



Delegates come together as "one voice"

Speaking out together for change and maintaining our proactive stand was the overriding message at the 2006 ONA Biennial Convention, which drew more than 1,000 local leaders and interested members from across the province to downtown Toronto.

"The convention's theme of 'One Vision. One Mission. One Voice.' suggests a great deal about how we perceive our role in the health care system and how we imagine our union acting to make things better for health care workers and for Ontario's patients," ONA President Linda Haslam-Stroud told the energetic crowd as she opened the three-day convention, held at the Fairmount Royal York Hotel.

Throughout the meeting, Local Coordinators voted on constitutional amendments affecting all ONA members, listened to guest speakers and were provided with extensive financial and service delivery updates on the work of ONA during the past two years.

The week began on Monday, November 21 with the annual Human Rights and Equity Caucus, where participants heard presentations on disability rights of members after dividing into breakout sessions to discuss equity issues.

The week concluded on Friday, November 24 with education sessions on labour relations trends and turning conflict into a positive opportunity.

Turn the page for more details and photos from the Biennial Convention. Highlights are also available on the Members' Section of the ONA website at www.ona.org.

From the **PRESIDENT** Linda Haslam-Stroud, RN

Biennial Convention focuses on ONA unity

When the Biennial Convention Design Team brainstormed the theme for this year's convention, one dominant fact kept popping up: That by working together as a collective we have made enormous gains over the past 30-plus years. So the theme of "One Vision. One Mission. One Voice." seemed like a natural fit.

In fact, when CEO Lesley Bell and I highlighted ONA's recent achievements during our report on the first day of the convention, it was obvious the impact we have made. From our stirring "Still Not Enough Nurses" advertising campaign, which effectiveness studies prove hit the mark with the Ontario public, to our recent nursing homes settlement, negotiated at the bargaining table, we have obtained impressive results when we have joined forces for a common goal: preserving quality care for all Ontarians while improving our working lives.

I believe this action will also help us improve the situation with our hospital members when we receive our arbitration award in the near future. Unity and determination will allow us to resist the absurd cutbacks the Ontario Hospital Association has demanded from our hospital members.

This unity has also spilled over to our affiliations with others who share our goals, including the Ontario Health Coalition, the Ontario Federation of Labour and the Canadian Federation of Nurses Unions. It's getting harder for the government and employers to ignore the collective voice of so many.

So as a brand new year approaches, I say to you that now is not the time to stop this important work as there is much to be done. Through our diversity, we can continue to build unity to make Ontario better. We must never give up challenging the status quo and speaking up for the public. Your patients need you, your fellow members need you, and your union needs you.

Dues increase approved

Following a discussion on the harsh financial realities of our organization, delegates voted to increase membership dues in 2007 and 2008.

While ONA is a fiscally responsible organization and doesn't spend dues dollars unnecessarily, the cost of doing business has, unfortunately, gone up. We are also proud that we are continually striving to improve and add to our core member services so we can make a real difference in your working lives. But that does cost money. The dues increase breaks down as follows:

- For the Operating Fund – or the money needed to conduct traditional union business such as contract administration and negotiations, grievance handling, education services, expert staff support and affiliation with the Canadian Federation of Nurses Unions – the increase amounts to an additional \$3.75 per member per month in 2007, and an additional 50 cents per member per month in 2008.
 - An additional \$2 per member per month will go back to the Locals to ensure they have the autonomy and ability to customize the services members require at the Local level. With this increase, the total return to the Local will be \$11 per member per month commencing in 2007.
 - The Legal Expense Assistance Plan (LEAP) fund will increase by \$1 per member per month commencing in 2008. This provides financial assistance when a complaint is brought against a plan member to the College of Nurses of Ontario (or other regulatory body), or in the event of legal actions arising out of the workplace.
- To summarize, the total dues increase will be \$5.75 in 2007 and \$1.50 in 2008. The Board will be considering alternative dues structures and will report back to membership at a future Provincial Coordinators Meeting.

Nurses are “core” of system, Lewis says



ONA should be commended for its efforts to improve working conditions for nurses in Ontario and for taking strong action to counter government policy on cutbacks, a prominent statesman, politician, author and educator has told convention delegates.

