When it comes to ensuring that ONA members and other health workers in the province are fully protected should the deadly Ebola virus hit our shores, all eyes are rightfully on ONA.

As soon as we heard that Ebola was ravaging West Africa last summer – and with the lessons learned from the 2003 SARS tragedy and the subsequent recommendations from the Justice Archie Campbell report as ammunition – we sprang into action, looking first to Public Health Ontario (PHO) for advice. But when PHO lowered precautions in August, it became clear that ONA needed to ramp up our efforts.

To assist, we set up a Steering Committee, which included District Service Team Ebola leads, to field questions and provide information to our Local leaders and staff, and a dedicated section on our website (www.ona.org/ebola).
How to contact your 2015 ONA Board of Directors

Call ONA toll-free at 1-800-387-5580 (press 0) or (416) 964-8833 in Toronto and follow the operator’s prompts to access board members’ voice-mail. Voice-mail numbers (VM) for board members in the Toronto office are listed below.

Linda Haslam-Stroud, RN
President, VM #2254
Communications & Government Relations / Student Liaison

Vicki McKenna, RN
First VP, VM #2314
Political Action & Professional Issues

Pam Mancuso, RN
VP Region 1, VM #7710
Human Rights & Equity

Anne Clark, RN
VP Region 2, VM #7758
Education

Andy Summers, RN
VP Region 3, VM #7754
Occupational Health & Safety

Dianne Leclair, RN
VP Region 4, VM #7752
Labour Relations

Karen Bertrand, RN
VP Region 5, VM #7702
Local Finance

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The Members’ Publication of 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 hospitals, long-term care facilities, public health, the community, clinics and industry.

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CONCERNS ON THE FRONT LINES

Very quickly, we began receiving disturbing information from our members about the lack of Ebola preparedness in their workplaces: personal protective equipment (PPE) was not available or deficient, workers weren’t trained or tested, procedures were inadequate, etc. It was not surprising then that “false alarms” in several Ontario large hospitals (that we knew of) failed the Ebola readiness test.

At our first meeting with high-level Ministry of Health and Long-Term Care (MOHLTC) and Ministry of Labour (MOL) officials, we called on the MOL to conduct proactive inspections. This was particularly crucial as we had received a report by infectious disease specialist Lisa Brosseau concluding there is scientific and epidemiologic evidence that the Ebola virus has the potential to be transmitted via infectious aerosol particles both near and at a distance from infected patients.

COMMITMENT FROM THE MINISTER

Armed with this report and information from our members that painted the picture of what was really happening on the front lines, ONA also began meeting with new Minister of Health and Long-Term Care Dr. Eric Hoskins. He committed to complying with Justice Campbell’s precautionary principle – taking reasonable actions to reduce risk instead of waiting for scientific certainty – and supplying extra funding to get hospitals Ebola ready, making it clear he wanted nurses protected and trained. He also designated 11 Ontario hospitals as referral hospitals for potential Ebola cases.

While the Chief Medical Officer of Health’s initial directive did not reflect the Minister’s stated goals, advocacy by ONA President Linda Haslam-Stroud secured the amendments we demanded and, voila, TTD (trained/tested/drilled) was born! The MOL readied 200 inspectors for proactive inspections, focusing on Ebola hospitals, and additional visits and orders ensued. We were making significant progress!

EBOLA ADVISORY COMMITTEE

ONA also secured a seat at the Minister’s Ebola Advisory Committee meetings, suggesting at the first one that the government pull together health and safety experts that worked successfully together on pandemic planning, and that industry experts in PPE be consulted going forward. He agreed.

JHSC

Since our work began, members are reporting there is much activity on the ground as many employers are working with their Joint Health and Safety Committees to help develop Ebola planning. Where other employers are still resistant, ONA staff has been helping guide Bargaining Units in responses, including calling in the MOL.

AT THE NATIONAL AND GLOBAL LEVEL

ONA has also been assisting the Canadian Federation of Nurses Unions (CFNU) at the national level to push Public Health Canada into precautionary principle compliance. The CFNU has made significant headway, and we are hopeful that will be reflected in new guidance. As a member of Global Nurses United through the CFNU, we took part in discussions south of the border to call attention to eroding patient care standards in North America and globally that are symbolized by inadequate preparedness for fighting Ebola.

WE ARE BEING LISTENED TO!

At our Biennial Convention in November, Minister Hoskins congratulated ONA, CFNU and our front-lines nurses for publicly expressing our concerns.

