ONA President Vicki McKenna says Ontario hospitals are increasingly “industrializing” hospital care, which for RNs means working harder, faster, quicker, with fewer staff.

The breakdown of negotiations between the Ontario Nurses’ Association (ONA) hospital nurses and the Ontario Health Association (OHA) dominated the news recently.

Newly elected ONA President Vicki McKenna, RN, was all over both print and electronic media outlets following the news that ONA walked away from the table after 10 days of talks and two days of mediation.

McKenna is proving to be an eloquent spokesperson, explaining to CFRA AM 580 Ottawa radio host Rob Snow that the hospitals are increasingly “industrializing” hospital care.

Nurses are working excessive overtime, trying to meet their professional standards under the College of Nurses, she explained, “but most importantly...it is their concern around patient care...”

Hospitals, McKenna says, are taking a new tact in trying to find “efficiencies” to assist them in balancing budgets after a number of years of inadequate funding.

Some hospitals have taken to using assembly line methods, such as “just-in-time” staffing to avoid overstaffing.

Registered nurses (RNs) have been warning for many years of the crisis in RN staffing. It has played a role in long wait times, and ONA has been vocal about the impact thousands of RN cuts have been having on patient care.

As McKenna told Toronto Star reporter Moira Welsh, ONA heavily surveys its members and, in this round of negotiations, hospital RNs cited heavy workloads and the resulting professional issues – like job safety and patient care – as their top priorities in negotiations.

The industrialization cited by McKenna is just another expression for “work harder, faster, quicker with fewer” staff.
Nurse Shortage Impacting Patient Care in Other Provinces

While the “industrialization” of health care in Ontario has had a negative impact on RNs’ working conditions, nurses in other provinces have also experienced problems.

In Manitoba, a Winnipeg nurse says she is retiring because she “can’t continue to work” after government changes to health care will result in the loss of RNs and a decline in patient care.

The unnamed RN says “the changes have absolutely made me decide that I need to leave, because it’s not working the way I’m accustomed to doing my job and to taking care of patients.” She added that the changes are “not about the patient experience. I think it’s about the numbers.”

It’s no surprise to Ontario nurses to hear the RN describe that she can’t do her job properly with the staff shortages. The nurses, she says, are constantly in fear that something bad will happen to a patient.

In Quebec, a Facebook post by nurse Emilie Ricard was shared tens of thousands of times after

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she described having to work a night shift, during which she was responsible for the care of 70 patients – on her own.

The post went viral and set off a media storm in which nurses debated which province had busier nurses and worse patient care.

The Canadian Press reported that the province has instituted mandatory overtime shifts. Nurse Veronique Brouillard told CP that while she loves being an auxiliary nurse, between constant requests to work overtime, and heavy and stressful workloads, she is “exhausted, stressed – and furious.”

Brouillard described having “no life. One day off in a week, and they call us four times [asking us] to come in for extra work. I’ve had enough.”

Quebec nurses took to the streets of Montreal to express anger over staff shortages and working conditions. They are seeing challenges to care for patients.

Meanwhile, the head of the Fédération interprofessionnelle de la santé du Québec blames government budget cuts for exacerbating the shortage.

“They’re always asking us to reorganize, do more with less. We’ve hit a wall, a level where we say we can’t go further,” said Nancy Bedard.

How bad is it?

In Quebec, doctors are calling for their planned raises to be cancelled and the money to flow to patient care and resources for “their underpaid and overworked colleagues instead.”

In an open letter, the group Médecins Québécois pour le régime public, representing a group of doctors and medical students, says that with many of Quebec’s nurses and other health-care workers “at their wits’ end,” they want money to flow throughout the health-care system.

The organization’s president, Dr. Isabelle Leblanc, explained to CBC that the news of her profession’s raises is coming at the same time that nurses are mobilizing in protest of their working conditions. Physicians want to show their solidarity, she said.

The open letter was posted on the organization’s website, and within hours had 270 signatories.