Stephen Lewis, a former United Nations (UN) Special Envoy for AIDS/HIV in Africa and head of the World Health Organization's Commission on the Social Determinants of Health, said he strongly identified with our “Still Not Enough Nurses” campaign.

“Everyone knows the conditions under which you are working – the overtime, the undermining of quality patient care and the extent to which you want to improve your conditions under the threat of discipline,” said Lewis, who is a member of the Board of Directors of the International AIDS Vaccine Initiative and has served as a Canadian Ambassador to the UN and Deputy Executive Director of UNICEF.

Lewis added that Local Health Integrated Networks and the Health Providers Advisory Committee absolutely need to have “the forces of nurses felt.

“Nurses should be on the boards,” he said. “Nurses should have the strongest possible voice in their management. Nurses are the core of the system – it's a matter of political reality.”

Lewis, a former leader of the Ontario New Democratic Party for eight years, also highlighted the shocking challenges nurses in AIDS ravaged countries face, describing overwhelming workloads, where one nurse is frequently in charge of 80 acute patients or more, and their own health risks in unsafe working conditions.

Following his remarks, Lewis signed copies of his latest book.



Delegates vote to continue OFL affiliation

Convention delegates have voted overwhelmingly to continue our affiliation with the Ontario Federation of Labour (OFL), which speaks for approximately 700,000 organized provincial workers.

Prior to the vote, OFL President Wayne Samuelson addressed the convention on the many activities of his organization, which ONA joined in 2004.

Calling ONA's passion “inspirational,” he stated, “We are stronger when we work together, so much more capable of forcing those who oppose us to back down and listen to what we have to say. Every day, as leaders in the union federation, you are making a difference in people's lives.”

ONA website relaunched

The new and improved ONA website was officially launched at the Biennial Convention to rave reviews.

The website, which is easier to navigate and features additional enhancements including a French language section, was unveiled by ONA CEO Lesley Bell. Comments from ONA members since that time have been very positive, stating the website is much more professional looking and user-friendly.

(For specific details on the features of the new site and how to navigate around it, see *ONA Vision*, November 2006, pg. 14.)

When you have a few moments, log on to www.ona.org, take a look around and let us know what you think at webmaster@ona.org. Your comments – both good and not-so-good – will enable us to continue to refine our website to meet your ever-changing needs.



CFNU keeping busy, leader explains

Developing a strategy to protect front-line nurses and other health care professionals during a flu pandemic is just one area in which the Canadian Federation of Nurses Unions (CFNU) is focusing, CFNU President Linda Silas revealed to the convention.

After bringing greetings on behalf of Canada's provincial nursing union counterparts, Silas discussed other key areas of concern to the CFNU, of which ONA is a member, including child care, pharmacare, replacement workers, health and safety, training and education for health care professionals, and the protection of our publicly funded and administered health care system.

Health and safety caucus coming

Convention delegates have carried a resolution calling for ONA to hold a yearly Health and Safety Caucus at the spring Area Coordinators Conferences.

The caucus will present a variety of health and safety topics and allow ONA members who choose to participate to discuss their experiences, concerns and other key issues in this important field.

Additional details on the Health and Safety Caucus will be released in the New Year.

Provincial bargaining with nurses a possibility, Health Minister reveals



Ontario Health Minister George Smitherman has told convention delegates that while he's interested in looking at provincial-wide bargaining with nurses, he's tired of multi-million dollar hospital organizations abdicating responsibility every time "the going gets tough."

In answering a question from the floor on the state of bargaining with the Ontario Hospital Association (OHA), Smitherman said Ontario hospitals try to "squirm off the hook" by blaming the province for not giving them enough money. His remarks were widely reported in the media.

ONA President Linda Haslam-Stroud is encouraged that the Minister also expressed a willingness to pursue further discussions with ONA regarding the concept of central hospital bargaining directly with the province, rather than having to go through the employers' association, as the province provides the funding.

"Nurses would like to negotiate with the 'horse's mouth,'" she added. ONA will pursue these discussions with the Ministry of Health and Long-Term Care.

Earlier in his remarks, Smitherman discussed initiatives to increase nursing jobs in Ontario and urged ONA members to work with the government to build on the progress that has been made so far.

"I acknowledge fully we have more work to do," he said. "We have sought to address your ongoing concerns and there are lots of opportunities ahead. We remain dedicated to investing in new programs and new resources to address the challenges to access to health care for patients. We have made discernible progress and we have the momentum.

