

ONTARIANS NEED MORE REGISTERED NURSES

Backgrounder

Ontario's RN-to-population ratio is dropping.

According to data obtained from the Canadian Institute for Health Information, in 2016 Ontario had just 703 registered nurses (RN) per 100,000 people.¹

In fact, Ontario currently has its lowest RN-to-population ratio since 2004, and the lowest RN-to-population ratio in Canada. Ontario's steadily dropping RN-to-population ratio – illustrated in Figure 1 – provides a direct measure of access to RN care. As the ratio falls, the number of people each RN must care for increases.

Figure 1. RN-to-population ratio in Ontario, 1986-2016

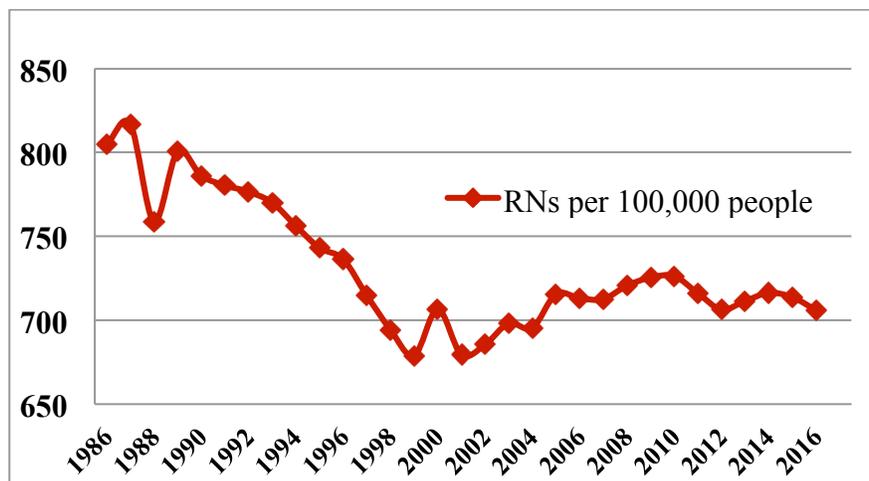


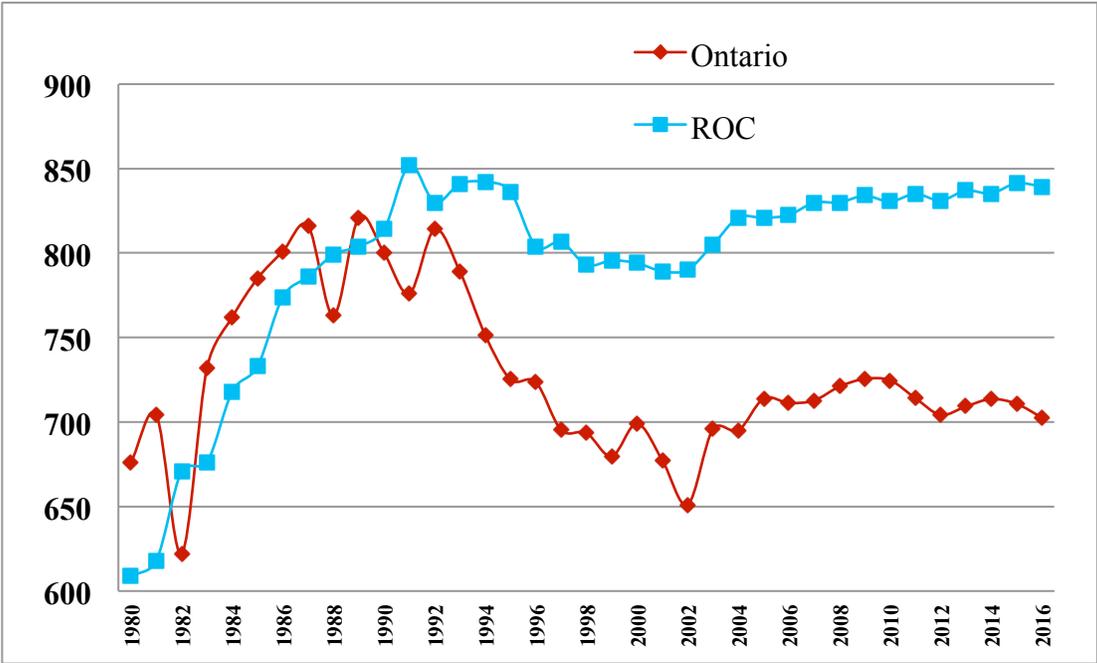
Figure 1 shows a striking pattern: the RN workforce plummeted from more than 800 RNs per 100,000 people in 1986, to less than 680 in 2001. This sharp drop was caused by a declining RN workforce and a rising population. The trend was reversed as a result of concerted government action to restore nursing employment. The ratio then peaked at 716.8 RNs per 100,000 people in 2009.

