



# Ontario's **NURSING CRISIS**

Your health,  
your health system

**Technical Backgrounder**



# Retention and recruitment of nurses

## Building RN careers

### RNAO'S ASK Build RN careers in Ontario by

- ✓ **Repealing Bill 124 - a critical step to nurse retention - and refraining from extending or imposing any further wage restraint measures on public and broader public sector workers.**

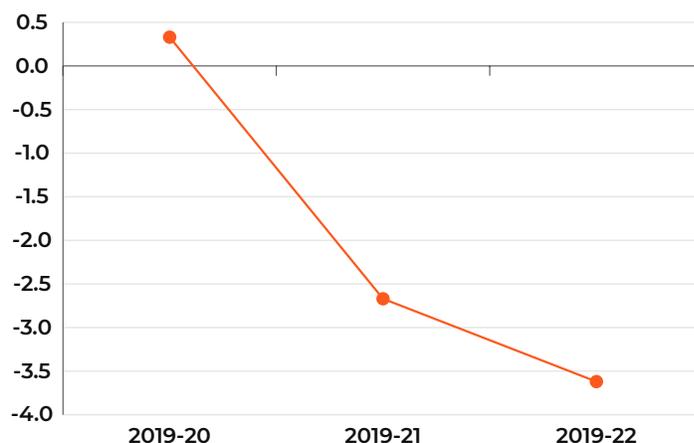
#### Changes from 2019 of ONA/OHA hourly salary for 1 year of service in real 2021 dollars, using Ontario consumer price index

##### Sources:

Ontario Nurses' Association. (2020). *Highlights of Collective Agreement Changes as a Result of the Stout Award and Items in Agreement between ONA and Participating Hospitals. Term: April 1, 2020 to June 7, 2021.*

Ontario Nurses' Association. (2021). *Collective Agreement Between: (Hereinafter referred to as the "Hospital") And: Ontario Nurses' Association (Hereinafter referred to as the "Union"). Expiry: March 31, 2023.*

CPI from Statistics Canada. (2021). *Consumer Price Index, annual average, not seasonally adjusted.*



#### ✓ Increasing the supply of RNs

- Increasing enrolments, and corresponding funding, in 4-year baccalaureate (Bachelor of Science in Nursing or BScN) programs, second entry/compressed programs (2nd entry) and RPN-to-BScN bridging programs by 10% per year for 8 years
- Compressing RPN-to-BScN bridging programs to 2 years in length
- Fast-tracking applications and developing and funding pathways for internationally educated nurses (IEN) to become RNs in Ontario

#### Estimated Cumulative Workforce (WF) gains by increasing BScN enrolments by 10% per year for 8 years

<sup>1</sup> Conservatively assumes that RPN-to-BScN program continues to be a 3-year program. Shortening the program would accelerate the increase in the RN workforce.

##### Sources:

Calculated by RNAO from data from Canadian Association of Schools of Nursing. (2019). *Registered Nurses Education in Canada Statistics, 2017-2018 — Registered Nurse Workforce, Canadian Production: Potential New Supply.*

Government commitments from Ontario. (2021). *Ontario adding 2,000 nurses to the health care system. May 14.*

Bethlenfalvy, P. (2021). *2021 Ontario Economic Outlook and Fiscal Review.*

School year	Education Action	4 Year to WF	2nd Entry to WF	RPN-to-BScN to WF <sup>1</sup>	Total Grads to WF
2020-21	Base	-	-	-	-
2021-22	+870	-	-	-	-
2022-23	+130+900	-	-	-	-
2023-24	+10%	-	147	-	147
2024-25	+10%	-	230	701	931
2025-26	+10%	484	321	828	1,632
2026-27	+10%	584	421	967	1,972
2027-28	+10%	963	532	1,120	2,614
2028-29	+10%	1,380	653	1,288	3,321
2029-30		1,839	786	1,473	4,098
2030-31		2,344	933	1,676	4,954
2031-32		2,900	933	1,676	5,509
2032-33		3,511	933	1,676	6,120



## Retaining nurses in the workforce by expanding the Nursing Graduate Guarantee (NGG) and reinstating the Late Career Nurse Initiative (LCNI)

### Intentions to leave

#### Work and Well-being survey

Summarizing the potential for post-pandemic loss of RNs

**Source:**

Work and Well-being survey: Registered Nurses' Association of Ontario. (2021). *Work and Wellbeing Survey Results, March.*

Departure Potential	Percentage of Respondents	Ontario Background Loss Rate	Estimated Net Loss Rate
<b>Total retire 1 year</b>	<b>8.4%</b>		
<b>Others very likely to leave post-pandemic</b>	7.2%		
<b>Total potential losses within 1 year</b>	<b>15.6%</b>	<b>4.8%</b>	<b>10.8%</b>
<b>2 years</b>	21.1%	9.6%	11.5%
<b>3 years</b>	25.2%	14.4%	10.8%
<b>4 years</b>	29.7%	19.2%	10.5%
<b>10 years</b>	48.1%	48%	0.1%

#### Canadian COVID-19 nursing workforce survey

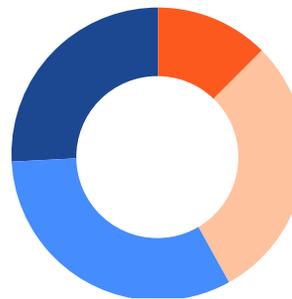
Summarizing the potential for departure from nursing positions

**Source:**

Canadian COVID-19 nursing workforce survey. RNAO and Rosemary Bryant AO Research Centre, University of South Australia. (2021). Canadian COVID-19 nursing workforce survey (forthcoming)

● **25.7% (489)**  
Undecided

● **32.3% (616)**  
Have no plans to leave profession



● **12.6% (240)**  
Plan to leave profession

● **29.4% (560)**  
Plan to retire



## Immediately developing and funding a Return to Nursing Now Program (RNNP) to attract RNs into Ontario's nursing workforce

### Sources of initial RN recruitment

Seeking Employment	Employed as Nurse Outside Ontario	Not seeking Employment <sup>1</sup>	Non-Practicing <sup>2</sup>	Preferred Working status <sup>3</sup>	IENS <sup>4</sup>	TOTAL
2588	2357	2002	10,802	2412	5530	25,691

<sup>1</sup> CNO data 2021 based on a combination of 1711 RNs not working and not seeking nursing employment and 291 RNs working in non-nursing and not seeking nursing employment.

<sup>2</sup> CNO 2021 data RNs registering in the non-practicing class

<sup>3</sup> Based on CNO data 2021, if every RN had their preferred working status, there would be more full-time RNs, and fewer part-time and casual RNs. About 2,412 more FTEs would be available.

<sup>4</sup> RNAO estimates that CNO received 3,351 Internationally Educated Nurses' (IEN) RN applications in 2020, that a further 7,601 IENs are actively seeking to register with the CNO as RNs, and another 2,674 have ceased actively seeking Ontario registration. Even taking 40% of that figure, there could be as many as 5530 RN IENs available for registration in Ontario allowing for those that are not qualified to practice in Ontario and those that may not wish to continue pursuing registration

**Sources:**

College of Nurses of Ontario. (2021). Membership Statistics Report 2021. October 27.

