

Nursing Standards of Care: ONA Members, Unionism & Professionalism

**A Presentation to Loyalist College Nursing Students
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**Loyalist College, Belleville
December 4, 2009**

Check against delivery

- Hello everyone, and thank you for the invitation to speak on a topic that I am so committed to – nursing, unionism and professionalism!
- As a vice-president for the Ontario Nurses' Association – or ONA – I can attest to the value my union puts on advancing the profession of nursing and its concern with quality patient care.
- Especially as the province faces seemingly insurmountable fiscal challenges and the public is being sent messages about “sheltered” public-sector workers, it is more important than ever that you understand that no disconnect exists between being a union member and a professional, and I'm going to talk about the reasons for this.
- I want each of you to know, as you complete your education and eventually enter the workforce – many of you for ONA facilities – that ONA is deeply committed to advocating for our members and for the profession.
- I want each of you to know that ONA has helped to advance the respect that nurses now receive, deservedly so.
- I want each of you to know that ONA has had significant wins over the years to ensure that we can provide quality patient care for our patients.

- ONA celebrated its 35th anniversary last year, and has a long history of successes that have improved the respect, the wages and the lives of our 55,000 registered nurses and allied health professionals, as well as more than 12,000 student affiliate members.
- Today, I'm going to highlight ONA's Professional Responsibility Clause and how it is a mechanism for solving practice workload concerns, which in turn ensures quality patient care up to our professional standards.
- I'll talk about understaffing and heavy workloads, how the Professional Responsibility Clause came to be, and how it can help all of us deal with this serious issue.
- Heavy workloads are one of the most pressing issues affecting RNs in the health-care system today, and will be for the foreseeable future.
- Nurses' practices are impacted severely by understaffing and excessive workloads, and this is made even more serious by the increased patient acuity that we're seeing now in most sectors, but especially in hospitals and long-term care.
- Nurses are suffering increased illnesses and injuries due to overwork.
- In fact, all aspects of the health-care system are impacted by workload issues, not only from a patient safety standpoint and outcomes, but also from an occupational health and safety perspective.

- Nurses are committed to practicing up to the College of Nurses of Ontario standards, and we'd like to be able to care for our patients beyond those standards, but a shortage of time and resources makes that extremely difficult.
- Excessive workloads can lead to circumstances that can lead to a report to the CNO, and our licenses being put at risk.
- For hospital nurses, factors impacting on practice and workloads include an increase use of less-qualified staff, the use of agency nurses and a lack of support staff.
- Because heavy workloads and chronic staffing shortages plague most facilities, many ONA members fear for the safety of their patients and worry about the ability to provide quality patient care.
- Research backs us up.
- Linda O'Brien-Pallas found, in a 2003 study, that concerns about workload and staffing not only influence *our* health and safety, they influence patient outcomes too.
- The odds of patient mortality increase by 7 per cent for every additional patient in an average nursing workload.

- An inadequate complement of nursing staff has also been associated with other types of adverse occurrences, she found, including medication errors, ulcers, pneumonia, post-op infections and urinary tract infections.
- ONA's ultimate goal is to solve the nursing shortage and all our workload concerns, but with one-third of all RNs eligible to retire by the end of this year, that solution won't be evident in the short term.
- And with the provincial government's underfunding of hospitals and subsequent cutting of nurses from the front lines to balance budgets, a solution to the shortage is not at hand.
- But ONA continues to work for safe patient care in an environment that is safer for us and for other allied health professionals.
- So you'll understand what I mean when I say that the ONA Professional Practice Clause is the single most important tool that our members have for dealing with practice and workload concerns.
- This clause is a mechanism for dealing with workload concerns that is built right into ONA members' collective agreements.
- Yes, it is in place because of the nurses' union, and it's in place to ensure safe, quality patient care.
- It is there not only for the well-being and safety – and your protection – but also for the safety of patients.

