LINDA HASLAM-STROUD, RN
President

Dear ONA Members,

I am pleased to provide you with the following report from ONA’s Biennial Convention, held in downtown Toronto at the Westin Harbour Castle Hotel. This was our first Biennial at this venue, which was large enough to accommodate our leaders, members, guests, observers and ONA staff.

To that end, our theme, I’M IN. STRONGER TOGETHER., captures what our Union is all about – our leaders, members and staff working together to achieve great things.

ONA has done so much to both improve the quality of work life for our members and to grow respect for the profession of nursing, not just in the past two years, but throughout our 41-year history – all while overcoming many roadblocks along the way. As we continue to face threats to our health and safety and working conditions, I only have to look back on this impressive past to know we will rise to the challenge once again... by standing together.

I am confident the engaging dialogue and the key decisions we made over the three days of our Biennial Convention will help set us on that road. Achieving that goal will permit us to do what we love and are dedicated to: providing safe, high-quality care to our patients, residents and clients.

I’m in! Are you?

2015 ONA BOARD OF DIRECTORS

Our Board members were introduced with rousing, high-energy music. The Board, which will see some portfolios shuffled for 2015, is as follows:

- Linda Haslam-Stroud, President (Communications and Student Affiliates)
- Vicki McKenna, First Vice-President (V-P) (Political Action and Professional Practice)
- Pam Mancuso, Region 1 V-P (Human Rights and Equity)
- Anne Clark, Region 2 V-P (Education)
- Andy Summers, Region 3 V-P (Occupational Health and Safety)
- Dianne Leclair, Region 4 V-P (Labour Relations)
- Karen Bertrand, Region 5 V-P (Local Finance)

GUESTS

We were pleased to welcome a number of guests to our Biennial, including:

- Canadian Federation of Nurses Unions (CFNU) President Linda Silas.
- CFNU Secretary-Treasurer Pauline Worsfold.
- Nova Scotia Nurses’ Union (NSNU) President Janet Hazelton.
- NSNU Equity and Diversity Consultant Dwayne MacKinnon
- New Brunswick Nurses Union (NBNU) President Marilyn Quinn.
- Registered Nurses Union Newfoundland & Labrador (RNUNL) President Debbie Forward.
- British Columbia Nurses’ Union (BCNU) Treasurer Mabel Tung.
- Canadian Nursing Students’ Association (CNSA) Communications Director and former Ontario Regional Director Nick Alves.
- Registered Nurses’ Association of Ontario (RNAO) Chief Executive Officer Doris Grinspun.
- ONA Past President Mary Jane Beatty.
- ONA Honorary Member Jan Davidson.
- University of Ottawa Health Administration Resident Patrick Byam.
Preceding our Biennial Convention, we held our annual November Human Rights and Equity Caucus, which updated participants on our human rights and equity work, and featured various speakers on disability in the workplace. In breakout sessions, issues pertinent to the designated groups (aboriginal descent, disabilities, racialized, francophone, LGBT and friends/allies) were also discussed.

Our week concluded with education on “What it Takes to Win,” presented by ONA legal counsel and members of our stellar litigation staff. We reviewed recent cases, including arbitration awards, Workplace Safety and Insurance Appeals Tribunal (WSIAT) rulings and labour board decisions from the inside perspective of the legal counsel that represent ONA and our members. We also examined the building blocks of putting a case together and the story behind the success. These types of cases are the very core of our work as a union, and we are tremendously proud of our successes on behalf of our members.

**PRESIDENT’S KEYNOTE**

In my keynote address to Biennial delegates, I emphasized the need for us to stand together, because that is what makes us so powerful as a union. ONA has handled many challenges, opportunities and crises since 2012, the last time we were all together at a Biennial Convention – celebrating our milestone 40th birthday. We have handled the challenges together, and that makes me very proud as your elected President.

We have 60,000 dedicated, passionate and skilled registered nurses (RNs), nurse practitioners (NPs), registered practical nurses (RPNs) and allied health professionals, as well as more than 14,000 equally passionate nursing students, affiliated through the CNSA.

Our power comes from the passion each of you has for our profession, and from the dedication and energy of our Board and staff. Over the past two years, that commitment has stood us all in good stead. We are stronger than ever and stronger together. We have truly witnessed what we can accomplish together, working in tandem to advocate for safe, high-quality patient care and safe and healthy work environments.

During my 11 years as your elected President, I have been constantly amazed and so very grateful for the energy, optimism, dedication and skills shown by our Reps, Local leaders and Bargaining Unit Presidents. You have brought your “A game” to the table. In 2014, however, the things we were advocating for enabled us to see how much more powerful we can be together.