“You helped the government understand what further measures we needed to put into place, and we are truly listening to your advice and concerns based on your perspective and expertise,” he said. “You did a great service to the province and the country to the point where the federal Minister of Health indicated that Ontario really has set the bar for the country in terms of Ebola readiness. It really is a collaborative effort as no guidance or directive is going out without deep and full consultation with front-line health care workers to ensure we’ve got it as right as possible.”

“It’s clear that we are being listened to, and I take great pride that the efforts of ONA have clearly improved preparedness plans throughout the entire country,” said Haslam-Stroud. “We will always be on the forefront demanding significant changes to ensure all hospitals and health care providers are required to adhere to the uppermost standards to protect the health and safety of our members. We still have work to do.”

HAVE A SAY IN YOUR UNION!

ONA is conducting a survey of our members to determine where you feel our resources and efforts should be focused.

You are being asked to fill out the questionnaire, called Have a Say 2014, included with this issue of Front Lines, and return it in the postage paid addressed envelope as soon as possible, but by January 31, 2015 at the latest. French copies can also be requested (see questionnaire for details). Questionnaires are confidential and will go directly to the research firm, Cultural Research, for independent evaluation.

With all the challenges facing ONA members, we strongly urge you to have a say in your union and complete this survey.

www.ona.org JANUARY 2015
We’re All In!

I hope the enthusiasm and commitment of members who attended the Biennial Convention in mid-November are continuing to fuel your excitement for the work that we do each day to improve your work lives.

The Biennial Convention theme for 2014 was I’m In. Stronger Together. It was an appropriate theme because throughout the year, ONA members on the front lines demonstrated their commitment to the work of the union. This resulted in many successes.

The solidarity you showed during the More Nurses campaign – featuring our own members – as well as the subsequent work we did together to ensure that Ontarians elected an “anyone-but-Hudak” government were great examples of what we could achieve together. The incredible time and energy you put into Ebola preparedness and ONA’s advocacy efforts have stood us in good stead. Our frontline members are better protected.

While nothing is ever perfect, we can reflect upon 2014 knowing that our union and members effectively worked together to advocate for safe, quality patient care and better workplaces.

I asked members at the Biennial Convention if they were willing to proclaim that they are “in” – engaged, participating and interested in the work of the union. Their response was an overwhelming “yes!”

I always say that ONA is the best nurses’ union out there, and I hope that you agree. Registered nurses and seasoned professionals alike have shown the commitment that ONA counts on to continue to do the work we do on your behalf.

With the festive season upon us, I thank each and every one of you for advocating to ensure your rights are upheld, and for really being there for your patients and your union. I wish you all the best in 2015.
Tell Us Your Stories!

One of the things I like most about our Biennial Conventions is hearing about the realities and challenges of our members on the front lines. Those stories give us, as your union, ammunition when lobbying the government and your employers for needed changes to our health care system.

But with members of the ONA Board of Directors presenting at pre-budget consultations at the end of January, those stories are even more crucial, as they may just be our best chance to help influence the government’s upcoming budget.

The latest Canadian Institute for Health Information statistics show that the ratio of RNs to population in Ontario still remains the second worst in Canada, and our province requires more than 17,000 RNs just to catch up. So we are looking for information from our members in all sectors on any recent or planned cuts to nursing positions in your workplaces and the impact you are seeing on patient care, which could help influence government funding.

We would also like to hear about any recent or planned cuts to other jobs in your places of employment that hamper the ability of nurses to provide quality patient care; the amount of your hospital deficits and any fallout from that; cuts to home care services and how they affect client care; and services that patients are no longer receiving in hospital and must now pay for out of pocket in private clinics.

And please remember that we don’t just need these stories for our pre-budget submission; we always need to be kept informed of changes and cuts in your workplaces and best practices, so we can stay on top of them and act where necessary.

Wishing you all a happy and healthy 2015.

Nous voulons entendre vos témoignages!

Une des choses qui me plaisent le plus dans le congrès biennal, c’est qu’il nous permet d’en savoir plus sur la réalité et les défis auxquels sont confrontés nos membres de première ligne. Ces témoignages fournissent des arguments tangibles à votre syndicat pour faire pression sur le gouvernement et sur vos employeurs afin que des changements nécessaires soient apportés à notre système de santé.