Fairness Commissioner and College of Nurses of Ontario. (2021). Fair Registration Practices Report 2020.



## Immediately re-establishing a retention and recruitment nursing task force to make recommendations on matters related, but not limited, to:

- a. Increasing full-time employment opportunities
- b. Competitive salary and benefits across all sectors
- c. Reducing workloads
- d. Increasing opportunities for mentorship and professional development
- e. Increasing occupational health and safety measures and enforcement thereof



*Safe, effective staffing and workload practices are critical components of a healthy work environment for nurses. Developing and sustaining such practices can improve nurses' wellbeing and retention, improve the quality of patient care, and yield financial benefits for organizations.*

RNAO's BPG Developing and Sustaining Safe, Effective Staffing and Workload Practices (2017)



### Impact of staffing shortages on nurse wellness during the pandemic

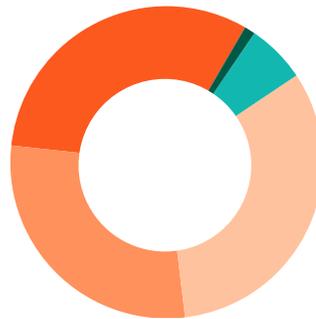
#### Work and Well-being survey

How would you rate the level of stress you have experienced in your job due to the pandemic?

**Source:**

Work and Well-being survey: Registered Nurses' Association of Ontario. (2021). [Work and Wellbeing Survey Results, March](#).

- **31.6% (643)**  
Very high
- **28.7% (584)**  
High



- **1.3% (27)**  
Very low
- **6.0% (122)**  
Low
- **32.4% (661)**  
Moderate

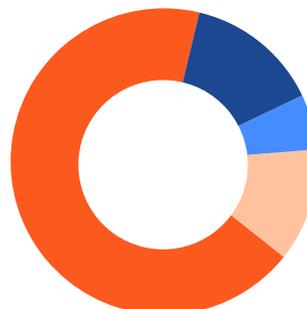
#### Canadian COVID-19 nursing workforce survey

Canadian Nurses' Job-Related Burnout (Oldenburg Burnout Inventory)

**Source:**

Canadian COVID-19 nursing workforce survey. RNAO and Rosemary Bryant AO Research Centre, University of South Australia. (2021). Canadian COVID-19 nursing workforce survey (forthcoming)

- **67.9% (1940)**  
Burnt out



- **14.3% (409)**  
Normal
- **5.8% (165)**  
Exhausted
- **12% (344)**  
Disengaged

## RATIONALE

For decades, Ontario has had an RN understaffing problem. Government has failed to respond effectively. Following the release of RNAO's 2016 landmark report, [Mind the Safety Gap in Health System Transformation](#), the government struck an interprofessional task force focused on health human resource issues. The task force quickly lost momentum and disappeared shortly after its inception. In June 2021, RNAO called for a summer summit to address the emerging nursing HR crisis. The government failed to respond.

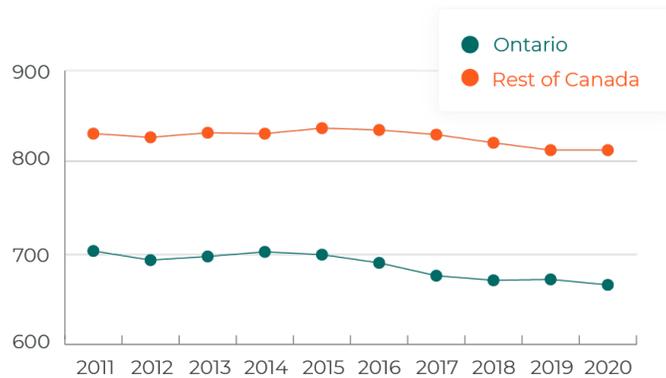
The COVID-19 pandemic has ushered in a new, deeper crisis in RN staffing and a nursing retention and recruitment task force now needs to be struck immediately to address the RN human resource crisis. Nurses have been resilient in the face of inordinate stress throughout the pandemic, and have had to find ways to adapt and reach out for help when necessary. Yet, there are limits to what nurses can endure, and for how long. Many RNs have reached or crossed that limit and have left their jobs. Some have left Ontario or the profession altogether. And others plan to depart the profession post-pandemic. The magnitude of these departures is significantly greater than ever before. RNAO insists on urgent action from health-system employers and government. At risk is the effective functioning of Ontario's health system, the health of Ontarians, and the future of nursing in Ontario. Retention and recruitment must be aggressive.

### RN/Population ratios: Ontario vs. rest of Canada

**Source:**

Calculation by RNAO. RN statistics from Canadian Institute for Health Information. (2021). [Registered Nurses.](#)

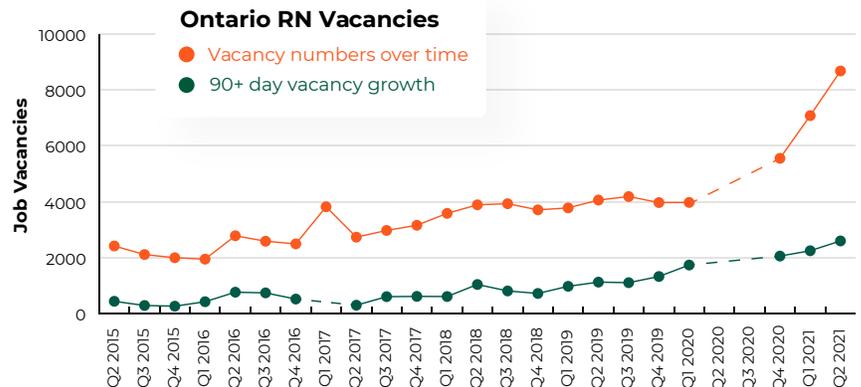
Population statistics from Statistics Canada. (2021). [Population estimates on July 1st, by age and sex. Table: 17-10-0005-01 \(formerly CANSIM 051-0001\).](#) Release date: 2021-09-29.



### Evidence of a growing RN human resource crisis

**Source:**

Statistics Canada. (2021). [Job vacancies, second quarter 2021.](#)

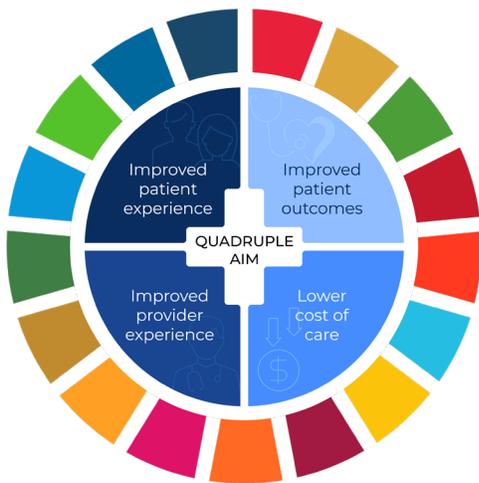


# NP recruitment

## RNAO'S ASK

**Increase the number of NPs in Ontario by 50 percent by 2030 and develop a comprehensive health human resource (HHR) plan for NPs across all sectors of the health system.**

**NPs add value to the health system and advance the sustainable development goals and the goals of the quadruple aim.**



### Source:

Sikka, R., Morath, J.M., & Leape L. (2015). *The Quadruple Aim: Care, health, cost and meaning in work. BMJ Quality & Safety, 24, 608-610.*

United Nations. (2020). *Sustainable development goals report 2020.*

## RATIONALE

A significant increase in the supply of NPs is needed in Ontario to meet the needs of vulnerable and marginalized populations as well as regions of Ontario struggling to access primary care. The United States employs almost three times the number of NPs as Ontario.

