Haslam-Stroud (second from right) pose with Central East CCAC members in Peterborough.

BC Nursing Shortage a “Crisis”

ONA often notes the fact that Ontario has the second-worst RN-to-population ratio in Canada, with only British Columbia having fewer RNs. Now, the nursing shortage in that province is so severe it’s a crisis, reports CBC News (source).

The report notes that there are more than 1,000 vacancies for RNs in specialty areas, such as operating rooms, ERs and ICUs. That means serious problems for patient care – and the health ministry is responding by trying to recruit RNs from the U.K., Ireland and the U.S.

As Ontario hospitals continue to cut RNs, the B.C. story may foreshadow this province’s future health-care system.

Freezing to protest frozen wages (Timmins CCAC).
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.

Visit us at:
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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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CCAC Strike: Fair and Extensive Coverage, cont’d from page 1

As the special Strike Edition of Behind the Front Lines noted, media coverage was especially comprehensive in some surprising locations. Goderich, ON media followed the strike closely, and the Goderich Signal Star, local radio stations and CTV News (which sent a crew from London) reported on a rally by CCAC care coordinators, who were joined by ONA President Linda Haslam-Stroud and First VP Vicki McKenna.

While daily media coverage of the strike was overwhelming, most notable was its fairness. In an era in which public-sector workers are routinely excoriated by the media and the public, the media treated the nurses fairly, and seemed to subtly support their fight.

Hundreds of ONA members supported striking CCAC Care Coordinators and Health Professionals as they rallied on University Avenue to call for fairness.

In Woodstock, local media reported that a local CCAC office was “locked tight, with a note on the door informing patients of a temporary closure thanks to the strike.” This despite public reassurances by management that services would not be affected by the strike.

Also notable in media coverage were the number of opinion editorials that supported the CCAC workers. In addition to The Toronto Star columnist Bob Hepburn’s pieces, op eds appeared in southwestern Ontario and northern Ontario supporting and expressing respect for the care coordinators and health professionals.

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CCAC Strike: Fair and Extensive Coverage, cont’d from page 2

Foreshadowing: Was the Strike the Last Straw?

The North Bay Nugget also was consistent in its coverage of the strike, as was media in northeastern Ontario, where much was made of the enormous salary increases enjoyed by CCAC CEO Richard Joly.

In fact, coverage was so fair that ONA President Linda Haslam-Stroud was moved to thank the media. As she wrote, “I think I can speak for many of our Ontario Nurses’ Association members when I say that we were braced for a public and media backlash against us. Our patients rely on us to be there for them. We want to be there for them – it is painful and gut-wrenching to withdraw our services.”

Haslam-Stroud went on to say that the opinion editorials supporting the work of ONA members and their position in the dispute “did much to raise the morale” as members braved minus 30-degree C weather.

In the end, Health and Long-Term Care Minister Eric Hoskins called for both sides to go to arbitration, leaving Haslam-Stroud to note that this meant the strike had been “a colossal waste of health-care dollars” since ONA had offered the arbitration option months earlier.

The arbitrator ruled in favour of ONA, giving the Care Coordinators and Health Professionals the modest increase they had been fighting for – one that matched the percentage increase of their RN colleagues in hospital and other sectors.

As we end this tumultuous year, Minister of Health and Long-Term Care Eric Hoskins has released a position paper about dismantling the CCACs and assigning their responsibilities to Ontario’s 14 Local Health Integration Networks (LHINs).

The release of two very critical reports this year showed just how highly paid the senior managers of the CCACs have become, and the failures of these bodies to meet the home-care needs of their patients. The Toronto Star’s Bob Hepburn (source) has written a definitive column on the arrogance of CCAC management and their association, and the impact of this.

While the care coordinators and health professionals in the 14 CCACs continue to provide patient assessments and coordinate care for vulnerable patients, their future employer remains uncertain.

As always, ONA will be speaking up for members as yet another “transformation” of a health-care sector unfolds, with a view to ensuring no patient falls through the cracks.
RN Cuts Continue Unabated

Registered nurse (RN) cuts from Ontario hospitals have continued unabated throughout 2015.

As hospital after hospital across Ontario announced cuts to RN positions – and added the requisite, nonsensical line about patient care not being impacted – the provincial government’s insistence that it has hired 24,000 new nurses since coming to power in 2003 is increasingly ringing hollow to both RNs and their patients.

Quinte Health Care is just the latest of many hospitals to announce RN cuts and bed closures. This brings the total number of RN positions cut in Ontario hospitals cut to 763 this year alone - a loss of RN care equivalent to 1.5 million hours per year.

