

# Nurses offer solutions – and warnings – about wait times



**For good or for bad,** the latest political football to be pitched about in today's highly charged debate about medicare is wait times for medical and diagnostic services.

It will be for the good if the debate focuses on whether, why, and where we have problems with timely access to quality services that are not only medically necessary, but also keep people healthy. It will be for the good if we concentrate on what we can do individually and collectively to improve that access for all Canadians. It will be for the good if we broaden the debate to include access to interdisciplinary primary health care, home care and the basic determinants of health. And it will be for the good if that conversation with Canadians is firmly rooted in finding solutions within – not outside of – our universal, single-tier, not-for-profit health-care system.

It will be for ill if the issue of lengthy wait times is overstated and used irresponsibly to undermine Canadians' confidence in medicare. It will be for ill if wait times are used as a weapon to leverage more for-profit health-care delivery or to send patients out of province or country to get the care they should receive closer to home. It will be for ill if politicians and policy makers continue to turn a blind eye to the few but powerful for-profit pundits determined to exploit the vulnerability of ill people. And it will be for ill if a parallel system finally emerges, creating a deeper gap between society's 'haves' and 'have nots,' and decimating the public system by siphoning off the already too-few nurses, doctors, and technologists working in the public sector.

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RNAO is working on all fronts to unravel the strands woven into wait times and to urge action on each of them. In the fall, we called on the country's health ministers to meet the commitments their governments made when they signed the 10 Year Plan to Strengthen Health Care, including commitments to deliver the data they promised on wait times and health human resources. Your president reminded the public in a letter published in the *Toronto Star* that: "Money alone won't eliminate wait lists. That will take more health-care providers, working more collaboratively, with a better focus on disease prevention and health promotion. It will take the implementation of a successful wait list strategy that addresses what is a reasonable wait and what waits imperil the health of patients. And yes, it will take time for reforms already in progress to work, and for our system to catch up."

RNAO didn't wait for the June 9th Supreme Court ruling on *Chaoulli* to make the point that the introduction of a two-tier health-care system would exacerbate nurse and doctor shortages and result in longer wait lists. At every opportunity – royal commissions, first ministers' conferences, program reviews, standing committees, protests, back-room strategy meetings, and media conferences – we have been present, advising governments and leading advocacy efforts, using evidence, argument, and persuasiveness to secure the resources, conditions, policy and practice changes that nurses – and the public we serve – need to reduce wait times and sustain a strong, single-tier, not-for-profit health-care system.

RNAO is working with members, health-care organizations, and government health-care planners to implement practice changes to help tackle the problem of long

surgical lists. It's clear that nurses have much to contribute on this front. Nurses do everything from triaging patients toward the appropriate care, to helping patients on waiting lists navigate the health-care system, to providing nursing for patients before, during and after surgeries, to taking on more advanced roles as nurse anaesthetists or RNFAs (RN first assistants who have additional training to assist surgeons).

Nurses are not only essential to implementing the changes we need to reduce wait times; we are identifying those changes ourselves to increase timely access to high quality health care. Our cover story details the excellent work of Ontario RNs who are using their clinical expertise, organizational experience, and system knowledge to do just that. There's Valerie Zellermeier, chair of the *Surgical Process Analysis and Improvement Expert Panel*, who is helping reduce bottlenecks in surgery by ensuring all patients arrive at the OR ready for action. There is Joanna Schubert, president-elect of the peri-Operative Registered Nurses Association of Ontario (ORNAO), who is trying to ensure the most appropriate nurses are assigned to the most appropriate patients. And there's also Grace Groetzsch, the first full-time RNFA in Canada and president of RNAO's RNFA interest group, who is pushing for more RNFAs as part of the answer to easing wait times – and helping to recruit and retain more nurses.

These are only examples, but they highlight some of the contributions that our nursing colleagues are making to ensure we move from debating reductions in wait times to delivering them. And we can only do that if we protect medicare and strengthen it for all Canadians.

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