MAY 2016

It’s Time to Take Action for Better Care!

"We’re asking Ontarians to speak up, to talk about the impact cuts are having on their health care.”
— Linda Haslam-Stroud, RN, ONA President

Ontario’s health-care system is at risk. No one knows this better than nurses. Chronic underfunding has resulted in cuts and puts patients at risk. Ontario nurses are speaking out on behalf of patients and their families.

Launched in the fall of 2015, our Nurses Know campaign continues to pick up steam, shifting focus from a provincial campaign to a grassroots campaign focusing on Ontario communities, the public and our front-line members.

The Nurses Know campaign shines a spotlight on the unique role and skills that registered nurses (RNs) bring to health care and the devastating impact of RN cuts.

“RNs are on the job 24/7 observing, assessing and intervening to provide care, knowing when to alert the rest of the care team when they observe that a patient is developing a complication or declining. Too often though, their expertise is overlooked in the health-care planning process, and when budgets demand service cuts – it always seems to be the RN jobs that are cut. This must stop!” said ONA President Linda Haslam-Stroud, RN.

“RN staffing levels have repeatedly been shown to reduce patient mortality and morbidity rates, and the overwhelming number of RNs cut from the system is taking an enormous toll on patient care.”

The goal of the Nurses Know campaign is to let the public and health-care system stakeholders know about the impact of RN cuts on the quality of care Ontarians are able to access.

Recently, we launched a new television ad, “RN Cuts Flatline,” which you can view on our YouTube channel at youtube.com/Ontarionurses. The ad says, “Ontario Nurses’ Association wants you to know how RN cuts impact health care. Nurses know.” The ad draws attention to the staggering number of RN cuts since the beginning of 2015.

The advertising part of our campaign wrapped up at the end of March, and included television commercials, radio ads and transit ads. Our special dedicated campaign website, which features all the ads, more facts about the system and ways to take action, can be found at: http://www.morenurses.ca/.

Now it’s the turn of our front-line members to have their voices heard.
16,500 +

Ontario needs 16,500 more registered nurses to catch up to staffing in the rest of Canada.

Nurses know. Take Action → NursesKnow.ona.org

Our promotion continues to be strong and keeps the message alive online. With regular posts on Facebook and Twitter, our campaign encourages members and the public to share the message.

We also launched a successful “Thunderclap” rally, an online tool that allows supporters to donate their social media reach by signing up to have a campaign message broadcast from their Twitter or Facebook account at a coordinated day and time, to dominate the media feeds of as many people as possible. Our virtual “Thunderclap” rally surpassed its support goal, with nearly 550 people having signed up to share our campaign message. This campaign message went out on Monday April 4 and reached more than 250,000 people on Facebook and Twitter.

Share your story! Tell us how front-line care is being impacted by RN cuts and underfunding. Submit your stories on the campaign website at http://www.morenurses.ca/ or call our dedicated hotline and leave a voice message at 1-844-881-9462.

The main action for supporters continues to be our online petition at http://petition-onanationbuilder.com/. Our petition reached a milestone, receiving more than 20,000 signatures and counting as every day goes by. Local leaders are using the paper version of the petition (see graphic on page 3) to collect signatures in their workplaces and communities, with the goal of submitting them to their Members

The Facts on RN Jobs

- Since January 2015, Ontario hospitals have cut almost 1,400 RN positions. That’s over 2.6-million hours of RN care removed from the system. So far this year, almost 600 RN positions have been cut, amounting to the loss of more than 1-million hours of RN care for our patients and communities.

- The share of total nursing employment in Ontario for RNs has declined from 77.4 per cent in 2004 to 70.8 per cent in 2014, although the need for their specialized skills to treat unstable, highly acute patients increases.

- The number of registered practical nurses (RPNs) working in Ontario has substantially increased from 2005 to 2013, from 4.7 per 100,000 people to 15.2 per 100,000 people.