One example is our efforts around the **More Nurses** campaign. This multi-faceted, multi-phased campaign was a shining example of what can happen when we work as one around an issue. Phase I was the airing of some very successful television ads, featuring ONA members from all sectors showing the very real needs of patients. The ads reached millions of people in Ontario, and the media coverage on our campaign extended that reach.

Our **More Nurses** campaign then transitioned to messaging from nurses around the 2014 provincial election. Back in 2012, I told you about threats to unions both federally and provincially. We did face those attacks. We faced attacks from former provincial PC leader Tim Hudak and his infamous white papers, in which he proposed:

- Eliminating the Rand Formula for paying union dues. This would have gutted union membership and threatened our ability to do our work on your behalf. Had Hudak been able to get his proposals passed, we would not be here today as the powerful professional union we are.
- Opening up more government work to private-sector competition.
- Changing Ontario’s workplaces to a “flexible” workforce that would open them up to private competition.

Our radio ads allowed us to be very vocal, very quickly. We came together to fight Hudak and all his negative efforts to undo 100 years of labour rights and Ontario’s publicly funded and publicly delivered health care system. Our 60,000 members have our leaders to thank for advocating on their behalf to maintain that system. Our work isn’t done, but we’re well on the way.

Over the years, ONA has launched many very successful campaigns, such as our **Cutting Nurses, Cutting Care** campaign and **Value the Invaluable**. But our **More Nurses** campaign was different in that we engaged thousands of our grassroots members to take direct action.

Before we developed our ads, ONA held focus groups for our members, to see what messages and images resonated with them. We involved our nursing student affiliates, who attended the formal launch of the campaign at Ryerson University and posted up a storm on social media as the launch unfolded. Students sent tweets, they visited our Facebook page and they
went to our YouTube channel to become active and stay involved, getting an early start to patient advocacy and to show they are with us fighting for health care in Ontario.

ONA also provided political action education to almost 1,500 members and staff, and we organized phone banks, with our leaders calling front-line members to make them aware of our campaign. Other components of the campaign included election brochures, leafleting at busy thoroughfares and a postcard campaign.

Our front-line members were absolutely delighted to get a personal call from ONA, and 89 per cent supported our position. They were aware of many of the threats posed by a Hudak government, but many were shocked to hear that he wanted to cut nurses’ pensions, freeze salaries and open up the province to much more for-profit care.

Well, never underestimate a nurse and never underestimate ONA members when their patients’ care is at stake. Our members joined our efforts in unprecedented numbers, and I am so grateful for the dedication and creativity shown at local events held in your communities to educate the voters, and also for the many letters you wrote to editors and MPPs expressing your concerns.

ONA was certainly not alone. Unions across Ontario ran their own campaigns. The result? Not even the pollsters could have predicted it. Ontarians do not want a government that attacks hard-working Ontarians like us nurses. Ontarians believe in fairness and in publicly funded and delivered health care, not in the politics of divide-and-conquer that has been used, unfortunately quite effectively, to turn voters against anyone belonging to a public-sector union.

ONA has grown even stronger as a union and as a force for public good. Why? Because the public trusts us, believes us and knows our #1 priority is providing safe, high-quality care to our patients, clients and residents across this province. The public knows we are advocating for them.

Many unions have been strengthened in their resolve and purpose, which will be useful as the federal government proceeds to reintroduce its blatantly anti-union Bill C-377, An Act to Amend the Income Tax Act (Labour Organizations), written on the premise of “transparency.” The federal government’s hidden agenda is to monitor and restrict the advocacy work of unions and labour organizations.

Despite the signs that people are finally seeing through the anti-labour rhetoric so prevalent here and around the world, this remains an extremely challenging era in labour relations.

ONA has had some difficult negotiations for our members in the hospital, nursing home, Community Care Access Centre (CCAC), public health and clinic sectors.

Hospitals are not going to continue to balance their budgets on the backs of nurses in Ontario. We broke the lump sum trend and hopefully are changing the climate because of that. This was a significant win! We held steadfast and were awarded a 1.4 per cent in each of two years. It’s not much, but it is significant in this climate. Other unions now benefit from our efforts.

Our employers want to wipe out our professional responsibility clause, even though workload and our ability to provide safe, high-quality patient care is our #1 priority. Our employers want to take that away because they are not providing appropriate staffing and workloads, and they don’t want us to expose their dirty linen via our professional responsibility complaint (PRC) process. Well, enough is enough! Our workloads impact enormously on our ability to provide safe, high-quality patient care. The evidence is very clear – adequate staffing and appropriate processes in our units, teams and departments are fundamental to our ability to provide that quality of care – and we are not going to give it up.

