

**ONTARIO NURSES' ASSOCIATION**

**SUBMISSION**

**ON**

***2023 PRE-BUDGET CONSULTATIONS***

**TO**

**STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS**

**February 14, 2023**



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## **Summary of ONA Recommendations for Ontario Budget 2023**

ONA proposes the following recommendations for Ontario Budget 2023:

1. Retain nurses and health-care workers by improving their working conditions and showing them respect:
  - Drop the costly appeal of the Bill 124 Superior Court decision, which struck down the wage suppression legislation as unconstitutional.
  - Bargain in good faith and ensure an adequate remedy is achieved, including backpay for wages that were withheld over the last three years due to Bill 124.
  - Legislate 10 permanent paid sick days for all workers.
  - Fund wage parity with hospitals across all health sectors and create more full-time nursing positions to reach a minimum 70 per cent full-time.
  - Expand funding and access to mental health services, focusing on in-person psychological supports.
  
2. Bolster the health workforce and plan for the future:
  - Launch a robust recruitment strategy to bridge the RN care gap. For Ontario to reach the average RN-to-population staffing ratio in Canada, the province needs to hire at least 24,000 net new RNs. This will enable the appropriate and safe staffing of hospitals and in other sectors.
  - Maintain appropriate RN-to-patient ratios in all hospitals, including at a minimum 1:1 RN-to-patient ratio in Level 3 ICUs/NICUs/PICUs/invasive ventilations, 1:2 RN-to-patient ratio for Level 2 ICUs/NICUs/PICUs/non-invasive ventilation, 1:2 RN-to-patient ratio for Mental Health Intensive Observation Area beds (IOA), 1:3 RN-to-patient ratio for Mental Health children and adolescent beds, and 1:4 RN-to-patient ratio for Mental Health general units, recognizing these are starting points for budgetary and planning purposes and augmentation may be required in certain cases.
  - Increase the number of RN seats at Ontario universities and college standalone programs by 10% and ramp up the financial supports, including Ontario Student Assistance Program (OSAP) grants and stipends for clinical placements. As nursing seats increase, funding is also needed to increase nursing faculty, clinical placement planners and clinical placement support staff in hospitals.
  - Expand bridging programs, in particular from RPN to RN, at publicly funded universities and colleges, including tuition support and stipends.
  - Stop the replacement of RNs with other classifications.
  - Bring back the Late Career Initiative, funding new jobs for late-career and recently retired nurses to mentor and support nursing students and new nurses and reduce attrition.

- Increase funding for nurse practitioners in CHCs and nurse practitioner-led primary care, and continue to expand funding for nurse practitioners in long-term care.
  - Increase funding for Sexual Assault/Domestic Violence Clinics to hire additional full-time Sexual Assault Nurse Examiners to ensure patients have access to care 24/7 at all 37 sites in the Network and any other locations SANE nurses service within the Network.
3. Ensure the safety of the nurses and health-care professionals:
- Guarantee access to N95s or a higher level of protection for all health-care workers, to protect them from airborne transmission of COVID-19.
  - Invest in research, clinical care pathways and health policy to ensure sustainable care for people with the post COVID-19 condition.
  - Educate and empower Ministry of Labour (MOL) inspectors to properly investigate allegations of violations and enforce the *Occupational Health and Safety Act* and corresponding or relevant regulations, including criminal charges for the most egregious cases.
  - Tackle head-on the growing epidemic of violence in health-care settings across Ontario by improving staffing levels and by fully implementing the recommendations in the *Workplace Violence Prevention in Health Care Progress Report*.
  - Immediately reverse changes that allow surpluses in the Workplace Safety and Insurance Board (WSIB) Insurance Fund over certain levels to be distributed to businesses.
  - Increase supports through WSIB for front-line and essential workers with COVID-related mental stress claims and claims from those suffering with long-haul, post-workplace COVID symptoms.
4. Stop the privatization of Ontario's health-care system:
- Agency Nursing:
- Require employers to exhaust all avenues to meet needs with current staff in hospitals and long-term care, through call-ins and offering overtime, before turning to external agencies.
  - Cap the percentage usage of agency nurses overall at a workplace and in each unit.
  - Work towards phasing out agency nursing completely.

In hospitals:

- Permanently raise the annual funding escalator for Ontario hospitals and acute care facilities by a minimum of 7%, and commit to an increase in hospital funding of 15% in this year's budget to address inflation and the capacity crisis. In order to meet estimated annual increases in cost pressures, pre-pandemic, with binding targets to eliminate hallway health care, the annual funding escalator must keep up with existing pressures.

