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 9, No. 6
Summer 2017

Four Things You’ll Learn in This Issue:

1. Long-Term Care the Focus of Media Attention – go
2. Is Private, For-Profit Health Care Creeping In? – go
3. More Funding, But More RN Cuts in Southwestern Ontario – go
4. Canada’s Nurses Host Premiers in Edmonton – go

Click here to access previous issues online.

Northern Public Health Nurses Get Creative

Often lost in provincial health-care coverage is the great work that public health nurses do each and every day.

Canadian Press (source) recently rectified the lack of media coverage by profiling the work of the Porcupine Health Unit in Timmins.

The story of the work the province’s largely low-profile public health nurses do got widespread pickup, with the story appearing in the Toronto Sun, Huffington Post, CBC, CTV and Global News.

As explained by public health nurse Meagan Potvin, the health unit came up with an innovative strategy to make breastfeeding a more acceptable practice.

Public health nurses work quietly behind the scenes.

A Timely Reminder

Toronto Star columnist Linda McQuaig’s celebration of Canada Day stood out from the dozens of editorials appearing in celebration of Canada 150 (source).

McQuaig notes that the 100th anniversary of income tax in Canada is approaching – on September 20 – and that the Fraser Institute is already planning to use the occasion to “stir up fresh tax rage in the land.”

McQuaig’s column points out that the income tax made it possible to

continued on page 3
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:
www.ona.org
www.youtube.com/OntarioNurses
www.Facebook.com/OntarioNurses
www.Twitter.com/OntarioNurses

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.

How to reach us:
Ontario Nurses’ Association
85 Grenville Street, Suite 400
Toronto, ON M5S 3A2
(416) 964-8833
www.ona.org

Long-Term Care the Focus of Media Attention

The media seems to have shifted its coverage from over-census, overcrowded hospitals to long-term care issues recently. RNs have long called for a minimum standard of care for those in long-term care facilities.

The health-care reporting focus of the media seems to have shifted from overcrowded hospitals to long-term care this summer.

From the Toronto Star’s report on officials’ decision to ignore health concerns in unlicensed care homes due to a lack of capacity for seniors (source) to issues around a lack of regulated care professionals in long-term care facilities, reporting on the need for improvements in long-term care is heating up.

The Star’s report was disturbing, with details of the Ministry of Health and Long-Term Care and the Ontario Provincial Police opting to not pursue charges against unlicensed facilities. One of the businesses, Comfort Residential Group Home, was found to have illegal construction, improperly stored medications, unlicensed PSWs and an inadequate food supply.

continued on page 3
A Timely Reminder, cont’d from page 1

become an advanced society, to create strong public programs in health care, education and social insurance. She also points out that despite the Fraser Institute’s rhetoric, Canada can afford to have “the things we want, thanks to the income tax.”

Interestingly, statistics show that in recent decades “the Fraser Institute and much of the business community have conducted a relentless and fairly successful campaign aimed at vilifying taxes in general and taxes on the rich in particular.”

Progressive taxes have been whittled down. In 1966, the top marginal rate was 80 per cent for income above $400,000; today it is typically just over 50 per cent.

There have also been deep corporate tax cuts, sales tax reductions and a subsequent “gaping hole” in government finances.

Nurses are among those having to cope with the results as “health care, education and other vital programs face ever more cuts, leaving us believing the narrative that government must partner with the private sector if we want these services – even though that will ultimately drive up costs.”

If all levels of Canadian government collected the same percentage of tax as they did in 2000, they would have an additional $78 billion in revenue annually – as McQuaig writes, “enough to fund new programs such as national child care and pharmacare.”

Long-Term Care the Focus of Media Attention, cont’d from page 2

The Ottawa Citizen (source) ran its own exposé of troubles in long-term care.

The report quotes author Lise Cloutier-Steele as saying that the most caring thing the families of residents of long-term care can do is complain, but they should also be prepared for retaliation.

Cloutier-Steele’s blog (“Backlash: What can happen to relatives who complain about substandard care in long-term care institutions and what to do about it”) includes stories of what has happened to family members who spoke up.

Recent cases, says the report, include family members given no-trespass orders restricting their visits, illustrating that retaliation is not uncommon.

The Ottawa Sun reported that two retired RNs with mothers in Ottawa’s city-run long-term care facilities complained to the facilities’ management and were subsequently issued the no-trespass orders.

As less-than-ideal conditions in the province’s nursing homes are being exposed, the Toronto Star also reported (source) that thousands of under-65 adults with physical disabilities are being forced into nursing homes.

The Star report found that more than 90,000 people spent time in Ontario “long-stay beds” in long-term care homes last fiscal year.

Reports result in action

The Ottawa report quickly resulted in action, with city officials meeting with families of long-term care residents to “develop an action plan” to address recent long-term care incidents (source).

Ottawa Coun. Diane Deans, chair of the city’s community and protective services committee, told the newspaper that “Obviously, some of what we have been seeing and hearing about is troubling and very concerning. Because we have had some issues, they are working with the ministry and meeting with families to talk about suggestions and they will be looking to make some recommendations for improvements.”

The report also notes that the provincial government plans to introduce legislation that “could hold long-term care homes and the people who run them responsible for failing to protect residents from harm.”

The Ontario Nurses’ Association notes that the vast majority of the media reports have yet to cover the lack of registered nurse care in long-term care facilities. Currently, long-term care regulations call for a minimum of one RN to be on site in these facilities 24/7.