Some employers, like Humber River Hospital, are trying to put up legal barriers preventing us from having our workload issues even heard. They are grieving our PRC process. This just shows we have to be more vocal and adamant in advocating for safe staffing and patient care.

In nursing homes, our members who care for the elderly deserve parity with nurses working in hospitals and homes for the aged/charitable homes for the aged. For-profit nursing homes have the money to pay fair wages to our members but are choosing to pad the pockets of their stockholders. We have said no to that, and we will continue to say no. We will not give up that fight for respect and dignity, and a fair Collective Agreement for our nursing home nurses. Nursing home operators also want to eliminate our PRC process. We say no! One RN around the clock is not a staffing model.

In our CCACs, we have generally had parity with hospitals before, and are entitled to have it now. Our Care Coordinators (CCs), RNs, NPs and allied health members are entitled to good working conditions and good contracts. Our goal is for a seamless system where our CCs and RNs can ensure their patients move from hospitals to the community and get the appropriate...
home care they deserve. Shame on CCACs and the government for not funding that sector properly.

The situation in home care is absolutely despicable. No wonder they can’t get RNs and RPNs to work in that sector. New students who want work are going to home care, but it is unfair for a new grad to work in the home care system without a foundation of knowledge and experience, as well as mentoring from experienced RNs.

In public health, our members are out there every day preventing disease and promoting health. If we lose the foundation of public health in Ontario, we will lose our Medicare system.

In Community Health Centres and Family Health Teams, funding is not going to NP wages and benefits, it is going to physicians. My message to the government is – our members deserve some of the pie.

Our strength with the government and employers is because we are stronger together. We have credibility. We have public support for our media efforts and information pickets in our communities. We continue to take our messages out there: we are vital to the health of our patients, clients and residents, and our care makes a difference.

Another example of how effectively we can work together and engage the media is the issue of safety for nurses while caring for Ebola virus patients. We achieved a huge win when we spoke out about the lack of Ebola virus preparedness in Ontario. We persuaded the government and hospitals that they needed to get up to speed very quickly. Our health and safety specialists, Nancy Johnson and Erna Bujna, worked tirelessly to fight for personal protective equipment (PPE), training, drilling and proper protocols for our members.

We are being heard. The days of SARS are over. Justice Campbell’s precautionary principle was a key for us to advocate for safer workplaces, and our efforts have led to improved employer safety plans. Occupational health and safety principles are now on the forefront.

Following many discussions with us, Ontario Health Minister Dr. Eric Hoskins agreed to issue directives to hospitals calling for full PPE, training, testing and drilling, and teaching nurses the proper PPE donning and doffing techniques. That’s not to say all is perfect, but the Health Minister gets credit for agreeing to supply the funding that our cash-strapped hospitals need to ensure we are safe.

I personally believe our efforts, working together with our front-line leaders on each of their employers’ Ebola readiness plans, was the magic formula in our persuading the provincial Health and Labour Ministers to issue directives for safe work environments, because, as nurses, we know that keeping us safe on the front lines is what keeps patients and the community safe. And because we are determined to never let another nurse fall ill due to the lack of PPE, training or testing ever again, we spoke out loud and clear.

I am so proud of our leaders and staff who stepped up so quickly on the Ebola preparedness issue. It truly is an example of what we can achieve together.

With regard to the prevention of workplace violence, we are seeing this serious situation being given more attention, including from the media. This can’t come soon enough. This is the last time I want to stand before you talking about another member being punched, bit, kicked and stabbed. Enough is enough! Workplace health and safety impacts each and every one of our members, and we continue to be innovators and leaders in this area.

And so, in hearing about all our achievements, it should come as no surprise to you that ONA is the best union there is – bar none.

ONA is not a static organization. We continually strive to move forward and we never, never, never give up our efforts to ensure our members have an excellent work environment. This is becoming increasingly difficult as health care funding is – to put it bluntly – miserly. Hospital funding has pretty much been flat-lined for years now, and the resulting cuts have hurt. Now more than ever, we need to have a committed, engaged membership ready to work together with their union, ONA, to save quality patient care. This renewed commitment to our work is having a distinct impact – so let’s keep it going.

Despite all the challenges, the past two years have left me more optimistic than ever about the future. Your participation, enthusiasm and support have given me the boost I need to keep doing what I do. My goal is to have all of you re-energized, re-inspired and re-committed to being an active ONA member. I want you to be in!
As we face the future together, ONA will continue to be there to fight for quality care for our patients and for quality work lives for nurses and allied health professionals. I hope I can count on you to “be in” – engaged, enthused and working together as one. ONA needs you, your co-workers need you and most importantly your patients, clients and residents need you. I am counting on your commitment.

