

**ONTARIO NURSES' ASSOCIATION**

**SUBMISSION**

**ON**

***2020 PRE-BUDGET CONSULTATIONS***

**TO**

**STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS**

**JANUARY 17, 2020**



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## **Summary of ONA Recommendations for 2020 Ontario Budget**

ONA proposes the following recommendations for the 2020 Ontario Budget.

1. As part of Ontario's strategy to address hallway care, develop a funded plan to close the Registered Nurse (RN) care gap. For Ontario to reach the average RN staffing ratio in Canada, the province needs to hire 20,147 RNs.
2. In recognition of the vital work of our public health units and public health nurses, reverse the cuts and fund public health programs and services at 100 percent to ensure consistent service provision everywhere throughout the province. Develop a clear plan to ensure the recruitment and retention of front-line public health nurses. Ensure the strong, independent and local authority for planning and delivery of public health programs and services is preserved.
3. Kick start systemic change in Ontario's long-term care sector by immediately increasing the funding per home to ensure average hours of RN care equivalent to at least one (1) RN for every 20 residents, each twenty four (24) hour day. In addition, there should be at least (1) Nurse Practitioner for every 120 residents given the present acuity of Ontario residents. Phase out "for profit" long-term care homes within five (5) years.
4. Protect and expand the jobs of care coordinators in the transition from Local Health Integration Networks (LHINs) to Ontario Health Teams (OHTs) to improve continuity of care for patients and address some of the root causes behind hospital overcrowding and hallway health care.
5. End the practice of competitive bidding among for-profit home care providers, which rewards employers who pay their home care nurses and other workers less, and reduces working conditions resulting in retention and recruitment issues and reduced quality of care for patients.
6. Annually raise the total funding for Ontario hospitals and acute care facilities by a minimum of 5.2 percent to meet estimated annual increases in cost pressures and to match the health funding increase the Ontario government requested from the federal government in December 2019.
7. Repeal Bill 124, legislation that freezes public sector wages, to improve recruitment and retention of RNs in Ontario and out of respect for the constitutional rights of unionized nurses.
8. Tackle head on the growing epidemic of violence in health-care settings across Ontario by improving staffing levels and by fully implementing the recommendations in the *Workplace Violence Prevention in Health Care Progress Report*.
9. Guarantee for Ontarians that health-care system restructuring will not involve the introduction of more profit-making and greed into the delivery of health services, and prioritize the expansion of the public sector into new areas of health delivery.

## **I. Introduction**

The Ontario Nurses' Association (ONA) is the union representing 68,000 registered nurses (RNs) and health-care professionals, as well as 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

ONA welcomes the opportunity to provide the Standing Committee on Finance and Economic Affairs with recommendations from the perspective of front-line nurses and health-care professionals with respect to our priorities for the 2020 Ontario budget.

We highlight that this year, 2020, is internationally recognized as the *International Year of the Nurse and Midwife* by the World Health Assembly (WHA)<sup>1</sup> in honour of the 200<sup>th</sup> birth anniversary of Florence Nightingale, the founder of modern nursing. This special designation celebrates the vital role of nurses and midwives in providing health services worldwide. The ultimate goal is to advocate for increased investments in these crucial health workforces.

We urge the provincial government to heed this important call-to-action in Budget 2020 by adopting a laser-like focus on the nursing and health-care workforce – starting with addressing the RN shortage – to improve the health and well-being of all Ontarians.

Unfortunately, up to now, successive governments have failed to act: Ontario still has the lowest RN-to-population ratio in Canada. Our hospitals are funded at less than the rate of inflation, resulting in ongoing RN and service cuts. New wage restraint rules now make it more difficult to attract and retain nurses to the province. Health-care restructuring has created unprecedented uncertainty for nurses and health-care professionals across all sectors.

We are also increasingly alarmed by the steady decline in provincial health-care funding. Our analysis forecasts *\$7.6 billion* in drastic spending cuts over the next three years.<sup>2</sup> In the hospital sector alone, Ontario's average annual increases in investment are less than half the average of all the other provinces.<sup>3</sup>

Ontario's per capita program spending is already the lowest in Canada – in 2017 Ontario spent \$3,903 per person on health care, which is \$487 per person lower than the average of the rest of Canada.<sup>4</sup> Any further cuts will make the problem to access worse, not better, for patients.

Put quite simply, Ontario can – and must – do better.

