2016 Kicks off with RN Cuts

Ontario registered nurses should be forgiven for being quietly happy to see the end of 2015. As the new year arrived, the total number of registered nurse positions cut here in 2015 reached 775, or the equivalent of more than 1.5 million hours of front-line RN care cut.

Unfortunately for patients, the new year has brought a rash of RN cuts as hospitals continue to feel the impact of a four-year funding freeze and new funding formula taking millions out of their budgets.

January wasn’t yet two weeks old when the first round of cuts were announced: Windsor Regional Hospital cut 169 registered nurse positions. This announcement was followed closely by the loss of more than 60 RN positions at Grand River Hospital in Kitchener, 45 RNs at Quinte Health Care, 28 RN positions at Northumberland Hills Hospital and eight RN positions at St. Thomas Elgin Hospital.

Kudos to Canadian Press reporter Keith Leslie and Windsor Star reporter Brian Cross for their coverage of the cuts.

Cross grilled Windsor Regional CEO David Musyj on the about-face he has made on the issue of an “all RN hospital.” As Cross writes (source), since 2002, Musyj has been proud to have an all-RN site (the Met campus), but will now replace 80 RN positions with RPN positions. (See: “The RN-RPN Difference.”)

“All RN” facilities are the gold standard for hospital care in North America. With the change at Windsor Hospital, only Mount Sinai Hospital in Toronto remains an all-RN facility, and as such, is a “Magnet” designated hospital. In early February, even Mount Sinai Hospital announced RN cuts – 59 RNs were cut from its critical care unit, surgical unit and medical high-acuity unit, and will close beds.

The same day, Toronto Western and Toronto General hospitals announced cuts: 51 RN positions from the medicine, surgical and transplant units. The Centre for Addiction and Mental Health also announced RN cuts.

The cuts bring the total number of RN cuts in just over one month in Ontario to a total of 409, raising the spectre of a record year of cuts for our hospitals.
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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Ontarians Speak Out Against Cuts

More Ontarians than ever are taking the time speak out against RN cuts.

Letters to the editor are proliferating across the province as wave after wave of RN cuts, bed closures and loss of services are announced (source).

In Waterloo, resident Clarence Beintema wrote that our “health-care system suffers from too many people doing questionable work,” citing the former CEO of the Waterloo Wellington LHIN who “was paid well in excess of $400,000 – plus additional benefits – over two years for doing nothing,” followed by her ouster from the organization.

He suggests, as do many other Ontarians, that “it’s time to cut administration instead of nurses.”

This was a common suggestion, as letter-writers note the long lists of management positions on the annual Sunshine List and generous hospital CEO salaries.

In addition to letters, the public has been coming out to protests as the Standing Committee on Finance and Economic Affairs travelled the province to hear pre-budget submissions.

As CTV News Toronto reported (source), “cries of insufficient funding” echoed across the lawn of Queen’s Park as protestors decried the government cuts and called for investment in health care.

The report noted that ONA’s submission to the Standing Committee detailed how hospitals are “struggling to keep up with the cost of inflation and population growth in the context of four years of frozen base operating funding.”
Spate of Violent Attacks Leaves Hospital Red-Faced

A recent series of violent patient attacks on nurses working at St. Joseph's Healthcare Hamilton has culminated in a rare *mea culpa* from hospital administrators.

Thanks to the *Hamilton Spectator*’s determined reporters, half a dozen separate patient assaults on nurses were reported throughout December and into the new year ([source 1](#), [source 2](#), [source 3](#), [source 4](#)).

The incidents were particularly upsetting to RNs and ONA as the Ministry of Labour had ordered the hospital to conduct a risk assessment for workplace violence and had received a complaint in October to develop, establish and provide training measures and procedures related to seclusion rooms.

Nurses had expressed concerns regarding the personal alarms they were provided to call for help should they face violence. The nurses alleged the alarms often failed.

St. Joseph’s response was that nurses should remember to recharge their alarm’s battery.

ONA President Linda Haslam-Stroud, a renal transplant RN from St. Joseph’s, told the *Spectator* that ONA had requested more frequent battery checks, and expressed concerns about the system.

On January 14, she said the problems with the alarm system were ongoing and noted that the Ministry of Labour inspectors had twice witnessed failures during alarm testing.

The *Spectator* reported on January 22 that the hospital had reversed course, and was demanding that the hospital would meet with the developer of the hospital – Plenary Health Care Partnerships, and Infrastructure Ontario – to remove the system and replace it with one that functions.

In a rare *mea culpa*, Romeo Cercone, vice-president of quality, strategic planning, mental health and addiction programs for St. Joseph’s, said “We believe we’ve bought a lemon.”

Hospital President David Higgins wrote in a memo to staff that management “had a lack of confidence in this system and the operators” and is demanding the contractor live up to its negotiated responsibilities and replace the system.

For now, staff will be on “manual down time” and use a backup phone system as the primary alarm system.
Provincial Budget Controversy: Did Nurses Waste Their Time?