- We are stronger together.
- We are stronger when we work together to fight attacks on Medicare.
- We are stronger when we work together to fight cuts to services, beds and front-line care.
- We are stronger when we work together to ensure that our nurses and allied health professionals receive the training and equipment they need to safely do their jobs.
- And we are stronger when we work together to fight for good government and more nurses.

THE WORK OF THE UNION/OPERATIONS

In this section, we provided a recap of ONA accomplishments over the last two years in our core member service areas, including: bargaining updates from Chief Negotiator Dan Anderson; a report from Interim Chief Executive Officer/Chief Administrative Officer (CEO/CAO) Marie Kelly on litigation, Workplace Safety and Insurance Board (WSIB)/Long-Term Disability (LTD) and staffing; Public Sector Labour Relations Transition Act (PSLRTA) activity; pensions; pay equity; occupational health and safety; human rights and equity; retention and recruitment; member education; professional practice/Independent Assessment Committee (IAC) investigations; Legal Expense Assistance Plan (LEAP)/malpractice insurance; government relations/submissions; and communications/media. The reports are contained in materials prepared for the Biennial and are available from your Bargaining Unit and Local leaders.

ONA is a watchdog for new legislation that impacts the work we all do. We have produced a substantial amount of correspondence, held many face-to-face meetings with government officials and made nine formal submissions to the provincial government on a wide range of issues across all health care sectors. We provided input on such issues as private clinics, the provincial budget, health and safety legislation, WSIB and paramedicine. Some of our front-line members delivered oral submissions on the budget during the public consultation phase.

ONA regularly meets with provincial Health, Labour and Finance Ministers, as well as the Premier. We also meet with senior government staff to discuss the issues that impact your work life, and we meet regularly with the Joint Provincial Nursing Committee (JPNC), the Nursing Secretariat and opposition parties.

We continue to call for a renewed commitment to a meaningful RN labour force planning strategy in our pre-budget submissions and for the restoration of base hospital funding that at least equals the rate of inflation. We can’t provide good care if there aren’t enough of us on the front lines, so we continue to call for a moratorium on RN cuts. And we can’t sufficiently fund public services without a fair and sufficient tax base, and so we continue to call for comprehensive, progressive tax reform, including a revisiting of all corporate tax cuts.

We have been loud and clear in our position that moving procedures out of hospitals and into community-based private clinics is NOT in the best interest of safe, high-quality patient care – and the results of inspection failures of numerous private clinics prove our concerns are founded. These are just a few examples of the fierce determination we bring to the table as we advocate for safe, high-quality patient care. We have had success in every area of the work we do on your behalf.

FIRST VICE-PRESIDENT’S REPORT

Under her First Vice-President’s portfolio report, Vicki McKenna provided an update on political action, professional practice and ONA’s LEAP program.

LEAP

LEAP was established to assist ONA members with legal or regulatory body problems relating to their work. A summary of LEAP claims was provided in the Biennial binder. We currently have test cases challenging CNO positions in a number of areas, as follows:
CNO test case challenging posting on CNO website of findings of incapacity for six years

ONA’s LEAP Team has been identifying an appropriate case to challenge the CNO requirement of posting incapacity findings on the public register for six years (beyond the point when they are no longer current).

CNO Fitness to Practise Cases involving Terms, Conditions and Limitations

There are three cases where ONA members are currently involved in making Charter/Human Rights challenges to the College’s findings and postings of findings regarding disabilities on the public register/website:

1. A case in which a challenge is being made both to the legislative provisions under the *Regulated Health Professions Act (RHPA)* regarding disabled members, as well as the implementation of those provisions by CNO. A Notice of Constitutional Question has been filed and the Attorney General has intervened to defend its legislation. The case is in mid process. At the request of the College, settlement discussions are taking place to consider implementing a new process that would recognize the human rights interests of members. If the matter is not settled, the next scheduled hearing dates are in January 2015.

2. A nurse who has had a finding of incapacity made and has had terms and conditions posted on the website. On application, she has had some of the website entries removed. She is seeking to have all terms and conditions removed with the support of her physician. We are waiting for further information from the College.

3. A case in which the continued posting of findings of incapacity with respect to a member for six years, even though the member has totally recovered, was being challenged. We provided submissions to the College and heard back from the chair of the Fitness to Practise Committee in May 2013. The Committee requested submissions from CNO in response to our position. We were successful and this nurse’s past history has been removed. The College did not contest our application although emphasized that its position was without precedent.

CNO Test Case Challenging the Need for Accommodation in the Registration Process

This involves a member who was accommodated during his success in nursing education and was then hired by the hospital. He performed well during his consolidation but was unsuccessful in writing the nursing exams. He has launched an appeal to the Registration Committee based on medical evidence that he requires accommodation in the registration process. The Committee made an interim decision to allow him to have a further chance at writing the exam. The outcome will be important to future members as the College implements its new exam process in 2015.

