



Ontario Nurses' Association - Local 100
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We at ONA100 are writing to express our collective outrage at the organization's decision to reduce registered nurse (RN) staffing. As one of the largest acute care teaching hospitals in Ontario, this decision raises serious concerns, and we unequivocally oppose it.

The ONA (Ontario Nurses' Association) will protect all collective agreement rights of our members but make no mistake, reducing RN hours **will** jeopardize patient care and compromise staff safety. While LHSC (London Health Sciences Centre) claims these reductions will occur through attrition without job losses, this process will be closely monitored.

We also recognize that, organization wide, there will be reductions across other health-care roles. These changes will without a doubt impact the day-to-day work we do, increasing pressures on remaining staff and further straining an already drowning system. This is not speculation; it is an inevitable outcome.

Cutting RN positions in an under-resourced system is dangerous. It worsens existing gaps, undermines safe staffing levels, and puts patients at risk. The evidence is clear that appropriate RN to patient staffing directly prevents adverse events and ensures safer care for the people in our community.

Decisions driven primarily by benchmarking and efficiency data are blatantly misguided. Numbers like how many patients are seen, how much care costs, or how long each visit takes do not depict the full story. The most important measures of health care are patient outcomes and safety. Benchmarking reduces care to basic statistics, ignoring patient complexity, staff workload, safety risks, team relationships, and quality of care. Given LHSC leaders' participation in OHA (Ontario Hospital Association) and Ontario Health discussions, we demand to know, were patients' needs and staff safety truly prioritized in these discussions.

The solution is not cutting RN positions; it is investing in recruitment, retention, and staff support. Ontario already has the worst RN to population ratio in Canada. Studies show that for each additional patient assigned to a nurse, the risk of patient death increases by about 7%.

It is essential that workload forms are completed consistently and thoroughly. Identifying when we are unable to meet our professional practice standards provides the evidence to support advocacy efforts and to highlight the real impacts of these decisions will have on patient care and staff safety.

We, as frontline professionals, will not stand by silently. Together as RNs we have the responsibility to advocate for safe practices and the well-being of our patients and colleagues. **We will continue to raise our voices, collectively and loudly, against this reckless decision.**

Lindsay Carnahan
Bargaining Unit President