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**CANADIAN
NURSES
ASSOCIATION®**

2019 GOVERNMENT OF ONTARIO PRE-BUDGET CONSULTATION

**Submission to the Standing Committee on Finance and
Economic Affairs**

January 2019

CNA is the national professional voice of 140,000 registered nurses and nurse practitioners across Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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The Canadian Nurses Association (CNA) is pleased to provide recommendations to the Legislative Assembly of Ontario's standing committee on finance and economic affairs that will improve health and health care.

CNA's recommendations for the 2019 provincial budget provide cost-effective solutions related to the following areas:

- ▶ Helping end hallway medicine
- ▶ Expanding public education on cannabis
- ▶ Addressing the opioid crisis
- ▶ Improving Indigenous health

Helping end hallway medicine

RECOMMENDATION 1: Reallocate resources to support care transitions that reduce unnecessary emergency department visits

Ontarians deserve care delivered at the right place, by the right provider, and at the right time. An increasing percentage of hospital beds, however, are being used by people who are waiting for non-acute care that could be provided elsewhere. "Trying to fix the problems in any one single setting is not going to be enough."¹ Instead, the key will be improving transitions between various parts of the health system. "What it will take is different parts of the system working together so that patients are able to be cared for in the right place as their needs change."²

CNA recommends that the Ontario government redirect funding to improve access to key services that can help reduce visits to hospital emergency departments. Changes in funding should drive changes in the ways health care is organized. Let's start by imagining the ways we can bring care to people, not the reverse. For example, seniors with complex needs frequently have multiple health-care providers (a family doctor, one or more specialists, a home nurse, etc.) who often don't even communicate with one another, let alone work as a team fulfilling their clients' primary care needs. This means the emergency department often functions as a default source of primary care; this is not only an expensive way to deliver care, it's harmful to seniors because every time we move them in and out of hospitals, their level of function declines. In addition, many basic home support services — such as assistance with transportation and meal preparation — are not publicly provided,³ meaning hospital transfers and admissions will continue to be a first line of affordable care.



CNA believes the most cost-effective way to address these challenges is to create a more accessible and integrated home and community care system, one that focuses on early intervention and supporting seniors to live well and die with dignity. These primary care services should be geared to seniors' needs, delivered by an interdisciplinary team of health professionals and front-line workers, and available 24/7. A more accessible and integrated system will also save money down the road by reducing the need for expensive emergency visits and hospital stays.⁴

Ontario and the federal government recently signed a new bilateral agreement on home and community care.⁵ CNA believes targeted investments (e.g., enhanced virtual care and electronic records) in the 2019 budget would make home and community care more available and accessible while achieving better health outcomes and quality of care.

CNA supports nurse-led models of care as one of the solutions to deliver care effectively in the community. For example, outreach teams of specialized nurses who provide emergency mobile care services are highly effective at reducing seniors' emergency department visits.⁶

RECOMMENDATION 2: Work with health-care stakeholder groups to help deliver on Ontario's plan to build 15,000 new long-term care beds across the province over the next five years

Ontario's population is rapidly aging. The number of Ontarians aged 75 and over is predicted to increase from 1 million in 2017 to 2.7 million in 2041.⁷ Many Ontarians spend their final 20 years with a growing number of chronic health conditions, including dementia.

Ontario's health and finance ministers should work with regulated nurses — which include registered nurses (RNs), nurse practitioners (NPs) and registered practical nurses (RPNs) — to achieve the province's goal of reducing the lengthy waiting list for long-term care.⁸ These health-care professionals have the requisite experience and know-how to help Ontario implement its plan to build 15,000 new long-term care beds. Nurses have the necessary education and clear scopes of practice that align perfectly with the needs of aging Ontarians. Nurses work in ways that are clinically effective, satisfying and cost-effective.

In addition to nurses, Ontario should include the province's personal support workers (PSWs) into the mix of nursing services. We support the Ontario Personal Support Workers Association (OPSWA) and their efforts to address the shortage of PSWs in the



province.⁹ We therefore support OPSWA's recommendation in its 2019 pre-budget submission to "make available the resources necessary and/or to mandate and recognize the Ontario Personal Support Workers Association as the self-regulating body for Personal Support Workers in Ontario as per the proposal submitted in the autumn of 2018."¹⁰

CNA also supports the Ontario Long Term Care Association's recommendation that Ontario commit to providing more funding that will allow the province to hire the right number and mix of RNs, NPs, RPNs and PSWs.¹¹

Nurses are one of most trusted groups of professionals,¹² but that support cannot be taken for granted. *As a province, we can do better. As a professional association, CNA is ready to help Ontario reform its long-term care system.* CNA looks forward to reviewing the Long-Term Care Homes Public Inquiry's final report this summer. We will work collaboratively with the Ontario government and health-care partners to help deliver any necessary systemic changes to the way long-term care is delivered. Everyone involved in delivering long-term care (national associations such as our own, employers, unions and nursing regulatory bodies) has an important role to play. Collectively, we must never allow the crimes of one nurse to be repeated.