## A select history of the NP role and RNAO's leading advocacy

### 1800s - 1900s

Rural and remote "outpost nurses" in place of physicians.

**1960s:** NP role emerges in primary health care.



**1997**

The Expanded Nursing Services for Patients Act, 1997 formalizes the NP role in Ontario.



**2007 - 2008**

**2007:** The first NP-led clinic (NPLC) opens its doors in Sudbury.

**2008:** At an RNAO media conference, the Ontario government commits to opening 25 additional NPLCs.



**2010**

NPs are able to enroll in Canada's first Anesthesia Care program at the University of Toronto.



**2011 - 2012**

Advocated by RNAO, amendments to Regulation 965 of the Public Hospitals Act, 1990 expanded NP scope of practice to admit, treat, transfer and discharge hospital inpatients.



**2014**

Ontario commits to hire 75 attending NPs in long-term care.



**2017 - 2018**

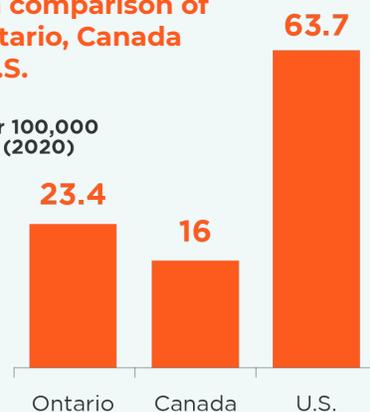
NP authority is expanded to prescribe controlled substances.

### 2019 - current

RNAO continues to call for greater numbers of NPs and role expansion to increase access to health care for all.

## Per capita comparison of NPs in Ontario, Canada and the U.S.

■ NPs per 100,000 people (2020)



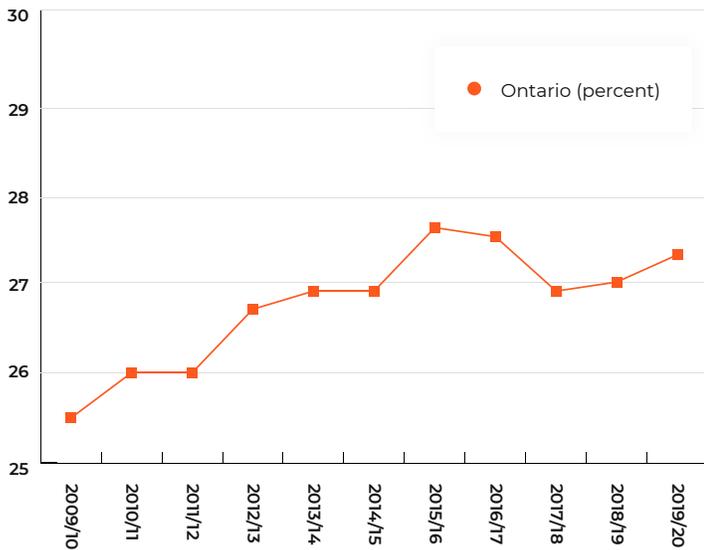
# Access to nursing

## RNAO'S ASK

### Improve Access to Nursing Care by:

#### ✓ Requiring that all first home care visits be provided by an RN

Percentage of new home care patients, of all ages, who had an unplanned emergency department visit in 30 days after leaving hospital, in Ontario, 2009/10 to 2019/20



Source: Health Quality Ontario. (2021). *Emergency department visits by home care patients in 30 days after leaving hospital.*

“It is critical that all first home health-care visits be provided by an RN to perform a holistic assessment and develop a comprehensive plan of care to ensure patients’ needs are safely met in their homes. During this initial visit, the complexity and stability of the patient is unknown and the RN will fully assess the care complexity and needs, develop a plan, and determine the most appropriate caregiver (i.e. RN, RPN or UCP).”

Source: Registered Nurses’ Association of Ontario. (2016). *Mind the safety gap in health system transformation: Reclaiming the role of the RN.*

#### ✓ Enshrining RNAO’s Nursing Home Basic Care Guarantee in legislation, ensuring a minimum of four hours of nursing and personal care per resident per day, including a minimum of 48 minutes of RN care.

For more information please refer to our Senior’s care ask

#### ✓ Making permanent the 625 public health nurse (PHN) positions in Ontario schools.

“The 625 new PHNs rapidly started supporting schools. They have completed tens of thousands of consultations with schools, school boards and parents. They have developed resources and decision-making tools, and educational presentations to help school communities apply COVID-19 guidelines. They are working to identify and mitigate health inequities. Within their role, PHNs are facilitating rapid response to COVID-19 cases in schools, and engaging in case, contact and outbreak management.”

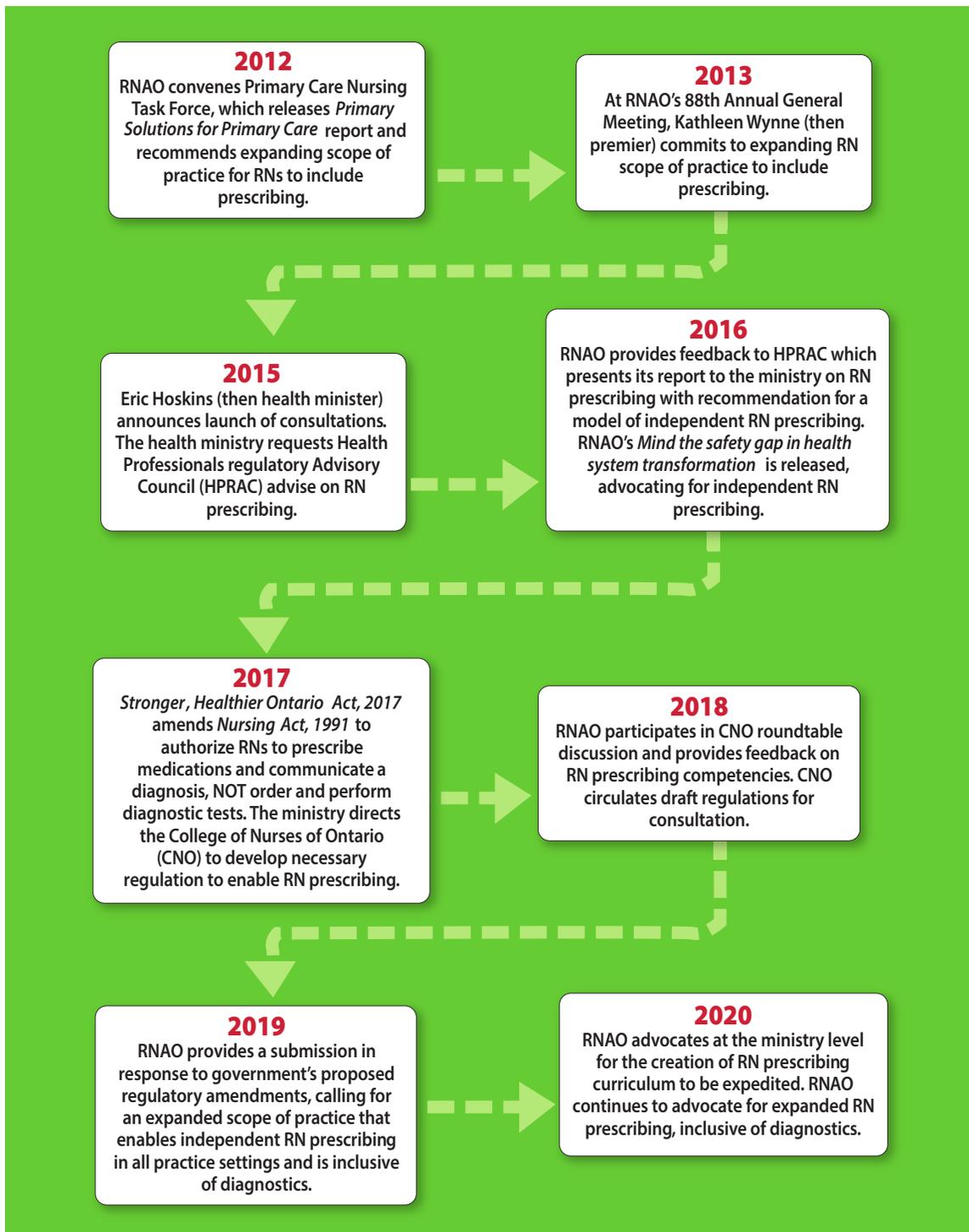
Lokko, H., Bajnok, I., Groulx, D. *Public Health Nurses in Schools. December 29, 2020.*