Indeed, Ontario has the fiscal capacity to increase its share of health-care funding. In June 2019, the Consumer Price Index measured the rate of inflation for Ontario at 2.4 percent. From the first quarter of 2010 to the second quarter of 2019 the year over year nominal GDP growth in Ontario has been 3.9 percent and the second quarter of 2019 was the highest single quarter growth in almost a decade.<sup>5</sup>

The province also has additional tax revenue sources – Ontario's personal income tax is equivalent to 9.9 percent of labour income, compared to the 11.7 percent share in the rest of the country. And, its corporate income tax revenue is 11.8 percent in Ontario, compared to the 12.2 percent share in the rest of the country.<sup>6</sup> By asking those who can afford it to pay a little more, Ontario can maintain its public health-care system, and also to improve and expand it.

Budget 2020 should not just be another budget. The *International Year of the Nurse and Midwife* is a global call-to-action, occurring at the same time that Ontario's FAO is sounding the alarm about rapid growth in population aged 75 years and older,<sup>7</sup> and as rising patient acuity levels and complexity are placing unprecedented pressure on our health-care system.

In ONA's pre-budget submission, we call for investment in Ontario's nursing workforce, including addressing the Ontario's RN shortage by focusing on retention, hiring and training of more RNs across all sectors to meet patient needs.

We call for hospital funding increases to be commensurate with yearly increases in cost pressures to these institutions that we all rely on when we need it most.

Just as the World Health Assembly puts focus on nurses who give life-saving immunizations and health advice; ONA is demanding a reversal of cuts to public health and retention of public health nurses throughout restructuring in this sector.

As government transfers the remaining LHIN positions to Ontario Health Teams, we call for Care Coordinators and direct care positions to be protected. We advocate for consistent and public delivery of home care services throughout the province.

Finally, to ensure nurse and patient safety, we advocate for action on the recommendations from the tripartite leadership table on workplace violence.

## **II. Registered Nurse Shortage**

A focus on the nursing workforce is relevant for Ontario as 2018 marks the fourth year in a row that Ontario has the lowest RN ratio per 100,000 population in the country. ONA has consistently urged the government to develop a funded plan to close the RN care gap, as part of its strategy to address hallway medicine. For Ontario to reach the average RN staffing ratio in Canada, the province needs to hire 20,147 RNs.<sup>8</sup>

The latest data available from the Canadian Institute for Health Information (CIHI) on RNs in Canada shows that Ontario had just 690 RNs per 100,000 Ontarians, compared to the Canadian average of 831. Newfoundland and Labrador, by contrast, has the best ratio with 1,123 RNs per 100,000 residents.<sup>9</sup>

Data from the College of Nurses of Ontario shows that the RN share of all nursing employment is declining – from 76.3 percent in 2003 to 65.7 percent in 2019. ONA has consistently raised that the replacement of RNs with Registered Practical Nurses (RPNs), combined with population growth and more demand from more complex patients is creating a shortage of RNs.<sup>10</sup>

Further, a health human resources strategy for Ontario will also need to plan to replace RNs currently at retirement age. In 2019, there were 27,271 RNs aged 55-plus, or 25.6 per cent of Ontario's employed RN workforce, eligible to retire in the coming years. That's one-fourth of employed RNs who could retire in the coming years.<sup>11</sup>

Nurses provide the best care they can under the working conditions they face. They care deeply, they are committed to their patients, and we are committed to them but the status quo is not adequate for safe patient care.

The Ontario Auditor General's 2016 Annual Report<sup>12</sup> provided strong evidence for the need to improve RN staffing in our hospitals. The Auditor General found that RN patient assignment is heavier in Ontario than what international best practices recommend. As the Auditor's report notes, comprehensive research shows "that every extra patient beyond four that is added to a nurse's workload results in a seven per cent increased risk of death."<sup>13</sup>

Time and again, ONA has emphasized the many benefits of RN care, which are well-studied and well-known.

