



**RNAO speaking notes on Bill 160:
*Strengthening Quality and
Accountability for Patients Act, 2017***

Presented to Standing Committee on
General Government

November 16, 2017



Good morning. My name is Doris Grinspun, and I am the Chief Executive Officer of the Registered Nurses' Association of Ontario (RNAO). With me today is Kim Jarvi, RNAO's Senior Economist.

We wish to thank you for this opportunity to present the views of Ontario's registered nurses (RN), nurse practitioners (NP) and registered nursing students to the Standing Committee on General Government.

RNAO supports Bill 160's objectives of strengthening transparency, accountability and quality of care in a person-centred health system. However, we caution against the unintended consequences of a number of the measures in the bill, such as expanding the practice of paramedics to primary care, accelerating privatization of health services, and further compromising safety of residents in long-term care.

Our key recommendations are as follows:

With respect to Schedule 1, we support allowing ambulances to go to destinations other than hospitals, when appropriate, so long as clients are given the choice of where to go. We oppose the role of paramedics going beyond first aid to deliver primary care, as they do not possess the necessary knowledge and competencies to do so. Allowing paramedics to deliver primary care will disrupt continuity of patient care at a time when we are working to anchor the health system in primary care.

With respect to Schedule 4, we urge a total ban on the medical industry's practice of making payments to health-care professionals and organizations. Until that happens, we welcome full public disclosure of these payments and urge a very low reporting threshold, with very few exemptions.

With respect to Schedule 5, we support strong compliance measures in long-term care, but urge that fines only be imposed as a last resort. While homes generally have high rates of compliance, few escape with no citations. The legislation could result in widespread imposition of fines, which could reduce the resources needed to comply with expectations. As a first measure, inspectors should work with the homes to help them achieve compliance through the application of best practices, such as RNAO's Ministry of Health-funded Long-Term Care Best Practices Program.

We also support measures to minimize the use of restraints and confinement in long-term care. In its *Action Plan for Seniors*, the province announced an average of four hours of direct nursing, personal support and therapeutic care per resident per day. We urge the ministry to go further and legislate minimum staffing in LTC as follows: one attending nurse practitioner (NP) per 120 residents, and a staff mix of 20 per cent RNs, 25 per cent RPNs and no more than 55 per cent personal support workers.

With respect to Schedule 7, we welcome the amendment of the *Ontario Drug Benefit Act* to expand the list of acceptable prescribers beyond physicians. Nurse practitioners and RNs with appropriate training in prescribing will help to reduce bottlenecks in the primary care system, and we urge that they be added to the list of acceptable prescribers in the regulations.

We are very concerned with Schedule 9, which will effectively lift the ban on the creation of private hospitals in Ontario. Thus, we oppose the repeal of the *Private Hospitals Act* or the *Independent Health Facilities Act* and ask for the complete withdrawal of Schedule 9. We understand and support extending regulation over health facilities that are not adequately covered under existing legislation; however that should be done under separate legislation.

With respect to Schedule 10, we support proceeding with strengthened oversight of retirement homes and with regular audits of the Retirement Homes Regulatory Authority by the Auditor General, as well as reviews of the RHRA by the Ministry of Seniors Affairs. We are concerned that restraints and confinement are acceptable under the current and proposed legislation, and urge that the practices be banned except under temporary and extraordinary circumstances, until those residents can be placed in more appropriate settings.

Thank you for your attention. We will be pleased to answer any questions.