Professional Practice

Since the 2012 Biennial Convention, ONA has continued with a number of initiatives to assist members in addressing the workload and professional practice concerns existing at their workplaces. Some examples of the enhanced membership service in this area are as follows:

**ONA Provincial Professional Practice Teleconnects**

These quarterly membership teleconnects are designed to address hot topics and issues in professional practice and to assist members and ONA leaders in strategy development. These sessions are of particular interest to ONA’s Bargaining Unit Workload and Professional Responsibility Representatives, Bargaining Unit Presidents and Local Coordinators.

Since the last Biennial Convention, the teleconnects have focused on the following topics:

- Administering and Receiving Vaccinations: What are Your Professional Obligations?
- Inquiring Minds Want to Know: The New Hospital Professional Responsibility Complaint (PRC) Language and Workload Tool.
- You Are the Expert: How to Talk to Your Manager about Your PRC.
- Knowing Your CNO Practice Standards Related to Workload.
- Excellent Care for All Act, 2010.
- Safe Staffing Tools and Resources.
- Addressing Challenges with the PRC Process.
- Taking Back Our Work.
Increased Member Resources

We continue to add resources to the Professional Practice section of the ONA website, including:

- All member teleconnect slides and associated materials.
- Decision Trees and workload report forms for each sector.
- Nursing research to support RN utilization and Quality Work Environments.
- Independent Assessment Committee (IAC) reports and summaries.
- Practice Guidelines.
- RN/RPN Utilization Toolkit.

IAC Hearings

ONA’s professional practice staff continues to work alongside Bargaining Unit leaders in discussing practice concerns and workload issues with many employers on our members’ behalf. Resolution of workload and professional practice concerns can have a positive impact on the health care setting, and ensures safer patient care and better outcomes.

RNs are professionals and, as part of their leadership within the health care team, are obligated to bring their concerns forward on how the “system” is not working in the most effective manner to meet patient care needs. RNs are also obligated to make recommendations to address the concerns of quality and safe patient care.

When a satisfactory resolution is not reached with an employer regarding our members’ professional practice concerns, most ONA Collective Agreements allow the matter to be forwarded to an IAC. The IAC is composed of three RNs – one chosen by ONA, one chosen by the employer and a chair mutually agreed upon by the employer and ONA – and is charged with the task of evaluating whether the employer assigned a number of patients or a workload that is inconsistent with proper patient care. The IAC can make recommendations to alleviate issues it identifies as being a problem.

Since the 2012 Biennial Convention, the following IAC reports were released. You can read the full reports on our website at: http://www.ona.org/professional_practice/IACreports.html.

- Erie St. Clair CCAC.
- Rouge Valley Hospital, Post Acute Care Unit.
- Nipigon General Hospital, Emergency Room (ER) and Acute Care Unit.
- Kingston General Hospital, Intensive Care Unit.
- Humber River Hospital, ERs and Endoscopy Unit, Finch and Church sites.
- Lakeridge Health, Oshawa: ER.

Settlements

Although we have had great success in convincing employers to implement IAC recommendations, given that such recommendations are not binding, our strategy is always to try to negotiate a settlement that can then be enforced through the Collective Agreement. A few examples of significant settlements reached in 2014 are as follows:

- Niagara Health System (NHS), St. Catharines General ER.
- HNHB CCAC – Hamilton Branch CCs.
- Haldimand War Memorial Hospital ER.
- Sault Area Hospital Maternity Department (Labour and Delivery).

Submissions to the Ontario Government

ONA prepares written submissions to government consultations and legislative standing committees regarding new legislation that impacts our members. We also prepare pre-budget submissions in advance of provincial budgets each year.

ONA has made a number of submissions to the provincial government over the last two years in addition to correspondence to, and meetings with, government officials on a range of issues in all sectors. Recent ONA submissions can be found on ONA’s website at www.ona.org (under the “Political Action” tab, click on “Submissions to Government”).

ONA submissions to the government in 2013 and 2014, listed by date, include:

- October 11, 2013 – Submission to Consultation on Proposed Changes to the Independent Health Facilities Act and Local Health Systems Integration Act and
Implementation of Community-Based Specialty Clinics, Ministry of Health and Long-Term Care.


BOARD REGIONAL AND PORTFOLIO REPORTS

- Pam Mancuso, Region 1, Human Rights and Equity: Region 1 has been working diligently on many challenges in the areas of accommodation, return to work, labour relations, workload, layoffs, downsizing... the list is endless. We are skilling up our executives so they can address the issues at their workplaces. As nurses, we just want to do our jobs – looking after our patients, clients and residents to the best of our ability.