Ontario has the lowest RN-to-population ratio in the country.

Since 1990, Ontario has lagged behind the rest of the country in its ratio of working RNs per population. In 2015, Ontario moved into *last place* among the provinces and territories in terms of RN-to-population ratio, and, as shown in Figure 2, remains well below the rest of the country.

The current average of 703 RNs per 100,000 people is in stark contrast to the 2016 average of 839 RNs per 100,000 people in the rest of the country.²

Figure 2. RN-to-population ratio: Ontario vs. Rest of Canada, 1980-2016



An important contributor to the low RN-to-population ratio in Ontario is the number of vacant RN positions in our hospitals.

The RN workforce is primarily (more than 60 per cent) in the hospital sector.³

The current RN vacancy rate in Ontario’s hospitals is 16.5 per cent.

The actual number of RN vacancies – as reported by 62 hospitals to the Ontario Hospital Association – is 4,385 positions.⁴ Extrapolated to all of Ontario’s 132 hospitals, this amounts to 10,088 RN vacancies.

This high vacancy rate is concerning to both RNAO and ONA, particularly given that RN employment lags behind population growth. Between 2011 and 2017, when the Ontario population grew 7 per cent, RN employment rose by just 2.2 per cent.⁵

Decades of research evidence shows that RNs improve health outcomes, patient satisfaction, and health system cost-effectiveness.

A robust body of evidence indicates that RN care is directly linked to positive outcomes on numerous patient, organizational, and financial markers. RNAO's *70 years of RN effectiveness* database compiles 70 years of peer-reviewed studies on the effectiveness of RNs,⁶ and demonstrates overwhelming evidence that RNs increase quality of care, reduce mortality, and increase organizational safety.

Of the more than 600 studies compiled in the database, more than 95 per cent show that RNs have a positive impact with respect to increasing quality of care and patient satisfaction, reducing mortality, decreasing infections, decreasing falls and pressure injuries, increasing organizational safety, and saving money.

Given the overwhelming evidence that RNs have a positive impact on patients, health organizations, and the health system, it is imperative that Ontario reverse the damaging trends which have caused the RN-to-population ratio to substantively drop. Ontarians can't afford the consequences.

Ontario's patients and their loved ones need care from the right nurse at the right time.

RNs are central to a high-performing health system. The trends in Ontario's RN workforce data, coupled with the evidence of RN effectiveness, show that Ontario desperately needs RN care if we are to keep Ontarians safe and healthy, and have our health system perform cost-effectively.

The vast majority of patients in acute care and cancer care hospitals in Ontario have complex care needs and require the expertise of RNs.⁷ RNs have the education, competencies, and skills that these patients need. Patient safety and health outcomes are at risk and compromised if adequate numbers of RNs are unavailable.

RNAO and ONA leaders are urging all political parties to commit to making RN staffing a health-care priority by including a promise in their election platforms to:

1. Immediately post and fill 10,000 RN vacancies in hospitals. This will begin to fix the deficit in Ontario's RN workforce and better serve patients; and
2. All new hires in acute care and cancer care hospitals be RNs.

References:

¹ The Canadian Institute for Health Information (CIHI) practice is to combine RNs in the general class and RNs in the extended class (also known as nurse practitioners).

² These ratios are calculated by RNAO and ONA using CIHI RN employment data and Statistics Canada population data (Table 051-0001 Estimates of population, by age group and sex for July 1, Canada, provinces and territories).

Source: CIHI. (2017). Regulated nurses, 2016. Retrieved from <https://www.cihi.ca/sites/default/files/document/regulated-nurses-2016-report-en-web.pdf>.

³ RNAO. (2018). RN/NP workforce backgrounder. Retrieved from http://rnao.ca/sites/rnao-ca/files/RNAO_RN_NP_HR_Backgrounder_April_2018.pdf.

⁴ The Ontario Nurses' Association received this data from the Ontario Hospital Association (OHA). It is part of survey responses received by the OHA from 62 hospitals across the province.

⁵ RNAO. (2018). RN/NP workforce backgrounder. Retrieved from http://rnao.ca/sites/rnao-ca/files/RNAO_RN_NP_HR_Backgrounder_April_2018.pdf.

⁶ RNAO. (2017). 70 years of RN effectiveness. Retrieved from <http://rnao.ca/bpg/initiatives/RNEffectiveness>.

⁷ The College of Nurses of Ontario (CNO) is clear that three factors should impact which category of nurse cares for which patient. More complex patients with less predictability and less stable environments should be cared for by an RNs. Less complex patients, with predictability and a stable environment, may be cared for by registered practical nurses.

Source: College of Nurses of Ontario. (2014). RN and RPN practice: The client, the nurse and the environment. Practice guideline. Retrieved from <http://www.cno.org/globalassets/docs/prac/41062.pdf>.