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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Ontario’s Loss:
Award-Winning Ontario Nurse Works in Michigan

One media outlet that is particularly vigilant about reporting on RN cuts is the Windsor Star.

What is gratifying to see is that – a year following the announcement of 166 RN cuts at Windsor Regional Hospital – the Star continues to profile registered nurses, including the enormous numbers of local RNs who cross the border daily to work in Michigan.

One such RN is Pamela Laszewski.

Front-Line Nurses Call a Code

The Ontario Nurses’ Association (ONA) is kicking off the New Year by sounding the alarm and calling a code on our health-care system, asking Ontarians to answer it.

As ONA First Vice-President Vicki McKenna, RN, notes, “Our public awareness campaigns – Code Blue, to signify our concern that inadequate funding is risking the survival of our public health-care system, and Code White, to reveal the painful reality of workplace violence against nurses – are in movie theatres, on radio and transit, and on social media across Ontario.”

There is no question that 2016 was not a great year for patient care – it began with registered nurse (RN) cuts and they continued unabated. By December, ONA had tracked a total loss of 1,612 full-time registered nurses – or more than three million hours of front-line RN care – between January 2015 and December 2016.

Workplace violence in health care is also on the rise. The number of reported violent incidents increased by 11 per cent in 2015 alone.
What is ONA?
The Ontario Nurses’ Association (ONA) is the union representing 62,000 registered nurses and allied health professionals and more than 16,000 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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Front-Line Nurses are Calling a Code, cont’d from page 1

Now, front-line registered nurses are getting very loud about the issues, launching a public awareness campaign to highlight the inter-related issues of under-funding, not enough RNs and increasing workplace violence.

ONA members are fired up and determined to end the RN cuts that have damaged their ability to provide the best-quality care possible for their patients – Ontarians deserve it.

McKenna says that, “The truth hurts. When nurses aren’t safe, their patients and families are not safe either. We need adequate funding, appropriate RN staffing levels, and accountable leadership among health-care employers. This would go a long way to curing what ails the system.”

As we enter 2017, ONA thanks members of Ontario’s media who have reported health-care stories and taken the time to ask for the perspective of front-line RNs.

Front-line registered nurses have been vocal about the need for measures to keep themselves and their patients safer in our health-care facilities.
Hallway Nursing Increases Infections, Violence

Nurses know the risks of hallway nursing. In a 2009 position statement, ONA and fellow Canadian Federation of Nurses Unions (CFNU) members called for measures to eliminate hallway nursing because:

• Overcrowded hospitals increase the risk of illness and injury for nurses;

• Inadequate nurse staffing levels increase burnout rates by 23 per cent;

• The risk of workplace violence increases when overcrowding occurs;

• Patients are put under increased risk – due to lack of privacy, inadequate nurse staffing to care for additional patients, increased potential for errors and poor patient clinical outcomes.

Nurses know that research is clear – for every extra patient added to an average RN’s workload, patient complications and even death rates rise by seven per cent.

ONA and the CFNU have called on government at all levels to implement solutions to end hallway nursing.

Hospital Patient Numbers Surge, No Surprise to Nurses

A number of Ontario hospitals are feeling the effects of a lack of beds as patient numbers surge. Ontario has the fewest number of beds per capita than anywhere else in Canada.

Media outlets have been busy reporting that Ontario hospitals are experiencing record numbers of emergency department visits (source 1, source 2).

While many reports quote hospital officials blaming the patient surge on the flu, front-line registered nurses know that is not the whole story.

No Surge Capacity

For more than a decade, ONA has warned that our hospitals are dangerously overcrowded, understaffed and that closing beds (and cutting RNs) was leaving no “surge capacity.”

“Surge capacity” is the term for the optimal number of available beds in a hospital," explains ONA President Linda Haslam-Stroud, RN. “Research has always been very clear – the ideal capacity rate is 85 per cent for our hospitals. Anything more leaves patients and nurses at risk, and results in hallway nursing. We have no capacity left for the unexpected or health-care emergencies.”