Ces témoignages revêtent une importance encore plus cruciale ces temps-ci : les membres du conseil d’administration de l’AIIO feront en effet une présentation à l’occasion des consultations prébudgétaires, à la fin janvier, et les témoignages de nos membres pourraient nous aider à influencer le prochain budget du gouvernement.

Les dernières statistiques de l’Institut canadien d’information sur la santé révèlent que l’Ontario figure toujours avant-dernier au Canada pour son ratio infirmières autorisées (IA)-population. Notre province aurait besoin de plus de 17 000 IA supplémentaires simplement pour combler ce retard. Nous demandons donc à nos membres de tous les secteurs de nous informer de toute mise à pied récente ou prévue de personnel infirmier dans leur milieu de travail. Nous souhaitons également savoir quelles sont, à votre avis, les répercussions de ces compressions sur les soins fournis aux patients : vos témoignages pourraient contribuer à influencer l’octroi de financement par le gouvernement.

De même, si d’autres postes ont été supprimés dans votre environnement de travail et que ces licenciements nuisent à la capacité du personnel infirmier de fournir des soins de qualité aux patients, nous aimerions que vous nous en informiez. Faites-nous également part des déficits auxquels vos hôpitaux font face et des retombées de ce manque à gagner; des compressions dans les services de soins à domicile et de leur effet sur les soins aux clients; et des services que les patients ne reçoivent plus à l’hôpital et doivent désormais payer de leur poche dans des cliniques privées.

N’oubliez pas : nous n’avons pas seulement besoin de ces témoignages en vue de notre présentation prébudgétaire. Nous avons toujours besoin d’être au fait des changements et des compressions qui se produisent dans votre milieu de travail pour rester à l’affût de ce qui se passe et agir quand il le faut.
Nursing home members will soon learn what an arbitrator has in store for their next contract following a two-day arbitration session this past fall.

After a very challenging round of bargaining, arbitration for a renewed contract for our 3,000 RNs and allied health professionals working in 168 for-profit nursing homes took place on October 22-23, 2014.

While our Nursing Homes Central Negotiating Team had hoped to obtain a settlement at the bargaining table, there was little agreement from participating nursing homes on substantive issues. Instead, the employers tabled a number of regressive proposals, including the gutting of our staffing language that protects nurse-patient ratios and nursing hours of care, and benefit and sick leave concessions.

“We are extremely frustrated and disappointed that we were not able to achieve a settlement that reflects the valuable services you provide to the residents in your homes,” said ONA President Linda Haslam-Stroud. “But shareholder profit is clearly top of mind for nursing home owners, not the frail and elderly residents of this province.”

We expect the award from Arbitrator Louisa Davie to be issued on February 5, 2015. Local Coordinators and nursing home Bargaining Unit Presidents have been invited to attend a sector meeting at the Hilton Toronto hotel on the following day to outline the details of that award, which they will take back to their Bargaining Units. As the award is final and binding, ratification votes will not be necessary.

“I am very proud of our negotiating team, who were strong and united in putting forth your bargaining objectives,” added Haslam-Stroud. “I am confident in saying they did absolutely everything in their power to achieve a good contract, and I thank them for their hard work and commitment.”

The next issue of Front Lines will provide information on the arbitration award. You can also check our website at www.ona.org/bargaining for late-breaking news.
In this continuing Front Lines series, a unit representative, who wishes to remain anonymous, relays how her ONA Bargaining Unit President has been a tremendous resource to her in very challenging times.

Too often, I believe we miss golden opportunities to forward positive comments about our union leaders. I have had a long RN career and was around for the arrival of ONA. I witnessed the growth of the young union in the days before we became enmeshed in the current generally dismissive and often marginalized role that nursing has regressed back to. I would not want to be starting my career at this point. There are just not the freedoms and appreciations, and it has boiled down to what can you do for the hospital vs. what the hospital can do for its RNs.

My unit has gone through change that seems to have devalued our RN skills, but I have found my Bargaining Unit President to be a ready and accessible resource to me. She is a very busy person, but addresses my questions and concerns as I take my members from not understanding much about their contract to a group that is slowly becoming knowledgeable about their rights and more willing to assert themselves – all with her assisting me.

I owe a great deal to my Bargaining Unit President.

Want to share a brief story about what your union means to you? Drop Front Lines editor Ruth Featherstone an email at ruthf@ona.org and you may be featured in this section in an upcoming issue!

Happy MRT Week!

ONA’s Medical Radiation Technologists (MRT) have joined with their colleagues across Canada to celebrate national MRT Week.