## Expanding the scope of practice of RNs and NPs by:

- a. Providing RNs the authority to prescribe common medications and to order and perform diagnostic testing for non-complex conditions
- b. Providing NPs the authority to order MRIs, CT scans, EEGs and ECGs (in all situations) and perform point-of-care testing

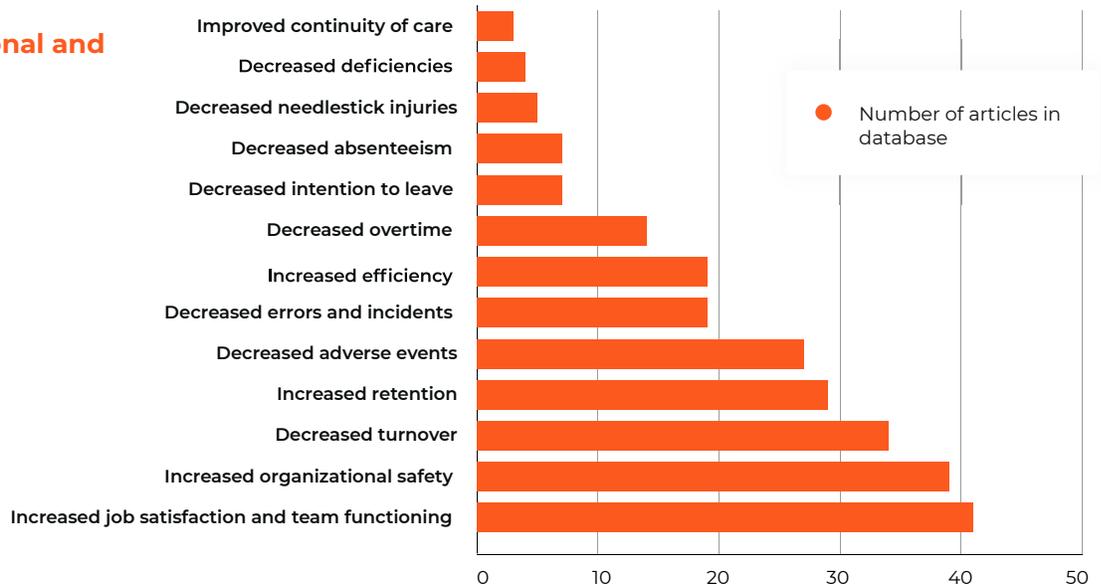
### RNAO's history of advocacy for RN prescribing



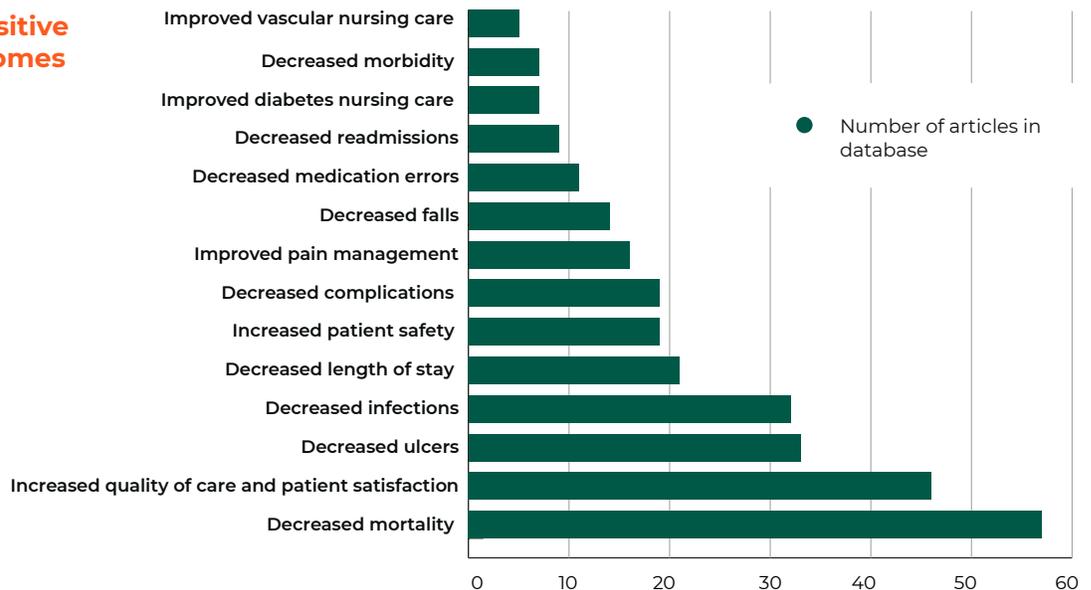
## RATIONALE

Our population is aging and that means more and more people have complex health conditions. RNs and NPs are trained to provide person-centred care for patients with the most complex needs. Evidence shows employing RNs improves patient health as well as financial outcomes for the health system. Further we know RNs with authority to prescribe medications and carry out common diagnostic tests enhance care quality and accessibility. Our health system would benefit greatly with increased access to RNs and NPs working at full and expanded scope across all sectors of the health system.

### Positive organizational and nurse outcomes



### Impact of RNs on positive clinical/patient outcomes



Source: Registered Nurses' Association of Ontario. (2017). *RN Effectiveness. RN Effectiveness.*

# Care Delivery

## Seniors' care

### RNAO'S ASK

Implement a comprehensive Seniors' Care Strategy to ensure that every senior has timely access to high-quality, dignified care.