What does the research say?

Are registered nurses who say patient care is being compromised by short-staffing correct? A large body of research says they are.

Dozens of research studies have been done over the past two decades, and most found similar results – more RN care results in lower rates of patient morbidity and mortality (about seven per cent).

For instance, the Australian Health Review published a study that links higher nurse staffing to patient outcomes – and found a three to 12-per-cent reduction in “adverse outcomes, and 16-per-cent reduction in death for surgical patients.”

The evidence, says the study, “confirms that improvements in nurse staffing is a cost-effective investment for the health system but this is not fully appreciated by health policy advisors.” The report concludes that policy makers must ensure there are sufficient registered nurses to provide patient safety.
Sexual Assault Clinic Can’t Keep Up As #MeToo Movement Impacts Ottawa

Staff working at the sexual assault and partner abuse care program at The Ottawa Hospital can’t keep up with demand.

The program has been around since the 1980s. Patients see specially trained nurses – available 24/7 – and a nurse practitioner is there for a follow-up visit.

Funding for the program has barely changed in the past decade, yet demand has increased and close to 1,000 patients were seen recently.

Medical director Dr. Kari Sampsel told the Ottawa Sun that demand has tripled in the past decade. It operates on a $480,000 budget that is meant to cover both staff and supplies.

Sampsel believes this summer will be extra busy for the unit as the #MeToo movement encourages people to talk about and seek help following sexual assault.

The controversies swirling in Quebec – including a group of physicians calling for their fee increases to be used instead to provide some relief to overworked nurses – have inspired a passionate opinion editorial in the Montreal Gazette.

Allison Hanes wrote the piece, which notes that anyone who has ever spent time in a hospital has benefited from the care of a nurse.

Nurses, she says, “don’t get much glory or credit. Yet their often thankless work is the backbone of our health system.”

The Gazette editorial points out that nurses say they are “crumbling” under the weight of the extraordinary demands being placed on them.”

The piece was sparked by coverage of the RNs’ too-heavy workloads stemming from a Facebook post of one nurse.

Emilie Ricard posted a video in January noting that she was the only caregiver for 70 patients during her last shift. She spoke of being so busy monitoring an unstable patient that she had no time to help others, and noting that she “wouldn’t want to see one of my own family members left in conditions like that. I am broken by my profession; I am ashamed of the pitiful care I am providing despite my best efforts. My health system is broken and dying,” she said.

In a response that feels familiar to Ontario’s nurses, Quebec’s health minister deflected blame. Gaetan Barrette claimed that nurses are unwilling to fill vacant full-time positions for fear of being forced to work overtime. This, he claims, has created a vicious circle where other nurses are forced to work mandatory overtime.

In Ontario, the outcry against heavy workloads for RNs has been met with a claim from the province that it has hired thousands of new nurses since 2003. This leaves ONA wondering just where these thousands of new nurses actually are.

Ontario hospitals have cut more than 13,000 RN positions in the past five years alone. Ontario has the worst RN-to-population ratio in the country.
Ontario’s Hospital Overcrowding Is Not Easing

Readers of *Behind the Front Lines* first read about hospital overcrowding in Ontario’s hospitals more than a year ago.

The intervening months have seen the issue regularly taking up space on new broadcasts and in print/electronic media.

With an election approaching, the NDP has kept the issue front and centre.

NDP Leader Andrea Horwath and NDP Health Critic France Gelinas have been leading the attacks on the province, finding stories of patients housed in “unconventional spaces” such as a shower room.

For front-line nurses and healthcare professionals, the news that patients are being cared for in hallways, meeting rooms and other “unconventional spaces” is no surprise. The announcement of additional emergency funding to deal with the lack of ‘surge capacity’ was welcome, but without the funding to staff these extra beds, front-line workers remain concerned about their patients.

That concern was backed up by a report from Thomson Reuters indicating that patients are more likely to be misdiagnosed or experience treatment delays when they become ‘hallway’ patients.

