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

Nursing Care

RNAO's Policy Platform Backgrounder
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Do you know that Ontario has the second worst RN-to-population ratio in the country? Is that good for Ontarians? Nurses say, NO!

There are 70.8 Registered Nurses (RN) per 10,000 people in Ontario. The national average is 83.4 RNs per 10,000 people.[1] [2] With our population growing and many Ontarians becoming older, the province's RN-to-population ratio is worsening at a time when health needs have increased and become more complex. If action isn't taken quickly, patient care will be compromised. People need access to an adequate supply of RNs, and every RN should be able to contribute their full competencies, knowledge, and skills to their patients. This is how nurses can ensure timely access to quality care that is centred on the health needs of all Ontarians.

The province's RN-to-population ratio is even lower today than it was two years ago having lost 1,037 RN (general class) positions.[3] The fact that the number of RNs in Ontario is getting worse should set off alarm bells for the public and for government. In order for Ontario to catch up with the rest of Canada, the province would have to add 16,831 more RNs to its workforce, an increase of 17.8 per cent. This is why government must urgently play catch-up by focusing its attention on increasing RN employment and adding by 2015 at least 9,000 full-time equivalent (FTE) RNs. Not only is this good health policy, it will also begin to close the worrisome gap between Ontario and the rest of the country.

The good news is that more nurses in Ontario are working full time and that's good for patients and health outcomes.[4] [5] Government shares RNAO's commitment to have 70 per cent of all nurses working full-time, which supports the continuity of care and caregiver that are central to good nursing care. Evidence shows that higher proportions of full-time RN staff are associated with lower mortality rates, continuity of care and continuity of caregiver, as well as improved patient outcomes.[6] [7] [8] Conversely, excessive use of part-time and casual employment for RNs is associated with decreased morale, an unstable workforce where nurses move to other jurisdictions to find full-time work, [9] disengagement among nurses, and a lack of continuity of care for patients.[10] [11] The share of full-time employment for RNs rose from 59.3 per cent to 68.6 per cent between 2004 and 2012. This trend has been very positive since 1998, when the share of full-time employment for RNs in the general class was below 50 per cent. Government must stay the course to achieve and maintain its target of 70 per cent of all nurses working full time, because that's what Ontarians need and deserve.

Ontario's nurses also want to work to full scope of practice, allowing the public to benefit from their competencies, knowledge and skills. Moreover, an evolving health system, coupled with the complex care requirements of Ontarians, requires an expanded role of the RN so more people can get timely access to quality care. Right now RNs in Ontario are limited in what they can do compared to other jurisdictions in Canada and abroad. For example, RNs in the United Kingdom can prescribe laboratory tests and medications. That's where British Columbia, Saskatchewan, Manitoba and Alberta are moving, and that

is what Ontario needs. RNAO's groundbreaking report *Primary Solutions for Primary Care: Maximizing and Expanding the Role of the Primary Care Nurse in Ontario*[12] -- a product of a provincial task force -- identifies the need to maximize and expand the scope of practice utilization of Ontario's 4,300 primary care RNs and RPNs over two phases. Consistent application of the full scope of practice of these nurses across all primary care models will be the hallmark of the first phase and serves as the initial step towards maximizing the scope of each inter-professional primary care team member.

The second phase proposed by the task force involves legislative and regulatory enhancements to expand the RN's scope of practice to include the ability to prescribe treatments and medication, order diagnostic testing and communicate a diagnosis. These activities are within the competencies, knowledge, and skills of the RN and would be authorized pending completion of a focused university pharmacology course. RN prescribing is a recognized international practice and has been subject to rigorous review within the literature.[13] The outcomes of this practice have been highly beneficial at the patient, organization and system level. [14] [15] For example, RN prescribing has the ability to enhance patient access and continuity of care and caregiver in every sector. It also improves efficiency and cost-effectiveness within the system, while contributing to greater job satisfaction and retention of mid and late-career nurses.

Like most Canadians, nurses in Ontario want to protect our publicly-funded and not-for-profit health system, and strengthen it for generations to come. While Ontario's nurses know there are fiscal challenges in today's economy, most feel that cost containment cannot occur at the expense of quality and evidence-based patient care. They know there must be better solutions. Nurses say the way to save precious tax payer dollars is by decreasing duplication and substantively improving health-system integration, while anchoring the health system in primary care. To achieve a shift to community-based care, RNAO's second game-changing report: *Enhancing Community Care for Ontarians (ECCO)*[16] proposes a three-year plan that addresses the greatest needs of our system. It urges government to ensure every Ontarian has timely access to comprehensive primary care, with a strong emphasis on health promotion, disease prevention, chronic disease prevention and management, and mental health care. It calls for a person-centred, evidence-based approach that will advance the principles of primary health-care for all. RNAO's ECCO model strengthens health system integration and alignment by enabling Local Health Integration Networks to effectively lead regional health system planning using population-based needs assessments, service agreements, along with appropriate funding, monitoring and accountability for all health-care sectors. At the centre of the ECCO model is the creation of Patient-Family Councils, which bring the voice of patients directly to the planning table.