This should include:

### ✓ Reducing the wait list for long-term care through not-for-profit LTC expansion

	For-Profit LTC Homes	Non-Profit LTC Homes (not-for-profit and municipal)
<b>New LTC facilities being built in Ontario</b> <sup>1</sup>	140 (64%)	80 (36%)
<b>Ford government allocations of long-term care licenses (total beds in process)</b> <sup>2</sup>	16,304 beds (6,632 new beds, 9,672 redeveloped beds)	13,908 beds (9,680 new beds, 4,228 redeveloped beds)
<b>Ownership of existing LTC homes in Ontario</b> <sup>3</sup>	57%	43%

#### Sources:

<sup>1</sup>AdvantAge Ontario. (2021). *Ontario Government Should Change Course, Commit to Not-for-Profit*.

<sup>2</sup>Ontario Health Coalition. (2021). *Public money, private profit: The Ford government & the privatization of the next generation of Ontario's long-term care*.

<sup>3</sup>Canadian Institute for Health Information. (2021). *Long-term care homes in Canada: How many and who owns them?*

### ! Quick Facts

Compared to non-profit LTC homes, for-profit homes have been associated with:

- ▲ higher rates of resident hospitalization
- ▲ higher rates of resident mortality
- ▼ inferior staffing levels
- ▼ lower quality of care
- ▲ increased COVID-19 related outbreaks and deaths

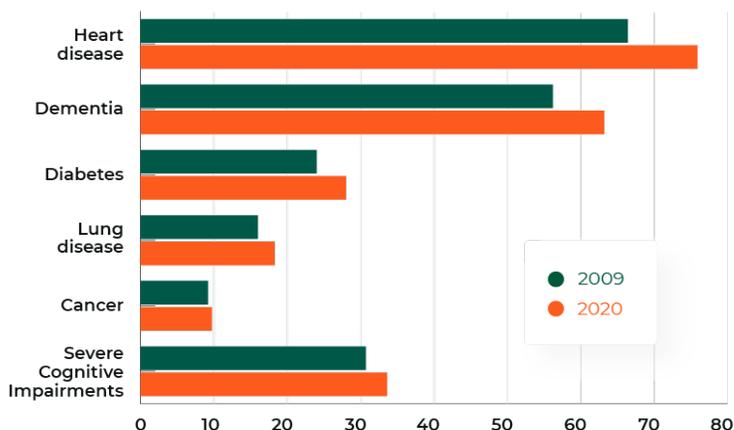
#### Sources:

(Amirkhanyan et al., 2008; Chown Oved et al., 2020; Comondore et al., 2009; Grabowski et al., 2013; Grabowski et al., 2016; Harrington et al., 2012; Marrocco et al., 2021; McGregor et al., 2005; Office of the Auditor General of Ontario, 2021; Pue et al., 2020; Stall et al., 2020; Stall et al., 2021; Tanuseputro et al., 2015; Tubb et al., 2020).

### ✓ Enshrining RNAO's Nursing Home Basic Care Guarantee in legislation to ensure:

- A minimum of four worked hours of nursing and personal care per resident, per day including a minimum of 48 minutes of RN care, 60 minutes of RPN care and 132 minutes of PSW care
- A skill mix of 20 per cent registered nurses (RN), 25 per cent registered practical nurses (RPN) and 55 per cent personal support workers (PSW)
- One nurse practitioner (NP) and one RN infection prevention and control (IPAC) lead per 120 beds and
- an average of one hour of care per day per resident from allied health professionals.

## Health profile of LTC residents in Ontario



Source: Office of the Auditor General of Ontario. (2021). *COVID-19 preparedness and management: Special report on pandemic readiness and response in long-term care.*

## Quick Facts

Over **85%** of residents need extensive or 24/7 daily assistance

Source: Office of the Auditor General of Ontario. (2021). *COVID-19 preparedness and management: Special report on pandemic readiness and response in long-term care.*

Long-Term Care Staffing Study Advisory Group, 2020

The provincial case mix index (CMI) score for LTC residents has increased by **20%** since 2004

Source: Long-Term Care Staffing Study Advisory Group. (2020). *Long-Term Care Staffing Study.*

## Estimated vs. recommended minimum worked hours of direct nursing and personal care per resident-day

Staff	RNAO recommended skill mix <sup>1</sup>	RNAO 2016 LTC skill mix estimates <sup>1</sup>	Current LTC skill mix estimates <sup>2</sup>	Current estimated full time employment levels <sup>2</sup>	Estimated shortfall of FTEs (based on RNAO's 2016 skill mix estimates) <sup>1</sup>
<b>RNs</b>	20% (0.8 worked hours of direct care per resident, per day)	11% (0.3 worked hours of care per resident, per day)	11%	<b>40% (RNAO recommends &gt;70%)</b>	8,972
<b>RPNs</b>	25% (1.0 worked hours of direct care per resident, per day)	18% (0.49 worked hours of care per resident, per day)	20%	39%	9,051
<b>PSWs</b>	55% (2.2 worked hours of direct care per resident, per day)	71% (1.92 worked hours of care per resident, per day)	69%	42%	4,875
<b>Total</b>	100% (4 worked hours of direct nursing and personal care per resident, per day)	100% (based on estimated 2.71 worked hours per resident day)	100%	N/A	22,898

### Sources:

<sup>1</sup>Registered Nurses' Association of Ontario. (2020). *Nursing home basic care guarantee: RNAO submission to the long-term care staffing study advisory group.*

<sup>2</sup> Office of the Auditor General of Ontario. (2021). *COVID-19 preparedness and management: Special report on pandemic readiness and response in long-term care.*

- ✔ **Increasing home care funding to support an expanded publicly-funded basket of home and community services, ensure improved and equitable home care access, and promote adequate staffing, skill mix and compensation.**

### ! Quick Facts

Provincial Nursing Visit acceptance rates, which measure whether home care service providers are able to fulfill an urgent request for care have dropped from

**95%** pre - pandemic → **60%** in August 2021

This means home care providers are not able to effectively fulfill **4 out of every 10 requests** for Ontarians needing nursing visits, resulting in wait lists and patients seeking care in the ED.

About

**900,000**

**Ontarians receive home care yearly, with**

**730,000**

**in the publicly-funded system**, which signifies that there are several hundred thousand people in Ontario who are either receiving reduced home care services or no care at all.

