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

Honourable Deb Matthews
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

October 15, 2013

Dear Minister Matthews:

The Registered Nurses' Association of Ontario (RNAO), the professional association representing Registered Nurses (RNs) working in all roles and sectors in Ontario, is gravely concerned with the evolving nursing health human resources crisis being experienced across the province.

More specifically, RNAO is referencing the most recent data compiled by the Canadian Institute for Health Information (CIHI), which examined the number of registered nurses (RN) in the workforce between 2008 and 2012. While the RN workforce in the rest of Canada increased slightly from 8.29 in 2008 to 8.30 in 2012 per 1,000 people, Ontario's declined (Appendix A). In fact, the RN workforce in Ontario for the same period decreased from 7.18 to 6.99 per 1,000 people, making it the province with the second worse RN-to-population rate in Canada. This gap has significant workload and patient outcome implications.[1,2,3,4,5,6,7]

Sadly, the time has come for RNAO to publicly ring the alarm bell on how the declining number of RNs will negatively affect patient care in our province (Appendix B). RNAO has been consistently forecasting and communicating this reality to government for the past three years, with no meaningful response. While the current government in its first two mandates made great strides in recovering from the disastrous cuts produced during Premier Mike Harris period prior to 2003, Ontario is now sliding back on an unhealthy path. The solution is clear; Ontario requires a minimum of 9,000 additional RNs by 2015 to begin catching up with the gap of about 17,600 positions.

Minister, RNAO and the public expect the MOHLTC to value evidence-based nursing human resource policies. Therefore, we were shocked to read comments you made in the Ottawa Citizen (January 11, 2013) where you validated the replacement of RNs with other providers to balance budgets. You stated: *"If nurses are trained to do more, we want them to do more. So if an RPN can do more, and it's within their scope of practice and it's high-quality care, and they can do it just as well but at lower cost than an RN, then that is happening."* While RNAO promotes the full scope of practice utilization of all regulated health professionals and obtaining the best value for every health-care dollar spent, the evidence vigorously calls for the use of RNs when patients' status is complex, unpredictable, unstable, or unclear. Without this expertise, quality deteriorates and costs rise accordingly. Moreover, we know all too well that patient care complexity is continuously increasing, thus we must upskill our health human resources accordingly.

RNAO supports the Ministry's direction of shifting care towards the community, and focusing our hospitals on patients with the highest degrees of complexity and acuity. This shift, however, demands a strong and sustainable RN workforce that is practising to their full scope.

Proceeding with health system transformation while at the same time excusing and even supporting deskilling of patient care, as it appears MOHLTC is intent on doing, is unsafe for patients as well as fiscally irresponsible. This will result in a revolving door syndrome of the kind we suffered during Premier Harris' era.

As additional background, RNAO is pleased to include a matrix that summarizes several key research projects from the past three years, which demonstrate both the positive impacts of increasing RN staffing and the negative impacts of decreasing RN staffing on patient outcomes (Appendix C). There is a wealth of additional evidence available that could be added, however, our aim is to provide you with a focused summary.

Minister, as a first step, RNAO's executive is calling for an urgent meeting with you and Premier Wynne before the end of the month (October 2013) to develop a plan of action. If action is not taken, Ontario will be faced with an unprecedented crisis in ensuring patient safety and quality care delivery. RNAO is hopeful that government will work with us before a tipping point is reached. In the meantime, RNAO respectfully requests that you refrain from commenting in favour of substituting RNs for other providers as a means of achieving cost savings, as this is inappropriate and inconsistent with the evidence.

Warm regards,

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

Rhonda Seidman-Carlson, RN, MN
President
RNAO

cc. Hon. Kathleen Wynne, Premier of Ontario

References

[1] Aiken, L., Clarke, S. P., Sloane, D. M., Lake, E. T., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *J Nurs Adm, 38*(5), 223-229.