- Anne Clark, Region 2, Labour Relations: Through the All-Sector Strategic Bargaining Project Team (ASSBPT), we’ve sent out important communications to assist leaders in representing their members, including: the revised Grievance Guide; direction on representing members with mental illness at meetings with management; labour relations strategies on RN/RPN scope issues in elimination of positions and layoffs; an FAQ document on accommodating family status in the workplace; an update on the Employment Standards Act; a tip sheet on confidentiality and privacy; a tip sheet and guide on return to work/accommodation; and direction for mandatory overtime.

- Andy Summers, Region 3, Occupational Health and Safety: There are common issues across the region in all sectors. PRCs have been used successfully at Humber River, Rouge Valley and Lakeridge, and hard work is being done at Southlake. Unrealistic workloads remain a concern as well in long-term care. I have been privileged to work with the new Local 43 team at William Osler, and have been mentoring and supporting our leaders across the region. I’m especially excited to assist nurses in their own working environments. I have been supporting Danielle Latulippe-Larmand at the Centre for Addiction and Mental Health (CAMH) and the team at University Health Network (UHN) on issues concerning violence in the workplace. Ebola is also high on our radar scope, more so to gauge our preparedness for an outbreak.

- Dianne Leclair, Region 4, Local Finance: Working with Region 4 leaders has made my job easy, as they all have one thing in common: a passion for ensuring their members are represented. Being a mentor involves inspiring and motivating. I have been working with leaders to try and engage our members on the importance of our Union and the work we do. We’ve undertaken a number of pickets in the last two years, including information pickets to draw attention to bed closures and loss of staff.

- Karen Bertrand, Region 5, Education: We have gone through a merger of two large hospitals in the Windsor area. We have had several successful organizing votes, and this fall gained 263 former OPSEU members and maintain 465 ONA members in a PSLRTA vote at St Joseph’s, London. Region 5’s Erie St. Clair CCAC was the first CCAC in Ontario to bring in an IAC to investigate workload issues. The challenge now is getting the 32 IAC recommendations implemented. The Middlesex London Health Unit came perilously close to a strike in November. The employer tabled regressive proposals but our group did a great job negotiating a settlement.

EXCITING NEW LEADERSHIP PROGRAM!

We unveiled a new leadership program for 2015 designed specifically to engage our members and create activists at the grassroots level. This program will target rank-and-file members with demonstrated potential for future leadership roles in our Union. This program promises to ignite their passion and empower them with the knowledge and skills they need as leaders. Participants will learn how to build relationships, motivate supporters to take action, build strong teams and become confident in speaking out on union issues. This education will be a fabulous opportunity to demonstrate that we are stronger together! We’ll tell you more about this in 2015.
HEALTH MINISTER’S ONA DEBUT

“You have an advocate at the provincial cabinet table.”

We were pleased to welcome Ontario’s new Health and Long-Term Care Minister, Dr. Eric Hoskins, for his first address to ONA membership since being named to his Cabinet post in the Kathleen Wynne government a few months ago. There is a difference in atmosphere in our conversations with the Health Ministry now, and I’m looking forward to our ongoing collaboration. Dr. Hoskins has the utmost respect for us as front-line nurses.

In his remarks, Dr. Hoskins made it clear Ontario nurses have an advocate at the provincial government table, “someone who respects and understands your work, and will fight for you so that you can continue the important role you have in improving Ontarians’ health.”

Said Dr. Hoskins, “Like you, I’ve been on the front lines of health care, working as a doctor both here and abroad. Like you, I have fought to save and improve lives, and always deliver the best possible care to my patients. I know what it means to be part of a team that celebrates our wins and mourns our losses together. So I want you to know how deeply grateful I am for the hard work you do every day. We are very fortunate here in Ontario to have the nursing professionals we have.”

Dr. Hoskins said the Ontario government’s strategy for nursing involves three key priorities:
1. Maximizing the role of nurses.
2. Improving access for nurses to ongoing education and professional development.
3. Enhancing recruitment, retention and stability in the nursing workforce.

“We respect and recognize the value you bring as members of the health care team who provide evidence-based care to patients. We have already made a lot of progress on changing the nursing landscape in Ontario, but we have more to do. Simply, we need your help,” he said.

He outlined four strategic health care priorities for Ontario under “Action Plan 2.0,” as follows:
1. Redesign home and community care.
2. Integrated, coordinated, patient-centered care.
3. Redoubling health promotion and wellness efforts.
4. Commitment to transparency.

