



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

Helen Angus  
Deputy Minister  
Ministry of Health and Long-Term Care  
College Park, 5th Floor  
777 Bay Street  
Toronto, ON M7A 2J3

April 1, 2019

**Re: Transition of Nursing Human Resources from the LHINs to Enhancing Community Care for Ontarians (ECCO) model: Updated transitional structure**

Dear Helen,

The Registered Nurses' Association of Ontario (RNAO) welcomed Minister Elliott's February 26, 2019 announcement of health-care reform designed to address flaws that harm Ontarians such as hallway health care and health services that operate in silos.<sup>1</sup> In order to further the government's objective of building a person-centred, seamless health system, RNAO urges you to fully consider all the elements of RNAO's *Enhancing Community Care for Ontarians* (ECCO) model.<sup>2</sup> By anchoring Ontario's health system in primary care as the best health care systems do globally, quality of care, health outcomes, and cost savings will be improved.

Helen, RNAO is urging you to not make the same mistakes that were done when CCACs were eliminated. At the time, RNAO argued that the Local Health Integration Networks' (LHINs')<sup>3</sup> roles of providing oversight of a health system and providing direct services must be separate. To avoid the challenges of trying to steer and row at the same time, it is important to ensure that Ontario Health (OH) provides planning, funding, and accountability and the Ontario Health Teams (OHTs) provide direct service delivery and its management.

In addition, we want to emphasize that while structural changes to enable the formation of OH are important, changes to facilitate the formation and optimal functioning of OHTs are even more critical. Structural changes without support for clinical service improvements will not result in better health services and experiences for Ontarians, nor will it deliver better health outcomes and health system efficiencies.

RNAO urges you and your team to immediately begin the transition of nursing human resources from the LHINs directly into interprofessional primary care teams. There is no need to move these vital resources to the OH agency and/or wait until OHTs are formed. Transitioning expert RNs and NPs to primary care will immediately strengthen this vital sector while avoiding confusion and multiple transitions.

RNAO is urging the immediate transfer of the 4,500 RN care co-ordinators working in LHINs and the care co-ordinator function to primary care. Many Community Health Centres (CHC), Aboriginal Health Access Centres (AHACs), Nurse Practitioner-Led Clinics (NPLCs) and Family Health Teams (FHTs), are ready and eager to have RN care co-ordinators as an integral team member. Having 4,500 RN care co-ordinators in interprofessional primary care teams will usher in a new experience for Ontarians, as they are supported in an upstream way to coordinate their needs and to help them navigate the complexities of the health system maze. We want to emphasize that labour agreements ought not to be disrupted to successfully achieve this transition. This transition should result in a substantive strengthening of primary care that is cost-neutral as people move with their compensation intact.

Over the last decade, emergency room visits by children and youth experiencing a mental health issue increased by 72 per cent, and hospitalizations have risen by 79 per cent. Although these issues can be life-threatening, many children and youth are waiting up to two years to access mental health services. Children's Mental Health Ontario (CHMO) and RNAO have partnered to offer two recommendations to the government that will support connected care and make a real difference for Ontario children and families. We recommend immediately shifting the Mental Health and Addiction Nurses (MHAN) from LHINs into interprofessional primary care teams and local child and youth mental (CYMH) agencies. By transferring the MHANs, and the attached funding, from the LHINs into local interprofessional primary care teams and CYMH agencies, where they will continue to work directly out of schools on a day-to-day basis, there will be better collaboration between schools and community providers to address the diverse needs of students. As with the 4,500 RN care co-ordinators, this change too can be implemented immediately. The second recommendation is to hire front-line professionals to ensure children and families can get the help they need in 30 days or less. Implementing both of these recommendations will ease suffering. And, according to CMHO calculations, it also has the potential to save the province \$220 million per year, spent in hospitals to address issues that can be avoided.

Other transformative nursing roles that must be transferred from LHINs to OHTs include rapid response nurses (RRNs) and NPs providing integrated palliative care. RRNs provide intensive in-home services to people with complex care needs. NPs in the integrated palliative care program provide direct care to complex palliative patients. In both roles, these specialized RNs and NPs serve as supports for families and caregivers as well as resources for other members of the health team. As with the RN care-coordinators and MHANs, RRNs and NPs providing integrated palliative care should be relocated now in a planned fashion into interprofessional primary care teams, with their salaries and benefits intact.

Helen, RNAO is eager to work with you and your team to ensure all nursing human resources currently located in the LHINs do not disappear, but rather are relocated in a planned fashion to

primary care – beginning now and not waiting until OHTs are formed. RNAO recommends that a transition plan be generated, communicated, and implemented immediately.

RNAO continues to stand ready to assist the Ministry in improving access, equity, and the quality of health and nursing services for Ontarians. Thank you for considering this feedback.

Warm regards,

A handwritten signature in black ink, appearing to read "Doris Grinspun", with a long horizontal flourish extending to the right.

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

CC: Hon. Christine Elliott, Minister of Health and Long-Term Care  
Dr. Rueben Devlin, Special Advisor Healthcare, Chair *Premier's Council on Improving  
Healthcare & Ending Hallway Medicine*

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<sup>1</sup> Registered Nurses' Association of Ontario (2019, Feb. 26). Media release: Nurses welcome health system reform and urge the government to ensure RNs and NPs play key role. <https://rnao.ca/news/media-releases/2019/02/26/nurses-welcome-health-system-reform-and-urge-government-ensure-rns-an>

<sup>2</sup> Registered Nurses' Association of Ontario (2014, April). Enhancing Community Care for Ontarians (ECCO) 2.0: Three Year Plan. Toronto: Author. [https://rnao.ca/sites/rnao-ca/files/RNAO\\_ECCO\\_2\\_0.pdf](https://rnao.ca/sites/rnao-ca/files/RNAO_ECCO_2_0.pdf)

<sup>3</sup> Registered Nurses' Association of Ontario (2016, Nov. 23). *RNAO's Response to Bill 41: Patients First Act, 2016*. Submission to the Standing Committee on Legislative Assembly, 8. [https://rnao.ca/sites/rnao-ca/files/RNAO\\_FINAL\\_Response\\_to\\_Bill\\_41\\_-\\_Nov\\_23\\_2016\\_v2.pdf](https://rnao.ca/sites/rnao-ca/files/RNAO_FINAL_Response_to_Bill_41_-_Nov_23_2016_v2.pdf)