In public health:

- Permanently reverse the previously announced 2019 cuts and make investments to provincially fund public health programs and services at 100 per cent to ensure consistent service provision and resilience to outbreaks throughout the province.

In long-term care:

- Phase out "for-profit" long-term care homes within five years. New bed licenses should not be awarded to for-profit homes.
- Repeal Bill 218, which shields long-term care owners and operators from liability for their negligence during the COVID-19 pandemic.

In home and community care:

- Stop privatization in home and community care to improve continuity of care for patients and address root causes of hospital overcrowding and hallway medicine.
- End the practice of competitive bidding among for-profit home care providers.
- Maintain the independence of care coordination as a function separate from delivery by home care agencies.

## **Introduction**

The Ontario Nurses' Association (ONA) is the union representing more than 68,000 registered nurses (RNs) and health-care professionals, as well as over 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

ONA welcomes the opportunity to provide the Standing Committee on Finance and Economic Affairs with recommendations from the perspective of front-line nurses and health-care professionals with respect to our priorities for the 2023 Ontario Budget.

Ontario suffers from the worst RN-to-population ratio in Canada. Decades of under-investment in our public health-care system, and recent policy decisions which have suppressed wages and depressed morale have created a nursing crisis that must be addressed. The consequences of this shortage are felt across Ontario, particularly as our population ages and the effects of the global pandemic persist.

ONA's recommendations lay out a clear path to improving our public health-care system, by retaining the nurses we have, recruiting the additional nurses we need, and making Ontario's hospitals and health-care settings safe workplaces for all health-care professionals and for our patients.

Across all health-care sectors, nurses are experiencing burn-out and overwork. We are seeing understaffing in units and health-care settings that have never had these challenges before. Nurses are retiring prematurely, such that while the government celebrates 12,000 new nurses registered in 2022, after accounting for existing nurses leaving the profession and choosing not to retain their licenses, the net gain to the system was only 4,013. Of these net new nurses only 1,934 RNs were added<sup>1</sup>. At this rate, it would take twelve years for Ontario to add enough new RNs to reach the current Canada-wide average RN-to-population ratio, without accounting for population growth or improvements in other provinces. This is unacceptable.

ONA has deep concerns that any redirecting of health-care dollars to fund the private delivery of OHIP-insured procedures will further compromise the public system. Health staff, including nurses and doctors, will be drawn from the public system into private clinics, as we have already seen with agency nursing. In order to prevent this staffing drain, the government must, at a minimum, drop its appeal of the Bill 124 Superior Court decision so that public hospitals are on an even footing with private businesses who are not impacted by this wage-suppression legislation.

Budget 2023 must prioritize the retention of nurses and health-care professionals, and investments in a strong public health-care system that can attract the new workers Ontario needs for the future. ONA's submission lays out clear solutions to make right on decades of under-investment in public health care. Let's work together and get it done.

## **Retain nurses and health-care workers by improving their working conditions and showing them respect**

Ontario has the worst RN-to-population ratio in Canada. This means there are not enough experienced nurses to provide the health care that patients require and deserve. The latest data available from CIHI on RNs in Canada shows that Ontario has just 609 RNs employed in direct care per 100,000 Ontarians. Newfoundland and Labrador, by contrast, has the best ratio of all provinces with 995 RNs employed in direct care per 100,000 residents.<sup>2</sup>

To make progress on bringing Ontario to the Canadian average for RN-to-patient ratio, the government must do more to keep the nurses we already have. ONA has been sounding alarm bells for years about a growing exodus of nurses from the profession. The COVID-19 pandemic – combined with the disrespect shown with Bill 124 and other regressive legislation passed by government – has been the breaking point for many nurses. This is reflected in Ministry of Health briefings which note that Bill 124 has had a detrimental impact on nursing retention.<sup>3</sup> The result has been a domino effect of unmanageable patient assignments, increased overtime, extreme stress and burnout, in addition to managing health and safety protocols. Nurses are burnt out, and as a result are leaving the profession prematurely.

This exodus of RNs is supported by internal survey data collected by ONA in the summer of 2021. We surveyed 628 ONA members who had recently exited their workplace. A review of the demographics of respondents indicates an alarming trend: the 30 to 39-year-old age bracket is leaving at 31.4 per cent of those who responded, while under 30 years are leaving at 18 per cent. Combined, our youngest cohorts represent the highest percentage of those exiting at 49.4 per cent.<sup>4</sup> By comparison, the 50 to 64-year-old age group is the next demographic exiting at 19 per cent.<sup>5</sup> This survey data highlights the urgency of the situation. Further, the exodus of early and mid-career nurses, in particular, threatens the future of our already fragile health-care system.

