PTSD Legislation:  
Media Supportive as ONA Speaks Out Loud and Clear About Exclusion of Nurses

ONA First Vice-President Vicki McKenna, RN says that nurses should be covered by Bill 163. “Nurses walk into situations, they don't run away from them.”

The Ontario Nurses’ Association’s 60,000 front-line members are grateful for the widespread coverage of the exclusion of nurses from Bill 163, the legislation that presumes that a post-traumatic stress disorder (PTSD) diagnosis is a workplace illness for first responders.

Despite meetings with the Ministry of Labour while the bill was being written, ONA and its members were shocked when Bill 163 passed (source). The legislation covers firefighters, police, EMS and correctional workers, but not the front-line nurses who work in hospitals, long-term care facilities, the community, public health, clinics and industry.

As ONA First Vice-President Vicki McKenna explained in several media interviews, nurses “walk into situations, they don’t run away from them.” Nurses are often first responders. Those working in long-term care facilities have sometimes walked into a resident’s room to find themselves at the scene of a homicide; nurses working in emergency departments, the ICU, pediatrics and oncology experience immense stress and tragedy.

McKenna also spoke about the experiences of some nurses who have
What is ONA?
The Ontario Nurses’ Association (ONA) is the union representing 60,000 registered nurses and allied health professionals and more than 14,000 nursing student affiliates providing care in Ontario hospitals, long-term care facilities, public health, the community, clinics and industry.

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Who is Linda Haslam-Stroud, RN?
ONA President Linda Haslam-Stroud, RN (pictured), is a veteran renal transplant nurse who is an expert spokesperson on a range of issues. Linda is available to comment on everything from workplace violence, patient care, health care policy in Ontario, the flu pandemic, nursing cuts, public health and much more. Simply contact ONA’s media relations officer, Sheree Bond, at (416) 964-8833, ext. 2430 if you would like to interview Linda on a health-related issue.

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Evidence on Last Year’s Flu Vaccine, cont’d from page 1

Sheryl Ubelacker reports that the ineffectiveness was due to a “perfect storm” of conditions. Dr. Danuta Skowronski, influenza expert at the BC Centre for Disease Control, told CP that the virus had genetically mutated by the time the vaccine had actually been produced and administered. Researchers found the protection it afforded to the mutated flu strain was “virtually nil.”

They also found that people who had been inoculated in the previous year actually had a higher risk of contracting the flu than those who were not inoculated.

Despite the evidence, Skowronski and Mount Sinai Hospital’s Dr. Allison McGeer continue to push for annual flu vaccinations.

Skowronski advocates for other research groups to do their own studies to see if his results are replicated.

McGeer, who has been a paid consultant to a pharmaceutical company that manufactures influenza vaccines, admits that while we “clearly need better vaccines” she continues to insist “you’re still better off to get vaccinated.”

For front-line nurses working for the minority of the province’s hospitals who have a “vaccine-or-mask” policy in place, this is intriguing research.

Nurses Excluded from PTSD Legislation, cont’d from page 1

been diagnosed with PTSD but had the WSIB deny them coverage. One nurse, diagnosed with PTSD after SARS, is still appealing – a decade later.

It was encouraging for nurses to see that a full week after the legislation passed, media outlets were publishing opinion editorials, continuing to call on the government to amend the bill.

An Ottawa Sun (source) op-ed noted that “anyone who’s ever known a nurse or even been in the hospital” knows the things nurses see – “the trauma and the ugliness.” The piece notes that “we put our lives in nurses’ hands, just as we do with paramedics. The least we can do is reach out to them, and acknowledge the hard and vital work they do.”

For the Ontario nurses who wonder why their workplace experiences are being pushed aside in this legislation, the support of the media is heartening.
“Home Care” an Oxymoron?

Home care is in the news again in both Waterloo and Toronto (source 1, source 2).

The Waterloo Region Record reports that the local CCAC is being given one additional year to balance its budget. Currently reporting a $4-million deficit, the Waterloo Wellington CCAC’s CEO Dale Clement says he can do so without cutting services or putting people on wait lists. How? The answer no doubt leaves some readers thinking “home care” is becoming an oxymoron.

New initiatives include “expanding community nursing clinics, where people who are mobile can schedule appointments rather than wait at home for a nurse. This month, a fifth nursing clinic is opening and another may come to Waterloo,” says the report.

