



THE HEALTH SYSTEM AND NURSING IN ONTARIO

What will Ontario's health system look like five, 10 or 15 years from now? What kind of care will people need and want in the future?

The Registered Nurses' Association of Ontario (RNAO) believes it's important to look down the road, today, and begin planning the future of our health system. By doing so, we can reach our destination with a clear sense of what we want, and how we get there.

The work of registered nurses (RN) and nurse practitioners (NP) is central to our health system. The role they play is critical to creating a system that is person-centred, timely, effective, and efficient.

That's why Ontario's nurses have developed a vision – a bold vision – to ensure Ontarians are served by a system that better reflects their needs.

Why do we need a vision?

It's easy to take the "business-as-usual" approach. But the reality is that Ontario's population is growing, our communities are changing, and technology is rapidly evolving. That's why we need to act now.

We have to think about how we can help people stay healthy, and how to deliver the care they will need when they're sick.

We also need to think about what the nursing profession will look like in the years to come. How will we best serve the public, our communities and our province? What will we do differently?

What is our vision?

The health system of the future will look a lot different than it does today. For starters, it will truly embody the notion of person-centred care. Everyone talks about this concept, but this is not what most people experience. Our vision includes a fundamental shift in the way we organize our system, anchoring it in the communities where people live, work and play. We see a health system that helps people stay healthy from birth - physically, emotionally, socially, and cognitively. This will prevent or delay chronic conditions as people age. We see a system where people can access health professionals in a timely way, and where support services are readily available, so people can remain at home longer, as vibrant members of their communities. We also see a system where all health professionals are working to their full scope of practice, with interprofessional teams acting as true partners for the benefit of people.

How do we get there?

The changes we propose will take time. Some changes can be implemented now. Some will take a few years. And others will be implemented over the long term. This is why we provide short, medium, and long term recommendations for the health system, organizations and the nursing profession.

The changes cover five main sectors of our health system:

PUBLIC HEALTH PRIMARY CARE HOSPITAL CARE HOME CARE Rehab, Complex & Long-Term CARE

2014:2015

2016-2020

Nurses play a key role in the health of individuals and communities. They help young mothers keep their babies healthy, and make sure older people are well cared for and can manage chronic diseases. They also help communities cope with infectious diseases and outbreaks, and promote overall health and well-being. However, good health is also paying attention to what it means to be healthy in the first place. Access to safe food and water, clean air, good sanitation practices, and having safe cities is essential. Having enough income to live on, access to affordable housing and child care also shape our ability to stay healthy. Our vision is to make sure these social and environmental determinants of health are given greater attention so we can decrease the inequities that are part of our society, and sustain our future.

2014-2015

2016-2020

Short Term

2014-2015

The principles of equity and fairness are the foundation for creating and implementing all public health programs and services.

Dedicated funding and health equity tools determine what programs and services best promote the health of all people, especially those who are vulnerable.

All Ontarians experience care that respects their human rights.

2016-2020

Medium Term

2016-2020

Public health units are aligned within the mandate of Local Health Integration Networks (LHIN). With their funding protected, public health units initiate wholesystem regional planning.

Funding, structures, and programs for public health units are designed to decrease power differentials and social inequity.

Public health nurses are working to their full scope of practice to advance an expanded primary health system.

2016-2020

Long Term

2021-2030

Health considerations are at the core of all policies, programs and funding by government.

Public health units address social inequities in system planning, implementation, monitoring and evaluation.

Public health nurses continue their work to reduce social inequities and improve population health outcomes, such as how long and how well we live.

2021-2039

This is one of the most important areas of our health system. It's a person's first encounter with a health professional. If a person gets the care they need at this stage in a timely way, chances are they will get better and be on their way. For starters, we need to make sure people get access to primary care when they need it, so complications can be prevented. In an international comparison, a 2013 survey ranked Canada last when it comes to access to a primary care provider. Only 41 per cent of Canadians can get a same-day or next-day appointment. Nurses know this, and although we have made good progress with teams of nurse practitioners and physicians, we can do much better if we fully utilize all nurses and expand RNs' scope of practice. This is why, in 2012, RNAO brought together the key associations that deliver primary care to review the role nurses play in this sector. We found that many nurses are not being utilized to their full potential, and that the public could benefit much more from their knowledge and skills. This is happening in other countries and other provinces in Canada. RNs are leading physical assessments, prescribing lab tests, and diagnosing and treating common ailments. Our vision is one where every Ontarian has same-day access to primary care, regardless of where they live.

5012

016.5050

Short Term

2014-2015

The Ontario government changes regulations to enable RNs to order diagnostic tests, diagnose common ailments, and prescribe medications.

Case managers working in Community Care Access Centres (CCAC) transition to primary care to work as care co-ordinators for people with complex health needs, helping to avert unnecessary hospitalizations.

RNs complete the required education to prescribe medications.