One exception is the news that the Ministry of Health has revoked the licence of Lady Isabelle long-term care in Trout Creek (source). Among the reasons cited by the ministry is the failure to ensure an RN is on duty 24 hours a day, seven days a week.

ONA is aware of hundreds of examples of Ontario long-term care homes that are yearly failing to comply with this regulation.
Is Private, For-Profit Health Care Creeping In?

Three recent reports are concerning to Ontario nurses, who wonder whether Canada is becoming a target for private, for-profit health-care providers.

CBC News (source) reported on the more than half a dozen technology companies launching apps to provide virtual consultations by text, call or video chat, for a fee. A Toronto-based example of this is “Maple,” owned and operated by emergency room physician Brett Belchetz. The company’s fees start at $49, with annual family memberships with unlimited consultations for $580. Belchetz says that Maple is an “Uber model. The doctors are billing the patient but we are a facilitator.”

The issue with such services is the quality of care customers receive – and of course the fact that this is creeping privatization. “We have to understand that this is a breach in the universality principle of the health-care system,” said Aude Motulsky, research scientist at the University of Montreal Hospital Research Centre. “Do we have any guarantee that everything is in place so we can have high-quality consultation?”

Continuity of care is another issue, with some patients who suffer from chronic conditions benefiting from having the same physicians who are familiar with their history caring for them.

The other eye-catching headline involved a U.S. private medical/surgical clinic advertising in Thunder Bay, Ontario for new patients. CBC News also reported on the Northwoods Surgery Center, located in Woodruff, Wisc., promoting its low prices to Canadians seeking elective hip and knee replacements (source). Co-owners Drs. Michael Gelinas and Mark Balas say that they “hear that there’s a certain wait period for elective procedures that, for some people, I guess is frustrating. Our thought was to offer those services, since we’re geographically at least reasonably close to Canadians who are interested.”

The clinic offers a complete hip replacement for approximately $20,000 U.S. or a total knee replacement for a total of $16,500 U.S. The two says they can control their overhead costs as they own and operate the clinic.

Nurses know that private clinic care comes with risks when it comes to surgical procedures. In addition, the ads fly in the face of Canada’s universality principle when it comes to health care.

The National Post (source) reports that public hospitals across Canada are now routinely providing operating room space for cosmetic, privately paid procedures. This is happening even as some Canadians wait months for medically necessary surgeries.

ONA’s front-line nurses know that wait times for surgeries are often long. Specialized operating room nurses often see their ORs shut down for periods of time in the summer and around Christmas as the hospitals do not have enough funding to keep them open. These closures are a way of balancing the budget.

The report says that hospitals charge some plastic surgeons for the OR time and facilities, though some believe hospitals should charge higher fees than private clinics, “since patients are tended to by medical staff and more sophisticated equipment.”
More Funding, But More RN Cuts in Southwestern Ontario

As the province continues to announce repair and upgrade funding for selected Ontario hospitals, the news that Chatham-Kent Health Alliance's Sydenham campus is in line for $1.88 million did not prevent the hospital from announcing more registered nurse (RN) cuts.

A report in the Chatham Daily News (source) quotes the Ontario Health Coalition's local chapter representative as expressing gratitude for the funding but concern about the loss of full-time RNs.

Shirley Roebuck, chair of the Wallaceburg-Walpole Health Coalition said the group is gratified that the ministry “is also making good on promises...about bringing services back to Wallaceburg,” but notes that “any loss of jobs is bad.”

Chatham-Kent Health Alliance announced it would cut 14 full-time and part-time registered nurses as it “looks to financially right itself following years of fiscal overspending.”

The RN cuts total the equivalent of 25,000 hours annually of RN care lost.

ONA has long warned that inadequate funding was leading to RN cuts in Ontario hospitals. Despite additional funding this year, the cuts continue.

ONA First Vice-President Vicki McKenna commented in a Blackburn Radio interview that while it’s a positive thing the hospital has added a physician to its ER, “who do they think sees the patients first? It’s the nurses.”

The RN cuts total the equivalent of 25,000 hours annually of RN care lost. The Blackburn Radio report also noted the fact that Ontario has lowest RN-to-population ratio in the country, with just 703 RNs per 100,000 Ontarians compared to the Canadian average of 839.

As ONA has seen repeatedly in research studies, fewer RNs providing hands-on care correlates with an increase in the likelihood of patients suffering complications and even higher death rates.
Canada’s Nurses Get Support for Call for National Pharmacare Program

After many years of research and lobbying for a national pharmacare program, Canada’s nurses are finally getting some political support.

ONA – through its membership in the Canadian Federation of Nurses Unions (CFNU) – has been active in pursuing government support of a national pharmacare program for the better part of a decade. Now, Premier Kathleen Wynne has publicly spoken up about the need for such a plan, hoping that the rest of Canada “can duplicate her province’s OHIP+ drug program” (source).

At July’s annual premiers’ conference in Edmonton, Wynne told reporters “we can all agree. It’s a gap in medicare.”

The Star report said the premiers are calling on the federal government to “engage actively” in discussions to establish the plan. Wynne said “It’s not to talk about whether we need to do it.”

Canada’s nurses hosted a breakfast meeting with the premiers, this year focused on mental health care for Canadian youth, in keeping with the role of nurses to be patient advocates.