The report says that researchers surveyed 440 ER physicians attending a conference in Boston in 2015. The researchers found that these “non-private encounters not only affect the accurate diagnosis of medical conditions, but also of social and behavioural conditions such as domestic violence, human trafficking, suicidality and substance use.”

Lead study author Dr. Hanni Stoklosa, an ER physician at Brigham and Women’s Hospital and Harvard Medical School, said “this is quite concerning on many levels because emergency departments are on the front lines of caring for patients most vulnerable to these conditions.”

Nurses have detailed the roadblocks to providing quality care to their patients in hallways and unconventional spaces; this report notes that 90 per cent of the physicians surveyed said they either changed or shortened how they took patient medical histories in hallways, and “sometimes, often or always changing how they conducted physical exams.”

The physicians said that in 74 per cent of cases, taking an abbreviated medical history had led them to fail to diagnose a social issue – such as suicidal thoughts or elder abuse – and 46 per cent said the changes in physical exam led them to miss these issues.

Dr. Bernard Chang, a professor of emergency medicine at Columbia University Medical Center, says the findings of the researchers add to the existing evidence that the environment in which patients are cared for may influence their treatment.

For nurses, hallway nursing has been a serious concern for well over a decade.

The research evidence shows that hallway patients lack the access to privacy, the quiet needed for rest, the proper medical equipment, and their exposure to others is an issue for proper infection control.

ONA notes that patients are at greater risk if cared for in these “unconventional spaces.”
Children’s Hospital Transfers Pediatric Patients Elsewhere

ONA members vividly recall the CEO of the Children’s Hospital of Eastern Ontario (CHEO) telling local media that the closure of hospital beds and shedding 50 registered nurses would not impact care or services.

Well, that was then and this is now.

When the cuts were announced in 2015, ONA noted that the cuts equated to a loss of 90,000 hours of RN care per year.

ONA predicted then that the neonatal intensive care unit, the pediatric intensive care unit, ambulatory care, in-patient surgical and medical units would be hardest hit by the cuts.

It now seems the cuts have impacted care, as CHEO has been forced to send 19 critically ill pediatric patients out of town to receive care. The Ottawa Citizen reports that the hospital is struggling with overcrowding in its intensive care units.

The hospital – like so many others in Ontario – has been overcapacity for several months. In February, the pediatric intensive care unit transferred 15 patients to Kingston, Toronto, Hamilton or Montreal for care. Two newborns needing neonatal intensive care were sent to Kingston and two were sent to Montreal.

Tellingly, the remarks of CHEO’s chief of staff, Dr. Lindy Samson, mentioned nurses. “We only consider sending children – either babies or older kids – out of town once we have exhausted all our usual strategies. That includes calling in nurses for extra shifts and overtime, and opening extra beds. It’s not the first, second or third approach that we take. We only do it when we have no more nurses to call.”

The hospital acknowledged that the number of nursing hours worked in the pediatric intensive care unit had “skyrocketed” in 2018, with CHEO nurses working more than 14,000 hours – or 50 per cent more than what hospital officials had predicted would be required.
Nurses’ Contract Will Expire Soon After it Takes Effect

The *Windsor Star*’s Brian Cross found an arbitration decision for 26 registered nurses who work at the city-owned long-term care facility, Huron Lodge, and was astounded to see that the four-year deal expired 44 days after it was handed down.

As ONA President Vicki McKenna, RN, told the *Star*: “It’s absolutely unusual – it’s not unheard of, but it’s unusual.”

The Ontario Nurses’ Association members had been working without a contract since April 1, 2014. The new contract runs to March 31, 2018.

Cross attempted to interview management of Huron Lodge but was not successful; his report notes that RNs in hospital and long-term care are considered an essential service and cannot strike. Arbitration was the last resort.

As for ONA, McKenna said that while no dates have been set for the next round of bargaining, she is hoping it won’t be a repeat of this one.