2014.201

Medium Term

2016-2020

RNs focus on health promotion and provide comprehensive primary care within their expanded scope of practice. This includes: identifying and treating minor illnesses such as ear and bladder infections; managing chronic diseases; and coordinating care and other support services.

All Ontarians have same-day access to person-centred, interprofessional teams in nurse practitioner-led clinics, community health centres, Aboriginal health access centres, and family health teams.

016.5050

Long Term

2021-2030

Nurse practitioner-led clinics, community health centres, Aboriginal health access centres, and family health teams provide health services 24/7, rotating in their responsibility for after-hours care.

Stand-alone walk-in clinics are phased out.

2021-2030

HOSPITAL CARE

When people are very ill or require elective surgery, they need the expertise and services that only hospitals can provide. To make our hospitals function more effectively and efficiently, we need to ensure RNs and NPs who work in hospitals are being fully utilized. Expanding their scope of practice will lead to better access and patient flow, higher patient satisfaction, and better health outcomes. And since we know some patients are sicker than others, we need to make sure the right health professional is taking care of patients, providing continuity of care and caregiver, and focusing on their needs. This is the best way to help people recover faster and make efficient use of our hospitals.

2014-2015

2016-2020

NURSES' VISION ■ ■ I

HOSPITAL CARE

Short Term

2014-2015

Discharge planning becomes a priority the moment a patient enters the hospital.

Discharge planning is done by hospital care co-ordinators who ensure the health needs of patients are determined in partnership with them, their family, and their primary care co-ordinator.

NPs actively admit, treat, transfer and discharge patients in all hospitals, improving timely access, patient experience and flow, and quality care outcomes.

2014-2015

NURSES' VISION ■ ■ ■ I

HOSPITAL CARE

Medium Term

2016-2020

Hospitals focus resources and attention on patients who are very ill or who require elective surgery.

Emergency departments are only focused on very ill people who require complex care; while others receive timely access in primary care, home care, rehab, complex care, or nursing homes.

2016-2020

HOSPITAL CARE

Long Term

2021-2030

Hospitals continue their focus on caring for the seriously ill, and those who require elective surgery.

People who require alternate levels of care receive the care they need to remain within their homes or another more appropriate setting.

Births and deaths increasingly occur at home.

2021:5030

HOMECARE

Everyone in Ontario deserves to be able to give birth, live and die at home, and with dignity. Home births should be the norm rather than the exception. Older people and others living with chronic conditions should be able to receive health services closer to or in their homes. Studies show people can live longer, happier lives if they can 'age in place.' Not only is this a better way to provide care for those who need it, it is also a better way to build vibrant communities, and a more cost-effective way to run our health system. Our vision includes universal access to home care with more RNs and NPs providing a broad range of services for people right at home.

01A-2015

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NURSES' VISION ■ ■ ■ ■

HOMECARE

Short Term

2014-2015

CCAC care co-ordinators are now fully transitioned into primary care and initiate home care and support services as needed.

The amount of home care and support services a person needs is determined by home-care agencies, clients and their families.

2014-2015

HOMECARE

Medium Term

2016-2020

The CCAC structure is fully integrated into existing areas of the health system. LHINs are now responsible for whole-system planning, service agreements, funding, accountability monitoring and evaluation of the health system.

Home-care agencies provide around-the-clock services required by clients, eliminating the need for multiple agencies.

Palliative-care services are widely available.

LHINs renew contracts for home-care agencies based on their ability to provide publicly funded, not-for-profit services, quality outcomes, and successful accreditation.

HOMECARE

Long Term

2021-2030

The scope of practice of RNs working in home care is maximized and expanded, and their autonomy strengthened, so they can deliver a wide range of health services, including diagnosing minor ailments and prescribing medications across the continuum, from pediatric care to palliative care.

Universal pharmacare, access to publicly funded and not-for-profit home care and support services are dramatically increased, eliminating situations where people are in and out of hospital in order to get the care they need.

2021-2030

Rehab, Complex & Long-Term CARE

A growing number of people do not need to be in a hospital and yet they can't live at home on their own. They may temporarily need rehabilitation or other types of specialized care, or they may need to live in a long-term care home. Like Ontarians who access other parts of our health system, these individuals need and deserve care that is responsive and sensitive. But today, rehabilitation, complex care and long-term care homes are poorly staffed and can't adequately respond to the increasingly complex care needs of their vulnerable residents. Our vision addresses these challenges by ensuring RPNs, RNs and NPs are practising to their full and expanded scope so patients and residents get the care they need.

2014.7015

Rehab, Complex & Long-Term CARE Short Term 2014-2015

Evidence-based staffing models ensure the right mix of nurses and other providers to deliver care.

Minimum staffing standards in long-term care homes, including one NP for every 120 residents, and up to four hours of care per resident, per day, with at least one hour delivered by an RN or RPN.

RNs in complex continuing care and rehabilitation are empowered to lead quality and patient safety initiatives.

