

August 12, 2016



Hon. Eric Hoskins
Minister of Health and Long-Term Care
Government of Ontario
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto ON M7A1R3

RE: Ontario's Healthcare System and the Value of Nurses

Dear Minister Hoskins,

As an organization that represents over 55,000 healthcare workers, including over 7,500 Registered Practical Nurses (RPNs), Registered Nurses (RNs) and Nurse Practitioners, we at SEIU Healthcare want to express our disappointment in regard to the RNAO's recent position paper, *Mind the Safety Gap*. This paper not only calls into question the safety of Ontario's healthcare system, but also unjustly questions the integrity of the professionals that work every day to provide the highest quality of healthcare services.

Outlined within *Ontario's Action Plan for Health Care* and endorsed by public health policy experts, SEIU Healthcare and its nursing members continue to uphold the mandate that positive patient outcomes are linked to providing the right care at the right time, in the right place...and by the right provider.

The tactic used by the authors of the RNAO paper unfortunately demonstrates the organization's desire to place their own membership's needs ahead of, and in contrast to, the Ontario government's objective to use evidence-based health human resources planning by ensuring our healthcare system has the right number and mix of qualified healthcare providers for today and in the future.

SEIU Healthcare nurses recognize the landscape of Ontario's healthcare system is changing; nurses are not only witnesses to, but participants of these changes as we continue to see our own roles adapt and expand. We are excited to take on new challenges. We also know that what's important to our patients isn't the letters behind our name, but that we strive to deliver the best quality of care to them, within our professional practice parameters. As you know, these guidelines are set out by the College of Nurses (CNO), an independent expert regulatory body, to guide the safe and appropriate practice of all nurses in Ontario.

Recognizing the continued friction in some working environments of distinguishing roles among and between classifications of nurses, the CNO released a document in 2014 to remind its members about their intra-professional responsibilities when providing patient care.

Clarifying the individual assessment of patient care needs and assignment of the appropriate nurse provider, the CNO outlined their 'Three Factor Framework', which takes into account the individual needs of the patient, the skills and ability of the nurse, and the healthcare environment within which the care is being provided. .

When we as healthcare professionals take on the title of nurse, this informs the public that we have the knowledge, skill and judgment required to provide safe and ethical nursing care.

An unfortunate consequence that periodically arises due to the role and scope of RNs and RPNs being so closely aligned is the risk of generating misconceptions on the skills and abilities among the classes of nursing providers. We should note that it is a minority within the profession that generates division; unfortunately they can be a vocal minority. This rhetoric only serves to divert what should be the primary focus of healthcare advocates; that of providing the optimal level of care to patients in a supportive team-based working environment.

As for the self-serving groups that want to advocate for one class of nurse by questioning the quality or integrity of another class of nurse – and who infer that health organizations are placing the safety of patients at risk just to save a few operational dollars – this is not only disappointing and false but damaging to the public perception of both the profession and our healthcare system as a whole.

Although there have been countless studies on nurse staff and skill mix models, no correlation has been found to the superiority of one model over another that positively affects patient and staff-related outcomes. Positive outcomes are tied to establishing clearly defined roles and responsibilities and common characteristics of respect and understanding among teams of healthcare providers.

Front-line workers and advocates say over and over again that they are happy to expand their knowledge-base and scope, deriving a sense of satisfaction in seeing the benefits of being able to provide their patients with the optimal level of care.

The common concerns from our front-line nurses are they have too many patients to look after by themselves and that not being able to rely on necessary supports from co-workers can lead them to being left in unsafe or vulnerable positions, leading to issues and concerns about the health and safety for themselves and their patients.

As nurses, we know it is our duty to be accountable for ensuring we have the required knowledge and skills to provide care for our patients. We also have the necessary professional judgment to identify when the needs of our patients are beyond our current knowledge, skill and competency level. Ensuring our patients receive the right care by the right provider is paramount to our professional responsibilities as healthcare providers.

There are also several recent Ontario studies that reinforce the overall system benefits to collaborative team-based care. In fact, the RNAO's own evidence-based best practice guidelines demonstrates that if "organizations devote time, attention and upfront resources to building and maintaining nursing teams...they will see major payoffs in terms of patient safety, nurse satisfaction and higher productivity."

The guideline also cautions that there is a risk of not providing continuity of care "If [nursing teams] have communication issues or problems with interaction, patient/client care can be compromised. Intra-professional collaboration goes beyond improving work interactions for nurses to improving the care they provide to patients/clients."ⁱ As members of the care team, we must all share the responsibility of working together for the benefit of our patients.

Findings from a recent Ontario-based study on high functioning nursing teams, reinforced the strengths of strong nursing teams and went further to identify common attributes that contributed not only to a better working environment, but reinforce the primary goal of achieving the best patient outcomes, including: a common goal/philosophy of patient care; being patient-focussed; and having mutual trust and respect. These healthcare professionals are also constantly striving to maintain and build the team through communication, recognizing individual strengths and weaknesses, valuing each team member's skills and knowledge, and mentoring one another.ⁱⁱ

SEIU Healthcare recognizes and values the skills, abilities and contributions made by all our nursing professionals, including RPNs, RNs and NPs. Every day on the job, nurses are proud to embody the primary principal of the profession, focusing on collaborative relationships that promote the best possible outcomes for clients.

On behalf of SEIU Healthcare nurses, we look forward to continuing to work and advocate for Ontario patients and healthcare providers by ensuring our healthcare system remains a service we can all be proud of.

Sincerely,



Sharleen Stewart
President
SEIU Healthcare



Jacqueline Walker,
Nursing Division, President
SEIU Healthcare

ⁱ Registered Nurses' Association of Ontario (RNAO) (2016). *Intra-professional Collaborative Practice among Nurses, Second Edition*. Toronto, Ontario: Registered Nurses' Association of Ontario.

ⁱⁱ Baumann, Andrea, Blythe, Jennifer, Norman, Pat, Crea-Arsenio, Mary., *High Functioning Nurse Teams: Better Decisions for Better Patient Care*, Nursing Health Services Research Unit, McMaster University, 2014