“Taken together, those four priorities make up a plan that I believe is going to bring about a seismic shift in the way health care in Ontario is delivered. It is going to bring about significant improvements in both the quality and sustainability of that care,” said Dr. Hoskins.

OHC’S NATALIE MEHRA

“We are faced with the most grave situation.”

Long-standing Ontario Health Coalition (OHC) Executive Director Natalie Mehra says Ontario is facing the most challenging situation in health care she’s seen in her 20 years of advocacy.

“We are faced with the most grave situation in health care. Without exaggeration, the very future of community hospitals is at risk. Ontario governments have been cutting hospital budgets for 30 years, except for a brief time when the Liberal government started reopening beds. Things changed and brought in a new era of cuts and austerity,” said Mehra.

“Budgets have been frozen or held at less than the rate of inflation, meaning cuts on top of cuts to services. Ontario has downloaded the most acute patients into long-term care of any other province. It’s all about cutting costs and saving money off the backs of professionals and patients.”

Mehra said Ontario has cut nursing to a greater extent than any other province and Ontarians now have 6.1 less hours of nursing care per day than the average of all other provinces combined per weighted hospital case. Ontario is providing less care to hospital patients than anywhere in the country with fewer hospital beds. But nurses, working with health care advocates, can stop the cuts, privatization and dismantling of public health care, she added.

“Together, we have rolled back cuts and brought an end to competitive bidding in home care. We’ve increased hours of nursing care in long-term care homes and rolled back Public-Private Partnership, (P3) hospitals. In small rural communities, we’ve stopped entirely the closure of rural emergency departments in small town hospitals,” she said.

“Nurses are the lighthouse keepers of health care and you must insist that politicians listen to you. We cannot take any more cuts in Ontario’s health care system. We have cut too far.”

Mehra finished with a quote from Tommy Douglas, architect of Canada’s national public Medicare system: “… unless those
of us who believe in Medicare raise our voices in no uncertain terms, unless we arouse our neighbours and our friends and our communities, we are sounding the death knell of Medicare in this country, and I for one will not sit idly by and see that happen. I helped to establish the first Medicare program in Canada, and even at my age I’ll trek this country from the Atlantic to the Pacific to stop Medicare from being destroyed.”

Heeding her call, several hundred ONA delegates and supporters marched to Queen’s Park on Friday after the conclusion of the education session to call for an end to health care funding cuts and private clinics, and to save Ontario’s local public hospitals.

Speaking at the rally, First Vice-President Vicki McKenna encouraged our members to go home and tell one person about Ontario’s frozen hospital budgets and the fees being charged by private clinics. “Tell them we are losing our health care system and we have to fight for it,” she said.

ONA is a proud affiliate of the OHC, an organization encompassing over 70 local chapters and over 400 organizations across Ontario. It has been an immensely rewarding association as we fight this fight together. I encourage all ONA members to get involved with local health coalitions and participate in their activities wherever possible. They are doing incredible work out there in our communities and are making a real difference.

CFNU PRESIDENT LINDA SILAS

“Every time they cut a nurse anywhere in the system, they attack patient safety.”

CFNU President Linda Silas told ONA delegates it is critical they use the professional responsibility system to raise the alarm when workloads and staffing levels are not conducive to safe patient care.

“Our code of ethics dictates that if we see patients put at risk, we must speak out. We have a responsibility to ensure our workloads are appropriate and that we can provide safe care. Nurses must raise the alarm by speaking out and filling in their professional responsibility forms. Every time they cut a nurse anywhere in our system, they are attacking patient safety. We need to reverse these dangerous trends,” said Silas.

“As nurses, we need to remind politicians and stakeholders in the health care system why health care is a human right, and why it needs to be funded appropriately. We know we don’t have extra bodies in health care. We need every worker to take care of patients and families appropriately and safely.”

Representing 200,000 nurses from its member nursing unions and nursing student affiliates, CFNU will be focusing on nursing cuts and pharmacare in 2015. As well, CFNU promises to be very vocal in the upcoming federal election.

CHILDREN’S ADVOCATE CRAIG KIELBURGER

“A heartfelt thank you for those on the front lines.”

Craig Kielburger, co-founder of the Free the Children international charity, one of the most effective children’s charities in the world, and co-founder of the “Me to We” program with his brother Marc, provided a riveting account of his work as a human rights advocate and how he has mustered a worldwide grassroots movement of like-minded activists.

“We are filling stadiums across the country, bringing together young people to celebrate the ideas of community service,” said Kielburger, who has done non-profit advocacy work for 19 years, launching his activist career at the age of 12 when he mustered his classmates to help tackle the issue of child labour. Free the Children has built more than 650 schools and school rooms in developing countries, providing education to over 55,000 children every day.