Expanding public education on cannabis

RECOMMENDATION 3: Include nurses in Ontario's public awareness campaign that targets youth and adults to reduce the harms of non-medical cannabis use

The Ontario government's public education campaign on cannabis (launched in October 2018 when recreational use was legalized across Canada) would benefit from greater involvement of nurses.

CNA recommends that Ontario expand its campaign by dedicating \$48 million over five years for programs that educate youth and adults (including parents and new mothers) on the harms of non-medical cannabis use. This investment would ensure that every *Ontarian* is knowledgeable about the health effects of cannabis use. As a model, Ontario could look to Colorado's multiple campaigns that target various segments of its population.¹³



A recent survey has shown that 9 in 10 Ontarians support nurses providing education on the risks and harms of marijuana use,¹⁴ so involving nurses in the delivery of Ontario's campaign would be highly effective. CNA proposes the following key messages:

- ▶ Delay use until early adulthood
- ▶ Avoid driving for at least six hours after inhalation
- ▶ Stop when use is out of control and get professional help if necessary
- ▶ Abstain from cannabis use (applicable to those in vulnerable groups such as youth and pregnant women)¹⁵

CNA has developed resources that include the above-noted messages, emphasizing a public health and harm reduction approach, for the general public.¹⁶ We would be pleased to partner with Ontario and opposition parties in our collective efforts to ensure that Ontarians are aware of and prepared to face the harms of non-medical cannabis use.

Addressing the opioid crisis

RECOMMENDATION 4: Invest \$10 million over a five-year period for nurse-led, community-based health promotion initiatives that address opioid use disorders and chronic pain, particularly in rural and remote communities.

Opioid use disorder is a complex addiction that has significantly contributed to opioid-related morbidity and deaths. With the increasing availability of illicit synthetic opioids and the increase in opioid-related harms (e.g., opioid poisoning) an evidence-based treatment approach is needed.

Despite being the largest group of care providers, nurses are often underutilized in managing patients with opioid use disorders.¹⁷ However, nurses are ideal for this role — especially for treating youth, people who inject, pregnant women, and those in rural and remote communities.

Recent guidelines¹⁸ for the management of opioid use disorders provide detailed treatment options¹⁹ and could inform nurse-led interventions and strategies as they relate to prescribing and patient monitoring. For example, nurses could focus on targeting the underlying causes of pain and addiction that may be rooted in social and behavioural determinants of health. Addressing these broad determinants and putting



in place targeted supports for those most at risk of being under-served can reduce the personal and societal burden of opioid use disorder and help people achieve an optimal quality of life.

Based on the understanding of epidemic trends of chronic pain, opioid use and opioid use disorders, we recommend that Ontario expand nurse-led community-based addiction prevention efforts and recovery support services. This expansion could include training nurses on how to identify early signs of opioid use disorders and concurrent disorders.

Improving Indigenous health

RECOMMENDATION 5: Provide \$4.5 million for a pilot project to create a mobile health-care simulation laboratory

CNA is pleased to again support a key recommendation provided by the Canadian Indigenous Nurses Association (CINA). One of CINA's priorities is to support Indigenous nursing to improve the health of Indigenous people.

CINA recommends that the Ontario government provide financial support for a pilot project that will lead to the creation of a mobile health-care simulation laboratory. Such a facility would allow Indigenous nurses from First Nations and rural communities across the province to directly access key educational services. Indigenous nurses could therefore gain the practical skills that are requirements for accreditation and graduate outcome competencies.

These mobile labs help fulfil the goal of keeping Indigenous students in their communities. The labs would be an excellent example of how Ontario can work with Indigenous stakeholder groups (such as CINA) to provide learning and training opportunities for post-secondary students (and secondary students, where applicable). In addition, this proposed health-care lab supports the federal government's response to current recommendations from the report, *Truth and Reconciliation Commission of Canada: Calls to Action*.

The recommendation will assist the Indigenous leadership in remote or isolated communities with a proactive plan that addresses the need for health equity.



RECOMMENDATION 6: Invest \$750,000 in Indigenous communities to support the rollout of a technology system that enables clients, nurses and counsellors to support people recovering from opioid addiction and PTSD

Indigenous populations in Canada have been disproportionately affected by PTSD and the opioid addiction crisis. A recent B.C. study found that Indigenous populations are up to five times more likely to experience an overdose and three times more likely to die from one than non-Indigenous people.²⁰ Ontario, home to more than one-fifth of the national Indigenous population,²¹ faces an urgent imperative to offer services to stem the public health emergencies caused by opioids and PTSD.

