Three Things You’ll Learn in This Issue:

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Flu Shot Misses the Mark – Again

Public Health Ontario spokesperson Janet Wong admitted that the influenza vaccine missed the mark – again.

The Toronto Sun’s Antonella Artuso ([source](source)) reported that the vaccine offered just 30-per-cent protection against the Influenza A strain and virtually no match with the Influenza B strain this past winter.

Postmedia Network followed up on anecdotal information with a request for a statement from Public Health Ontario to get the information. The organization says that “more information is needed” to determine if the influenza strain mutated this year.

CFNU Biennial Meeting Attracts Headlines: Canada’s Nurses Tackle Big Health-Care Issues in Calgary

Workplace violence in health-care settings has long been an issue of concern for the Ontario Nurses’ Association. Earlier this year, ONA launched a public-awareness campaign to educate the public and pressure policy makers to take action to end the attacks on nurses and other health-care workers.

Canada’s nurses released a new report on violence against nurses at the Biennial Convention of the Canadian Federation of Nurses Unions, held in Calgary in early-June, showing the extent of the issue.

ONA sent a strong Ontario contingent to the Canadian Federation of Nurses Unions (CFNU) Biennial Convention, held earlier this month in Calgary, and was heartened to see good media attention of issues that nurses care deeply about.

Among those issues: closing the gaps between non-indigenous and First Nations health care and workplace violence against nurses.

As the Calgary Herald noted ([source](source)), rising violence is being directed at nurses in their workplaces.

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What is ONA?
The Ontario Nurses’ Association (ONA) is the union representing 64,000 registered nurses and healthcare 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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Double-Dipping Doctors: Globe Columnist (Mistakenly) Blames Nurses’ Contracts

A column from The Globe and Mail’s Andre Picard commenting on double-dipping doctors (source) took a swipe at unionized nurses.

Writing about a report from the Ontario Health Coalition (source) regarding the proliferation of private clinics and double billing by Canadian physicians, Picard seemingly seeks to justify the practice by pointing out that there are some operating rooms that sit empty in Canadian hospitals.

“There is no question that waits for surgery are too long, a problem far more pronounced in Canada than any other developed country. Queue-jumping would be a non-issue if there were no queues,” writes Picard.

Among other factors, Picard blames nurses’ “rigid contractual rules” regarding scheduling, as well as nurses’ paycheques, for operating rooms sitting empty too often.

ONA believes that Picard should instead take a look at the facts:

• Due to years of hospital underfunding, Ontario has cut more than 1,600 registered nurses in the past two years alone – including specially trained surgical RNs.

• Ontario hospitals routinely close down their ORs for periods of time to help balance their budgets.

• In Ontario, Canada and worldwide, there is a shortage of nurses.

• Unionized RNs in Ontario work vast amounts of both paid and unpaid overtime each and every year – contracts are hardly “rigid” when it comes to an RN providing quality patient care.

Nurses agree with Picard that wait times are “due to an array of engineering and administrative shortcomings,” at least partially.

An analysis shows that the two biggest drivers of health-care costs are physician remuneration and pharmaceuticals. A national pharmacare program would go a long way towards reducing the cost of pharmaceuticals.

Picard’s solution to double-dipping doctors? Regulate the private system to protect queue-jumpers. He believes that “choice is not a dirty word” and that countries with parallel public and private systems do not have long wait times and regulate their systems well.

The Ontario Health Coalition is touring the province to alert Ontarians to the risk to their public health-care system. Here with the OHC’s giant teddy bear “Tommy,” are ONA members, staff, and Vice-President Cathryn Hoy (right) at ONA’s recent Provincial Coordinators Meeting.
Ontario Still Has the Fewest RNs Per Capita

A new report from the Canadian Institute for Health Information (CIHI) confirms what front-line Ontario Nurses’ Association (ONA) members already know – Ontario continues to lag the rest of Canada in regard to RNs per population.

CIHI has released its Regulated Nurses Report (2016) which shows that Ontario’s RN-to-population ratio has dropped again, to a new low of 703 RNs per 100,000 Ontarians. That is down from 711 in 2015 and 714 in 2014 – and is also the lowest amongst Canadian provinces.

The average RN-to-population ratio for Canada is 839 RNs per 100,000 people. Prince Edward Island had the most RNs per 100,000 population at 1,036.

For Ontario to catch up to the Canadian average would now require hiring an additional 19,126 RNs.

Why is this such an important marker? As research studies repeatedly have shown, for every additional patient added to an average RN’s workload, the risk of patients suffering complications or even death rises by seven per cent.

Complications include bedsores, sepsis, pneumonia, blood clots and what is called “failure to rescue,” or death.

Ontario hospitals have cut more than 1,600 RN positions in the past two years.