For instance, research indicates that RN staffing is positively correlated with a range of improved patient outcomes: reduced hospital-based mortality, fewer cases of hospital-acquired pneumonia, unplanned extubation, failure to rescue, nosocomial bloodstream infections; and shorter lengths of stay.<sup>14</sup>

RN staffing also provides savings to the health-care system. Research has developed costing models related to cost savings realized from interventions and treatments related to avoidable adverse events that would no longer occur as a result of improved RN staffing levels. As an example, one study has demonstrated that higher RN staffing decreases the odds of readmission of medical/surgical patients by nearly 50 per cent and reduces post-discharge emergency department visits.<sup>15</sup>

A further study by Needleman et al<sup>16</sup> concluded that raising the proportion of RN hours resulted in improved patient outcomes and reduced the costs associated with longer hospital stays and adverse outcomes compared to other options for hospital patient care staffing.

Another study<sup>17</sup> has shown improved patient care from additional RN staffing that prevents nosocomial complications, mitigates complications through early intervention, and leads to more rapid patient recovery, creates medical savings and shows the economic value of professional RN staffing.<sup>18</sup>

Further, a study<sup>19</sup> to determine the costs and savings associated with the prevention of adverse events by critical care RNs found annual savings from prevented adverse events (such as near misses) ranged from \$2.2 million to \$13.2 million, while RN staffing costs for the same time period amounted to \$1.36 million. This study concluded that although RN critical care staffing costs are significant, the potential savings associated with preventing adverse events is far greater.

The evidence is clear that the addition of RN staffing would result not only in safer patient care but also in measurable cost savings for Ontario hospitals.

The 2020 budget is an opportunity for this government to change course and present a detailed plan to ensure that the province does not lose any further front-line RNs and that we attract new nurses. Without them, our system will fail.

### **III. Hospital Sector**

The challenges facing the hospital sector in Ontario are widely known across this province. Few Ontarians are unaware of hallway medicine, overcrowding and understaffing in hospitals.

Ontario nurses have been sounding the alarm bells for years now regarding an emerging critical state in our hospitals that seems to worsen year after year. The root causes are no mystery.

Years and years of underfunding by provincial governments has left hospital administration budgets squeezed and unsustainable. Provincial funding has failed to keep up with population growth, aging, new infrastructure needs and inflationary costs. Ontarians need a provincial budget in 2020 that turns the tide on hospital underfunding and invests in the care that the people of Ontario need.

Despite these challenges, our valiant ONA members go beyond the call of duty every day and night to deliver quality care to Ontarians. But Ontarians can only expect so much from health-care workers being asked to do more with less.

A recent report from the Ontario Hospital Association (OHA) revealed that hospitals in Ontario have “hit a wall.” The report reads:

*“Attempts to squeeze out any more perceived hospital inefficiencies – with existing system structure and capacity – will likely worsen hallway health care. The very real risk is that access to hospital care will become even more difficult and wait times will continue to rise.”*

According to the OHA, Ontario has the lowest hospital expenditure per capita of any province in Canada. Internationally, Ontario is tied with Mexico for the fewest number acute care beds per capita. One look at the comparative provincial data reveals a stark picture of hospital underfunding in Ontario. From 2012 to 2019, total funding for Ontario hospitals rose by 5.4 percent (less than 1 percent per year), while the average total rise in other provinces was 12.9 percent. The same report finds that hospital bed capacity has been relatively flat since 1999, despite a province-wide population increase of 27 percent.<sup>20</sup>

With this backdrop, it's no surprise that hospitals are consistently running overcapacity, understaffed and squeezed to the maximum. Recent Freedom of Information requests revealed startling data in this regard. In one Brampton hospital, overcapacity in some cases runs at over 500 percent.<sup>21</sup> Other hospitals across Ontario frequently run at well over 100 percent capacity, including in Markham, Hamilton, Sudbury and Ottawa.<sup>22</sup> This puts nurses, health-care professionals and patients under increasing stress and danger.

This overcapacity in our hospitals simply cannot continue. The persistent underfunding of hospitals in Ontario is becoming a humanitarian issue.

While underfunding severely erodes the capacity of hospitals to provide needed health services, there is growing evidence that the skill mix of health personnel is also being eroded. Statistics from the College of Nurses of Ontario finds that the RN percentage share of all practicing nurses is steadily declining, from 67.5 percent in 2017 to 65.7 percent in 2019.

The erosion of the skill mix is compounded by the growing overall shortage of RNs across Ontario, discussed at length in the previous section.

Compounding the pre-existing issues, ONA was shocked and disappointed to learn in 2019 of numerous RN position cuts and bed closures in hospitals, confronted with budgetary crunches from the provincial government.