Source: Home Care Ontario. (2021). *Home care is health care - Urgent \$600 million investment needed to fix crisis in home care.*

- ✔ **Transferring regulatory oversight of retirement homes to the Ministry of Long-Term Care in recognition of the increasing health care needs of retirement home residents.**

### ! Quick Facts

In 2019/2020

**26%**

of retirement home residents were on the waiting list for a LTC bed

**4,201**

patients designated as alternate level of care were discharged from hospitals to retirement homes

**52%**

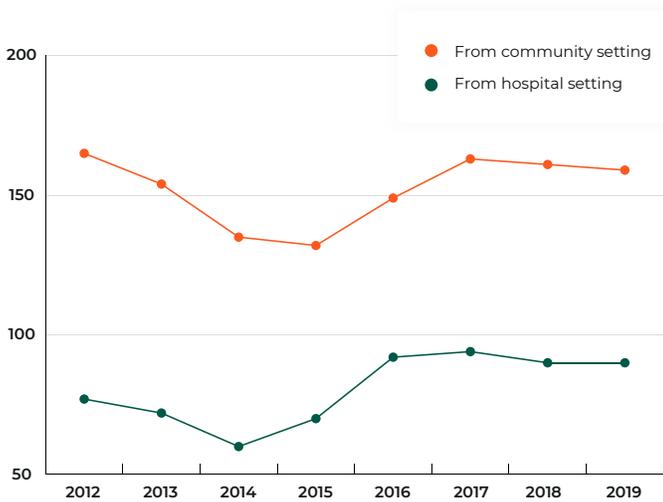
of all retirement home residents received ongoing homecare services

Source: Office of the Auditor General of Ontario. (2020). *Value-for-Money Audit Retirement Homes Regulatory Authority.*

## RATIONALE

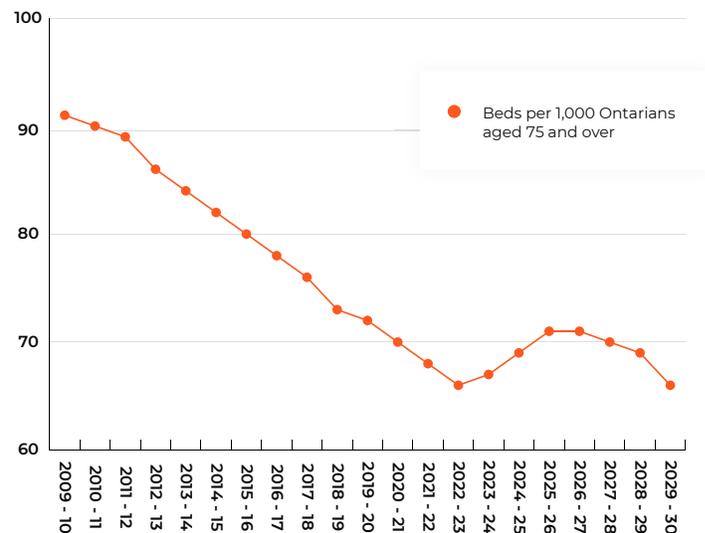
The number of Ontarians aged 75 and up is increasing rapidly. Yet we already have 38,000 people on the waiting list for LTC. An increasing number of seniors are being treated in hospitals because home care is underfunded. And, more than one-quarter of retirement home residents are on the waiting list for a nursing home while many more have chronic health conditions that require care and attention.

### Wait times for long-term care in Ontario



Source: Health Quality Ontario. (2021). *Wait times for long-term care homes.*

### Projected number of long-term care beds per 1,000 Ontarians aged 75 and over, 2018-19 to 2029-30



Source: Financial Accountability Office of Ontario. (2021). *Ministry of long-term care spending plan review.*

The COVID-19 pandemic exposed the devastating effects of underfunding senior's care. The government needs to ensure that seniors are receiving the right care in the right settings.

### Quick Facts

**Cumulative case count of confirmed cases of COVID-19 in long-term care homes (Ontario) as of December 1, 2021**

Source: Public Health Ontario. (2021). *COVID-19 in Ontario: January 15, 2020 to December 1, 2021.*

**15,660**

Residents

**4,025**

Deaths among residents

**7,418**

Health care workers

**10**

Deaths among health care workers

# Hospitals

## RNAO'S ASK

**Mandate 1:1 RN to patient ratio in Intensive Care Units (ICU) and 1:2 RN to patient ratio in ICU transfer units.**

The standard of care in all Level 3 ICUs in Ontario is

**1 to 1 nursing** <sup>1, 2</sup>

Vacancy rate for Ontario critical nurses jumped from

**5.8%**  
(2017 - 2018)



**9%**  
(Jan. to August 2020) <sup>1</sup>

Rates of ventilator associated pneumonia were

**9.3%**

in ICUs where nursing ratios were **1 to 1** compared to

**24.4%**

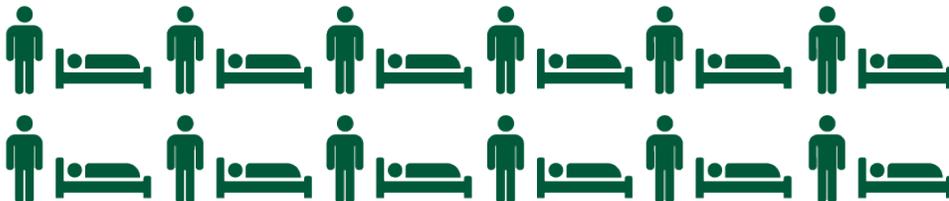
in ICUs with nursing ratios **greater than 1 to 1** <sup>3</sup>

**Standard staffing model** <sup>1</sup>



Critical care physician

Respiratory therapist



Critical-care-trained RN



Critical care ICU bed

## Sources:

<sup>1</sup> Barrett, K., VandeVyvere, C., Haque N, et al. (2021). *Critical care capacity during the COVID-19 pandemic. Science Briefs of the Ontario COVID-19 Science Advisory Table, 2(5)*.

<sup>2</sup> Canadian Association of Critical Care Nurses. (2019, March 23). *Position Statement Models of Nursing Care.*

<sup>3</sup> Blot, S. I., Serra, M. L., Koulenti, D., Lisboa, T., Deja, M., et al. (2011). *Patient to nurse ratio and risk of ventilator-associated pneumonia in critically ill patients. American Journal of Critical Care, 20(1), e1-e9.*

## RATIONALE

The COVID-19 has exposed a dangerous level of RN understaffing in ICUs and ICU transfer units. The specific skills and expertise of RNs are necessary to care for ultra-complex and extremely unstable patients in ICUs and support recovery in transfer units.

# COVID-induced backlogs

## RNAO'S ASK

Provide surge funding and staffing to safely clear pandemic-induced surgical and diagnostic backlogs and provide safe home care post discharge from hospital.

## ! Quick Facts

The Financial Accountability Office of Ontario (FAO) predicts by September 2021:

—  
**419,200**

surgical backlog

—  
**3.5 years**

projected time to clear surgical backlog

—  
**2.5 million**

diagnostic backlog

—  
**3 years**

projected time to clear diagnostic procedures backlog

—  
**\$1.3 billion**

to clear this projected backlog

Source: Financial Accountability Office of Ontario. (2021). [Ministry of Health: spending plan review](#).

## RATIONALE

Backlogs in our health system threaten to increase non-COVID, pandemic-related deaths and illnesses. As of September 2021, surgical and diagnostic backlogs will be two-thirds greater than the normal annual volume and take more than three years to clear.

## RNAO'S ASK

Ensure that wait times for children's mental health services are less than 30 days to stop the skyrocketing hospitalization rates for children and youth

### ! Quick Facts

**28,000**

families waited for child and youth mental health care for up to 2.5 years prior to the pandemic <sup>1</sup>

**4 million**

calls, texts and clicks to Kids Help Phone from young people looking for support in 2020 compared to the **2 million** the previous year <sup>1</sup>

**3 times**

as many youth hospitalized for medical support after a suicide attempt over a 4-month period compared to pre-pandemic <sup>3</sup>

**70%**

of children and youth reported a worsening of their mental health since the start of the pandemic <sup>2</sup>

**50%**

increase in youth coming to hospital with eating disorders during the pandemic <sup>1</sup>

**2 times**

as many youth hospitalized with substance use disorders compared to pre-pandemic <sup>3</sup>

#### Source:

<sup>1</sup> Children's Mental Health Ontario. (CMHO). *The Pandemic and Child and Youth Mental Health*. May 25, 2021.