When survey respondents were asked to explain why they were leaving their profession, common themes emerged. These include: workload, the lack of work-life balance, wages and benefits, disrespect and feeling undervalued by government and employers, and concerns about health and safety as well as mental and physical health brought on by years of overwork and stress.<sup>6</sup> Government action is needed to respond to these key issues and keep skilled RNs in the profession.

Research reports further highlight key factors behind the exodus of nurses from the profession. For example, an October 2021 report from Ontario's COVID-19 Science Advisory Table focuses on burnout among hospital workers.<sup>7</sup> The group says similar problems exist in other areas of health, such as long-term care and public health. Notably, the report finds that burnout was a significant problem in health care before the pandemic, but it has since reached levels that "pose a threat to maintaining a functioning health-care workforce."<sup>8</sup>

Among the most important factors for dealing with burnout, they recommend "adequate staffing through ongoing evaluation of workload, including mitigation of data entry and administrative burdens, efforts to reduce overtime and avoid long shifts, and staff deployment in areas where they lack training." Additional recommendations include bringing in more new graduates and retaining current staff with financial compensation and building supportive workplaces.<sup>9</sup>

ONA is presenting our recommendations for Budget 2023 to take immediate action to help retain knowledgeable and experienced nurses and health-care professionals:

- Drop the costly appeal of the Bill 124 Superior Court decision, which struck down the wage suppression legislation as unconstitutional.
- Bargain in good faith and ensure an adequate remedy is achieved, such as backpay for wages that were withheld over the last three years due to Bill 124.
- Legislate 10 permanent paid sick days for all workers.
- Fund wage parity with hospitals across all health sectors and create more full-time nursing positions to reach a minimum 70 per cent full-time.
- Expand funding and access to mental health services, focusing on in-person psychological supports.

## **Bolster the health workforce and plan for the future**

Ontario's health-care system faces increased pressure as Ontario's population ages and grows. While significant investment is required to retain the nurses we have, the government must also invest in a clear strategy to recruit net new nurses and bolster the health workforce.

College of Nursing of Ontario (CNO) data shows that the RN workforce is older than other nursing designations.<sup>10</sup> As a result, increased emphasis is needed on bringing new RNs into the health-care system to bolster the existing workforce and plan for the future.

While there have been increases in new nurses licensed by the CNO, it is important to look at net registrations as many nurses are retiring and leaving the profession early due to the challenging working conditions. 2022 saw 8,682 new RNs licensed but as a result of attrition and existing nurses leaving the profession, the net increase was just 1,934 practicing RNs.<sup>11</sup> Data from the CNO shows that the proportion of RNs employed in nursing in Ontario, relative to RPNs and NPs continues to decline – by 12% from 76.3 per cent in 2003 to 64.4 per cent in 2022. As RNs over 55 retire, Ontario must have a plan for bringing new RNs into the workforce. The skills of these RNs cannot be replaced with RPNs or unregulated workers. Only RNs have the knowledge, skills, and judgement to provide care to unstable patients with complex conditions. Over many years, ONA has consistently raised that the replacement of RNs with RPNs combined with population growth and more demand from more complex patients is contributing to a shortage of RNs.

ONA's recommendations to bolster the health workforce and plan for the future include the following:

- Launch a robust recruitment strategy to bridge the RN care gap. For Ontario to reach the average RN-to-population staffing ratio in Canada, the province needs to hire at least 24,000 net new RNs. This will enable the appropriate and safe staffing of hospitals and in other sectors.
- Maintain appropriate RN-to-patient ratios in all hospitals, including at a minimum 1:1 RN-to-patient ratio in Level 3 ICUs/NICUs/PICUs/invasive ventilations, 1:2 RN-to-patient ratio for Level 2 ICUs/NICUs/PICUs/non-invasive ventilation, 1:2 RN-to-patient ratio for Mental Health Intensive Observation Area beds (IOA), 1:3 RN-to-patient ratio for Mental Health children and adolescent beds, and 1:4 RN-to-patient ratio for Mental Health general units, recognizing these are starting points for budgetary and planning purposes and augmentation may be required in certain cases.
- Increase the number of RN seats at Ontario universities and college standalone programs by 10% and ramp up the financial supports, including Ontario Student Assistance Program (OSAP) grants and stipends for clinical placements. As nursing seats increase, funding is also needed to increase nursing faculty, clinical placement planners and clinical placement support staff in hospitals.
- Expand bridging programs, in particular from RPN to RN, at publicly funded universities and colleges, including tuition support and stipends.
- Stop the replacement of RNs with other classifications.
- Bring back the Late Career Initiative, funding new jobs for late-career and recently retired nurses to mentor and support nursing students and new nurses and reduce attrition.