In particular, ONA learned of the cutting of 25 full-time and 15 part-time RN positions at the Grand River Hospital in Kitchener-Waterloo in February 2019.<sup>23</sup> In October, London Health Sciences Centre announced the closure of 49 beds in addition to 11 bed closures in the Burns and Plastics Unit.<sup>24</sup> Reducing capacity within an underfunded and understaffed system, as the population and demand grows, is simply a recipe for a disaster. Ontarians demand better.

The independent Financial Accountability Office of Ontario estimated in 2017 that in order to keep up with normal cost pressures (population growth, aging, inflation, and wage growth), Ontario hospitals would require at least 5.3 percent annual increases in funding over the subsequent five years.<sup>25</sup> The Ontario government failed to meet even this standard, as evidenced by the total funding increases between 2012 and 2019.

However, at the December 2019 Council of the Federation, Premier Doug Ford joined with other provinces in demanding federal health transfers to the provinces be raised by 5.2 percent each year to meet cost pressures, consistent with an independent assessment by the Conference Board of Canada.

ONA believes that if the Ontario government asks the federal government for a 5.2 percent annual increase in funding, it's appropriate for nurses to then demand that the provincial government increase hospital funding by at least 5.2 percent annually. The Ontario government clearly understands the reality of the cost pressures facing the system and should therefore walk the talk for Ontarians and adequately fund hospitals. Reversing the underfunding of hospitals can no longer be negotiable. It's a safety issue. It's a quality of care issue.

#### **IV. Public Health and Public Health Nurses**

In Budget 2019, the government announced its intention to restructure Ontario's public health units – an announcement that came as a complete surprise to all public health units and their boards of health as they were not consulted. In response to widespread criticism, a temporary hold has been placed on restructuring plans and the government is currently holding public consultations on how best to move forward led by Jim Pine, the former Chief Administrative Officer of the County of Hastings.

We are very concerned about the consequences that will flow from the government's massive restructuring of public health, especially as it relates to funding, retention of public health nurses and locally-based service delivery for marginalized and vulnerable populations across Ontario.

ONA opposes the government's plan to cut provincial funding for public health services. This is simply downloading the need to invest in this crucial public safety work to municipal governments and could lead to a reduction in vital services and job losses.

In fact, given the uncertainty about next year's funding levels and mergers, some health units have resorted to layoffs and stopped replacing nursing positions as nurses find other positions or retire. For instance, Windsor-Essex County Public Health Unit has issued layoff notices to nine RNs from the Healthy Families and school programs.

Furthermore, Ontarians overwhelmingly oppose these cuts. A poll conducted by Environics Research in May found that 70 percent of Ontarians surveyed said they "strongly oppose" the province's cuts to public health.<sup>26</sup>

We urge the province to increase its funding for public health programs to 100 percent to ensure consistent service provision everywhere throughout the province. Access to public health services in our communities saves lives and reduces hallway medicine.

Most public health nurses in the province are members of ONA. We are encouraged that the government's discussion paper on public health modernization recognizes that a key strength of the current public health service is its highly-trained workforce.

Every day, public health nurses work to prevent outbreaks of infectious diseases; ensure that students are vaccinated; improve people's health through teaching healthy eating habits and smoking cessation programs; give the best possible start to newborn babies and their moms and supports mothers learning to breastfeed; make our communities safer with sexual health counseling and testing; and provide the only place that some of the most vulnerable people living in Ontario can get access to primary care.

Most people don't see the infections and poor health outcomes that public health nurses work so diligently to prevent. Their work is upstream health care – preventing, today, illnesses that are completely avoidable tomorrow. As one of ONA's public health leaders aptly stated, "when we do our job well, it's invisible."

However, government restructuring has created unprecedented uncertainty for our members. They want to know what this will mean for their jobs, their working conditions and their clients: Who will be their bargaining agent? What will their contracts look like? What will their wages and benefits look like? Will changes impact services to their clients? Where will their work be located?

ONA urges the government to develop a clear plan to ensure sustainable recruitment and retention of public health nurses. These job losses are alarming and Ontarians are paying the price. With less access to public health services in our communities, people will be sicker and forced to find care in hospital emergency departments.