There may be signs of light at the end of the tunnel for 2016. ONA continues to push for a moratorium on RN cuts, noting the increased risks to patients when RN care is cut or performed by other workers. ONA’s public advocacy campaign, “The Truth Hurts. Nurses Know” is having an impact, with more than 12,000 Ontarians signing a petition calling for better care.

No Visit From Santa This Year

The CBC’s report on cost-cutting at St. Joseph’s Healthcare Hamilton (source) gets points for its lead.

“Not even Kris Kringle is immune to the pressure of budget cuts,” says the report about the need for $26 million in cost savings to balance the hospital budget. Hospital president Dr. David Higgins announced that the annual Breakfast with Santa event for staff has been cancelled, and that the hospital is entering a period of “extreme cost restraint.”

Four consecutive years of frozen hospital funding by the province and a new funding formula introduced recently have left dozens of hospitals struggling to balance their budgets.

The cancellation of the breakfast is the first step to cuts that include a hiring freeze and – according to ONA President Linda Haslam-Stroud – “cutting by stealth.”

She explains that this is when hospitals simply do not replace RNs who retire or transfer to another position.
Latest Round of Cuts Gets Intense Media Coverage

Local media in the Quinte region has been fulsome in its coverage of the latest round of cuts at Quinte Health Care (QHC).

QHC announced a total of 99 RN cuts from its Belleville, Trenton, and Picton sites. The outcry has been loud and prolonged. ONA President Linda Haslam-Stroud was moved to write an opinion editorial that was published in the *Belleville Intelligencer* that noted the irony of hospital CEOs deluding themselves into believing that cuts improve care.

Haslam-Stroud’s piece notes the “magical new language” invented by Quinte Health Care to put a positive spin on the latest of many cuts to services and staff.

The *Intelligencer* also reported that the hospital’s board endorsed the plan to proceed with cuts, albeit with a bit of wariness.

In this region, media has been increasingly focused on the views of its readers and community against the cuts. Letters to the editor routinely criticize the hospital management, highly paid CEOs, “bureaucrats” and the premier for the gutting of local hospital services.

No Corner of the Province Immune to Cuts

The RN cuts began in January of 2015, with Bluewater Health announcing 50 RN positions being deleted (source).

The Sarnia hospital issued layoff notices to RNs in units where seriously ill patients are housed, including the intensive care unit, ER, acute medical and surgery-post-operative units. While announcing 33 RN cuts, the hospital failed to announce that a number of RN positions that had been kept vacant were also being cut, bringing the total to 50.

RN cuts were also announced by Chatham-Kent Health Alliance, Hotel-Dieu Grace Hospital in Windsor, Windsor Regional Hospital, London Health Sciences Centre, St. Joseph’s Health Care in London and St. Thomas Elgin Hospital.

In the nearby Cambridge area, RN cuts were announced by Tillsonburg District Memorial, Wingham & District Hospital, Cambridge Memorial Hospital, Grand River Hospital, and Guelph General Hospital.

In the Hamilton-Niagara region, RN cuts were announced this year by Hamilton Health Sciences, Joseph Brant Memorial Hospital, St. Joseph's Healthcare Hamilton, William Osler Health Centre, and Trillium Health Partners.

In Eastern Ontario, RN cuts were implemented by Ross Memorial Hospital, Brockville General, Hotel Dieu Kingston, Quinte Health Care, Arnprior and District Memorial, Childrens Hospital of Eastern Ontario, Cornwall Community Hospital, Royal Ottawa Hospital, The Ottawa Hospital. Peterborough Regional Health Care and Northumberland Hills Hospital (which later announced the cuts are on hold until January 2016) also joined the list.

In Muskoka and Northern Ontario, cuts were announced by Muskoka Algonquin Healthcare, Orillia Soldiers’ Memorial Hospital, Royal Victoria Hospital, Health Sciences North (Sudbury), Kirkland and District Hospital, North Bay Regional, Sault Area Hospital, Temiskaming & District Hospital, Lake of the Woods Hospital, Meno-Ya-Win Health Centre, and St. Joseph's Health Care Group Thunder Bay.

The Toronto area, which until this year has not been as heavily impacted as the rest of the province, was not immune to RN cuts in 2015.

This year, RN cuts were implemented at the Centre for Addictions and Mental Health, St. Joseph's Health Centre, University Health Network, Humber River Regional Hospital, North York General, Southlake Regional Health Centre, Lakeridge Hospital and Runnymede Healthcare Centre. Shockingly, Runnymede has cut fully half of its RNs, and the story attracted almost no media attention.
Health Care Workplace Violence Takes Centre Stage

After decades of advocacy on behalf of registered nurses, ONA got some invaluable backup in the form of in-depth media reports on workplace violence in health care.

