

MEDIA STATEMENT

OHA Statement on Staffing Ratios at Ontario Hospitals

February 27, 2025 – Toronto, ON – Given the recent media coverage regarding nursing ratios at Ontario hospitals, the Ontario Hospital Association (OHA) would like to share the following statement:

“Ontario’s hospitals continuously make safe and appropriate staffing decisions in real-time, relying on interprofessional teams, including registered nurses (RNs) as well as other health care professionals, working to their full scope of practice. Hospitals are committed to ensuring that safe staffing levels are critical for quality patient care and for nurses.

Workload Reports

Discussing and addressing workload concerns is a normal process in Ontario hospitals. The provincial collective agreement with Ontario Nurses’ Association (ONA) includes a process where RNs and hospital leaders work together to resolve workload issues that may occur on a given shift. When there are trends in workload concerns, hospitals use a number of evidence-based methods to understand the root causes in order to address them.

RNs are encouraged to raise any issues in a timely manner and hospitals seek to address these concerns at the unit level as much as possible. There are robust processes that involve the affected RNs, ONA representatives and hospital leadership to develop strategies that ultimately end up resolving the vast majority of issues raised. In the rare circumstance that doesn’t occur, the issue can be reviewed and a report made by an independent panel of nursing experts. In the past decade, there have been only 15 such reports issued.

Strengthening Ontario’s Health Care Workforce

Overcoming our health human resource (HHR) pressures has been an important priority for hospitals. The OHA is pleased to report that significant progress has been made to grow Ontario’s health care workforce.

Today, there are more acute care beds and health care workers in Ontario’s hospitals than there were before the COVID-19 pandemic. Since 2019, hospitals have hired more than 35,000 new health care workers, growing the total hospital workforce to more than 265,000 in size, excluding physicians. Hospitals have hired an additional 7,500 RNs since 2019, an increase of 10 per cent and there are now over 71,000 RNs working across hospitals today. Over the same period, hospitals hired an additional 5,600 registered practical nurses (RPNs), an increase of 26 per cent.

Moreover, key staffing metrics, such as the vacancy rate (5.61 per cent) and resignation rate (6.15 per cent), have significantly declined from the levels seen during the COVID-19 pandemic, and retirement rates are now lower than pre-pandemic levels (1.44 per cent). Finally, as a result of arbitration decisions, RNs have seen wage increases of 19.8 per cent over the last five years, with a total cost across hospitals of \$1.017 billion, with RPNs seeing wage increases of 24.4 per cent over the same period.

Real-Time Staffing Decisions

In our view, fixed nurse-to-patient ratios limit the hospital’s ability to calibrate staffing based on a multitude of factors (i.e., the dynamic needs of patients, RNs and other health care workers, and environmental factors) to balance workload and meet patient needs. The rigidity of a fixed RN staffing model is antiquated 20th century thinking, at a time when Ontario’s hospitals are innovating to respond to the demands and complexities of the 21st century.

Hospital leaders consider a variety of factors when determining optimal staffing levels at the outset of every shift. This includes the type of unit, number of patients, their acuity, knowledge and experience levels of RNs

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and other health care workers, and the presence of technology and other supports. These factors can change frequently and therefore, staffing models must be flexible and adjusted to meet the changing needs of patients.

Additionally, each hospital differs in terms of their physical layout and the make-up of the population they serve. For example, one hospital may have a greater proportion of Alternate Level of Care (ALC) patients who have a much lower acuity and would be safe with a different staffing model than another hospital. A combination of these factors must be considered when determining safe staffing levels – not just the number of RNs according to a static RN ratio model that doesn't account for the changing needs of patients and presence of other supports.