- Increase funding for nurse practitioners in CHCs and nurse practitioner-led primary care, and continue to expand funding for nurse practitioners in long-term care.
- Increase funding for Sexual Assault/Domestic Violence Clinics to hire additional full-time Sexual Assault Nurse Examiners to ensure patients have access to care 24/7 at all 37 sites in the Network and any other locations SANE nurses service within the Network.

Budget 2023 is an opportunity for the government to present and fund a detailed plan to ensure that Ontario can recruit net new nurses and health-care professionals. Without them, our system will fail.

## **Ensure the safety of nurses and health-care professionals**

### Personal Protective Equipment (PPE), Research, Clinical Care Pathways and Health Policy

As we head into the fourth year of the COVID-19 pandemic, more information about the virus, how we can protect people from it, and how we can support people through its long-lasting impacts are becoming clearer. According to the Ontario COVID-19 Science Advisory Table's report on the post-COVID-19 condition (PCC), women from minority ethnic groups are more likely to develop the condition.<sup>12</sup> It can last up to two years and negatively impact one's ability to work.<sup>13</sup> In the UK, 80,000 people have left their work while the US estimates that between 2-4 million are unable to work due to the condition.<sup>14</sup> We do not have enough information to anticipate what this means for Ontario, however due to exposure rates and the demographics of many nurses and health-care professionals, it is safe to assume that the PCC will negatively and disproportionately impact this workforce.

Moving forward, the provincial government must ensure the safety of nurses and health-care professionals. To better support those who are currently living with PCC, ONA encourages the province to invest in research, clinical care pathways and health policy to ensure best practices and comprehensive care. To prevent others from contracting PCC, one of the best ways to avoid infection is guaranteed access to proper PPE. According to the Auditor General's 2022 Annual Report, Ontario will have an excess of 100 million N95 respirators (worth \$81 million) by 2030 if the government does not properly plan how to store and use this PPE by the expiry date.<sup>15</sup> ONA welcomes any opportunity to support the government in the development of this plan to ensure ongoing and consistent access to N95s and other PPE for nurses and health-care professionals.

## Violence in the Workplace

Pervasive workplace violence continues to take a punishing toll on the mental and physical well-being of nurses and health-care professionals. Each day, nurses and health-care workers face violence from patients or their families as well as – in some cases – co-workers. This is unacceptable. Prior to the pandemic, violent incidents causing lost-time injuries for nurses in Ontario increased 27 per cent in a four-year span.<sup>16</sup>

Rates of violence have increased during the pandemic. It is a symptom of a health-care system that is under-resourced and under stress. In 2021 alone, there were 1,101 accepted WSIB lost time claims for workplace violence. According to a 2020 survey conducted by the Canadian Federation of Nurses Unions, 92.7 per cent of nurses experience "disturbing rates of mental disorder symptoms" with physical assault being the traumatic event reported most.<sup>17</sup> To put these staggering numbers into context, we know that workplace violence and harassment still remains grossly under-reported because of a number of factors including the time-consuming reporting process; WSIB benefits are less than sick benefits in most workplaces, fear of reprisal, blame the worker, lack of supervisor support, and the belief that reporting will not lead to positive change.

The federal government passed and implemented an amendment to the *Criminal Code* for the courts to consider – for sentencing – when an assault victim is a health-care worker, as an aggravating circumstance.<sup>18</sup> This change is the result of years of advocacy by nurses' unions across the country, including ONA. It is an important step towards reaffirming that violence is not part of the job.

The provincial government also has a responsibility to protect front-line nurses and health-care workers from violence on the job. ONA reiterates our recommendations from last year's pre-budget submission.<sup>19</sup> It is crucial that the Ontario government confronts the chronic understaffing in health-care settings across the province by fully implementing the recommendations from the 2017 *Workplace Violence Prevention in Health Care Progress Report*. Regrettably, according to the 2019 Auditor General report, as few as 43 per cent of the recommendations had been fully implemented in the last three years. No update was included in the 2022 Auditor General report.

Ontario owes so much to our front-line nurses and health-care professionals as they continue to risk their health to save lives every day. Guaranteeing their health and safety, including ending workplace violence, must be a top priority.