<sup>3</sup> McMaster Children's Hospital. *The other side of COVID-19: Mental health challenges prevalent in youth*. March 15, 2021.

<sup>2</sup> SickKids. *New research reveals impact of COVID-19 pandemic on child and youth mental health*. February 26, 2021.

## RATIONALE

Families have long struggled to access children's mental health services in Ontario. The COVID-19 pandemic has increased levels of depression, anxiety, suicidal ideation and suicide attempts, making timely access to these services even more vital.

## RNAO'S ASK

### Respond to the toxic drug overdose crisis by:

- ✓ Supporting and funding overdose prevention and supervised consumption sites in every community in need;
- ✓ Amending the Ontario Drug Formulary to support safer supply programs;
- ✓ Decriminalizing simple drug possession.

## RATIONALE

Across the province, in both urban and rural communities, the overdose crisis caused by a toxic drug supply continues to escalate, claiming more than six lives per day on average. Since the onset of the COVID-19 pandemic, the rate of fatal overdoses has increased by 60 percent in Ontario with Black, Indigenous and other racialized populations disproportionately impacted. Nearly all overdose deaths related to toxic drugs are preventable through decriminalization and harm reduction measures.

**59.6%**

increase in opioid deaths in Ontario from 2019 to 2020.<sup>1</sup>

Death from opioid overdoses is

**4x higher**

among First Nations communities.<sup>2</sup>

**139%**

increase in opioid-related deaths among people experiencing homelessness during the pandemic.<sup>3</sup>

**19.6%**

increase in ER visits for opioid overdoses in Ontario from 2019 to 2020. The opioid overdose crisis disproportionately impacts marginalized communities.<sup>1</sup>

Hospital visits for opioid-related poisonings is

**7x higher**

higher among First Nations communities.<sup>2</sup>

#### Sources:

<sup>1</sup> Public Health Ontario. (2021). *Interactive Opioid Tool*.

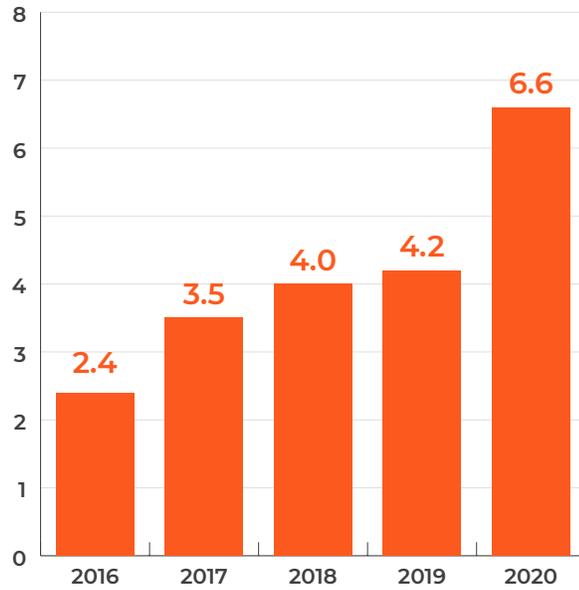
<sup>2</sup> Chiefs of Ontario and Ontario Drug Policy Research Network. (2021). *Opioid Use, Related Harms, and Access to Treatment among First Nations in Ontario, 2013-2019*

<sup>3</sup> Gomes, T., Murray, R., Kolla, G., Leece, P., Bansal, S. et al. (2021). *Changing Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic*. Ontario Drug Policy Research Network, Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion.

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### Average number of deaths per day in Ontario from opioid overdose

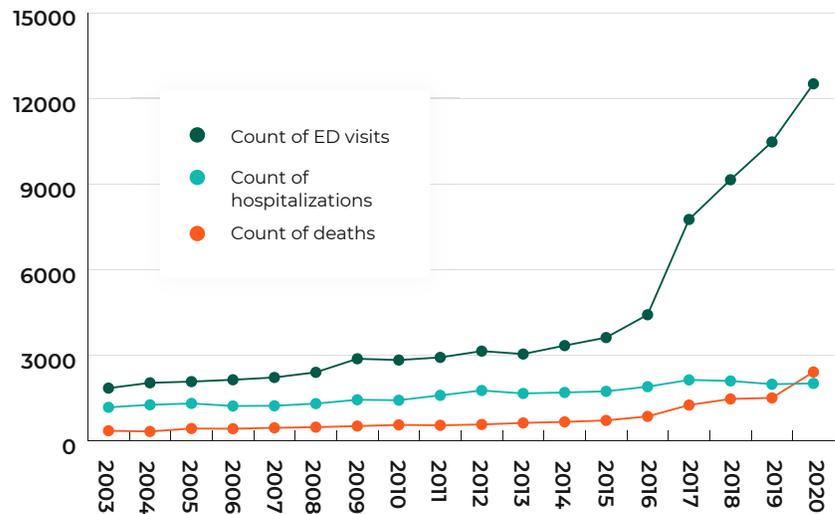
Source: [Public Health Ontario. \(2021\). Interactive Opioid Tool](#)



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### Cases of opioid-related morbidity and mortality, Ontario, 2003 - 2020

Source: [Public Health Ontario. \(2021\). Interactive Opioid Tool](#)

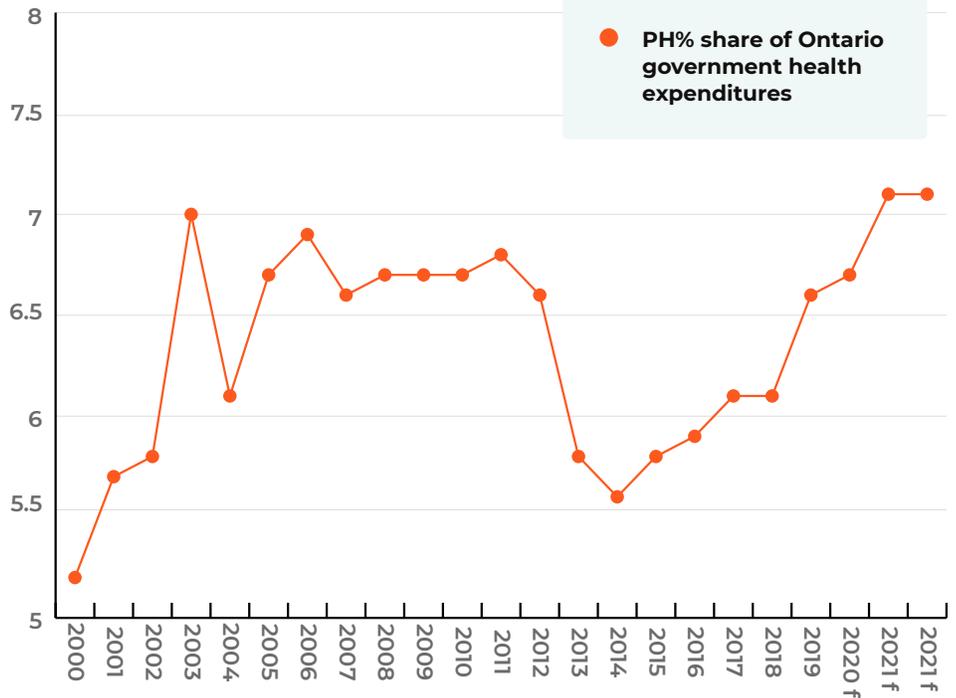


# Public health

## RNAO'S ASK

**Maintain and extend the current level of public health surge funding.**

**Source:** Canadian Institute for Health Information. (2021). *National Health Expenditure Trends, 2021*. Table D.4.6.2 Percentage distribution of provincial government health expenditure by use of funds, Ontario, 1975 to 2021.