The year kicked off with reports that the Ministry of Labour was investigating the Centre for Addictions and Mental Health after a serious incident of workplace violence. Katie Daubs of the Toronto Star reported on the serious attack on a nurse by a patient that sent her to hospital. This incident followed closely on the heels of charges being laid against CAMH resulting from a different incident.

The attention paid to the CAMH charges revealed that this facility reported 453 incidents involving physical attacks in one year, and enabled ONA President Linda Haslam-Stroud to again call for patients to be provided with appropriate care while also reducing the risk to those who provide that care.

Also early in the year, the Brockville Mental Health Centre came under fire in the media for charges it faced stemming from worker safety violations.

The court proceedings against the Royal Ottawa Health Care Group, which operates Brockville Mental Health Centre, continued throughout 2015. The five charges laid were related to an incident in which an RN was stabbed in the neck by a patient housed in the facility’s forensic treatment unit. The incident was also the first in which ONA President Linda Haslam-Stroud called for criminal charges to be laid against CEOs, directors and managers in order to pressure employers to “take seriously their responsibility for ensuring our workplaces are safe. We need police and Crown attorneys to step up and enforce the law before another nurse is killed at work,” she told the Canadian Press.

ONA got more media help from two outlets that were able to devote the time and resources to investigating the issue.

In July, the Toronto Star’s Katrina Clarke spent months investigating workplace assaults on RNs (source), noting that the reports of violence during the past three years have been on the rise. According to information obtained by the Star, assaults committed by patients and their families have doubled in some cases.

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Clarke wrote that the numbers “underscore what the Ontario Nurses’ Association has long been calling for: to better protect healthcare providers.”

Clarke’s report quoted Jean Dobson, a registered nurse from London, Ontario brave enough to speak to the media, who described some of the specific violence she has experienced over her career.

During her 42 years as an RN, Dobson has been strangled with a stethoscope, stabbed with a metal fork and had her nose broken when a patient kicked her in the face. She agrees that the frequency of patient-on-nurse assaults – and the severity of the assaults – is increasing.

On October 31, Global Television’s 16 x 9 aired its report on workplace violence in the health-care sector (source).

Also months in the making, the special report was a partnership with the Toronto Star that investigated nurse abuse in Canada. The numbers are staggering, and Health & Community Services Executive Director Henrietta Van hulle says she’s heard “some horrendous stories” from health-care workers.

Van hulle told 16 x 9 that nursing had more violent events in 2014 than even corrections officers.

Both reports questioned Ontario Labour Minister Kevin Flynn who encouraged nurses to come forward and report the incidents.

However, as 16 x 9 noted, in the last five years the Ministry of Labour has laid just three charges against hospitals for workplace violence.

That, it seems is changing, no doubt in small part to these excellent reports.

Late in the year, the ministries of Health and Long-Term Care and Labour announced the formation of a working group to develop solutions to end workplace violence in health care. The group will focus first on hospitals and assaults on nursing, then expand their scope to include other health-care sectors and workers.

ONA has a place on the panel and is working hard to keep the momentum going to keep nurses safe on the job. As nurses know, when they are safe, patients are safe too.
Under the Radar

News the Media is Missing

Nursing School Leaders Say Regulator is Failing RNs

One recurring story in 2015 that remains unresolved is the new registered nurse exam – an imported American test necessary for new nurses to become registered to practice, which was brought in this year.

This new entry-to-practice exam for Canadian nurses (called the NCLEX-RN) has a much higher failure rate than in the past – likely because of inappropriate questions that do not apply to Canadian registered nurses. The problems include questions about different drugs in the U.S. versus Canada, imperial versus metric measuring systems, and difficulties for Francophone nurses with the translation of the exam.

While the issue has had coverage, with Toronto Sun columnist Christina Blizzard particularly vehement that the problem be fixed (source-1, source-2), it was the National Post (source) that has published a rebuke to regulators.

Kirsten Woodend, the president of the Canadian Association of Schools of Nursing, and Dr. Jennifer Medves, chair of the Council of Ontario University Programs in Nursing, note that the College of Nurses of Ontario and Canadian Council of Registered Nurses are “circling the wagons” and rigidly adhering to canned talking points in response to criticism of the exam.

Woodend and Medves point out that four out of five Canadians believe that nurses, like other Canadian health professionals, should be assessed using a test based on Canadian requirements. Nurses and patients deserve “an entry-to-practice exam that reflects and reinforces the high quality of Canadian nursing.”

They urge the regulators to work with Canadian universities, colleges, nursing students and stakeholders to develop a “truly bilingual, entry-to-practice exam for baccalaureate-prepared nurses (RNs) which reflects our Canadian context and tests candidates on Canadian competencies.”

ONA applauds the National Post and its guest editors for this well-written piece.

Behind the Front Lines

Need a reliable and informed source?

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.