"Nurses *are* the heart and soul of health care," Smitherman concluded. "Working together, we can make a difference. We can preserve our Medicare system."

Entire Local Executives recognized at Biennial



For the first time in convention history, all Local executive members were honoured at a special luncheon for the personal sacrifices they make to fulfill their Bargaining Unit accountabilities.

"We realize that while the Local Coordinator plays a huge role in the success of our union at the Local level, it really is the entire Local executive that makes our union operate smoothly," ONA President Linda Haslam-Stroud told the delegates as the five regional Vice-Presidents distributed certificates and pins reading "ONA Executive Member 2006" to their Locals.

"We hope you will wear the pins proudly as a reminder of your unwavering commitment to your members and your union," she added.



Limit on Board terms disso

The 2007 Board members (from left to right) Region 1 Dianne LeClair, First Vice-President Vicki McKenna, Pres. Summers, Region 2 Vice-President Anne Clark and incoming CEO Lesley Bell look on, after being recognized for their work and dedication to members. Delegates passed a motion that no member can sit on the Board. Outgoing Region 1 Vice-President looks on after her commitment over the years.

New Vision, Mission adopted

In keeping with the theme of the convention, the new ONA organization Vision and Mission were adopted.

The statements, which replace the former ONA Vision and Mission, are:

Vision – Ontario Nurses' Association: Our Union. For those who care for people.

Mission – ONA is a proactive union committed to improving the quality of life for our members, to enable them to provide high quality care.



New DVDs viewed at Biennial

Six new ONA DVDs were unveiled throughout the three days of the Biennial Convention to resounding applause. The DVDs focus on:

- ONA's work with the Ontario Federation of Labour since the 2004 Biennial Convention.
- A touching tribute to Jean Lowery, ONA's founding president, who passed away in 2006.
- Highlights of ONA's achievements and successes since 2004.
- An outline of ONA's \$2-million multi-media "Still Not Enough Nurses" campaign undertaken over the last two years to draw attention to the impact of the ongoing nursing shortage on quality health care.
- How members can be more involved in our union.
- A summary of ONA in the news.

The DVDs will be available for viewing through your Local Coordinator in the weeks to come.



ved

Vice-President Jeanne Soden, Region 4 Vice-President Linda Haslam-Stroud, Region 3 Vice-President Andy [unclear] Region 1 Vice-President Karen MacDonald show their [unclear] at the Biennial Convention for their continuing hard [unclear] eliminating the limit on the number of terms a mem- [unclear] Diane Parker, inset, was also honoured at the con-

ion statements ted

delegates have adopted a resolution that [unclear] to our *Statement of Beliefs*.

on statement, now read:

pected. Strong. United. Committed to members

roving the economic welfare and quality of work- [unclear] quality health care.



Divisional court decision impacts employee health files

In a recent court decision involving Sunnybrook Health Sciences Centre, a nurse was discharged by her employer and reported to the College of Nurses of Ontario (CNO) for alleged professional misconduct.

As part of its investigation, the CNO requested the member's occupational health file from the employer's occupational health department. The manager of the occupational health department, after consulting the director of Labour Relations and the hospital's specialist on privacy issues, sent the records to the CNO without the member's consent. The court found that the records were personal health information under the *Personal Health Information Protection Act* (PHIPA). This means the records were not employment files available to the employer. However, the court also found that an investigator from the CNO has broad powers of inquiry to enter the business premises of the member. The PHIPA expressly exempts the regulatory activities of the CNO from the operation of the Act, and allows the employer to provide member's occupational health records to the CNO without the individual's consent when an investigator requests them.

While the investigator must have reasonable grounds for believing the information requested is relevant, the threshold of relevance is very low. There is not even a requirement that the member be provided with notice. As a result, members should be aware that as part of an investigation, the CNO can have access to their employee health files without their consent.

The recent court case focuses primari-

ly on the CNO's right to access occupational health files. However, it also confirms that occupational health files are not employment files. As a result, these files remain separate from human resources files and cannot normally be viewed by management. A member's medical information remains confidential vis-à-vis her employer, up to the point where they became relevant in an arbitration hearing; there are several arbitration awards examining when and how the employer has the right to look at an employee's occupational health files in that situation.