“It is with great humility that I stand before you and say a heartfelt thank you to those of you providing care on the front lines and to those of you who support your members through your work.”

MARSHALL GANZ AN INSPIRATION

“As nurses, you care for other people, but who is caring for you?”

Marshall Ganz, a lecturer in public policy at the John F. Kennedy School of Government, Harvard University, mesmerized ONA delegates with an inspiring presentation on mobilization and leadership.

Ganz said he learned about grassroots mobilization when he came to Toronto to organize the California grape boycott in 1968. Organizing, he said, is about relationship building, “work-
ing with people so they can stand together, decide together and act together to achieve their purpose.”

“As nurses, you care for other people, but who is caring for you? Nurses have been marginalized, powerless and fearful, but unions like ONA give them hope and show them how they can unite to fight for their rights,” he said.

From Ganz, we learned that challenging the status quo takes commitment, courage, imagination and, above all, a dedication to learning. This is something we can all take inspiration from as we continue to move ONA’s work forward for the betterment of not just our members, but our patients, clients and residents.

### FINANCE RESOLUTIONS

1. Voting delegates passed a resolution that amends the tiers for dues deductions as follows:
   - Equal or greater than $27.50 per hour (previously $24.50 per hour).
   - Greater than $21 per hour but less than $27.50 per hour (previously $18 per hour but less than $24.50 per hour).
   - Equal or less than $21 per hour (previously $18 per hour).

2. Voting delegates defeated a resolution to cease the 3 per cent per year dues escalator.

### CONSTITUTIONAL AMENDMENTS AND RESOLUTIONS

Eight housekeeping Constitutional Amendments were passed. One resolution was withdrawn.

### NEW BUSINESS

Three resolutions were passed and one was defeated. The three that carried are as follows:

1. The Board to review the cost/benefits of the provincial election process for the Board of Directors.
2. The Board to review the Local election policy/process with regards to voting methods and investigate the cost of electronic voting.
3. The Board to investigate whether Board members need to forgo their current positions in order to run for another Board position during an election year.

### SOCIAL MEDIA BY THE NUMBERS

Canvassing social media activity during the Biennial, you can get a full appreciation for just how much impact it has.

For example:
- ONA’s Facebook page gained 50 new followers.
- ONA’s Twitter gained 159 followers. (Typically each week, ONA gains about 10 followers on Facebook and about 24 on Twitter.)
- Our Biennial Twitter hashtag #iTweetONA14 was used 177 times, not including retweets.

**Top Facebook Posts**
- HRE Caucus begins – Reach: 3,800 users.
- Stop Private Clinics post – Reach: 3,800 users.
- Craig Kielburger post – Reach: 3,700 users.
- ONA Biennial Convention Photo Gallery, Day 1 – Reach: 2,800 users.
- Minister of Health Dr. Eric Hoskins post – Reach: 2,700 users.

**Top Twitter Retweets**
A photo of me holding a more RNs = Better care sign retweeted and “favourited” 47 times. Reach: approx. 42,100 users.

### STEPHEN LEWIS FOUNDATION

The Stephen Lewis Foundation is a non-government organization that assists mostly AIDS and HIV-related grassroots projects in Africa. ONA has long supported its work. I’m proud to say that, through raffle ticket sales during the Biennial, we collected $5,279.25 for the foundation.

### WEAR WHITE WEDNESDAYS

Now more than ever, nurses need to stand up for their patients, and stand out from the crowd of health providers. That is why ONA is supporting the Wear White Wednesdays campaign. This is a nursing union movement that urges RNs to wear white tops and black pants on Wednesdays in order to stand out as RNs, raise awareness of the RN shortage and deskilling of the workplace, and to stand up for quality patient care by identifying themselves as RNs.
ONA eSTORE
ONA has launched a new online eStore, which was unveiled at the Biennial Convention. You can find the eStore at: www.myunionstore.com/ONA. To make it easy for you to show the world your ONA affiliation and solidarity, you can find a number of unique and stylish ONA-branded products, including white RN t-shirts and black pants – perfect for Wear White Wednesdays! See the back cover of this issue of ONA Front Lines for our promo!

VIDEOS
The videos shown at the Biennial Convention can be viewed either through the home page of ONA’s website at www.ona.org or you can visit our YouTube channel at www.youtube.com/ontarionurses.

2016 BIENNIAL CONVENTION
ONA’s 2016 Biennial Convention will be held at the Westin Harbour Castle November 15-17, 2016. The annual Human Rights and Equity Caucus meeting will kick off the week on November 14, 2016. The week wraps up with an education session on November 18, 2016.

Visit our store for a fabulous lineup of ONA products and Wear White Wednesday apparel.

www.myunionstore.com/ONA