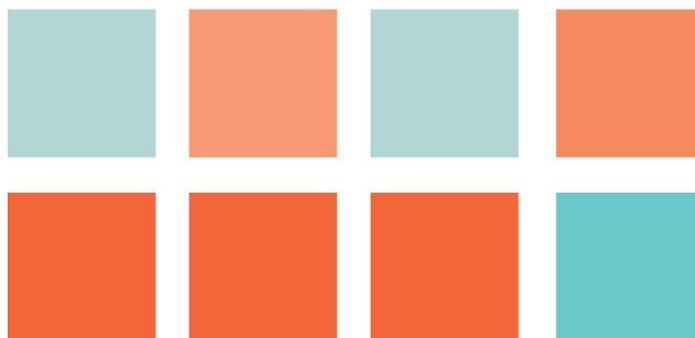


2016 Pre-Budget Consultation (Ottawa)

Presentation to the
Standing Committee of Finance and Economic Affairs
Wendy Pearson, RNAO Board of Directors
Region 10 Representative
January 22, 2016



Good Afternoon:

My name is Wendy Pearson and I am a member of the Board of Directors of the Registered Nurses' Association of Ontario (RNAO), the professional association representing registered nurses, nurse practitioners and nursing students. The region that I represent encompasses the Ottawa-Carleton area and is home to thousands of these dedicated professionals. We thank the Standing Committee on Finance and Economic Affairs for the opportunity to offer guidance as the government engages in its pre-budget consultation.

I want to begin by jogging your memory and take you back to the early 1990s when former Premier Mike Harris compared nurses with hula hoops. Thousands of our colleagues were fired or displaced, part-time and casual work became the norm and thousands, including many new graduates, left to work in the United States. It had a disastrous effect on patient care and in the

overall delivery of health care in Ontario. It took a full decade to recover because nurses, especially RNs, lost trust in their employers and government. To recover we partnered with government on initiatives such as targeting funding for RN positions, committing to have 70 per cent of Ontario's RNs employed full-time, creating the Nursing Graduate Guarantee and a strategy to retain our late career nurses.

I am here to tell you that Ontario can't afford another setback. And, although we are not in the disastrous situation of the 90s, there is again an alarming trend of replacing RNs. Indeed, some health-care organizations -- both hospitals and home care -- are cutting RN positions or replacing RNs with less qualified providers. Some organizations are also reverting to models of functional nursing – a task-oriented approach that is piecemeal and does not put patients first. In practice, this involves parcelling out a patient's care needs and assigning them to multiple less qualified providers. None of these providers have the full grasp of

the patient's needs, errors increase, and patients feel lost without knowing who their nurse is.

These changes are motivated by financial pressures and perceived efforts to “save money”. The reality is this approach delivers worse care and costs more. **The evidence is conclusive:** RNs have a direct impact on patients by decreasing mortality and morbidity, improving quality of life, shortening lengths of stay in the hospital and in home care, and reducing adverse events and complications. **Simply said: Fewer RNs means patient outcomes are worse and health expenses are higher.** At a time when the health system is shifting to provide care for only the sickest of the sick in hospitals, and when people in the community have more complex health needs, it is simply wrong to replace RNs with less qualified providers.

You may be wondering what impact this will have on Ontarians. We don't have to look far for research and past-experience that

presents a compelling picture. RN staffing results in better patient outcomes and decreases hospital length of stay, hospital-related mortality, failure to rescue, cardiac arrest, and hospital acquired pneumonia. So called “team based” models of care increase costs because more time is spent coordinating, delegating and supervising. It blurs accountability and decreases continuity of care and continuity of care-giver. When RNs provide total patient care, safety increases and so do health and financial outcomes.

The replacement of RNs with less qualified providers may seem like an attractive approach for health-care organizations in a financial pinch. But we must learn from the 90's and not repeat the same mistakes, because these come at a significant cost to the health system and Ontarians.

That's why the Registered Nurses' Association of Ontario recommends, in the strongest possible terms, that the government of Ontario demonstrate strong leadership by

introducing measures in the 2016 provincial budget that will put a stop to the replacement of RNs with less qualified providers. This leadership must come from Premier Kathleen Wynne and Minister of Health Eric Hoskins by sending a clear directive to Ontario's health-care employers to immediately stop replacing RNs.

RNAO understands that the government is facing tough financial pressures and health-care costs are rising. As a firm supporter of a publicly-funded and not-for-profit health system, we urge the government to identify ways to maximize the resources already available.

One way of doing so is by expanding the scope of practice of RNs to include RN prescribing and we are pleased that the government is moving there. RNAO requests an enabling framework be built so that RNs are fully utilized to improve timely access to health services. I will not focus on this as we made a full submission to the Health Professions Regulatory Advisory

Council (HPRAC), which is currently advising the Minister on implementation.

I do want to focus on another critical area to achieve cost control and savings. That is by launching a pharmacare program that provides universal access to medically-necessary drugs to all Canadians without user-fees or co-payments.

Public drug spending in Ontario consumes nine per cent of the health budget - up from 1.2 per cent in 1975. Pharmacare would deliver equitable access to medicines; it would financially protect the sick; and it would result in a net saving of money. The savings come from several areas including reduced administration, streamlining processes and use of purchasing power to reduce drug prices. A 2015 Canadian Medical Association Journal article estimate savings of \$7.3 billion if such a plan was adopted. The savings to all sectors would be so large that government could finance universal coverage out of its own savings and by taxing

back some of the savings enjoyed by employers who would no longer have to provide drug insurance payments.

The public is on side. A poll conducted in May 2013 by EKOS found 78 per cent of Canadian respondents supported a universal public drug plan for all necessary prescription drugs. The support was even stronger in July 2015 when Angus Reid reported 91 per cent of people polled supported pharmacare in Canada, and 87 per cent supported adding prescription drugs to the universal health coverage of medicare. One reason for the overwhelming support is the fact almost one quarter reported that they or someone in their household couldn't afford medicines they had been prescribed.

Health ministers from across the country have met this week with their federal counterpart. This meeting marks an excellent opportunity to propel pharmacare forward. We've been pleased with Minister Hoskins' support of a national pharmacare program,

and the window to move is open. The federal government is looking at implementing some kind of public drug program, and we urge the Ontario government to press for a universal program that covers all medically necessary medications without user fees or co-payments. That would deliver the full benefits of pharmacare.

In closing, RNAO extends its gratitude to the standing committee. I am happy to answer any questions you have.