- The clause specifies the process for documenting workload concerns and puts into a play a mechanism that includes getting facility managers to work with ONA and try to resolve the situation.
- It is designed to enhance safe, quality patient care by addressing concerns relating to professional practice, patient acuity, fluctuating workloads and staffing in a timely, effective manner.
- The professional responsibility clause was ground-breaking collective agreement language when it was first instituted in 1977.
- ONA was the first nurses' union in the country to have such language. Other nursing unions across Canada followed our lead.
- Two high-profile cases are responsible for bringing the need for the clause into focus.
- In 1977, ONA member Catherine Mancini and her colleagues at Mount Sinai Hospital in Toronto refused to accept patients they believed they could not properly care for. Today, I guess you would say they staged what we'd call a work refusal.
- They perceived that there was an inherently unsafe situation for patients at the hospital because of workload, and they began to document their concerns and brought them forward for resolution.

- At the same time, nurses at Vancouver General Hospital were documenting horrendous problems with the quality of nursing care and horrendously heavy workloads.
- By 1978, Vancouver General had addressed the workload issues and saw a substantial improvement in the standard of care.
- These two high-profile cases brought nurses' accountability to their professional responsibility to safeguard patients to the front burner.
- The efforts of the Mount Sinai nurses and ONA's efforts at the bargaining table saw the first professional responsibility language adopted in a nurses' collective agreement.
- By 1979, Toronto General followed Mount Sinai's lead with an arbitration award that granted them professional responsibility language.
- That paved the way for 120 more Ontario hospitals to adopt professional responsibility language in the collective agreements.
- How does it work?

- Well, the professional responsibility clause assists nurses in meeting their professional obligation to the College of Nurses of Ontario as patient advocates, in monitoring and assessing the quality and quantity of patient care.
- It also ensures that our rights are protected while safeguarding the safety of patients, by providing a tool to identify areas where workload is negatively impacting on patient care to the point where they are at risk.
- The clause also provides for an independent assessment committee of nursing experts to investigate and assess problems that we document.
- The clause allows nurses who believe they are being assigned a workload that is heavier than is consistent with safe, proper patient care to use the process to try to resolve the problem.
- When a nurse believes they are in a position to use the professional responsibility clause, it's important to use the correct process.
- Without going into detail, suffice it to say that the process is detailed and specific, but in general, it begins with an immediate supervisor being advised at the time the improper work assignment occurs.
- If there is no resolution, the next step is to file a written report that documents the concern.

- It is forwarded to the internal joint ONA-Hospital Committee, comprised of management and ONA members.
- By filling out the Professional Responsibility Workload Report Form every time you identify an unsafe condition, you're shifting the responsibility and accountability back onto your employer for resolution.
- It may not feel comfortable to do so, but by using the clause, we are meeting our CNO standards and asking administrative nurses to meet their standards.
- Once the employer has been made aware of the practice concern, they have the responsibility to pursue resolution.
- The written form is the start of a paper trail to identify and demonstrate ongoing problems that require a management response and action plan.
- It is the evidence that the ONA nurse is endeavouring to meet all professional responsibilities and proof that the nurse is identifying patient safety issues to managers. It also provides evidence should anyone have to respond to the CNO's Complaints and Disciplines Committee.
- It's unusual, but should the employer fail to resolve the complaint, the next step is to go to an Independent Assessment Committee.

- The IAC is comprised of three registered nurses – one chosen by the hospital, one chosen by ONA, and one independent RN chosen from a list of “agreed-to” nurses found in the appendix of the collective agreement.
- The committee considers the information brought forward by nurses and hears evidence from ONA and the hospital.
- The committee also tours the unit in question, considers written submissions and exhibits submitted by both sides, and can question both the union and the employer.
- ONA ensures that its written submission always includes recommendations to resolve the workload issues.
- The committee reports its findings and includes recommendations or conclusions.
- While these are not binding, they provide the tool necessary for ONA to push for changes.
- When ONA receives the report, we seek a meeting with the hospital, at which management is present.
- If we cannot agree on implementation, ONA will continue to work to have changes implemented on an internal level.

