



Ontario Nurses' Association - Local 100  
[local100office@ona.org](mailto:local100office@ona.org), 519-667-0937

March 30 2026

Hello ONA100 members,

We know that the news shared with departments today was upsetting, we are extremely frustrated that in a time when our healthcare system is already challenged, we will be seeing an overall reduction in RN positions and care.

From the information gathered and shared we are providing the below breakdown of where changes will be occurring. We recognize that not all RNs will have had an opportunity to hear directly from their departments regarding these updates. However, we feel it is important to share information as it pertains to our roles and positions in the organization.

Note that the timeline for several of these changes is department dependent. **Some units have already had these changes completed. Others have a timeline of 3+ years.**

Again, the employer has stated that all of these changes will be through attrition and that no layoffs will be occurring. As mentioned in the earlier update we will be monitoring this.

#### **Breakdown of RN Changes – Departments**

<b>Department</b>	<b>Operational Change</b>	<b>RN Changes</b>
Cardiac Care	5IP Cardiology: Transition from an RN-only model to an integrated RN/RPN model of care	-4.6 FTE RN +4.6 FTE RPN
	6IP Cardiac Surgery: Transition from an RN-only model to an integrated RN/RPN model of care	-10 FTE RNs + 10 FTE RPNs
VH Surgical Care	Reduce Clinical Nurse Specialist role complement	-1 FTE RN
	Reduce nursing complement within Endoscopy	-1 FTE RN
	Increase skill mix of Level 1 Surgical Units to 70/30 RN/RPN model	-14 FTE RNs + 14 FTE RPNs
	Reduce RN and RPN workforce planning lines on Surgical Inpatients	-11 FTE RNs
	Increase skill mix of L2 Surgical Units to 80/20 RN/RPN model	-9 FTE RNs +9 FTE RPNs

UH Surgical Care & Transplant	Reduce 8IP workforce planning lines for RNs	-6 FTE RNs
Perioperative Care	Increase RN/RPN skill mix to 70/30 in the OR; remove workforce planning lines through attrition in the OR/PACU	-45 FTE RN +15 FTE RPN
	Increase RN/RPN skill to 60/40 mix in Day Surgery and Pre-Admit	-15.2 FTE RN +11.2 FTE RPN
VH Outpatient Cancer Care	Chemotherapy Suite – Oncology Day Unit: Transition from an RN-only model to an integrated RN/RPN model of care	-3 FTE RN +3 FTE RPN
	Outpatient Assessment Clinics: Transition from an RN-only model to an integrated RN/RPN model of care	-8 FTE RN +8 FTE RPN
	Radiation Oncology Patient Review Clinic: Transition from an RN-only model to an integrated RN/RPN model of care	-2 FTE RN +2 FTE RPN
VH Inpatient Mental Health	Reduce staff to patient ratio	-14.74 FTE
	Reduce Charge Nurse complement for days and nights	-8.42 FTE
	Centralized Emergency Psychiatric Services (CEPS): Reduce 2 FTE RN	-2 FTE
Inpatient Paediatrics	B6100: Model of care and skill mix Implement 70/30 RN/RPN split 9 staff scheduled days and nights	-11.4FTE RN +8.4 FTE RPN
	B6200: Model of care and skill mix 9 staff scheduled days and nights	-8.6 FTE

Inpatient Paediatrics – Mental Health	Capacity alignment	-4.2 FTE
Women’s Ambulatory Care	Revise pre-admit appointment eligibility	-1 FTE
	Realignment of services	-0.9 FTE
Victoria Hospital Medicine	Reduction of Clinical Diabetic Educator	-0.5 FTE
	Reduction of Patient Care Facilitator	-1 FTE
	Model of Care: Change skill mix	-31.77 FTE RN +14.77 FTE RPN
University Hospital Medicine	Model of Care: Change skill mix	-42.11 FTE RN +12.6 FTE RPN
	Reduction of Patient Care Facilitator	-0.6 FTE
	Reduction of RN in research assignment	-1 FTE
UH Clinical Neuro Science	Change to acuity-based Level 2 staffing	-4.21 FTE in total
	Reduce workforce planning lines	-16.9 FTE in total (To still be completed: -9.74 FTE)
Clinical Educators	Reduce Clinical Educators	-4 FTE RNs
Critical Care – VH & UH	Implement acuity-based staffing	-3 FTE
	Implement acuity-based staffing	-2.5 FTE

Lindsay Carnahan  
Bargaining Unit President  
LHSC RN Bargaining Unit