MRT Week was celebrated from November 2-8 this year to laud the contributions these highly skilled professionals make to our health care system. MRTs, which comprise several disciplines, use hands-on diagnostics, therapy and technology to ensure quality cancer care, and treat many benign diseases. MRTs make an enormous difference to patients in hospitals and clinics and play an important role in the promotion of medical radiation safety for patients.

ONA is proud of our many MRT members, who are a component of our allied health group, and celebrated along with them during their special recognition.

London RNs Choose ONA!

It wasn’t even close!

On September 30 and October 1, 2014, RNs at the newly merged St. Joseph’s Health Care London voted to determine who would be their union in a Public Sector Labour Relations Transition Act (PSLRTA) vote – and an overwhelming 87.5 per cent chose ONA!

The vote was required after St. Joseph’s informed ONA in November 2013 they would be making an application under PSLRTA to reduce the number of Bargaining Units, resulting in a vote between ONA and the Ontario Public Service Employees Union (OPSEU). RNs at the hospital, long-term care, rehabilitation and veterans services units were represented by ONA, while RNs working in Regional Mental Health Care London were represented by OPSEU.

As a result of the successful vote, Local 45 will be 728 members strong, including the 465 members we retained and the 263 new members we gained.

In the lead-up to the vote, the ONA Board of Directors, leaders, members and staff (many of whom are pictured here) worked tirelessly to ensure all voters had the information they needed about our union by preparing and handing out material, making phone calls, staffing booths and answering questions.

“Not only did this vote prove just how much our own RNs value the high-quality services we provide, but that other RNs also understand that we will go the extra mile to represent them,” said ONA President Linda Haslam-Stroud. “I know you join with me in warmly welcoming these new RNs to our union. We won’t let you down.”
ONA long-term care nurses, Board members and staff, including Labour Relations Officer Grant Boyle and North District Services Team Manager Leanne Cooke, stage information pickets on November 5-6, 2014 to protest the decision to transfer residents’ beds from St. Olga’s LifeCare Centre in Hamilton to the new Cama Woodlands Long-Term Care Home in Burlington, which would result in the layoff of all RNs at St. Olga’s – a violation of our collective agreement. “Meanwhile, the new nursing schedule cuts by half the number of RNs responsible for caring for residents of the new 128-bed facility, leaving the health care of these frail, elderly residents at risk,” said ONA President Linda Haslam-Stroud. “We believe that the new bricks and mortar of Cama Woodlands does not make for good nursing care.”

Guelph CHC NPs, RN Seek Community’s Support

Eight nurse practitioners (NPs) and one RN working at the Guelph Community Health Centre (CHC) stage an information picket on November 1, 2014 outside of their place of employment to discuss their valuable services with members of the community and ask for their support during difficult contract negotiations.

Despite wage increases given to Guelph CHC management and physicians, nurses have received little in the way of wage increases, and face a contract offer of zero per cent for the next three-and-a-half years. The highly educated and skilled NPs are currently paid at least $5 to $10 an hour less than their colleagues elsewhere in the health care system, despite the fact they save our health care system significant money by increasingly taking on services that used to be provided in hospitals. The RN also receives less remuneration than others in the area, even though the government has increased funding to all CHCs.

The nurses were supported at their information picket by fellow ONA members, staff and many of their patients, one of whom told the media the NPs are like family to her. “It’s time their employer also recognized their value by correcting inequities in the nurses’ workloads and remuneration,” said ONA President Linda Haslam-Stroud.

ONA has reached a professional responsibility complaint (PRC) settlement for our members at the emergency department (ED) of the St. Catharines site of the Niagara Health System, which will see significant staffing improvements.

Practice and workload concerns escalated as soon as the new St. Catharines hospital site opened in April 2013. Previously, there were two separate hospital sites in the city, one housing the main ED and the other a large urgent care unit. These were combined into one geographically challenging single location at the new hospital site.

The major issues raised by RNs on workload forms included inadequate RN staffing levels to respond to increased patient volumes, activity and acuity; an improper triage process resulting in up to several hours wait for the actual triage nursing assessment; and inability to properly care for patients undergoing resuscitation or for patients being transferred out.

While an Independent Assessment Committee (IAC) had been convened for this unit, with hearing dates set for November 2014, we were able to reach a Minutes of Settlement (MOS) with the employer this past October, avoiding the IAC process entirely.