Hallway nursing is just what is happening now as admitted patients – as many as 60 of them at Lakeridge Health in Durham Region – lie on stretchers in hallways, linen closets and meeting rooms while staff try to discharge other patients to make room for more.

Bed Closures Resulted from Budget Crunches

As the province both froze hospital funding for multiple years and introduced a new funding formula that resulted in cuts to many hospital budgets, managers closed hospital beds to try to balance their budgets.

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**Nurses Fear for Patient Care as FAO Releases New Report**

The latest report from the Financial Accountability Office of Ontario has left front-line nurses apprehensive. The independent financial watchdog warned of the province’s need to cut another $2 billion out of the health-care system by 2017-18 in order to keep the Liberal promise of balancing the budget by that time.

ONA and its front-line registered nurses and allied health professionals are conducting a public awareness campaign now to highlight the serious issues health-care underfunding has caused for patients.

The thought of another $2 billion in health-care cuts would make the situation untenable.

In response, the Ministry of Health and Long-Term Care said it has made improvements to the system and is "striving to make even more in the future."

The ministry also pointed out that federal funding is an issue and the province wants to forge a better partnership that will keep health care sustainable.

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**Hospital Patient Numbers Surge**, cont’d from page 3

Ontario now has the fewest hospital beds per capita of any province in Canada – and in any developed country except Chile and Mexico. We have dropped to the bottom of Canada in hospital services as well.

Ontario also has the lowest RN-to-population ratio in Canada, and the highest patient readmission rates.

Not surprisingly, this has resulted in hospitals across Ontario operating at over-capacity levels on an ongoing basis.

According to the Canadian Institute for Health Information, in 2013-14, Ontario had just 2.3 hospital beds per 1,000 people; by contrast, Newfoundland and Labrador had 4.6 beds per 1,000 people. In 2015, Ontario spent $1,419 per person for hospital care, a full $501 per person less than the Canadian average.

RN cuts in Ontario totaled more than 1,600 in the years 2015-16, equivalent to the loss of more than three million hours of RN care.

**Sudbury’s Hospital Staff, Patients Reported to Have Adapted to Overcrowding**

Health Sciences North in Sudbury has put a happier face on hospital overcrowding, according to a report in the *Sudbury Star*.

While research shows that a “safe” hospital occupancy rate is no greater than 85 per cent, Health Sciences North’s Chief Nursing Executive David McNeil told Star reporter Carol Mulligan that the hospital’s occupancy rate has grown from 95.4 per cent in 2012 to 97.9 per cent last year. It is currently at 116 per cent.

McNeil seems oddly serene about the fact that the increase in patients was expected, and that administrators, personnel and perhaps patients have become more “adept at adapting.”

The report notes that more of the hospital’s patient lounges are becoming patient rooms and the hospital now has an official “hallway protocol.” Nurses were relieved to hear McNeil at least say that “it’s not where we want to be.” He admits that the chronic overcrowding has created an “environment of care that people have accepted.”

While this hospital may have written a hallway nursing protocol, ONA members know that patients in Sudbury are not receiving quality, safe patient care, something McNeil confirms.

“Evidence shows if access to care is delayed in emergency departments, patients are going to have bad outcomes because we haven’t been able to, because of system pressures, get to them in an appropriate length of time,” he said.
Subtle Campaign to Expand Privatization Continues

Ottawa physician Dr. Charles Shaver has been quietly pushing for more private medicine through opinion columns popping up in newspapers across Canada (source).

Front-line RNs know just how much the enormous role of private, for-profit care has impacted the Ontario health-care system, and continue to speak out against for-profits.

Shaver has published columns in the Maritimes, Ottawa, Sarnia and Saskatchewan to date, arguing for a greater role for physicians who wish to treat patients who will pay privately for faster care.