There isn't a one-size-fits-all approach to staffing. Fixed RN-to-patient ratios would remove the flexibility required to tailor staffing levels. There's no such thing as an average hospital or hospital patient, and the needs of each patient are constantly evolving throughout the day. Ontario's hospitals require agility and autonomy to make these safe staffing decisions. Rigid staffing ratios prevent hospitals from tailoring staffing to complement the needs and acuity levels of patients on a given day. For example, fixed RN-to-patient ratios can result in a unit with low-acuity patients being overstaffed, while a unit experiencing increasing acuity is understaffed. In this environment, hospitals would have to unnecessarily utilize staffing agencies or disrupt the time-off of other nursing staff to add additional resources rather than move staff around internally.

In Ontario, clinical models of care have changed dramatically in recent years with the continued expansion of scopes of practice – and staffing decisions must account for all health care workers working collaboratively together. We believe this more modern thinking also better respects the skills and experience of our nurses and other health care professionals.

Furthermore, RN to patient staffing ratios fail to recognize the potential for other health care providers to work in collaboration with RNs to meet the needs of their patients. For example, many hospitals use Personal Support Workers (PSWs) to augment their nursing teams to meet the dependency care needs of their patients. The presence of other nursing staff and health care providers allows RNs to focus on elements of patient care that only they are qualified to provide. In the past, ONA has been resistant to the introduction of RPNs and other health care workers that alleviate the workload on RNs and contribute to positive patient care experiences.

The Potential of Innovation

A recent study conducted by the Dalla Lana School of Public Health at the University of Toronto, supported by the OHA, found that millions more Ontarians will be living with chronic illness in the next 20 years. It is projected that 3.1 million people will be living with major illness in 2040, which is up from 1.8 million in 2020. That equates to one in four adults over the age of 30. The report concludes that our health care system is at a turning point, and the impact of rapid population growth and increasing patient complexity will outpace any of the efforts to address these challenges through solely increasing hospital capacity and/or hospital staffing.

Many Ontario hospitals are using innovation and technology to revolutionize care and address workforce challenges. For example, many organizations have adopted remote patient monitoring technologies to bolster staffing and patient safety, including the use of predictive analytics and AI to note hourly trends in units under pressure. Some organizations are using real-time acuity data and other contextual factors to identify available resources and areas of need, allowing staffing leaders to make informed decisions on flexible staffing.

The transition to electronic health records and the collection of patient care data is driving better evidence-based decision-making to build more responsive staffing models. This data provides hospital leaders with real time information about the needs of patients in order to make safe and informed decisions about staffing levels in real-time.

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The work of nursing today is often driven by mundane tasks of record keeping, documenting medication administration, recording vital signs, laboratory work and machine data. This can all be replaced by interoperable technology which has demonstrated improvements in real-time patient safety, while freeing up hours of nursing time in a single shift. There have been great improvements in these areas and in our view, this is where the Government of Ontario and health system partners should be focusing their attention in order to unlock further innovation.

Ontario's hospitals continue to adapt and create new tools, resources and approaches that help health care workers meet the needs of patients and clients. Breakthroughs in clinical care delivery have dramatically reduced the length of time a patient needs to stay in hospital. With new breakthroughs rapidly emerging, hospitals need the flexibility to tailor staffing levels to changing needs. This is not unlike when developments in telemedicine enabled the delivery of specialized health services to patients in communities in rural and northern areas of the province that may not have a specialist on hand year-round. There will be similar opportunities in the future, and we can't be locked into old thinking that we can hire our way out of our problems.

With Ontario's aging population growing at a faster rate than our working population, our hospitals continue to need the ability to adapt to the evolving needs of their communities and be able to implement further staffing and clinical innovations. We'll need to look to innovation and technology to revolutionize care and address future workforce challenges. Today, one in 10 people already work in health care in Ontario, both public and private. Given the enormous growth in demand expected in the years ahead, and the shrinking size of our workforce in comparison, it simply won't be possible to hire additional health care workers to meet this need.

Hospitals remain committed partners with the Government of Ontario and other health system providers and will continue to work collaboratively to deliver the highest quality of care to patients across the province."

- Kirk LeMessurier, Chief, Communications and Public Affairs, Ontario Hospital Association

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