In addition, front-line public health nurses want to be involved in ongoing consultations, especially with respect to client services. Nurses are clear that what's working well in public health is the locally-tailored services and programs, especially those serving marginalized and vulnerable populations. That's why ONA echoes the Association of Local Public Health Agencies' call to preserve the strong, independent and local authority for planning and delivery of public health programs and services.<sup>27</sup>



As an example, public health nurses run smoking cessation programs serving Ontario's Mennonite populations in their own homes and language. This is a community that has limited internet access and a language barrier, and thus would not be well-served with a larger and broader province-wide campaign.

Another example is public health nurses who conduct home visiting support for new breastfeeding mothers in rural communities. These services are often the only option for many rural women who lack public transport options and cannot afford private fee-for-service supports. Research supports the benefits of breastfeeding for moms and babies as it reduces future health-care costs by preventing disease and providing protection against breast cancer, ovarian cancer and weak bones later in life.

In addition, the ongoing opioid crisis is of major importance to public health. This crisis already has cost the people of Ontario enormously. What we know is that local responses are important and look very different for communities' right across the province. Without a strong and independent local lens in public health, the fear is that certain populations will have limited or no access to public health services.

Public health nurses must continue their vital role of taking care of residents in their local communities. Given the significant cuts that are expected in public health, the ability to support the most vulnerable could be at risk, leading to dangerous outcomes for children, parents and families in Ontario. We ask the government to reconsider their role and fully fund public health services.

## **V. Care Coordinators and Home Care**

The year 2019 saw the announced creation by the provincial government of 24 new Ontario Health Teams (OHTs) to replace the pre-existing Local Health Integration Networks (LHINs). ONA represents thousands of workers in the LHINs, including care coordinators and direct care teams who play a vital role in the continuum of care for patients. As ONA has communicated to the government on many occasions, it is essential that the positions of care coordinators be enhanced, not cut during this health-care restructuring process. If the government is serious about addressing the crisis of hallway health care, nothing less than the protection and enhancement of these jobs in the new OHTs is required.

Care coordinators provide the essential care required for patients to successfully leave hospital and to maintain a healthy and stable life at home. Their work to assess needs and deliver the resources required, as their primary responsibilities, gives patients the dignity and support they need to choose to live at home and stay out of hospital or successfully recuperate after a hospital stay.

With growing numbers of hospital beds occupied by alternate-level of care (ALC) patients, the care coordinator role supporting the successful transition of patients back home is vital to the whole system. Care coordinators are RNs and other regulated health professionals that work in the homes of patients, in communities, in hospitals and long-term care.

These are health-care problem solvers providing the service that stitch together health and wellness services for Ontario patients. We urge the government to listen to the facts and build a health-care system with the help of care coordinators who provide continuity of support for patients as they transition in and out of acute care.

In order to successfully remain at home, patients with higher health or mobility needs also require regular, quality home care services. In addition to the monetary savings, home care also underpins a dignified living for our elderly and acute patients of all ages. Quality home care is an ethical imperative to which every Ontarian should be entitled when they need it.

To ensure quality and dignity for patients, the Ontario government must ensure home care workers have access to decent pay and working conditions. ONA is concerned about the competitive bidding process used in the past by LHINs and other government agencies to bid down the remuneration for home care worker contracts. Many of the public contracts for these vital services are given to for-profit companies that employ underpaid and undervalued home care workers. Home care workers do honorable work that is challenging and often mentally and physically exhausting. They deserve decent wages and working conditions to ensure a stable workforce.

ONA believes the provincial government must phase-out home care contracts with for-profit providers and instead hire home care workers into the ranks of public agencies with collective bargaining rights and decent wages so they deliver the quality home care that Ontarians deserve. Profit-makers not patients benefit from the current system that drives down wages and undermines quality of care.

## **VI. Systemic Change in Long-Term Care**

ONA represents RNs in approximately 314 long-term care facilities across Ontario. We have been outspoken advocates for improvements in this sector for decades – particularly on understaffing and underfunding. We have long been calling for more RNs, more RPNs and improved funding. We also advocate for the phasing-out of privatization in this sector.

We acknowledge the government's commitment to build 15,000 new long-term care beds and redevelop 15,000 existing beds over five years to address hallway medicine. ONA is also participating in the government's upcoming consultations on a new minor capital program for long-term care homes as this funding is critical to maintain quality homes for residents. That said, more action is required to ensure quality of care and dignity for all those people who need long-term care.