- Ontario’s population has significantly grown since 2003 – by 11.8 per cent. Yet, Ontario’s RN-to-population remains the second-worst in Canada, at fewer than one RN per 100 Ontarians.

- For Ontario to catch up to the average ratio in Canada, we need to hire 17 per cent or 16,659 more RNs.
Impact on Patients

Every extra patient added to an RN’s workload results in a seven-per-cent increase in the risk of patient morbidity and mortality – that’s complications and even death. Complications include bedsores, ulcers, sepsis, pneumonia and cardiac arrest. RN burnout increases by 23 per cent, leading to higher illness and injury rates.

According to Health Quality Ontario’s “Measuring Up” report, RN cuts mean:

- Transfer from hospital to a long-term care bed is taking longer – it increased from 49 days in 2008-09 to 69 days in 2013-14. For those applying for long-term care from home, more than half wait more than three months.

- Hospital bed closures mean that patients who need to be admitted through the ER are waiting for extended periods of time in the ER. The number of high-acuity patients with urgent needs visiting ERs has risen 22.5 per cent since 2009.

- For those needing hip replacement and despite the wait-time target of 42 days, in 2014/15 almost one-third of patients did not have their surgery within these guidelines.

- For knee replacements, one-quarter of urgent procedures were not performed within wait time targets for 2014/15.

- Ontario has fewer hospital beds per capita than the average in Canada.

One RN and 152 residents, each resident allotted 2.5-3.5 hours of care/day of PSWs and RPNs. Staff are there eight hours. RNs stay overtime hours and only get paid for eight hours, but we need to complete our tasks ... we work for free! My love for humanity makes me stay until all tasks are completed.

One RN for night shift: 224 vulnerable long-term care residents. The tragedy is surely coming. Please keep us in your prayers.

Every day we work short! Every day they are constantly calling in people for overtime! We need help! It’s not fair to the patient to lay in bed completely dependent on a nurse and not get the attention needed due to the fact that the nurse is running in circles trying to keep up with the work load! We need to respect and think about patients’ safety and needs!
Underfunding

- Underfunding of our health care system leads to cutting front-line care, closed beds, and even longer wait times.
- Every sector of our health care system is feeling the squeeze, but nowhere is it more acute than in our hospitals.
- Since 2012 there has been a freeze on base funding for Ontario’s hospitals. Ontario’s recent budget has allocated a modest increase, however inflation and an aging population mean each year we’ve been falling farther behind.
- Hospitals have made up funding shortfalls by making cuts to nursing positions, beds and other vital services.

Privatizing Care

- More of our care is being privatized. Private providers are doing surgeries and invasive procedures transferred out of hospitals due to budgets that have been frozen for four years.
- Patients are paying out of pocket for services that were once provided by our public system, such as physiotherapy – services that are needed for patients to fully recover.
- Home/community care is not expanding fast enough to meet the rising demand as our hospital services are cut.
- New hospitals built under the P3 scheme have left communities with expensive buildings that have to close beds, cancel procedures and fire RNs to pay the enormous cost of the building/maintenance contracts the government signed with private firms.

As a charge nurse I work and take patients... If a post-op is getting an epidural to control pain then they have to be placed into a specific room because only two of the four surgical pods have RNs. So I have had epidurals REMOVED in recovery because there was no RN. Nice if it is not your family member! So I call and call this one day, no one ever answers. I go up to the surgical floor to make contact but walk around through two pods seeing no one. Then I hear it. Faint sobbing like someone trying to catch their breath, but I see no one. I walk around the desk and there I see the RN crouched on the floor sobbing. After comforting her, she says she has 12 patients and three hours into her shift has only seen half...

Want to help?

Join your union in our campaign to stop the RN cuts. Visit nursesknow.ona.org for a link to sign our petition and add your voice to the fight for safe, high-quality patient care.

Contact your Bargaining Unit President to take local action.