



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

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Ministry of Health and Long-Term Care

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Ministry of Community Safety and Correctional Services

Sent by email: Sean.Court@ontario.ca; Jesse.Rosenberg@ontario.ca

July 7, 2017

Dear Sean and Jesse,

As a member of the Correctional Health Care Coalition, the Registered Nurses' Association of Ontario (RNAO) was delighted to attend the June 29, 2017 meeting of the Coalition with representatives from the Ministry of Community Safety and Correctional Services (MCSCS) and Ministry of Health and Long-Term Care (MOHLTC).

We would like to take this opportunity to provide feedback on legislation, regulations and policies that are being reviewed by your ministries in response to ongoing challenges identified by inquests, lawsuits, and the recent segregation report by Howard Sapers, Independent Advisor on Corrections Reform.

RNAO strongly urges full implementation of all recommendations proposed by the Sapers Report, including passing a modernized *Ministry of Correctional Services Act* in the current legislative session.¹ Just as the *Commitment to the Future of Medicare Act, 2004* includes a principle-based preamble, RNAO recommends that this revised legislation include the purpose and principles² of correctional services, including an ethical framework that respects the inherent dignity of all human beings.^{3 4}

Building on this foundation, we urge that the following additional steps be taken:

- It is vital that responsibility and accountability for health and health services within correctional services be quickly transferred from the MCSCS to the MOHLTC.⁵ This transition will further the Patients First agenda of enabling person-centred, evidence-informed, and equitable health services from pre-conception to death for all Ontarians.
- Under Regulation 778, the Superintendent of each provincial correctional institution has the responsibility for the management of health care, with health-care managers reporting directly or indirectly to the Superintendent.⁶ The reporting structure for health services must be transferred as soon as possible from the MCSCS to one overseen by the MOHLTC in order to ensure that clinical health services meet or exceed community equivalence.
- RNAO recommends that the modernized *Correctional Services Act* and any other pertinent legislation such as the *Personal Health Information Protection Act, 2004* be crafted and/or amended to facilitate sharing of pertinent health care information among health-care providers, health-care institutions, and federal/provincial correctional facilities in the best interests of safe, timely individual health care and public health considerations. As an example, when the delivery of health services in provincial correctional institutions in Alberta was transferred to the Alberta Health Services (AHS) on September 10, 2010, the disclosure of all inmate health information became sub-

ject to the *Health Information Act*. On October 1, 2011 the *Corrections Amendment Act* was amended to allow AHS to disclose inmate health information to a director of a correctional institution for certain purposes.⁷.

- As health services within correctional facilities must be equivalent to the standard of health services available in the community,^{8,9} it is imperative that health services are adequately funded with protected, dedicated resources that cannot be usurped for other purposes. Strong accountability measures such as accreditation,¹⁰ and in particular clear health quality performance and health outcome measures¹¹ must be put in place for quality improvement and to ensure community equivalence.
- Howard Sapers noted that the MCSCS's outdated, labour-intensive, and paper-based information system "creates multiple opportunities for errors, inconsistent data and ultimately prevents timely and cogent analysis and oversight of the state of corrections generally and segregation specifically."¹² There is an urgent need for progress to be made on an Electronic Health Record (EHR)¹³ for all Ontarians, including those whose health is often compromised as they enter and reside within correctional settings. EHRs or other technological means for health services in corrections to be integrated into the circle of care will enable timely and accurate health information sharing with other clinical settings such as primary care, acute care, and the federal correctional system.
- We recommend the implementation of recommendations from numerous coroners' inquests in a systematic and transparent fashion, including providing access to 24/7 nursing services. RNAO urges a focus on improving access to registered nurses and nurse practitioners specifically.¹⁴

If you require more information or if we can be of assistance with the expertise of RNAO and our Ontario Correctional Nurses' Interest Group (OCNIG), please do not hesitate to contact Lynn Anne Mulrooney, Senior Policy Analyst, at lmulrooney@RNAO.ca or 416.408.5616.

With warm regards,



Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT
Chief Executive Officer, RNAO

¹ Sapers, H. (2017). *Segregation in Ontario: Independent Review of Ontario Corrections*. Toronto: Ministry of Community Safety and Correctional Services, 103-111.
<http://www.mcscs.jus.gov.on.ca/english/Corrections/IndependentReviewOntarioCorrections/IndependentReviewOntarioCorrectionsSegregationOntario.html>

² *Corrections and Conditional Release Act* (S.C. 1992, c.20), section 3.
<http://laws-lois.justice.gc.ca/eng/acts/C-44.6/page-2.html#h-4>

³ Coyle, A. (2009). *A Human Rights Approach to Prison: Handbook for Prison Staff*. London: International Centre for Prison Studies, King's College London.
http://www.prisonstudies.org/sites/default/files/resources/downloads/handbook_2nd_ed_eng_8.pdf

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- ⁴ United Nations General Assembly (1990). *Basic Principles for the Treatment of Prisons*. A/RES/45/11. 68th Plenary Meeting, December 14, 1990. <http://www.un.org/documents/ga/res/45/a45r111.htm>
- ⁵ World Health Organization and the United Nations Office on Drugs and Crime (2013). *Good governance for prison health in the 21st century: A policy brief on the organization of prison health*. Copenhagen: Author. http://www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf?ua=1
- ⁶ Sapers, 71.
- ⁷ Alberta Health Services (2011). *Communiqué: Corrections Amendment Act, 2011*. <http://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-lg-lp-comm-corr-act.pdf>
- ⁸ United Nations General Assembly (1990). *Basic Principles for the Treatment of Prisons*.
- ⁹ World Health Organization (2014). *Prisons and Health*. Copenhagen: WHO Regional Office for Europe. http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf
- ¹⁰ Accreditation Canada. *Correctional Service of Canada Health Services Standards*. Ottawa: Author. <https://accreditation.ca/correctional-service-canada-health-services-standards>
- ¹¹ Health Quality Ontario. System Performance. Toronto: Author. <http://www.hqontario.ca/System-Performance>
- ¹² Sapers, 103.
- ¹³ eHealth Ontario. What's an EHR? Toronto: eHealth Ontario. <https://www.ehealthontario.on.ca/en/ehrs-explained>
- ¹⁴ Registered Nurses' Association of Ontario (2016). *Transforming Ontario's Correctional Services: Starting, But Not Stopping, with Segregation*. Written submission to the Segregation Review conducted by the Ministry of Community Safety and Correctional Services. Toronto: Author. http://mao.ca/sites/mao-ca/files/RNAO_submission_segregation_Feb_22_2016.pdf