His Sarnia Observer column, for instance, notes that many Ontario hospitals have operating rooms sitting empty for weeks a year due to frozen hospital budgets. This, he writes, creates a backlog of patients needing hip and knee replacements, and could be solved by allowing physicians to practice in both the private and public health-care systems, while simultaneously raising funds for the hospitals.

As ONA President Linda Haslam-Stroud noted in a letter to the editor, Shaver seems to believe that many Ontarians just happen to have approximately $19,000 sitting around to be used to jump the queue and have that hip replacement.

Shaver also seems to believe that the U.S. Health and Human Services Secretary Tom Price will be “looking for cost-cutting measures for medicare patients” along with private U.S. insurance companies. With our Canadian dollar at 75 cents (U.S.), he believes that American patients could be shipped to Canada for their joint replacements, and suggests that our federal government should cover the costs of malpractice insurance for foreign patients “and recoup them from Washington and private insurance companies.”

For-Profit Care Has Greater Risks

In a letter to the editor of the Sarnia Observer, ONA President Linda Haslam-Stroud notes the risks to patients of paying for for-profit, private health care. Research has shown:

• The Ontario system already has a great deal of private, for-profit health care, yet wait times have not been shortened. In fact, studies have shown that for-profit health care institutions provide inferior care at inflated prices.
• For example, for-profit renal dialysis centres have a nine-percent higher mortality rate, for-profit hospitals have a two-percent higher death rate, and for-profits are more frequently cited for quality failures.

Nurses will continue to speak out against those who seek to promote more for-profit care because it simply wrong and short-sighted to shift tax dollars to profits or release any control to ensure there is quality care for the patients who need it.

Ontario Has Private, For-Profit Care

In Ontario, there is an enormous amount of private, for-profit care already. For instance, the majority of long-term care facilities are owned by large, multinational corporations. In home care, most care providers are private as well.

ONA has been a vocal opponent of private providers. In the home-care sector, with its expanding role and inadequate funding, Community Care Access Centres are losing a portion of funds to profit and untold thousands of hours of accounting time.

While CCAC care coordinators and case managers do their very best to ensure extensive health-care services are provided at home, including nursing care (assessing patients’ care needs, providing end-of-life care, monitoring and providing a range of therapies), ONA believes that the role of for-profit care providers in home care has depleted much-needed funds needlessly.
**Don’t Muzzle Nurses**

Compliments from nurses to *Globe and Mail* columnist Andre Picard for his insightful piece on muzzling health-care workers.

Picard wrote recently ([source](#)) about the case of Saskatchewan registered nurse Carolyn Strom being disciplined by her regulatory college for a Facebook posting in which she challenges decision-makers running end-of-life facilities to do better.

The post followed her personal experience as her grandfather entered palliative care. Her regulatory college – the Saskatchewan Registered Nurses’ Association – subsequently found her guilty of professional misconduct for what Picard describes as “rather innocuous comments.”

The case highlights the conundrum facing RNs who – as patient advocates – often have personal observations about the professional care of their patients, including their own family.

“Nurses know the standard of care their patients deserve,” said ONA First Vice-President Vicki McKenna, RN. “Yet nurses face discipline should their regulatory college take issue with what they are saying, how and where they are saying it.”

Picard writes that the actions taken against Strom are “outrageous... the SRNA, as a regulatory body, is supposed to ensure that nurses act ethically and the public is afforded the highest level of care... It is not the Facebook police. Nor is its role to muzzle nurses who advocate for better care.”

He points out exactly just how in alignment Strom’s comments are with the mandate of the SRNA. Certainly, pointing out that end-of-life care could be better for seniors in institutional care is not “contrary to the public interest.”

ONA could not have said it better!

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**McQuaig Column a Balm for Public Health Care Supporters**

Leave it to columnist Linda McQuaig to find the perfect analogy for those who want more private, for-profit health care in Canada.