### Workplace Safety and Insurance Board (WSIB)

At a time when Ontarians are emerging from the most impactful global health crisis in recent memory, the WSIB has a vital role to play in the compensation and rehabilitation of the many front-line workers who have sustained mental and physical illness arising out of the pandemic. This is in addition to the WSIB's everyday responsibility to injured workers.

ONA advocated against Schedule 6 of the government's Bill 27, the *Working for Workers Act, 2021*, which allows surpluses in the WSIB Insurance Fund to be distributed over certain levels to support businesses to cope with the impacts of COVID-19.<sup>20</sup> As ONA made clear in our submission, the idea that a surplus exists in the insurance fund is a fallacy. The idea that the WSIB should be permitted to funnel any 'surplus' to employers is offensive. There is no "extra" money for the WSIB to reallocate to employers, this is money that is owed to injured workers.<sup>21</sup> Budget 2023 must reverse these changes immediately.

As previously mentioned, of particular concern to ONA are the staggering statistics of workplace violence incidents happening in our members' workplaces. WSIB benefits are less than sick benefits in most workplaces. In the pandemic context, we have seen an increase in COVID-related mental stress claims and claims from those suffering with the post-COVID-19 condition. The government's COVID-19 Science Table has issued reports both on *Burnout in Hospital-Based Healthcare Workers*<sup>22</sup> and on *Understanding the Post COVID-19 Condition (Long COVID) and the Expected Burden for Ontario*.<sup>23</sup> Both reports shed light on risk factors that impact the health-care workforce. Essential and front-line health-care workers need more support, treatment and psychological intervention.

Less money in the general fund as a cost-saving measure for employers will continue to encourage the WSIB's practices of poor decision making at operations and appeals, and poorly investigating claims rather than remedying these chronic issues that act as barriers to recovery for many Ontarians. Budget 2023 must reverse the regressive changes in Bill 27 and give all injured workers the help and support they need.

In summary, ONA recommends the following measures to ensure the safety of the nurses and health-care professionals:

- Guarantee access to N95s or a higher level of protection for all health-care workers, to protect them from airborne transmission of COVID-19.
- Invest in research, clinical care pathways and health policy to ensure sustainable care for people with the post COVID-19 condition.
- Educate and Empower Ministry of Labour (MOL) inspectors to properly investigate allegations of violations and enforce the *Occupational Health and Safety Act* and corresponding or relevant regulations, including criminal charges for the most egregious cases.
- Tackle head on the growing epidemic of violence in health-care settings across Ontario by improving staffing levels and by fully implementing the recommendations in the *Workplace Violence Prevention in Health Care Progress Report*.
- Immediately reverse changes that allow surpluses in the Workplace Safety and Insurance Board (WSIB) Insurance Fund to be distributed over certain levels to businesses. Increase supports through WSIB for front-line and essential workers with COVID-related mental stress claims and claims from those suffering with long-haul, post-workplace COVID symptoms.

## **Stop the Privatization of Ontario's Health-Care System**

Canadians and Ontarians pride themselves on our publicly-funded and delivered health-care system. ONA believes that the proliferation of private, for-profit delivery of health care services is a threat to our cherished medicare system and must stop. ONA believes that public funding for health care needs to be targeted for service delivery for the people of Ontario and not for shareholder profits. It is not only an ethical choice, but it also saves taxpayer money. To stop the privatization of Ontario's health-care system, ONA has provided recommendations addressing privatization in a range of health-care sectors.

### Agency nursing

ONA has repeatedly flagged concerns about the overreliance on private nursing agencies to help fill staffing shortfalls in Ontario's health-care system. Private nursing agencies are not bound by wage constraint legislation like Bill 124, therefore they are able to pay nurses more competitively than the public sector. A nurse at a private agency can get paid upwards of \$65-\$140 per hour, while the agency bills the hospital or long-term care home additional fees on top of this hourly wage.<sup>24</sup> At the same time, a nurse in the public sector will get paid a maximum of \$49.13 per hour<sup>25</sup> and have the added responsibility of monitoring agency nurses who do not have the same privileges and access to hospital

resources (e.g., medicine cabinets). That added responsibility means staff nurses are being paid less to do more work and spend less time with patients.

This approach to addressing the nursing shortage results in compromised quality of care and is less cost-efficient. Private nursing agencies drain public dollars out of our health-care system and funnel them into the pockets of shareholders at astonishing rates. In March 2022, the University Health Network (UHN) reported that it spent \$6.7 million on agency nurses, while in 2021 they only spent \$775,000.<sup>26</sup> These massive increases in expenditure could have been avoided by regulating private nursing agencies or put to better use by supporting our publicly funded health-care system.