Ontarians cannot afford to have their tax dollars invested in a costly system fraught with duplication. This is one of the reasons the ECCO model proposes a transition of Community Care Access Centre (CCAC) functions into established areas of the health system. It calls for transitioning the 3,500 Case Managers and Care Coordinators from CCACs into primary care through a carefully crafted labour strategy that anchors their role in serving Ontarians with complex needs and multiple co-morbidities. To achieve this type of renewal, it is imperative to strengthen and organize Ontario's 4,000 individual primary care entities into local primary care networks, configured according to geographical referral patterns. The end goal will be to position primary care as the co-ordinating "hub" of the local health-system. Eliminating the CCAC infrastructure will provide significant cost savings to be re-invested to create more than four

million hours of direct home health-care/support services. Nurses know our system can perform better and this alone provides proof.

As with any transformation, this will take time, however, it is within reach. RNAO challenges government to commit to provide all Ontarians with access to inter-professional primary care by 2020. This can be fully accomplished by expanding existing inter-professional primary care practices that hold infrastructure capacity, and by creating new sites where such capacity does not currently exist. To this end, government must target its investments in Community Health Centres, Nurse Practitioner-led clinics, Aboriginal Health Access Centres, and Family Health Teams, and stop enabling new solo physician practices.

Ontario's 26 Nurse Practitioner-led clinics (NPLCs)[17] [18] have been built from the ground up as a highly successful inter-professional model of primary care delivery that has improved access to care across the province. NPLCs are led by NPs in collaboration with a team of health professionals including RNs, RPNs, social workers, pharmacists, physicians, dieticians and others according to patients' needs. NPLCs offer comprehensive primary care services within a primary health-care framework. Embraced within the community, NPLCs partner with patients to coordinate their care and help them navigate the complexities of the health system.

Although early in their evolution, NPLCs are proving to be exceptional at improving health system cost-effectiveness, access to care and client outcomes. The clinics are well on their way to meeting and even surpassing government-mandated client targets. The Lakehead NPLC in Thunder Bay is just one example of an NPLC that has met its enrollment target and currently has a waiting list for clients desperately seeking primary care in Northern Ontario. Although this clinic has the infrastructure capacity to expand, it currently lacks the government funding to add human resources. Continued investments and expansions within the NPLC model are the right choice for Ontarians and the health system.

Lastly, and no less important, in shifting our health system from an illness-based model of care to a preventative one is securing fair wages for registered nurses working in all sectors of health care. Current wage differentials act as a disincentive to working in home health care as well as other sectors. For example, between 1998 and 2004, the community health sector lost 27 per cent of its nursing workforce, due in part to wage differentials.[19] Also, recruitment and retention issues for public health nurses are tied to disparities in compensation. [20] Similarly, long-term care RNs must receive comparable remuneration to the hospital sector in order to sufficiently meet the demand for highly skilled RNs caring for increasingly complex residents.[21] NPs are also affected. The average maximum salary of a primary care NP in Ontario is $90,000.[22] In contrast, the average maximum salary of a NP in Alberta is $120,000.[23] The role and responsibilities of the primary care NP have greatly expanded in recent years, yet compensation has remained relatively flat. Wage differentials present significant recruitment and retention implications that can impact the sustainability of Ontario's efforts to improve health in the community.

Recommendations:

1. **Hiring 9000 additional FTE RNs by 2015.**

2. **Ensuring 70 per cent of all nurses work full-time so patients have continuity in their care and care provider.**
3. **Securing fair wages for nurses and nurse practitioners working in all sectors of health care.**
4. **Maximizing and expanding the role of RNs to deliver a broader range of care, such as ordering lab tests and prescribing medications.**
5. **Ensuring all existing nurse-practitioner-led clinics are funded to operate to full capacity, and opening new nurse practitioner-led-clinics where patient need exists.**
6. **Improving navigation across our complex system by partnering with patients to co-ordinate their care through primary care in community health centres, nurse practitioner-led clinics, and family health teams.**
7. **Committing to providing all Ontarians with access to integrated inter-professional primary care by 2020.**
8. **Supporting LHINs to achieve regional health system planning, integration and accountability for all health services, using an evidence-based and person-centred approach rooted within a population health, primary health-care framework.**
9. **Eliminating Community Care Access Centres by 2015 and transition 3,500 Case Managers and Care Coordinators into primary care through a carefully crafted labour management strategy that retains their salary and benefits.**

Questions for Candidates

1. **Will you support hiring 9000 additional FTE RNs by 2015 and ensure 70 per cent of all nurses work full-time to improve health outcomes across sectors?**
2. **Will you support fair remuneration of RNs and NPs across all health-care sectors?**
3. **Will you support maximizing and expanding the role of RNs to deliver a broader range of care such as ordering lab tests and prescribing medications?**
4. **Will you commit to ensuring all existing nurse-practitioner-led clinics are funded to operate to full capacity, and opening new nurse practitioner-led-clinics where patient need exists?**
5. **Will you commit to partnering with patients to co-ordinate their care through primary care, and transition 3,500 Case Managers into primary care through a carefully crafted labour management strategy that retains their salary and benefits?**
6. **Will you commit to providing all Ontarians with access to integrated inter-professional primary care by 2020?**
7. **Will you support LHINs to achieve regional health system planning, integration and accountability for all health services, and eliminate Community Care Access Centres by 2015?**

References

[1] Interprovincial comparisons are done using CIHI data, which differs slightly from CNO data because CIHI adjusts CNO and other provincial RN workforce numbers for RNs who work on both sides of the provincial border.

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