Management Downplays Overcrowded Ontario Hospitals, Nurses Know the Reality

As opposition politicians crisscross the province to garner media coverage regarding Ontario’s overcrowded hospitals, it has been interesting for members of the Ontario Nurses’ Association (ONA) to see the comments from hospital management.

Earlier this month, NDP Leader Andrea Horwath told the media (source) that Grand River Hospital’s acute care, surgery, stroke and oncology beds were all overcapacity every day from January 2015 to December 2016.

A safe capacity level for hospitals is deemed to be 85 per cent, leaving what is called “surge capacity” available for an influx of patients. Grand River Hospital operates at over 100 per cent capacity much of the time.

ONA members reading the report were taken aback by comments from management, who told the Record that “there are times when there is an increased number of patients that exceeds available beds, most commonly in winter months due to increased emergency department visits because of the flu and cold bugs. When this happens, the hospital opens temporary beds and brings in extra staff.”

In fact, nurses know that the capacity issues are indeed year round and that they have been struggling to provide quality patient care under increasingly difficult circumstances.

ONA and the NDP leader have each independently called for a moratorium on RN cuts and cuts to front-line health-care providers, and for adequate funding for hospitals after multiple years of freezes.

A subsequent letter to the editor seems to back up the allegations that overcrowded hospitals create long wait times. In a June 16 letter to the editor, James Steele recounted the experience of his wife with Grand River Hospital’s ER. “It took upward of 48 hours before there was a free bed outside of the emergency department…funding is the major issue,” he wrote, “at no fault of the doctors and nurses. They provide the best care they can with the tools they are given. Sadly, the tools could be better.”
ENOUGH IS ENOUGH

PUTTING A STOP TO VIOLENCE IN THE HEALTH CARE SECTOR

A DISCUSSION PAPER

JUNE 2017

“Nurses suffer more injuries in the workplace than police officers do,” the report quotes CFNU President Linda Silas as saying. Those incidents often go under-reported and often ignored.

The Herald also reported (source) that the survey shows that in 2005, nearly one-third of nurses reported they had been assaulted by a patient; in the survey results released at the biennial, 61 per cent of nurses said they had experienced “serious problems in the workplace related to violence” – more than double the percentage compared with 12 years ago.

ONA President Linda Haslam-Stroud presented a new report on Workplace Violence at the convention, the first-ever cross-Canada poll of nurses’ experience with violence (source).

Workplace violence is a particular issue for ONA and its leaders. President Linda Haslam-Stroud is a participant on the Ontario round table examining how to eradicate workplace violence against nurses, which recently released its preliminary recommendations. Haslam-Stroud says the recommendations are a “good start,” though there is a long way to go.

The CFNU’s “Enough is Enough” report was released at the convention. For the first time, a cross-Canada survey shows the extent of workplace violence in health care.

Among the events at CFNU's biennial was a march and rally of 1,200 of Canada's nurses. Leading the group as it set off on the march was CFNU President Linda Silas (centre, in straw hat), with ONA President Linda Haslam-Stroud to her left, ONA Vice-President Cathryn Hoy (behind Linda Silas) and ONA First Vice-President Vicki McKenna (to the right of Cathryn Hoy).
Bad Hospital Discharges a Big Complaint

There was little media attention stemming from an interim report released by Ontario's first Patient Ombudsman Christine Elliott.

While the *Globe and Mail* (source) did publish a short report during National Nursing Week, there was little other reaction or reporting of the released figures.

Among the top areas of concern emerging is “inappropriate or poorly planned discharges” from Ontario hospitals.

Elliott’s report says that her office has received approximately 900 formal complaints of “sub-par communication from officials in the hospital, long-term care and home-care sectors,” a full 60 per cent of the 1,500 complaints her office has fielded since last July.

Elliott’s first full report is due out in September.

Peterborough Nurse Practitioner Leads the Way in eHealth Records

Leave it to a nurse to get health records digitalized.

The *Peterborough Examiner* (source) profiled Shari Comerford, a nurse practitioner (NP) who is leading the digitalization of patient health records at more than a dozen Victorian Order of Nurses Canada primary health care clinics in Ontario.

Comerford says that doing so is “making patient care much more accessible.” It is also making the management of the clinics’ more than 13,000 patients easier.

The report also notes how NPs are providing much broader primary health care using NPs, who are registered nurses with extended training. While Comerford is demonstrating excellent organizational skills during the process, she continues to sound like a typical nurse. When asked her favourite part of being an NP, Comerford told the *Examiner*; she enjoys the continuing contact with patients.

“You get to know the whole family and get to develop those relationships and that’s a real privilege,” she said.

With the tab for developing eHealth Ontario electronic patient records now at $8 billion, perhaps the organization should recruit a nurse.