Members should be very careful about what information they provide to the occupational health department. As much as possible, they should ensure that they provide information to the department only in relation to illnesses that require them to take sick time and/or require return to work plans. Members should be very cautious about discussing with the occupational health department any other illnesses they have or may have had other than the one that has required them to take sick leave. *The Guide for Attendance Management Programs*, prepared by ONA in July 2004, provides further assistance in dealing with an employer's occupational health department, and we encourage members to review this document. (Information on attendance management is available on the Members' Section of the ONA website at www.ona.org.)

Nothing in the Sunnybrook case appears to restrict the CNO's access to occupational health files only. If the member has been a patient at the hospital where

she works, there is the potential that the CNO may be able to examine her medical records, as well as her occupational health file. Members should generally visit their own family physicians rather than their employer's occupational health department, and may even wish to avoid attending at the emergency department at their own workplace, where possible.

ONA recommends that each member follows these practices:

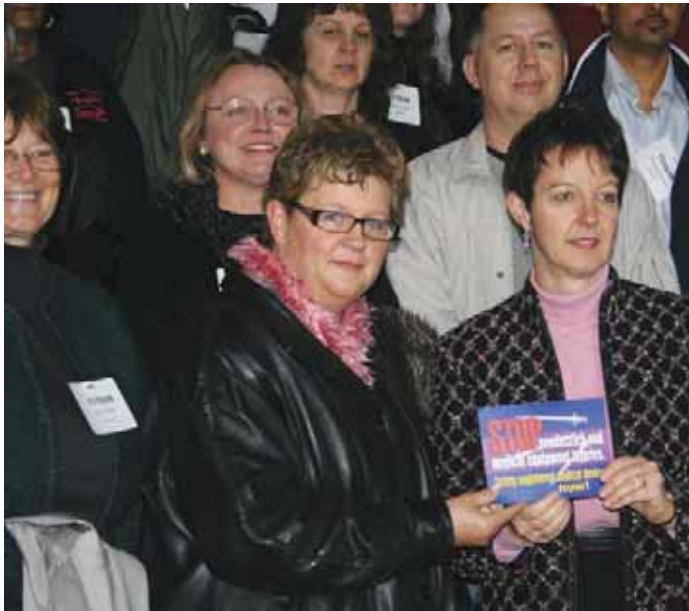
1. When visiting the occupational health department, keep in mind that any information you provide can be used:
 - By the employer if relevant in the arbitration of a grievance.
 - By the CNO in an investigation of your practice. The court in the Sunnybrook case has made it very clear that members have no privacy from the CNO with respect to their occupational health files, if these files are relevant to an investigation.
2. If you have reason to visit your occupational health department in relation to health issues affecting your ability to work, contact your Bargaining Unit President or Local Coordinator to clarify what information you should or should not provide to the occupational health department.
3. If you have been contacted by the CNO in relation to a complaint or report regarding your nursing practice or your ability to continue nursing, please contact the LEAP Team immediately.

Provided by the LEAP Team

Homes settlement overwhelmingly ratified

Bernadette Lamourie, chair of ONA's Nursing Homes Central Negotiating Team, outlines the tentative agreement to local leaders at a sector meeting on November 14 (see Front Lines, Fall 2006 for details of the settlement). A few days later, the settlement, which affects approximately 1,200 members, was ratified by more than 97 per cent. Meanwhile, ONA continues to await arbitration for our 45,000 members in the hospital sector, now expected to come down sometime in January 2007.





ONA demands safe needles legislation

ONA President Linda Haslam-Stroud is joined on the steps of Queen's Park on November 16 by NDP Health Critic Shelly Martel and members of three unions to present 1,500 postcards from Ontarians calling for a law mandating the use of safe needles in provincial health care facilities. The unions – ONA, the Service Employees International Union and the Ontario Public Service Employees Union – represent 130,000 health care workers and were on hand to support Martel's Private Member's Bill, saying its passage would prevent 33,000 accidental injuries a year and save the province millions of dollars. More information on this campaign can be found at www.saferneedles.ca.