As per the FAO report entitled *Long-Term Care Homes Program: A Review of the Plan to Create 15,000 New Long-Term Care Beds in Ontario* (dated October 30, 2019), the pressures and challenges facing this sector are on track to get worse, not better.<sup>28</sup> Rapid growth rate in the number of Ontarians aged 75 and older will outpace the growth rate of long-term care beds. The province will need an additional 70,000 – new beds by 2033 to *maintain* the wait list at a staggering and unacceptable 36,900 individuals.<sup>29</sup> This is *four times* the government's current commitment.

The FAO also found that hospital patients designated as alternate level of care (ALC) who are waiting for a long-term care placement are more costly. Each day a hospital patient waits in an ALC bed costs the province approximately \$500 more than long-term care residents. In 2017-18, the total cost was approximately \$170 million.<sup>30</sup> The status quo is not workable.

Nurses know that building capacity in long-term care is about more than beds, it is also about a shortage of qualified staff, mainly nurses. That's why ONA is urging the government to immediately increase the funding per home to ensure average hours of RN care that are equivalent to at least one (1) RN for every 20 residents, each twenty four (24) hour day. In addition, there should be at least (1) Nurse Practitioner for every 120 residents given the present acuity of Ontario residents. This should be a legislated, enforceable minimum, which would require a change to Section 8 of the *Long Term Care Homes Act* and any applicable or new regulations.

The evidence before the recent Ontario Long-Term Care Homes Public Inquiry and in the final report of Commissioner Eileen Gillese entitled *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System*<sup>31</sup> (dated July 31, 2019), further recognized that the chronic problems of recruitment and retention of RNs in long-term care has caused serious RN staffing shortages and safety issues. As part of her recommendations, Commissioner Gillese directed the Ministry to conduct a study on the appropriate staffing levels in long-term care homes and table the report in the legislation by July 31, 2020.

ONA has previously stated publicly that we welcome the opportunity to partner with government and our nursing stakeholder organizations – Registered Nurses' Association of Ontario, the Registered Practical Nurses Association of Ontario, and the College of Nurses of Ontario – to advance the work on this study. It is imperative that the government begin implementing recommendations without delay.

Privatization was also a major theme of the inquiry. In response, ONA is calling on the government to develop a plan to ensure that all "for profit" long-term care homes are replaced by a "non-for-profit" home within five (5) years. In the alternative, any newly funded long term care beds should only be provided to "not-for-profit" homes. It is vital that long-term care be publicly run and adequately funded to meet patient needs. Public funding should not go to profit.

ONA urges the government to act quickly to address systemic challenges facing this sector—starting with ensuring that Ontario has the qualified health workforce it needs to meet the needs of older Ontarians, and the quality of their lives.

## **VII. Ending Violence in Health Care**

For years, Ontario nurses have been sounding the alarm about the rising levels of violence in our hospitals and health-care settings across the province. Violence is a symptom of a health-care system under stress and under-resourced. This is unacceptable. Violent incidents causing lost-time injuries for nurses in Ontario have risen 27 percent in a recent four-year span.<sup>32</sup>

For health-care workers overall, the rate of increase in violence-related lost-time claims is three times the rate of increase for police and correctional service officers, combined.<sup>33</sup>

ONA's position is crystal clear: violence is not part of the job. Moreover, the government will not successfully improve safe patient care without guaranteeing safe working conditions for staff.

In 2019, serious violent incidents against nurses in Newmarket and Sudbury were reported to the media. However, our members tell us of violent incidents occurring on a daily basis. ONA members far too often say that they go to work wondering how long it will be until the next violent attack takes place. These conditions of work contribute to burnout and mental illness among our members and are unsustainable for the health-care system overall.

In order to address the root of the problem, it is crucial that the Ontario government confront the chronic understaffing in health-care settings across the province by fully implementing the recommendations from the 2017 Workplace Violence Prevention in Health Care Progress Report. Regrettably, the Auditor General's annual report for 2019 found that as few as 10 percent of the recommendations have been fully implemented in the last three years.

Beyond words, the Ontario government must take bold actions to keep health-care professionals and patients safe. Further lack of concrete action will only aggravate the situation.

#### **VIII. Wage Fairness and Charter Rights**

As working conditions for Ontario's nurses continue to deteriorate due to underfunding, understaffing, violence and RN shortages, it is vital that compensation in our province remain competitive. Without competitive wages and benefits, Ontario runs the risk of under-recruiting RNs and losing practicing RNs who choose to leave the workforce altogether. Without competitive wages, the RN shortage threatens to worsen, adding further pressure to working conditions and affecting patient care.