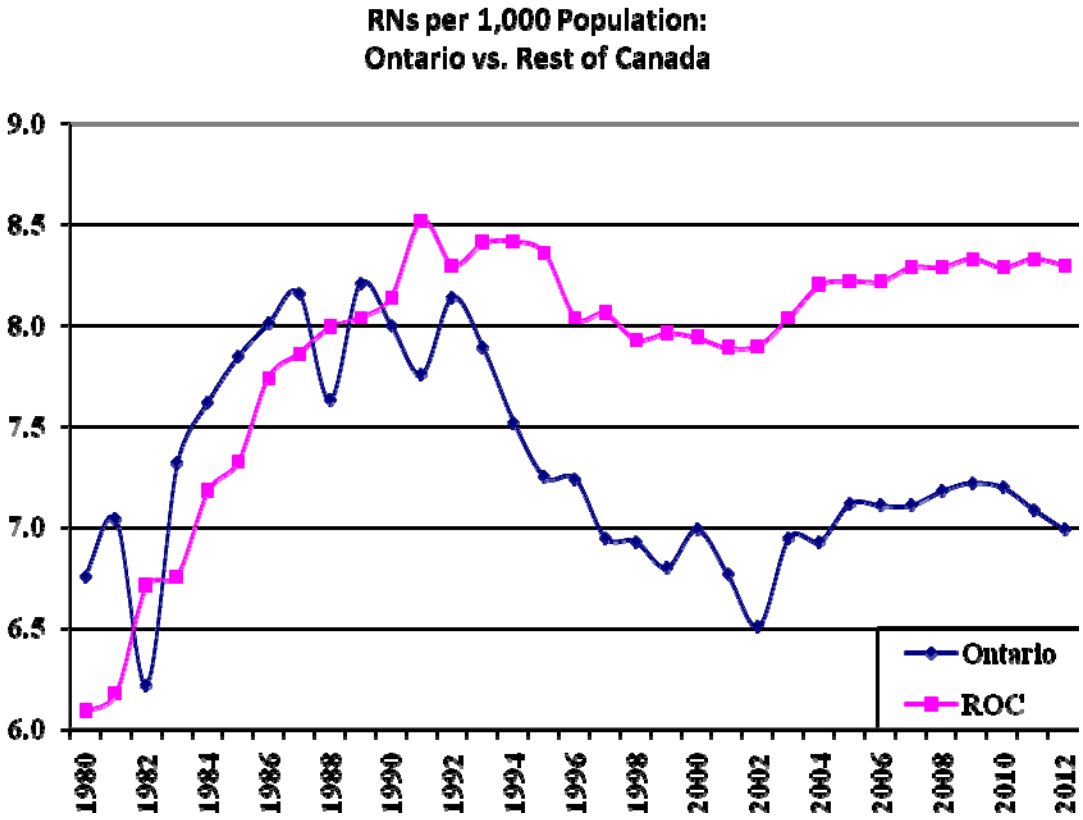
[2] Aiken, L., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA:Journal of the American Medical Association., 288*(16), 1987-1993.

[3] Estabrooks, C. A., Midodzi, W. K., Cummings, G. G., Ricker, K. L., & Giovannetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. *Nurs Res, 54*(2), 74-84.

[4] Hye Park, S., Blegen, M.A., Spetz, J., Chapman, S.A., & De Groot, H. (2012). Patient turnover and the relationship between nursing staffing and patient outcomes. *Research in Nursing & Health, 35*(3), 277-288.

[5] Tourangeau, A., Doran, D. M., McGillis Hall, L., O'Brien Pallas, L., Pringle, D., Tu, J. V., et al. (2007). Impact of hospital nursing care on 30-day mortality for acute medical patients. *J Adv Nurs, 57*(1), 32-44.

Appendix A


RNs per 1,000 Population:
Ontario vs. Rest of Canada
9.0
8.5
8.0
7.5
7.0
6.5
6.0
1980
1982
1984
1986
1988
1990
1992
1994
1996
1998
2000
2002
2004
2006
2008
2010
2012
Ontario
ROC

Appendix B
RNAO Press Release

CIHI report confirms what RNAO already knows: Ontario needs more RNs to meet patient demand

Toronto, Oct. 8, 2013 – A portrait of the country's nursing landscape shows Ontario continues to lag behind other provinces when it comes to the number of RNs available to care for patients.

The report, compiled by the Canadian Institute for Health Information (CIHI), examined the number of registered nurses (RN) in the workforce between 2008 and 2012. While the RN workforce in the rest of Canada increased slightly from 8.29 in 2008 to 8.30 in 2012 per 1,000 people, Ontario's declined. In fact, the RN workforce in Ontario for the same period decreased from 7.18 to 6.99 per 1,000 people, making it the province with the second lowest RN-to-population rate in Canada. "Put another way, Ontario has about 15.7 per cent fewer RNs per population than the rest of the country," says Rhonda Seidman-Carlson, President of the Registered Nurses' Association of Ontario (RNAO). "The numbers speak for themselves and this does not bode well for Ontarians."

Seidman-Carlson is also frustrated with the lack of government action: "This is an issue we first highlighted several years ago and the situation is getting worse. This news isn't good for patient care because all the evidence points to the link between directs hours of RN care and positive patient outcomes. This is also bad news for registered nurses because it means heavier workloads and the inevitable stress, burnout and illness that come with that."

RNAO's Chief Executive Officer, Doris Grinspun, says the association has highlighted this concern repeatedly to Premier Kathleen Wynne and Health Minister Deb Matthews. RNAO says Ontario needs a minimum of 9,000 additional RNs by 2015 to begin catching up. "RNs are central to the delivery of health care in this province. They are needed everywhere, from hospitals to community care," says Grinspun, adding that "more and more patients are being released from hospital with complex and ongoing care needs and you require RNs with the expertise and know-how to help them get better. How long do we have to wait before we -- registered nurses -- declare an emergency?" adds Grinspun.