- If this fails, ONA may contact the Health Ministry and develop a media campaign to warn the public of patient safety issues and quality of care. At worst, the hospital may be censured by ONA.
- Censuring is a last resort, and not a move we take lightly.
- It is a nation-wide approach to publicly reproach a health care agency that ONA believes has unfairly or improperly treated staff, or that has failed to ensure that patient safety/quality care concerns are addressed.
- When we censure a hospital, we send information to that effect across Canada to other nurses' unions, nursing schools, to the hospital board and to the media.
- This ensures that prospective employees are informed of the employer's issues, and we urge these workers to refuse employment at that hospital until the matter is resolved and the censure lifted.
- While the clause and censuring aren't successful 100 per cent of the time, they have improved the working lives of nurses.
- I think that increased staffing levels, safer workplaces, improved communications with employers, improved quality of care and the provision of necessary equipment and supplies is worth the time it takes to fill out a form.

- Over the years, ONA members, with the help of our in-house professional practice specialists, have negotiated staffing increases in both nursing homes and hospitals.
- A perfect example of the effectiveness of our clause is from 2002, at the Scarborough Hospital's ER.
- Our members started documenting their concerns in writing about the dirty workplace, excessive overtime, too many patients, overcrowding, security and crowd control, poor patient information flow and a lack of confidentiality.
- ONA began speaking to management about the written complaints, and the nurses began meeting with management as required by the collective agreement.
- As this was occurring, the SARS outbreak began, and one of the first cases was at the Scarborough Hospital.
- Our nurses are convinced that the chaos in this emergency department directly contributed to making the SARS outbreak much more severe than it needed to be.
- When the chaos caused by SARS subsided, the Scarborough Hospital agreed that changes would be made.
- New full-time positions were created, and the hospital realized that if it wants to attract and retain nurses, and to provide quality patient care for patients, this could best be achieved by offering an adequate number of full-time nursing jobs.

- Throughout the union's history, change has come about when nurses took action.
- For an optimal health-care system, though, we need to work together to advocate for the patients who need us.
- That means we need safer nursing workloads, safer workplaces and improved working conditions – and all of us sharing responsibility for a quality health-care system.
- We must be able to practice professionally.
- We must be to deliver high-quality care to our patients.
- Nurses who don't have safe environments in which to practice can't deliver quality care – and our patients suffer.
- By following the process for improper workloads, ONA members are advocating for protection of our patients.
- The clause has been successfully used to increase staffing levels at the Rideaucrest Home in Kingston, at the Huronia District Hospital in Midland, at the Wilson Memorial Hospital in Marathon – in all corners of the province.
- Through ONA, our nurses have the tools to do something about unsafe workloads.
- They have the resources they need to back them in ONA's professional practice team.

- I believe and our members believe in the power of ONA to represent our profession well – to our members, their employers, our patients, the media and to the government.
- ONA is an active organization on countless nursing and professional committees, well respected for its thoughtful and valued input on a myriad of issues.
- We are the voice of our members to the media, and we are proactive in speaking out on issues that impact nurses and their patients.
- If it weren't for ONA, RNs would not have access to safety-engineered needles, to safe lifting equipment, to N95 respirators to keep them safe during the H1N1 pandemic.
- Nurses would not have legislation to keep them safer on the job from workplace violence, as they do now.
- So while ONA is a union in the traditional sense, we are untraditional in that we continue to advocate for patients – just as every nurse is tasked with doing.
- And our efforts pay off. Each year there is a public poll of attitudes toward a variety of professionals.
- Registered nurses continue to be in the top three most trusted professions among Canadians – and remember, a vast number of RNs are union members.

- Through our work with government, with nursing organizations, with researchers and with our members and their employers, ONA continues to improve the professional lives of nurses, despite an onslaught of challenges.
- And we do so for each member and for the patients we so dearly want to care for.
- I hope that helps explain what ONA does and how it is not only possible but preferable to be both a nursing professional and a union member.
- And I hope that you will seek out an ONA facility when you enter your professional lives.
- If I have time, I'm happy to answer any of your questions.
- Thanks for listening.