The Ontario government's Bill 124, *Protecting a Sustainable Public Sector for Future Generations Act, 2019*, implemented a cap of 1 percent on annual increases in public sector wages. This legislation affects nurses and undermines the competitiveness of RN positions in Ontario versus other provinces, as the cost of living exceeds permissible limits on increases to compensation.

Furthermore, collective bargaining is a protected right under the Canadian Charter of Rights and Freedoms. However, Bill 124 directly contravenes the rights of Ontario's nurses to collectively bargain for our wage and benefits. ONA is gravely concerned by the precedent this sets for this government. Our union has therefore filed a charter challenge to this legislation. We urge the provincial government in Budget 2020 to repeal Bill 124. We will not stand by and watch as our members' constitutional rights are undermined and as Ontario compromises its ability to fill the RN shortage.

## **IX. Health Care for People, Not for Profit**

As the provincial government embarks on health system restructuring and seeks solutions to the growing challenges in Ontario's health-care system, the government must reject privatization and profit-making in health care. ONA believes that public health care must be expanded through these transitions, placing the priority on the delivery of quality services needed to all people, instead of maximizing profit.

Through the restructuring of OHTs and public health units, ONA calls on the government to expand publicly-owned health delivery into new areas of care. Ontario nurses also support the implementation of a universal, public pharmacare program guaranteeing that finances never interfere with a patient's ability to access the prescriptions they need. Our union also supports the phasing out of for-profit long-term care facilities that notoriously under-resource staff and patients resulting in unnecessary suffering.

Public, universal health care is not only the ethical choice, it also saves the public money. When profits are introduced into health care and the system is fragmented between competing firms, efficiency declines and costs rise to meet shareholder demands as is the case in Ontario's home care system. Nowhere is this more evident than in the United States of America where Americans pay almost double per capita compared to Canadians for health services in a highly privatized, profit-driven system.<sup>34</sup>

In Budget 2020, ONA recommends that the Ontario government take steps to further strengthen the public delivery of publicly-funded health care.

## **X. Conclusion**

As the provincial government and the Minister of Finance make choices for Budget 2020, Ontario nurses ask that the government pay close attention to the costs of inaction. Year after year Ontario's health-care system is being asked to do more with less. As we've detailed in this submission, the results are unacceptable. The shortage of RNs in Ontario is not improving, hospital overcapacity is worsening, hallway health care continues to be rampant, massive cuts are coming to public health budgets, working conditions in home and long-term care continue to deteriorate and violence is on the rise across health-care settings. In the absence of any good news, the patience of our 68,000 members is wearing thin, and the same can be said for our patients across Ontario.

The year 2020 is the *International Year of the Nurse and Midwife*, as proclaimed by the World Health Assembly. As we said at the outset, Budget 2020 should not just be another budget. The government of Ontario has a unique opportunity to recognize this year by boldly choosing to turn the page on years of underfunding by investing in a positive health care future for this province. Indeed, the Ontario government has little choice from a fiscal or ethical point of view. If adequate funding is not restored to health care, the fiscal challenges to fix the system will only balloon into the future. Moreover, it will be Ontarians who will pay the price if quality of care continues to deteriorate. A better way is possible.

The Ontario Nurses' Association and our 68,000 members are committed to working in partnership with government to build a quality and responsive health-care system for all Ontarians. We are here to help and to advocate for our patients.

## **Endnotes**

- <sup>1</sup>World Health Organization. (2020). *2020 – Year of the Nurse and Midwife*. Retrieved from <https://www.who.int/campaigns/year-of-the-nurse-and-the-midwife-2020>.
- <sup>2</sup> ONA calculation. Source: comparing health sector expenses projected in the 2019 budget and the Fall Economic Statement to the FAO calculation of the costs of maintaining current service levels.
- <sup>3</sup> Ontario Hospital Association (OHA). (2019). *Ontario Hospitals – Leaders in Efficiency*. Retrieved from <https://www.oha.com/Documents/Ontario%20Hospitals%20-%20Leaders%20in%20Efficiency.pdf>.
- <sup>4</sup> ONA calculations. Source: Weighted average based on Statistics Canada data for agreements covering 500+ employees.
- <sup>5</sup> ONA analysis using Statistics Canada Data.
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