CCAC Local leaders discuss realignment

Local Coordinators and Bargaining Unit Presidents from Community Care Access Centres (CCACs) gather in downtown Toronto for a sector meeting on December 7 to discuss the realignment of CCACs with the 14 new Local Health Integrated Networks on January 1, 2007. The Local leaders specifically learned how to prepare winning Public Sector Labour Relations Transition Act organizing campaigns and prepare for bargaining with new employers.

take NOTE

■ Nurses believe Ontario needs to take action on two fronts – a national

pharmacare strategy to cover essential drugs costs, and a national health human resources strategy to ensure there are enough nurses, doctors and allied health care workers to deliver timely health care – to push back the pressure from commercial interests to privatize our public health care system, ONA President Linda Haslam-Stroud has told the Hamilton stop of a 32-community national tour. During the *Medicare Works!* tour, which sounds the alarm about the gathering threat to our public health care system, Haslam-Stroud said that achievements in these two areas "will steer our public health care system in the right direction, and, taken together, health outcomes will be improved, savings realized and access to quality care enhanced."

■ ONA has issued a media release expressing concern at the announced layoffs of registered nurses at two Brantford long-term care facilities. Management of the facilities informed ONA that RNs will be laid off in early 2007 and they plan to rewrite the job descriptions for nurses, using registered practical nurses for a broader scope of duties. Changes at the St. Joseph's Lifecare Centre will leave just one RN on duty during the day and two at night, responsible for 205 patients. The remaining RNs would be responsible for assessment and documentation of residents' care needs and for reporting data to the Ministry of Health. Changes at John Nobel Home for the Aged will leave just one RN on duty during the day and one at night, responsible for 156 patients. "The RNs are very concerned about workload and how they'll ever be able to supervise staff and this large number of residents," ONA President Linda Haslam-Stroud stated on the release. "The layoffs and changes to nurses' responsibilities will jeopardize their abilities to meet the standards of care they are obligated to provide, threatening their licenses to practice."

■ The College of Nurses of Ontario (CNO) has announced that as a result of many factors, including input from nurses, current regulations of its Quality Assurance (QA) Program need to change. This announcement is a huge win for ONA as it ensures our members' interests are protected and acknowledges all the work of members and staff in letter-writing campaigns and providing written feedback on the QA Program. The CNO is developing a new QA model and plans to unveil it at Council in March. Stakeholder focus groups began in November.

our members WRITE

Sick nurses called at home incessantly

The following letter, written by Local 70 Coordinator Pat MacDonald, RN, in response to an article on personal medical information, was printed in the Hamilton Spectator on November 14, 2006.

We would like to share with the public school teachers' union that it is becoming a common practice for employers to invade employees' personal medical information.

Hamilton Health Sciences (HHS) – purportedly one of Canada's top 100 employers according to *Maclean's* magazine – has hired an external company, Cowan-Wright-Beauchamp (CWB) to do this bidding for them.

The difference with the HHS is that it is forcing its employees to consent to disclose diagnosis, treatment, medication or "this certificate will be deemed incomplete unless all sections are completed satisfactorily." Incomplete disclosure equates to employees not receiving sick benefits unless they consent for their personal doctor to file to the company a form containing their very personal and private medical information.

Additionally, if CWB's doctor (not a specialist) does not like our specialist's diagnosis and treatment plan, they override it and tell us we must return to work.

It calls employees incessantly at home while they are ill. This is forcing nurses to return to work when they are still sick. We are concerned about the effect this may have on a health care system that is reportedly on alert for a pandemic and concerned about a nursing shortage. Disrespecting nurses is not a good recruitment strategy.

Nurses at HHS are tired of this invasion of their privacy and

we are fighting back. We support the teachers' concerns. No employee should have less right to privacy of their personal medical records than any patient in Ontario or Canada is afforded by legislation. We demand the same rights in our workplaces.

ONA welcomes new members

ONA has recently held successful certification votes at the following facilities:

- Extendicare Southwood: 8 RNs.
- VON Perth-Huron: 20 RNs.
- Guelph Community Health Centre: 8 RNs.

We welcome these new members to our organization.

Goodyear boycott urged

Ken Georgetti, president of the Canadian Labour Congress of which we are a member through our affiliation with the Canadian Federation of Nurses Unions, has asked ONA and our members to endorse a national consumer boycott against Goodyear Tire and Rubber Company.

The boycott, at the request of the United Steelworkers, is in support of workers walking the picket line demanding a guarantee from Goodyear not to close manufacturing plants in North America.

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