ONA Continues Fight for RN Jobs

A Sobering Statistic: From Second-last to Worst

FOR YEARS, Ontario laboured under a frightening statistic. Our province was second-worst in Canada in terms of the RN-to-population ratio. That means the number of RNs per 100,000 Ontarians was the second-worst ranked in the country, second last only to British Columbia (B.C.) on the bottom.

Well guess what? The Canadian Institute for Health Information (CIHI) data says we are now ranked WORST in the country with 711 RNs per 100,000 population. B.C. has moved above us with 721 RNs per 100,000 population. Top-ranked is Newfoundland-Labrador with 1,151 nurses per 100,000 population, while the national average is 841 RNs per 100,000 population.

The Canadian Institute for Health Information (CIHI) says Ontario is now WORST in the country with 711 RNs per 100,000 population.
Just to catch up to the national average RN-to-population ratio, Ontario needs to hire 17,920 more RNs—an increase of 18 per cent!

Our employers have continued their devastating policy of cutting nursing positions to balance hospital budgets on the backs of our RNs.


Even in 2005, Ontarians were being bombarded with messages by the government that health-care spending was out of control. Yet the truth was revealed to be quite the opposite. Health-care spending as a percentage of provincial Gross Domestic Product remained steady for decades. And yet, the determination to “rein in spending” had health administrators look to their nursing staff for efficiencies and cutbacks, replacing RNs with RPNs and unregulated Personal Support Workers (PSWs).

Let’s be clear. There is a place for RNs, RPNs and PSWs in the health-care system; we must ensure however that staffing decisions are based on what is best for our patients even if this isn’t the best for the employers’ bottom line.

Not only has their been no strategy to educate new RNs, recruit new RNs and retain the current complement of RNs in our health-care system, RN positions have been and continue to be cut from Ontario hospitals at an alarming rate.

Today, the Ontario government is undertaking a complete transformation of health care in our province. They plan to increase timely access to care, better coordinating community care, ensuring sustainability, improving the quality, coordination and integration of home and community care, and expanding the role of Local Health Integration Networks (LHINs).

A cornerstone of their strategy is to shift resources from hospitals to home and community care, to bring care coordination and public health under LHINs and to increase transparency. This must occur with appropriate funding, staffing levels and supports in the community.

Still, it is refreshing to have the government start to respect ONA as a key stakeholder when discussing health-care system reform.

Nurses know that if they are to be able to provide safe, quality patient care, RN positions must be preserved and expanded in our hospitals, long-term care facilities and other sectors.

To that end, the following are ONA’s recommendations for Ontario health transformation.

1. **Implement an immediate moratorium on RN cuts.** Since the start of 2015, more than 1,500 RN positions have been cut from Ontario hospitals, the equivalent loss of close to three-million hours per year of hands-on RN care for Ontario patients.

   - The population of Ontarians aged 65 and over is expected to grow by about 10 per cent in the next 20 years. Ontario patients will require more complex and acute care.
   - The RN share of nursing employment in Ontario has been falling significantly over time—from 76.4 per cent in 2003 to 69.8 per cent in 2015.
   - ONA believes the province should immediately place a moratorium on RN cuts.

2. **Ensure appropriate levels and use of RN staffing to improve patient outcomes and provide a cost-saving to the health-care system.**

   - Studies show that more RN care equates to lower patient morbidity and mortality rates, fewer hospital readmissions and shorter lengths of stay, saving the system money.
   - For every extra patient added to an average RN’s workload, patients have a seven per cent increased risk of morbidity and mortality. Complications include...
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Hospital funding has flatlined since 2012.

Ontario froze its base funding for hospitals in 2012. Since then, inflation has averaged 1.4% annually, which means our hospitals are falling farther and farther behind.

- Bedsores, blood clots, pneumonia, kidney failure and cardiac events.
- Annual savings from prevented adverse events (such as near misses) was up to 10 times the cost of RN staffing.
- RNs are highly educated and specially trained to deal with patients requiring complex care.