To ensure that public dollars are being spent efficiently, ONA calls on the government to implement measures such as requiring employers to exhaust all avenues to meet needs with current staff in hospitals, through call-ins and offering overtime, before turning to external agencies; to cap the percentage usage of agency nurses overall at a workplace and in each unit; and to ultimately work towards phasing out agency nursing completely.

### In hospitals

Ontario's hospital sector is facing immense challenges as a result of the ongoing pressures of the COVID-19 pandemic and the health human resources shortage. Ontarians are keenly aware of, and deeply concerned about, the increasing frequency of emergency department and birthing unit closures, increasing wait times in emergency departments and for routine procedures, and the shocking shortage of capacity to respond to seasonal surges, particularly in the children and youth population.

ONA has also been raising concerns about team-based nursing in hospitals, an unsafe model of care that is being used increasingly due to the nursing shortage. "Team-based nursing" is defined as an RN leading a team of staff with different categories of care providers – such as RPNs and PSWs – to care for multiple patients simultaneously. In this model the RN "supervises" the other staff and performs direct patient care. Some of the staff may be unregulated health-care professionals who can only perform task-based interventions under the direction and supervision of an RN.

Team-based nursing differs from situations where nurses perform primary care and work collaboratively in an interdisciplinary team. In a team-based nursing model, care providers are not assigned specific individual patients, but each care provider (RPN or PSW) is assigned a series of care tasks in the overall care of patients. No one nurse is fully responsible for specific individual patients, increasing the risk of patients not receiving one-to-one primary care, and increased risk of missed assessment, monitoring and

medical interventions. This can result in missed care, treatments or medications, errors and miscommunication.

Another model that is being touted as an innovation but is compromising the quality of patient care is the use of unregulated staff in surgeries instead of RNs and RPNs. For example, hospitals like Hamilton Health Sciences, the Ottawa Hospital and Niagara Health Sciences have used the Surgical Innovation Fund to create Operational Room Assistants (ORAs) to perform the scrub nurse role. This is dangerous as scrub nurses require knowledge, skill and judgement to identify changes in patient conditions and to communicate them to the surgeon to prevent negative patient outcomes. Only nurses can respond with medical interventions since ORAs are unregulated staff without these skills. Situations such as unexpected bleeding, monitoring the patient's airway during intubation and extubation, and potential cardiac complications can be negative outcomes in the operating room when a person is under anesthetic. Any time wasted in identifying and initiation of treatment can mean the difference between life and death. New and existing funds should be used to increase regulated staffing levels and surgery hours to address the surgical backlog

The government and employers must stop actively de-skilling and eroding the standards of surgical care. Further, policies must be implemented to guarantee patients' right to know that they are being cared for by an unregulated health-care worker while this program is in place..

Budget 2023 must ensure these conditions are not the new "normal" in our public health-care system. Newly announced diversions of public dollars to fund the private delivery of hospital services will deepen the staffing crisis in our public hospitals as private clinics will draw from the same pool of nurses and health-care professionals. Instead, the government must invest in increasing funding for publicly-delivered health care in hospital settings, which will have the greatest and most expedient impact in relieving current pressures on the health-care system.

To continue providing services at existing service levels, the government must increase hospital funding by 15% in this year's budget. This increase accounts for health care services inflation (5.4%<sup>27</sup> as per Statistics Canada); population growth (1%); the needs of our aging population (1%); increased utilization (1%); on-going Covid-19 pressures (2%); and increased staffing to address the capacity crisis (5%).

Hospital baseline funding must ensure the health-care system is properly resourced to improve conditions and move beyond the crisis-level funding that has become the status quo. As such, ONA urges the government to permanently raise the annual funding

escalator for Ontario hospitals and acute care facilities by a minimum of 7% in future years, while committing to an increase in hospital funding of 15% in this year's budget to address current inflationary and capacity pressures.

Diverting spending from the public hospital system into the private delivery of care is not a solution and, in fact, will cost taxpayers more as profits are extracted from our public dollars.

### In public health

The COVID-19 pandemic has demonstrated to all Ontarians the critical role that public health and public health nurses play in our health-care ecosystem. From contact tracing, to public education, to infection control and the vaccination roll-out, the vital work of public health nurses has never been more apparent in the everyday lives of Ontarians.