Funding priority for new or expanded assisted living, retirement and long-term care homes is given to not-for-profit operators.

Rehab, Complex & Long-Term CARE Medium Term

2016-2020

Complex continuing care and rehabilitation are recognized and understood for their specialized role in supporting medically fragile people as they transition from hospital to home.

Capacity is available in the community, in the form of supportive housing and palliative care with access to RNs, to allow people with medically complex needs to be discharged from complex continuing and rehabilitation care.

Only people who choose, or who have care requirements that can't be managed in the community, become residents of long-term care homes.

Caregivers are provided with increased support, including more respite, home help and peer support.

2021-2030

Rehab, Complex & Long-Term CARE Long Term

The system has the resources to effectively manage increased chronic disease rates and changing demographics.

RNs and NPs lead comprehensive care for all long-term care residents.

Ontarians who require complex continuing care and rehabilitation services enjoy the highest quality of life possible.

2021.2030

How do we make this happen?

The changes we propose are needed throughout the health system, and rely on some fundamentals, including:

Investing in social and environmental determinants of health

Keeping people healthy requires an investment by our government that includes providing people with the opportunity to earn a living wage, access to affordable housing, adequate social assistance, and a commitment to our environment.

Strengthening our publicly funded, not-for-profit health system

Many naysayers spread fear about the future of our health system. They say it can't be sustained. They tell us that increasing the role of the for-profit sector, and implementing user fees, is the only way we can save Medicare and enable people to get the care they need. They also tell us we need to allow medical tourism and private-public partnerships to bring in revenues. RNAO knows this isn't true because research shows public funding and not-for-profit health services deliver more, better and faster care – at a lower cost. This is why we need to expand Medicare to include pharmacare and home care. Nurses believe we can have an efficient and effective health system that delivers the most appropriate care, in a timely fashion, and based on the needs of people and communities right across Ontario.

INVESTING in social and environmental determinants of health

STRENGTHENING our publicly funded, not-for-profit health system

PROMOTING evidence-based practice

ENSURING we have an adequate number of RNs

MAKING sure all RNs can practise to their full and expanded scope

FOSTERING interprofessional, person-centred teamwork

2014-2013

216.5050

Promoting evidence-based practice

For years now, nurses have been on the leading edge of evidence-based patient care. RNAO has developed over 40 clinical and 10 healthy work environment best practice guidelines (BPG) that are used around the world. The clinical guidelines focus on disease prevention and cure. Widespread adoption of these BPGs will benefit all Ontarians and help make our health system more responsive, efficient and cost-effective. That's why RNAO will continue to offer its expertise in guideline development, and will actively support nurses and other health professionals to integrate evidence into their practice and workplaces.

Ensuring we have an adequate number of RNs

An excellent health system requires the right number of health professionals. As it stands, Ontario doesn't have enough RNs. The province's RN-to-population ratio has been falling steadily for the past few years, and is below the national average by 17,600 RNs. That's why our vision includes a concerted focus by government and employers to retain and hire additional RNs and NPs, and offer wage parity across all sectors to begin closing the gap.

Making sure all RNs can practise to their full and expanded scope

RNs are a vital part of our health system. In fact, there is conclusive evidence linking their care with higher quality health outcomes and lower mortality rates. RNs draw on a wide range of competencies and skills to provide expert quality care. They can contribute even more if government and employers lift the barriers that prevent them from realizing their full potential. That's why we are urging the government to deliver on its promise to expand the scope of practice of RNs so more Ontarians can benefit from timely access to quality health services.

Fostering interprofessional, person-centred teamwork

Health professionals don't work in isolation. Nurses are no exception. We believe the best health system is one in which all health providers work together, in partnership with people and their loved ones, giving them the full attention they deserve and empowering them to be the drivers of their own care. This is how we envision timely, high quality, personcentred care.

2014.2015

2016-2021

Nurses know what it will take to achieve a better and more responsive

health system. Above all, it means putting people and patients first. It means changing the way we think about health and health care, starting with health promotion, preventing and delaying chronic conditions, and ensuring optimal care when people are sick. This is why our vision tackles how, where and who delivers health services. Making these fundamental changes will lead to a system that is seamless and better integrated. A health system that provides a positive, personcentred experience. A health system that is stronger, more responsive, and sustainable. This is what Ontarians deserve. And this is what nurses are committed to achieving.

Interested in learning more about our vision for the future of the health system and nursing in Ontario?

Check out www.vision.RNAO.ca

Get involved

RNAO wants to hear from you. We plan to organize public consultations so you can help us make sure our health system delivers what you need.

2014.2015

2016-2020

REGISTERED NURSES' ASSOCIATION OF ONTARIO 158 Pearl Street, Toronto

Ontario M5H 1L3 Tel: (416) 599-1925

Toll Free:1-800-268-7199

www.RNAO.ca



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