No doubt the nurses staffing the clinics will not have had a wage increase for years. As Bob Hepburn’s Toronto Star(222,650),(772,996) column reports, hundreds of health professionals working in the home-care sector have been receiving notices that their salaries would be frozen yet again.

The private companies employing these nurses, physiotherapists and other highly educated and skilled professionals have not provided wage increases – in some cases – for the past decade. As a result, some of these workers, many with master’s degrees, are earning as little as $35,000 a year and have also been told that they must see more patients, complete more paperwork and improve patient satisfaction despite shorter visit times.

Hepburn notes that senior management of the CCACs who contract out this care have received “whopping raises” in 2015. In Hepburn’s clear opinion, “that’s not right! Indeed, how can the CCACs justify giving their own senior employees whopping raises while telling private companies contracted by them to actually treat patients at home that the CCACs are cash-strapped and can’t afford to increase the rates they pay for each patient visit – for 10 years in a row?”

More importantly, Hepburn rightly says that nurses and other healthcare providers working for private-sector, for-profit companies that provide home care are “demoralized, burnt out and fed up. Their work has gone from being a calling to one of writing reports, completing data requests and having to tell patients they can’t visit them as often...”

ONA spoke out long ago, warning that patients would suffer when for-profit providers were introduced into home care by the Harris government.

Over the years, ONA President Linda Haslam-Stroud has also spoken out repeatedly about the challenges in recruiting and retaining RNs for these providers, as each time a provider lost a contract, RNs would lose their jobs, their seniority and have to begin again. The sector is not an attractive one to health-care providers for exactly the reason Hepburn has written about.
Provincial Health-Care Reform: Medical Officer of Health Expresses Doubts

The problem of health-care system professionals afraid to speak up lest they damage their chances of receiving funding from the Local Health Integration Networks is just one of many issues for Health Care Minister Eric Hoskins, says a column in the Toronto Star (source). Bob Hepburn writes that a series of stakeholder engagement meetings held by the minister were intended to gather honest feedback on Hoskins’ plan for another round of health-care reform.

Among the plans for health care is one to transfer the existing 14 Community Care Access Centres (CCACs) to the 14 Local Health Integration Networks (LHINs).

The Care Coordinators and Case Managers who work in these CCACs – members of ONA – will see their employer become one of the 14 LHINs when the transition occurs.

Plans are for public health units to also be closer aligned with the LHINs, but at least one medical officer of health has no compunction about speaking out (source). City/county medical officer of health Dr. Rosana Salvaterra writes in an opinion column that Health Minister...continued on page 5

Public health nurses work to keep communities healthy. Now, one Public Health Medical Officer of Health has expressed doubts about upcoming health-care reform that may take away the autonomy of public health units.

Medically Assisted Death: RNs Concerned About Liability

Now that Bill C-14 has been introduced by the federal government, Ontario Nurses’ Association members are looking to the provincial government to ensure that regulations are put into place that protect them from any criminal liability should they be asked to assist or administer medication to end a patient’s life.

The draft legislation received widespread media coverage, with the Canadian Press noting that nurse practitioners will be among those expected to provide medically assisted death (source). Sheryl Ubelacker reported that the inclusion of NPs recognizes the nursing profession’s role in medical assistance in dying. Often, NPs or RNs are the only medical providers in rural and remote areas of the country.

ONA is calling for clear nursing standards from the College of Nurses of Ontario around Bill C-14.

In addition, First Vice-President Vicki McKenna, RN says that there must also be a balance of the patient’s right to access medically assisted death with the right of nurses to choose not to participate – should they be conscientious objectors – and the need to protect vulnerable patient populations.

“We’re on the front lines, at the bedside of patients and will be the professionals who will be asked to provide information and support to our patients and families,” she says. “We expect that in some cases, we will be asked to assist.” Not only the government and the regulator, but also hospital managers, must issue clear policies regarding the scope of nurses’ roles in this practice.
Doubts About Health-Care Reform, cont’d from page 4

Eric Hoskins has a plan to transform the health care system called “Patients First.”

While the position paper calls for strengthening of the links between the LHINs and public health, she questions the “strong and puzzling disconnect” in the intention and the changes he has proposed.

She notes that the mandate of public health is to keep communities healthy “long before they become part of the health-care system.”

Salvaterra writes that public health has its roots in the municipal system, is the “poorer cousin to the health-system and as such, enjoys independence and responsibilities granted under the Health Protection and Promotion Act. Local governments fund 25 per cent of public health units’ budgets. The minister’s “Patients First” paper “has the potential to undermine our independent voice to all three levels of government on diverse issues like smoking bylaws, poverty reduction efforts and the need for federal regulation of sodium in processed foods.”