In 2019, ONA opposed the proposed provincial funding cuts to public health services, arguing, among other things, that the cuts would weaken the province's ability to respond quickly to new communicable diseases. This prediction proved to be correct. The funding cuts to the municipal boards of health simply downloaded the cost pressures to jurisdictions with more limited revenue tools.

During the pandemic, these cuts resulted in an overreliance on private sectors to make up lost capacity. According to the 2022 Auditor General Report, the province decided to contract private companies for mobile testing because there were a limited number of staff from public health units and other publicly funded health-care providers available to be redeployed for testing in schools and other settings. However, due to a lack of organization, the province paid over \$18 million to private companies for underutilized mobile COVID-19 testing<sup>28</sup> and wasted 3.4 million COVID-19 vaccines doses as of June 30, 2022.<sup>29</sup> Whether it is public communications, resource distribution or system planning, public health experts are better equipped to develop and implement pandemic response plans that reduce duplication and waste and support the public. The government must prioritize investments in public health over private sector players.

Though there have been temporary injections of funding to public health units to support a robust response to local incidences and outbreaks of COVID-19, the government has not committed to a complete reversal of the previously planned yearly cuts. Budget 2023 must increase funding for public health programs to 100 per cent, to ensure consistent service provision everywhere throughout the province. Access to public health services in our communities saves lives and is more cost effective. It may be the only access some communities have to health-care services.

While the government's larger public health restructuring process has been put on hold during the pandemic, ONA remains concerned about the impact of any restructuring on public funding, the retention of public health nurses and locally-based service delivery for marginalized and vulnerable populations across Ontario. Front-line public health nurses want to be involved in consultations before decisions are made, especially with respect to client services. We continue to offer our assistance and urge government to ensure full consultation and collaboration with front-line stakeholders if this process restarts.

### In long-term care

All Ontarians have now born witness to a grave humanitarian crisis in long-term care. Nearly 4,000 residents and 13 health-care workers died during the COVID-19 pandemic. Cumulatively, over 20,000 residents have been infected as well as over 9,000 health-care workers and staff.<sup>30</sup> Systemic change is desperately needed.

ONA represents RNs in approximately 314 long-term care facilities across Ontario. For decades, we have been outspoken advocates for improvements in long-term care – and particularly the phasing-out of privatization in this sector.

ONA opposed measures in Bill 37 that may lead to greater privatization in the sector. Previously, the preamble of the *Long-Term Care Homes Act, 2007* (now the *Fixing Long-Term Care Act, 2021*) stated a commitment “to the promotion of the delivery of long-term care home services by not-for-profit organizations.” Bill 37 watered down this commitment by inserted the words “and mission driven”.<sup>31</sup> “Mission driven” is not defined and could refer to any number of profit-motivated operators. ONA's recommends the previous language should remain, outlining a clear commitment to not-for-profit long-term care. This is significant as the preamble is the lens by which the entire *Act* is interpreted.

ONA's position is that for-profit homes must be eliminated in the long-term care sector. For years, research has shown that not all homes were created equal, that for-profit homes tended “to deliver inferior care across a variety of outcome and process measures.” Due to their very nature, which requires an accountability to deliver financial benefits for shareholders, for-profit homes do not use all public funds to support resident care, but instead take funds from the “other accommodation” envelope as profit.<sup>32</sup>

ONA is not aware of any research that concludes there is any particular benefit for residents to live in a for-profit home. Multiple reports and studies paint a damning portrait of the performance of for-profit homes during the pandemic. For instance, Dr. Nathan Stall published a paper in July 2020 studying outbreaks during the First Wave. He concluded that while the risk of having an outbreak in a long-term care home was not directly related to the home's for-profit status, there was evidence “that for-profit long-



term care homes have larger COVID-19 outbreaks and more deaths of residents from COVID-19 than non-profit and municipal homes.”<sup>33</sup>

In addition, a January 2021 report from the government's COVID-19 Science Advisory Table concluded that for-profit homes had outbreaks with “nearly twice as many residents infected” and “78 per cent more resident deaths” compared to non-profit homes.<sup>34</sup>

ONA is urging the provincial government to begin phasing out for-profit homes. Starting now, new bed licenses should not be awarded to for-profit homes. The provincial government owes it to the memory of the nearly 4,000 residents and 13 health-care workers who have died thus far in the LTC sector to ensure systemic change beginning now.

### In home and community care

ONA represents thousands of workers, including care coordinators and direct care teams, who play a vital role in the continuum of home care for patients. Care coordinators are regulated and/or registered health-care professionals. They help patients navigate the health-care system, a role that requires many years of experience and extensive knowledge of local health care and support services.