Nurses are the largest health workforce in Ontario and most often the first point of contact for clients seeking care and information. Given this key role, nurses are the optimal partners to direct clients to care and support them in their recovery. Empowering nurses to empower clients will improve care outcomes.

Health-system funders and decision-makers constantly face challenges when deciding which technologies will better serve patients and health-care providers. CNA and CINA have partnered with TryCycle Inc. to test the TryCycle system for effectiveness as a therapeutic electronic tool.²² The system has already been adopted in the United States and there is interest in uptake among First Nations communities in Saskatchewan and Alberta. CNA and CINA urge the Ontario government to invest in testing TryCycle in select Indigenous communities in Ontario where there is a need for immediate, innovative solutions to improve access to care and a need for better client/caregiver liaisons to prevent overdoses and deaths from opioid use and suicides due to PTSD. More information on the TryCycle system is available at trycycledata.com.

A one-year investment of \$750,000 would fund professional education for nurses and counsellors on the technology (which is used by clients and professionals) and system maintenance. The deliverable would be a one-year report on the effectiveness of TryCycle over usual treatments in reducing the rate of overdoses and deaths from opioid use and suicides due to PTSD among individuals in Indigenous communities.



References and notes

¹ <https://www.thestar.com/news/gta/2018/11/16/ontario-health-system-under-increasing-strain-report-shows.html>

² Ibid.

³ <http://irpp.org/research-studies/integrating-long-term-care-into-a-community-based-continuum/>

⁴ <https://www.policyalternatives.ca/hcc-for-seniors>

⁵ <https://www.canada.ca/en/health-canada/news/2019/01/governments-of-canada-and-ontario-sign-agreements-to-improve-health-care-and-services-for-substance-use-disorder.html>

⁶ <https://cna-aiic.ca/->

/media/cna/files/en/mobile_nursing_e.pdf?la=en&hash=C7A57BC707FC3C656BE77ED6EA2202B27C17E5AF

⁷ <https://www.fin.gov.on.ca/en/economy/demographics/projections/#s3>

⁸ According to the Ontario Long Term Care Association, in April 2018 there were 32,835 Ontarians on the waiting list for a long-term care bed. <https://www.oltca.com/OLTCA/Documents/Reports/2019OLTCABudgetSubmission-LTCthatWorks.pdf>.

⁹ <https://www.hamiltonnews.com/community-story/9055824-lack-of-personal-support-workers-affects-local-home-care-and-long-term-care/>

¹⁰ For more details, visit https://docs.wixstatic.com/ugd/207a84_ab5da9c3ecd74a22a02efb53e8f374b1.pdf

¹¹ Ibid.

¹² https://www.huffingtonpost.ca/2017/06/15/most-least-respected-professions-canada_n_17124362.html?utm_campaign=canada_dau

¹³ <https://www.colorado.gov/pacific/cdphe/news/marijuana-education-campaign>

¹⁴ https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/canadian-nurses-ontario-omni-summary_dec-2017.pdf?la=en

¹⁵ <https://www.colorado.gov/pacific/cdphe/news/trustedadultMJ>

¹⁶ <https://www.cna-aiic.ca/en/policy-advocacy/cannabis>

¹⁷ Jackson, H. J., & Lopez C. M. Utilization of the nurse practitioner role to combat the opioid crisis. *Journal of Nurse Practitioners*. 2018 14;10:e213-16

¹⁸ For example:

- *CRISM National Guideline for the Clinical Management of Opioid Use Disorder*, available at https://crism.ca/wp-content/uploads/2018/03/CRISM_NationalGuideline_OUD-ENG.pdf
- *A Guideline for the Clinical Management of Opioid Use Disorder*, available at http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf
- *Management of Opioid Use Disorders: A National Clinical Practice Guideline*, available at <http://www.cmaj.ca/content/190/9/E247>

¹⁹ For example, first and second line treatment options such as initiation of opioid agonist therapy, (OAT) preferably with buprenorphine-naloxone and also harm reduction approaches.

²⁰ <http://www.cbc.ca/news/canada/british-columbia/bc-overdose-crisis-first-nations-1.4234067>

²¹ <http://www.statcan.gc.ca/pub/89-656-x/89-656-x2016007-eng.htm>

²² <https://cna-aiic.ca/news-room/news-releases/2017/new-cna-partnership-to-develop-and-test-e-tools-for-health-promotion-opioid-relapse-prevention-ptsd>