She notes also the “complete absence of any rationale for diverting our funding and accountability away from the province to LHINs” and suggests that stronger links with the LHINs can be developed without changing the funding and accountability of public health.

Salvaterra’s column is likely the first of many and a clear example of the suspicion with which health-care leaders view the “Patients First” plan.

No Money For Health Care?

Hamilton Hospital Executives Seeing Increases

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While the position paper calls for strengthening of the links between the LHINs and public health, she questions the “strong and puzzling disconnect” in the intention and the changes he has proposed.

Front-line health-care workers have heard the same story for more than five years now – there is no money in the kitty for wage increases. Yet as the Hamilton Spectator revealed (source) the Hamilton Health Sciences Corporation spent an additional $500,000 on executive salaries in 2015.

With the early release of the annual Sunshine List of public-sector employees earning more than $100,000, the figures showed that executive pay for the hospital’s presidents, vice-presidents and executive vice-presidents totaled roughly $5.8 million. CEO Rob MacIsaac was quick to defend the increase, saying that the executives have an “extraordinary” level of education and responsibility. “They are well paid and from my perspective need to be well paid,” he said.

For the RNs and other health-care providers on the front lines, the annual release of the Sunshine List can be a demoralizing experience. While the executives generally see salary increases, the front lines see their numbers cut each year “to balance the budget.”

RNs who work long hours of overtime – due to staff shortages – can find themselves in the media with their employers sometimes blaming ONA for the pay levels. In Belleville, (source) Quinte Health Care treasurer Karen Baker told the Intelligencer that “the hospital has no control” over pay increases that are part of union contracts. The registered nurses are represented by the Ontario Nurses’ Association.

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Front-line health-care workers have heard the same story for more than five years now – there is no money in the kitty for wage increases. Yet as the Hamilton Spectator revealed (source) the Hamilton Health Sciences Corporation have been enjoying healthy salary increases. Here, ONA President Linda Haslam-Stroud, RN (left) joins nurses from St. Joseph’s Healthcare Hamilton in raising awareness.

For the RNs who have had a two-year wage freeze followed by increases below the inflation rate for six years, this type of comment continues to be demoralizing. RNs have a starting salary of $31.02 per hour. After 25 years of experience, RNs are paid $44.84 an hour. This after earning a four-year university degree and maintaining career-long learning.
ONAHONA Representatives Travelling the Province

Ontario’s front-line nurses will be celebrating Nursing Week from May 9 to 15.

Watch for media advisories from ONA as a representative may be coming to your community.

Looking for a story idea?

Journalists could profile:

- a local registered nurse,
- a Nursing Week event, or
- the work RNs do.

ONA can help. Contact ONA’s Media Relations Officer at shereeb@ona.org.

Despite more health-care challenges than ever before, May 9 to 15 is a week to celebrate nurses and the skilled care they provide their patients each and every day.

Nurses still debating health-care provider protection 13 years post-SARS

More than 13 years post-SARS, registered nurses and allied health-care workers are astounded to see that in the scientific community, debate continues about what is an adequate level of personal protective equipment for care providers.

The Canadian Medical Association Journal recently published a study (source) comparing the use of N95 respirators versus surgical masks to protect health-care workers from acute respiratory infection (such as SARS).

The researchers “searched various electronic databases and the grey literature” for “relevant” studies published from 1990 to 2014. They concluded that “although N95 respirators appeared to have a protective advantage over surgical masks in laboratory settings,” there remained insufficient data to determine definitively whether N95s are superior to surgical masks.

In response, ONA President Linda Haslam-Stroud, RN wrote (source) a letter to the editor.

Quoting Justice Archie Campbell’s SARS Commissioner report, Haslam-Stroud noted that his comments about the “two solitudes: infection control and worker safety” continues, “to the detriment of health-care workers and patients across Ontario.”

Scientists continue to insist they found no significant difference between N95 respirators and surgical masks in associated risk of laboratory-confirmed respiratory infection in six clinical studies. They admit the N95 respirators “appeared” to have a protective advantage, but they still say there is insufficient data to say that N95 respirators are superior to surgical masks to protect health-care workers.

Perhaps the scientists would like to explain their conclusions to the two registered nurses in Texas who contracted Ebola virus while wearing surgical masks. As for ONA’s position, it is that N95s are a minimum standard for worker protection during an outbreak.