Each year, ONA and other stakeholders along with members of the public put considerable time and effort into developing a submission to the Standing Committee on Economic Affairs and Finance. This chance to make thoughtful recommendations and have input into the provincial budget is not taken lightly. This year, media widely reported (source) that opposition MPPs charged that Finance Minister Charles Sousa has finished the budget before the pre-budget hearings even began, leaving stakeholders to question whether they wasted their time.

Among those making pre-budget submissions was the Ontario Nurses’ Association, which called for the restoration of hospital funding to reflect inflation and population growth, among other recommendations.

In addition to ONA, the Ontario Health Coalition came prepared with some startling facts that were not widely reported. Executive Director Natalie Mehra told the committee that global hospital budget funding freezes since 2012 have resulted in cuts that leave Ontario rock bottom in health-care funding per capita in the country.

The OHC called for an immediate end to hospital cuts and the restoration of funding for hospitals to the average level of other provinces. The province has the fewest number of hospital beds per capita in Canada, is at the bottom of the barrel in registered nurses-to-patients per capita, and our hospitals are chronically overcrowded.

When the budget is unveiled, registered nurses will be watching carefully to see if there is any increase in funding for the hospitals that are cutting RN care out of the system in record numbers.

Ontarians’ concern and movement to action comes as ONA continues its Nurses Know public awareness campaign.

The campaign, first launched in the fall of 2015, focuses on the unique role and set of skills that registered nurses bring to health care.

As University of Toronto nursing professor and researcher Ann Tourangeau explained in a CBC ‘Windsor Morning’ interview, RNs are the “surveillance system” in a hospital. They are there 24/7, observing patients, providing care, assessing them and knowing when to alert the rest of the care team when they observe that a patient is developing a complication or declining in condition.

RNs are the front-line care providers who are unique this way, and Tournageau notes that “not as many other people in the health-care circle” can as quickly identify a change in a patient’s condition. RN staffing levels have repeatedly been shown to reduce patient mortality and morbidity rates, she says.

ONA’s campaign provides an easy way for Ontario residents to add their voices to the call for more RNs. Visit nursesknow.ona.org for a link to sign a petition to end RN cuts and restore quality patient care in Ontario.
The RN-RPN Difference

Why the debate about the mix of RNs and RPNs in our hospitals? A 2013 study found that all-RN hospitals boast of patients suffering a 14 per-cent lower mortality risk and 12 per-cent lower failure to rescue rate. A 2011 study by Colleen Goode and colleagues found that Magnet hospitals (all RN care) provide better care for pressure ulcers, and had higher quality of care, innovations in practice and nursing excellence.

As ONA President Linda Haslam-Stroud has repeatedly emphasized, there is a vital role for all designations of nurses – Nurse Practitioners, Registered Nurses and Registered Practical Nurses – in our health-care system.

In hospitals, generally speaking, patients are there because they have unpredictable health outcomes and complex health issues. Those are the very patients requiring the skills of RNs.

University of Windsor associate professor of nursing Deborah Kane confirms this in a CBC interview (source).

She said registered nurses have a higher level of education that allows them to keep a close watch on patients and pick up on subtle signs of trouble.

“It is that four years of education that prepares them to do the critical thinking, the assessments, the follow-through of care,” Kane told CBC Radio's ‘Windsor Morning,’ adding, “to suggest that there will be no change in care because it’s still a nurse totally ignores the fact that there is a difference between an RN and an RPN,” she said.

“When you say that you are cutting RNs in order to save money, that’s not saying we’re cutting RNs because we know that RPNs can give just as good care,” she said.
As Ontario Hospitals Cut RNs, Windsor Anticipates a Nursing Shortage

It’s counterintuitive to believe that a region that has just cut 169 registered nurse positions from its hospital is aware that it is facing a looming nursing shortage in just five years. Yet that is exactly the case in Windsor-Essex.

The CBC reports that the region will have more vacant RN jobs in five years than it can hope to ever fill (source).

The shortage, say officials, will be caused by a combination of retiring nurses, fewer students entering the profession and the lack of full-time nursing jobs in the region which leads graduates to move.

Hotel-Dieu Grace Healthcare CEO Janice Kaffer admits she is aware of the looming nursing shortage. Though she says she is concerned as a “consumer of health care services...” she suggests that nursing graduates should settle for a casual or part-time job.

For new graduates of a four-year baccalaureate RN program, that just doesn’t cut it. Large student debt loads mean newly graduated RNs need to find a secure, full-time job. For those in Windsor especially, the lure of cross-border nursing is too attractive to ignore.

Last summer in Windsor, recruiters from Henry Ford Hospital in Detroit held job fairs in Windsor that managed to lure many RNs away from Ontario.

As Debbie Kane, an RN and professor of nursing at the University of Windsor told CBC, there was nursing shortage in the 1990s, so the Ministry of Health invested in a campaign to lure nurses back to Ontario from the U.S. “...but they brought six nurses back,” she said.

Kane says that once nurses establish themselves in other areas, they’re much less likely to come back to work in our area, and that’s problematic."