In 2020, the government adopted Bill 175, the *Connecting People to Home and Community Care Act, 2020*, which paved the way to the complete restructuring of home care to the Ontario Health Teams (OHTs).

ONA has spoken out at every stage of Bill 175, including both the legislative and regulatory components.<sup>3536</sup> As ONA has communicated to the government on many occasions, Bill 175 opens the door to privatization and a growth in the footprint of profit-making in the home-care sector. In particular, the legislation and proposed regulations facilitate the expansion of for-profit HSPs to manage care coordination. This means an expansion of the market for home care corporations, rewarding companies with a history of lower pay, worse working conditions and lesser quality of care.

Shifting care coordination to private corporations also risks two outcomes. First, care coordinators may opt to exit the field if working conditions, contracts and pensions are jeopardized. Second, shifting the assessment work of care coordinators to the for-profit home care agencies creates the conditions for a costly conflict of interest. Empowering a profit-making service provider to order the services they themselves provide, and then charge the government or the client, removes a check on the system and exposes it to abuse. Budget 2023 should repeal these provisions in Bill 175.

For years, ONA has advocated for the integration of care coordination and home-care delivery under a single public employer. We believe that eliminating the Request for Proposal (RFP) system, the management of contracts and all for-profit care delivery in home care, will provide savings that can go to fund care rather than public funding going to private profits. The savings from managing the RFPs could be redirected to provide home-care staff with good jobs – full-time jobs with competitive wages and benefits. This is an essential strategy for both recruitment and retention in this sector.

In summary, to phase out and stop the privatization of Ontario's health-care system, ONA calls on the provincial government to implement the following measures:

Agency Nursing:

- Require employers to exhaust all avenues to meet needs with current staff in hospitals, through call-ins and offering overtime, before turning to external agencies.
- Cap the percentage usage of agency nurses overall at a workplace and in each unit.
- Work towards phasing out agency nursing completely.

In hospitals:

- Permanently raise the annual funding escalator for Ontario hospitals and acute care facilities by a minimum of 7%, and commit to an increase in hospital funding of 15% in this year's budget to address inflation and the capacity crisis. In order to meet estimated annual increases in cost pressures, pre-pandemic, with binding targets to eliminate hallway health care, the annual funding escalator must keep up with existing pressures.

In public health:

- Permanently reverse the announced 2019 cuts and provincially fund public health programs and services at 100 per cent to ensure consistent service provision and resilience to outbreaks throughout the province.

In long-term care:

- Phase out "for profit" long-term care homes within five years. New bed licenses should not be awarded to for-profit homes.
- Repeal Bill 218 that shields long-term care owners and operators from liability for their negligence during the COVID-19 pandemic.

In home and community care:

- Stop privatization in home and community care to improve continuity of care for patients and address some of the root causes behind hospital overcrowding and hallway health care.
- End the practice of competitive bidding among for-profit home care providers.

## **Conclusion**

As the provincial government and the Minister of Finance make choices for Budget 2023, Ontario nurses and health-care professionals ask that the government pay close attention to the costs of inaction to stabilize health-care staffing and the risks of further privatization. Ontario's critical nursing shortage must be met with a meaningful show of support and action to ensure retention of nurses and health-care professionals, and a sustainable plan to recruit thousands more. This is the only way to ensure high quality patient, resident and client care.

The Ontario Nurses' Association and our 68,000 members are committed to working in partnership with government to build a quality and responsive public health-care system for all Ontarians. We are here to help and to advocate for our patients.

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<sup>2</sup> Canadian Institute for Health Information (CIHI). (2021). Nursing in Canada/ Retrieved from <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC449>

<sup>3</sup> Global News <https://globalnews.ca/news/9340310/health-care-ontario-bill-124-ford-government-documents/>

<sup>4</sup> ONA Internal Survey

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Ontario COVID-19 Science Advisory Table and Mental Health Working Group (2021). Burnout in Hospital-Based Healthcare Workers during COVID-19. Retrieved from <https://covid19-sciencetable.ca/sciencebrief/burnout-in-hospital-based-healthcare-workers-during-covid-19/>

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> College of Nurses of Ontario 2022 Registration Statistics <https://www.cno.org/globalassets/2-howweprotectthepublic/statistical-reports/registration-statistics-report-2022.html>

<sup>11</sup> College of Nurses of Ontario 2022 Gains and Losses Report <https://www.cno.org/globalassets/2-howweprotectthepublic/statistical-reports/gains-and-losses-report-2022.html>

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