Of particular significance to ONA in the MOS is the replacement of 22.5 RPN hours in the ED with 22.5 RN hours, and clarification that the remaining 11.25 hours of RPN care be limited to the least acute patients presenting to the ED. The new staffing model will also provide additional RN resources, which can be utilized across the entire ED.

In terms of the triage process, base staffing will be consistently maintained with teams of RNs and registration clerks, allowing patients to be registered in the triage area and then sent to the appropriate zone in a timelier manner.
Standing up for Medicare!

ONA members take full advantage of National Medicare Week to head to Parliament Hill to discuss serious health care issues with our elected officials during the Canadian Health Coalition’s (CHC) lobby day on November 25, 2014. Number one on that list? The demise of the National Health Accord this past March, an agreement between the provinces, territories and federal government that provided the provinces with stable funding and set national standards, which the federal government refused to renegotiate. During the day, Region 1 Vice-President Pam Mancuso (left photo, second from left) lobbied Davenport MP Andrew Cash, while Region 2 Vice-President Anne Clark (middle photo, second from left) had a good discussion with St. Catharines MP Rick Dykstra. Pleasant Meadow Manor Bargaining Unit President Shelley Vandenberg (right photo, right) also got in on the action by asking Northumberland-Quinte West MP Rick Norlock to stand up for Medicare, while proudly wearing her red ONA jacket. The night before, participants also took part in a CHC conference to discuss threats of privatization to our health care system.

Members Rally around Fired Public Health Nurses

ONA members have once again proven just how generous you are by offering financial and moral support to three public health nurses that we believe were fired for speaking out.

The three nurses, employed by the Regional Municipality of Durham, were let go in October 2013 after becoming very active in health and safety, vocal about problems they were seeing, and more involved in our union.

At press time, 35 arbitration dates have been held and a further two are scheduled for the end of year. We expect another 10 to 15 dates in 2015, meaning this arbitration will potentially not be over until September.

“It appears as if the employer is using any stall tactics they can and basically want to starve the nurses out,” said ONA President Linda Haslam-Stroud. “But these members have done nothing wrong, so why is the employer spending all this money at arbitration instead of allowing them to get back to the public health work they love?”

Even sadder is that Employment Insurance has run out for these members and the best they can get is casual nursing jobs because they have to be available for arbitration.

“We are behind these members 100 per cent and will continue to put as many resources into this arbitration as necessary,” Haslam-Stroud added. “They need our support and they have it.”

And your support too, it would appear. Apart from the stellar representation provided by ONA, the Board of Directors, leaders, members and staff have attended several arbitration sessions. Many members have sent food and financial donations. And during our recent Biennial Convention, a collection was taken, with almost $12,000 raised by members and staff, which has been provided to the three public health nurses.

“If you don’t think ONA has your back, you are so wrong,” said Regional Municipality of Durham Bargaining Unit President Cynthia Rogers. “I’ve met so many amazing people through this process who have made us stronger together. The nurses remain optimistic – and we’ll never, never, never give up.”
Countdown to Nursing Week 2015!

It may be early in the New Year, but it’s definitely not too soon to start thinking about Nursing Week 2015 and how you will celebrate and acknowledge your caring profession.

And ONA makes it easy! In the next few weeks, we will be sending our 2015 Nursing Week Planning Guide to our Bargaining Unit Presidents and posting a condensed version on our website to help get the ball rolling. The guide is chocked full of tips and ideas on how to stage successful events and involve your fellow ONA members, employers, nursing students, politicians and other members of your communities.

Some ideas include holding special lunches and dinners for your members as a sign of appreciation for their hard work every day; getting your local councils to officially declare Nursing Week 2015; letting your local media know about events you have planned so they can cover them; organizing a town hall meeting to discuss the issues of nurses in the province; getting local businesses to display our Nursing Week poster, which will be ready in the spring; and setting up Nursing Week displays in your communities.