3 Commit to restoring hospital base operating funding to at least cover the costs of inflation and population growth.

- ONA believes Ontario has been underfunding hospitals for close to a decade, resulting in continued and unsustainable RN cuts as hospitals attempt to balance their budgets on the backs of RNs and patient care.
- From 2011 to 2015, hospital funding increases were frozen, even as population growth resulted in the need for more care. Funding freezes meant reduced hospital funding, leading to bed closures and cuts to RNs positions and services.
- In 2016, the province announced a one-per-cent increase in hospital funding, far less than the rate of inflation. In addition, a new provincial hospital funding formula has led to many Ontario hospitals without adequate funding.
- ONA calls for the restoration of base hospital operating funding to, at minimum, cover the costs of inflation and population growth.

4 Create a fully funded, multi-year health human resources plan.

- Back in 2005, ONA’s Patients Matter noted that the pace of new RN training was not adequate to replace the number of RNs due to retire in the coming decade.
- With a tidal wave of RNs expected to retire over the coming five years, the necessity has never been greater for the province to create and fully fund a multi-year health human resources plan.
- The plan must focus on training and hiring an adequate number of RNs to bring the province’s RN-to-patient ratio up to the national average.

5 Ensure Ontario hospitals have enough resources to continue to provide safe, high quality integrated care for clinical procedures, and stop the transfer of such procedures from public hospitals into private, for-profit clinics.

- The provincial freeze on hospital funding for the better part of seven consecutive years (source: Ontario Health Coalition) – in real terms – means that funding has decreased when factoring in inflation.
- Combined with legislation that requires hospitals to have a balanced budget and the introduction of a new funding formula that cut funding to dozens of Ontario hospitals, the result has been major cuts to staff, services and closure of hospital beds.

New Phase of ONA’s Nurses Know Campaign Set to Roll Out

This fall, ONA rolls out the next phase of our Nurses know campaign, featuring print, radio, television and bus shelter ads. The strategy is to continue to promote the message that RNs are essential to providing safe, high quality care to Ontarians.

We continue to call on the government to stop any further erosion of RN positions. Our key message is that more RN care means improved patient outcomes and a cost savings for our health-care system.

Strategies will include asking ONA members and the public to write to their MPPs demanding they stop cuts to RN jobs. More information on how you can help will be posted on the Nurses Know campaign website at http://nursesknow.ona.org.
In many cases, hospital CEOs have said that services formerly provided in hospital are now available “in the community.” The reality is, those services are now in the hands of private for-profit clinics.

Many of these services come with a price to patients. For-profit clinics tend to “cherry-pick” patients, avoiding treating patients with complex care needs due to the expense, leaving just the most complex patients to publicly funded hospitals. This has resulted in longer wait times for procedures, cancellation of surgeries due to a lack of staff and available beds, and overflowing emergency departments.

Ontario has the fewest number of hospital beds per capita, the highest hospital readmission rates in the country and funding levels at or near the bottom of the pack.

Sustainable, appropriate levels of hospital funding must be restored immediately to increase the availability and quality of care for patients.

6 Fund a health-care action plan for Workplace Violence Prevention.

- Standards in hospitals/LHIN accountability agreements (and other health employers such as long-term care homes) and LHIN/government accountability agreements must include: safe RN staffing levels, appropriate security staffing; use of best practices for training competent supervisors; accessible panic alarms linked to security; and electronic and visual alert systems for flagging potentially violent patients.

7 Fully integrate community care management to eliminate duplication.

- The transition is currently under way from Community Care Access Centres (CCACs) to LHINs. ONA will be working with the government to ensure the stability and continuity of home care services to our patients through continuity of the role of Care Coordinators and other direct care CCAC services, such as Rapid Response Nurses, Palliative Nurse Practitioners and Long-term Care Placement Coordinators.

- We will work to ensure the continuity of compensation and practice conditions for direct care staff during this transition.

8 Fund and enforce a staffing standard to meet increased care requirements of residents in long-term care homes.

- Fund a regulated minimum staffing standard in long-term care homes set at an average level of four worked hours of nursing and personal care per resident per day (including .80 or 20 per cent RN hours) to meet increasing resident care needs.

Front-line nurses know what patients need and where the gaps lie in our health-care system.

The care provided by RNs in every sector of health care is vital to achieving the best patient outcomes possible, lower hospital readmission rates, lower rates of patient morbidity and mortality and reduced errors.

The continuing cuts to RN care, the fragmentation of services and lack of beds has harmed the quality of health care in Ontario. It is past time to stop cutting further RN care.