Grinspun says members of RNAO want swift action and funding and will demand as much when they visit with MPPs in their local ridings during Queens Park on the Road (QPOR) being held throughout October and November. QPOR is part of the association's campaign to improve patient care.

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses wherever they practise in Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system, and influenced decisions that affect nurses and the public they serve.

For more information about RNAO, visit our website at www.RNAO.ca. You can also check out our Facebook page at www.RNAO.ca/facebook and follow us on Twitter at www.twitter.com/RNAO.

To book an interview with a nurse, please contact:

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Appendix C
Matrix of RN Staffing Evidence

Article Title	Authors	Publication	Key Findings
HOSPITALS			
The Association Between Nurse Staffing and Hospital Outcomes in Injured Patients	Glance, L.G., Dick, A.D., Osler, T.M., Mukamel, D.B., Li, Y., & Stone, P.W.	BMC Health Services Research (2012), Vol. 12	"A 1% increase in the ratio of licensed practical nurse (LPN) to total nursing time was associated with a 4% increase in the odds of mortality and a 6% increase in the odds of sepsis. Hospitals in the highest quartile of LPN staffing had 3 excess deaths and 5 more episodes of sepsis per 1000 patients compared to hospitals in the lower quartile of LPN staffing." "These findings suggest that the increased risk of mortality associated with higher levels of LPN staffing is caused by the substitution of LPNs for RNs."
Staffing Matters – Every Shift	West, G., Patrician, P.A., & Loan, L.	American Journal of Nursing (2012), 112(12), 22-27.	In Medical-Surgical Units, a 10% decrease in RN skill mix resulted in an 11% increased probability of falls, a 30% increased probability of falls with injury and 13% increased probability of medication errors. In Critical Care Units, a 10% decrease in RN skill mix resulted in a 20% increased probability of falls, a 36% increased probability of falls with injury and a 17% increased probability of medication errors.
Nurse Staffing Is an Important Strategy to Prevent Medication Errors in Community Hospitals	Frith, K.H., Anderson, E.F., Tseng, F., & Fong, E.A.	Nursing Economics (2012), 30(5), 288-294.	"Our findings indicate nurse staffing is an important human resource to keep patients safe from medication errors. As the RN HPEqPD increased, the medication errors decreased; conversely, as the LPN HPEqPD increased, the medication errors increased." "Findings indicate even a small number of LPNs in staffing can contribute to medication errors. Even though using LPNs reduces payroll expenses, the safety of patients could be affected. This study adds to the body of evidence that patient care is most safely delivered when there are enough RN care hours and when LPN hours are reduced or eliminated. The cost associated with RN hours must be balanced against the cost of an error."

Article Title	Authors	Publication	Key Findings
Patient Turnover and the Relationship Between Nurse Staffing and Patient Outcomes	Park, S.H., Blegen, M.A, Spetz, J., Chapman, S.A., & De Groot, H.	Research in Nursing & Health (2012), 35, 277-288.	"In general, we found that more RN hours per patient day were associated with lower rates of [Failure-To-Rescue], controlling for non-RN staffing and hospital characteristics. This finding is consistent with that of previous studies where investigators found an inverse relationship between RN staffing and FTR."
LONG-TERM CARE			
Staffing-Related Deficiency Citations in Nursing Homes	McDonald, S.M., Wagner, L.M., & Castle, N.G.	Journal of Aging & Social Policy (2013), 25(1), 83-97.	"Higher staffing levels of both [Registered Nurses] and [Nurse Aides] were associated with a lower likelihood of receiving staffing-related deficiency citations ($p \leq .001$). Conversely, higher staffing levels of [Licensed Practical Nurses] were associated with an increased likelihood of receiving staffing-related citations."
Hospitalizations and Mortality Associated with Norovirus Outbreaks in Nursing Homes, 2009-2010	Trivedi, T.K., DeSalvo, T., Lee, L., Palumbo, A., Moll, M., Curns, A., Hall, A.J., Patel, M., Parashar, U.D., & Lopman, B.A.	Journal of the American Medical Association (2012), 308(16), 1668-1675.	"Homes with lower daily registered nurse (RN) hours per resident had increased mortality rates during norovirus outbreaks compared with baseline, while no increased risk was observed in homes with higher daily RN hours per resident."
MENTAL HEALTH			
Nurse Staffing, RN Mix, and Assault Rates on Psychiatric Units	Staggs, V.S..	Research in Nursing & Health (2013), 36(1), 26-37.	"Higher levels of RN mix were associated with lower assault rates. Holding other predictors constant, an increase of 5 percentage points in RN mix is associated with an estimated 6% average decrease in the total assault rate and 6% average decrease in the injury assault rate."