The possibilities really are endless, so we encourage you to set up a Nursing Week Committee right now and begin planning your best Nursing Week ever!
If the new ONA Board of Directors looks a lot like the last one, it’s because it is! Both Region 1 Vice-President incumbent Pam Mancuso and Region 3 Vice-President incumbent Andy Summers won their elections (the incumbents in the other three regions were acclaimed; the election for President and First Vice-President takes place in 2015), which was held this past fall using the televote system. But what hasn’t remained the same are the Regional Vice-Presidents’ portfolios, as three are shifting in the New Year. Your 2015 Board, along with their portfolios are: ONA President Linda Haslam-Stroud (government relations and student affiliates), First Vice-President Vicki McKenna (professional practice and political action), Region 1 Vice-President Pam Mancuso (human rights and equity), Region 2 Vice-President Anne Clark (education), Region 3 Vice-President Andy Summers (occupational health and safety), Region 4 Vice-President Dianne Leclair (labour relations) and Region 5 Vice-President Karen Bertrand (Local finance). The Board of Directors makes important decisions to ensure our union runs smoothly and efficiently and we thank those of you who had your say in the fall elections.

Wear White on Wednesdays!

In an effort to raise public awareness of the RN shortage plaguing our health care system, ONA is encouraging members to join with nurses across Canada who are wearing white on Wednesdays, at work and at home, to stand out and stand up for their patients and their profession.

We know that more RNs and better, safer care are needed for our patients in Ontario. Patient care suffers when RN positions are deleted, workloads are excessive or the workplace is deskill ed, but despite the risks, Ontario continues to have the second-worst ratio of RNs-to-population in all of Canada.

By wearing white at work, patients and the public can easily identify RNs and their invaluable contributions to the health care team.

Check out our special selection of Wear White Wednesday ONA-branded clothing, including white scrub tops and bottoms personalized with RN, which are available on our brand new eStore at www.myunionstore.com/ona (see back cover for details).

Together, we can send the message that we are saying no to nursing cuts and yes to safer staffing and patient care with more registered nurses!
The Bill is Back: Help Us Fight Bill C-377 Again!

It’s the bill that just won’t go away.

After sitting in limbo since the House of Commons was prorogued in September 2013, Bill C-377, An Act to Amend the Income Tax Act, is rearing its ugly head once again, which means we need you to help us push back even harder.

Bill C-377 requires more detailed and confidential information from unions, and internal strategies for how we represent our members. Furthermore, it requires us to spend more time on line-by-line reporting, which will take away from the time we need for effectively servicing our members. Several organizations, including the Canadian Bar Association and the Province of Ontario, referred to Bill C-377 as a “bad” bill.

The subject of intense pressure, the bill, which had easily passed the House of Commons because of the Conservative majority, was amended in the Senate, effectively defeating its major provisions, thanks in large part to a 2013 letter-writing campaign by our members to Conservative Senators.

Unfortunately, because Prime Minister Harper shut down Parliament before the bill could be sent back to the House of Commons, the bill remains unchanged as if the Senate had not passed the amendments. So, we’re back to having to fight the same fight again. And we are asking for your help once again by sending an email message through our website (www.ona.org, under the Political Action tab) to the Senators who either abstained or voted against Bill C-377. Tell them to defeat this bill once and for all!

Arbitration Process Dealing with Influenza Vaccine Issue

With the flu season upon us, work continues on ONA’s influenza strategy and litigation.

While the majority of hospitals have influenza policies that comply with the collective agreement, others have developed policies that are unreasonable and violate that contract. These regressive policies force ONA members to receive the flu vaccine or wear masks, issue other “scarlet letter” methods to identify nurses who choose not to take the vaccine and threaten discipline.

As a result, grievances were filed by ONA on behalf of our members. Twelve hospitals then agreed to a single arbitration process to arbitrate this important issue (three have not), which involves a lead case followed by an attempt to resolve all remaining grievances. ONA and the Ontario Hospital Association agreed that Sault Area Hospital would be the lead case.

The hearing commenced this past September and we hope to receive a decision in 2015. Unfortunately, additional hospitals adopted similar vaccine-or-mask policies in 2014 and new grievances have been filed.

Front Lines will keep you posted on further developments.

NEWS IN BRIEF

- ONA has been watching closely as the Nova Scotia Legislature passed a bill, the Health Authorities Act, which cuts the number of union bargaining units and district authorities in the health care system. Under the new law, workers who perform similar jobs would be represented by the same union, which would be determined by a mediator. If those mediated negotiations fail, an arbitrator would decide union representation, something N.S. unions say violates their labour rights.

- Nurses in U.K. hospitals should not have to care for more than eight patients each at any one time, the body that sets National Health Service (NHS) standards argues. The National Institute for Health and Care Excellence (NICE) warns that RN workloads should not exceed that number because patient safety could be put at risk. NICE, a watchdog whose recommendations are supposed to be implemented across the NHS, has spent months examining evidence on the impact staff numbers have on both the quality and safety of care patients receive.

