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A sentinel event for Ontario hospitals

To the editor: In January of this year, the Huron Perth Healthcare Alliance of 4 Ontario hospitals (Stratford General Hospital, St. Mary's Memorial Hospital, Seaforth Community Hospital and Clinton Public Hospital) announced the reduction in hours of service of one of its emergency departments (EDs). The sole reason for the evening closure is a shortage of registered nurses (RNs). This will be the first time that a hospital ED in Ontario plans to reduce

its operating hours for such a reason. It deserves considerable attention, since nursing unions, academic institutions and hospital administrations have been warning for many years that an RN shortage is reaching critical proportions in Ontario. As of Feb. 7, 2009, front-line health care delivery will be visibly and directly affected by this crisis.

The trends and statistics concerning nursing are widely available, and similar to many other professions and trades. They include an aging workforce; declining enrolment in training programs, paradoxically associated with an increased need; and, certainly in the long-term, simple demographics.

Small hospitals with minimal staffing and even less potential back up face the greatest challenge in RN staffing, because a shortage of 1 or 2 nurses can mean the difference between being able to offer a high standard of care, and being unable to offer any care at all.

Hospital administrations do their best to eliminate redundancy, maximize efficiency and optimize use of available human resources. But that does not address the root problem: there are not enough nurses entering the profession to replace those leaving it. It is as simple as that. With an aging population, there will soon be an even greater demand for nurses.

Before this crisis worsens, before more hospitals are obliged to reduce services, or close completely, action must be taken to correct this imbalance. As with the physician shortage, delays in implementing solutions will only mean fewer Ontarians have access to an acceptable quality of health care. Those with a voice at all levels of health care delivery need to make government authorities understand the scale of the problem, and lobby for solutions at a system level. Provincial ministries of economic development, education, health and long-term care,

health promotion, labour, training, and colleges and universities need to become part of the solution. A coordinated action plan for encouraging people to enter the nursing profession and seek out careers where they are most needed, for recruiting qualified RNs from other locations around the world and for making the commitment to see such a plan succeed is as necessary a part of health care reform in Ontario as wait time strategies and patient safety indicators. It's time the public became aware of this threat to health care and demand solutions from those who serve the public good.

Perhaps the overnight closure of the ED at the Seaforth Community Hospital can serve as a sentinel event, the "canary in the coal mine" for this crisis, and prompt the kind of commitment to change that health care in Ontario really needs.

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Advocate or abdicate: the responsible choice for today's emergency medicine resident

To the editor: I think it can be safely argued that many of the problems that now beset emergency medicine (e.g., crowding, insufficient human resources and service disruptions) are, in part, a result of a lack of advocacy by our specialty during the 1990s when these problems first reared their ugly heads. This is not to lay blame on those who sat on the various executives at that time (I was there until 1994!). It is simply a statement of fact that our specialty and our association lacked organizational maturity at that time and had too many other diversionary issues.

Clearly, if the sins of the fathers are not to be repeated, then it is important that our specialty embrace