In her *Toronto Star* opinion column ([source](#)), McQuaig likens the Canada’s Wonderland “Fast Lane Pass” – which gives children the “thrill of pushing ahead of all the other children waiting to get on a ride” – with those determined to destroy the country’s medicare system.

McQuaig calls the “Fast Lane Pass” excellent preparation for our world of “hyper-privilege.” The rich get to buy their way to the front of just about every line, she believes, and notes that private health care advocates have been a loud voice in the debate about public health care since the late 1990s.

Among those pushing for privatization is Dr. Brian Day, a private clinic orthopedic surgeon who is trying to strike down health-care laws that restrict his business opportunities.

McQuaig pointedly writes that entrepreneurs such as Day want to both collect fees from the public system while charging patients whatever extra amounts they wish.

Nurses know that for-profit, private clinics are known for “cherry picking” patients, leaving the sickest, most complex (and therefore less profitable) patients to the public system. Nurses also know that the publicly funded portion of health spending has remained stable as a percentage of GDP for more than 30 years.

However, the portion of health costs controlled by the private sector is what has been a major contributor – i.e., drugs and new technology.

Nurses know that another contributor has been profit that has been skimmed out of health care. For-profit providers are running Ontario clinics, providing home care visits and run the majority of long-term care homes.

ONA believes that McQuaig is correct when she writes that “in an age when the rich demand a fast lane to the front of every line, it will require resolve and determination to preserve our medicare system, a bastion of equality sharply at odds with the heartless corporate world we inhabit.”
UNDER THE RADAR

News the Media is Missing

Workplace Violence:

Brockville RN Cuts Outrage ONA

News that the Royal Ottawa Health Care Group, operators of the Brockville Mental Health Centre, were cutting RNs has left members of the Ontario Nurses’ Association outraged.

The Royal Ottawa Health Group, which owns and operates the Brockville Mental Health Centre, will cut approximately 12 registered nurses – or more than 25,000 hours a year of high-quality RN care – from its infamous Forensic Rehabilitation Unit this year.

The unit is infamous because of a raft of attacks by patients on the RNs caring for them, including an incident in which a patient repeatedly stabbed an RN in the head and throat. This incident resulted in multiple charges against the hospital by the Ministry of Labour, charges which are still in court today.

As ONA President Linda Haslam-Stroud noted, the cuts are particularly galling as one of the remedies for stopping workplace violence is to increase RN staffing.

Mental health nurses are highly trained in de-escalation techniques when patients become agitated or violent; their patients require more support, not less, and as the patients in this unit are unstable and unpredictable, it is vital that they have adequate RN care.

Kudos to CFRA Radio Ottawa for its insightful interview with ONA First Vice-President Vicki McKenna following the cuts announcement. As host Evan Solomon noted, it’s not just The Royal Ottawa cutting RN jobs. In Ontario, more than 1,600 RN positions have been cut in 23 months. He expressed surprise that there aren’t protests in front of Queen’s Park against the cuts.

Award-Winning Ontario Nurse Works in Michigan, cont’d from page 1

Brian Cross reports (source) that the Ontario-trained, Windsor-area nurse will be honoured with a top American nursing award for her work with cancer patients – in Michigan.

Laszewski, Cross reports, is one of an estimated 1,400 local nurses working in Michigan hospitals due to the lack of full-time RN jobs in Windsor.

As Laszewski herself notes, she loves her job, her co-workers in the U.S. and “the hospital I work at is just a phenomenal place to work.”

Her work includes treating cancer patients from 11 months of age to 90 years, educating staff, writing policy and setting nursing standards. Laszewski is also a respected cancer researcher.

This May, she will travel to the Oncology Nursing Society’s annual conference in Denver, where she will be honoured with its award for excellence in radiation therapy. As the report makes clear, Ontario has lost another skilled and experienced RN.

Award-Winning Ontario Nurse Works in Michigan, cont’d from page 1

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.

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