## RATIONALE

Public Health is the first line of defense against infectious diseases and the best health investment for Ontario. Chronic underfunding of Ontario's public health system detrimentally impacts the health of all Ontarians and puts the province at risk of health crises. The funding cuts that immediately preceded the COVID-19 pandemic compromised Ontario's ability to respond effectively.

# System integration

## RNAO'S ASK

### Enhance health system integration by:

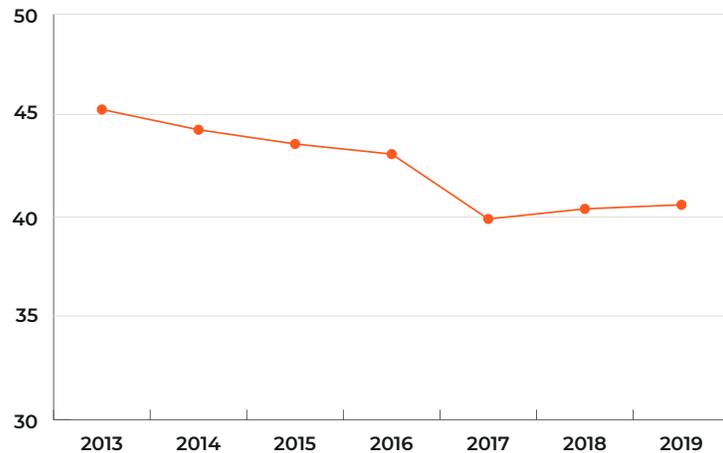
- ✓ **Increasing not-for-profit Ontario Health Teams (OHT) or integrated health system models throughout the province to achieve 100% coverage of Ontarians with services offered through an OHT.**

**1,000** persons were receiving hallway health care at any given time in 2018 and 2019 prior to the pandemic.

Source: MOHLTC. (January, 2019). *Hallway Health Care: A System Under Strain. 1st Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine.*

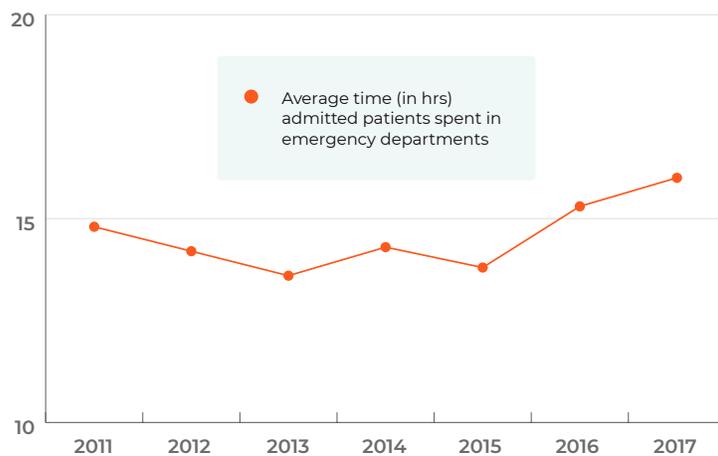
### Percentage of Ontarians who report being able to see a primary care provider same-day or next day when sick

Source: Health Quality Ontario. (2018). *Primary Care Performance Dashboard.*



### Patient experience in Ontario's emergency departments, 2011 - 2017

Source: Health Quality Ontario. (2018). *Wait times for care.*



- ✓ **Ensuring that nursing homes - as homes for their residents - are incorporated into community care plans and funding rather than absorbed into acute care hospital management/administrative structures.**

- ✓ Ensuring access to non-urgent care within 24 hours, seven day per week by expanding interprofessional models of primary care such as Family Health Teams and Community Health Centres and doubling the number of Nurse Practitioner Led Clinics.

41.7%

of patients visiting ER in 2017/18 indicated a primary care provider could have addressed the issue if available.

Source: MOHLTC. (January, 2019). *Hallway Health Care: A System Under Strain. 1st Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine.*

- ✓ Locating RN care coordinators in primary care settings in order to integrate patient care needs across the health system and link patients to needed social services.
- ✓ Creating and providing every Ontarian with their own personal health record.
- ✓ Implement a universal, single-payer pharmacare program that covers all medically necessary prescriptions without deductibles, co-payments, user fees, and means testing.

25%

of Ontarians (third highest in Canada) did not fill/refill a prescription, or split doses due to cost <sup>1</sup>

14%

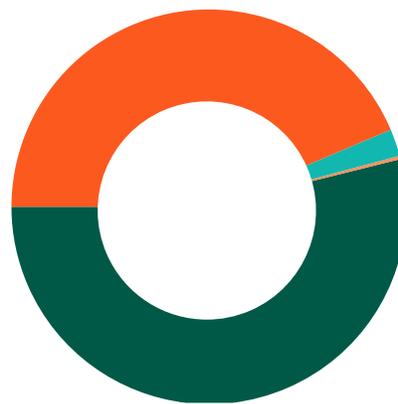
of Canadians experienced financial difficulties because of drug costs <sup>1</sup>

Canadians pay

35%

more than the OECD median, and Canada is second highest per capita spender after the US. <sup>2</sup>

### Who Pays for Prescription Drugs for Ontarians? <sup>3</sup>



#### Sources:

<sup>1</sup> Angus Reid. (2020). *Access for all: Near universal support for a pharmacare plan covering Canadians' prescription drug costs.* October 29.

<sup>2</sup> Gagnon, MA. (2016). *Further information regarding the implementation of a national pharmacare program.* Submitted to the House of Commons Standing Committee on Health.

<sup>3</sup> Canadian Institute for Health Information. (2021). National Health Expenditure Trends, 1975 to 2021. Table G.6.2 Percentage share of expenditure on drugs by type and source of finance, Ontario, 1985 to 2021. Percentage calculated by RNAO.



## Expand government-funded oral health programs to cover all low-income Ontarians.

**35.4%**

of Canadians lack dental insurance

**39.1%**

of those lacking insurance avoid seeking a dental professional

**88.5%**

of higher income Canadians see a dentist vs. 49.6% of lower income Canadians

Source: Statistics Canada. (2019). *Dental Care, 2018*. September 16.

### RATIONALE

As set out in RNAO's report, Enhanced Community Care for Ontario (ECCO 3.0), a fully integrated health system anchored in primary care would enhance patient experience, improve outcomes, increase access and lower system costs. RN care coordinators have broad health and health system knowledge and, when located in primary care settings, can play a central role in system navigation and coordinating person-centred care across the health system. Patient access to their own personal health record enables system integration and patient-centred care.