- The Registered Nurses’ Association of Ontario (RNAO) has launched an online campaign to send a message to Premier Wynne that medical tourism “erodes the quality and accessibility of health services for all Ontarians” and must stop. Under the practice, international patients that are treated at Ontario hospitals pay fees for their care, which generates revenue for those hospitals. This two-tiered approach goes against our public health care system and may place international patients ahead of Ontarians who are waiting for care.

The RNAO has also issued a formal request to the government for information related to medical tourism, seeking all general records between 2009 to the present regarding the treatment of international patients not covered by OHIP in the province’s hospitals. To sign the RNAO’s action alert, log onto www.rnao.org.
ONA has offered our congratulations to esteemed labour lawyer Paul Cavalluzzo (pictured) on his appointment to the Order of Canada on September 12, 2014. A champion of social justice issues, Cavalluzzo, a senior partner in the law firm Cavalluzzo Shilton McIntyre Cornish, the firm retained by ONA, has argued cases at the Supreme Court of Canada, the Courts of Ontario and at various labour and administrative tribunals.

RECENT STUDIES

Many Ontarians are finding it challenging in certain parts of the health system to access care when they need it, according to Measuring Up, the yearly report from Health Quality Ontario, the provincial advisor on health care quality. The report reveals that overall Ontarians are healthier than they have ever been before and are healthier than people in nearly every other province and most countries with comparable data. However, the report also shows there are variations in health and access to care depending on where people live. Ontarians in the north, for example, have much higher rates of obesity and smoking and twice the rate of premature avoidable death than those in some other parts of the province. This translates to a five-year difference in life expectancy. To download the full report, visit www.hqontario.ca.
Ontario has announced $6 million in funding for the expansion and development of 30 community paramedicine programs. These initiatives will support participating paramedics in working with Health Links and other teams of health professionals to provide additional care to patients in the community, including:

- Providing home visits to seniors and high-needs patients to help them with a range of services, such as ensuring they are taking medication as prescribed.
- Increasing assessment and referrals to local services in the community, such as community care access centres (CCACs) for follow-up care.
- Educating patients on managing their chronic diseases.

Approximately 300 older long-term care homes in the province will be redeveloped to bring all long-term care homes up to the highest design standards. Sector engagement is expected to start in November 2014 and will focus on:

- Enhancing the construction funding subsidy to better support the costs of redeveloping long-term care homes.
- Working with home operators, long-term care home associations and Local Health Integration Networks (LHIN) to determine scheduling for redevelopments.
- Establishing a committee to review individual requests for exceptions to existing design standards.

The province is moving ahead to address executive compensation in the broader public sector through the Public Sector and MPP Accountability and Transparency Act (Bill 8). The Act, which passed in the last session, would allow the government to reform executive compensation. The government also brought forward an amendment to the bill that would add other broader public sector organizations, such as Ornge, LHINs, eHealth, Metrolinx, Ontario Lottery and Gaming Corporation and the Liquor Control Board of Ontario (LCBO), to the list of employers already set out under the legislation. The legislation authorizes the collection of compensation information and creates sector-specific frameworks, including hard caps. The frameworks would be developed in consultation with affected ministries and designated employers, and would establish appropriate and reasonable approaches that would include a range of public sector comparators, building in sector-specific considerations. Heads of organizations would be required to attest to compliance and could be subject to penalties if they do not comply with the frameworks. ONA has prepared a submission to the legislative Standing Committee, stating that effective and independent oversight of the health sector should be through the existing Ontario Ombudsman. To read, visit www.ona.org/submissions.

Joining Our Colleagues around the World

ONA President Linda Haslam-Stroud (third row from the back, third from left) and First Vice-President Vicki McKenna (second row from the back, second from left) join members of Global Nurses United (GNU), an international federation of nurse and health worker unions, in Las Vegas on September 26, 2014 for a historic meeting. Participants shared stories of what's happening in their countries, including the fight against Ebola, efforts to combat austerity measures, privatization of health services and erosion of patient care standards, the need for mandated nurse-to-patient ratios, health care for all, and how the climate crisis is impacting our health. The daylong event was hosted by National Nurses United, the largest organization of nurses in the U.S. ONA is part of GNU, which was created in June 2013 and is currently comprised of 18 countries (and counting!), as part of our affiliation with the Canadian Federation of Nurses Unions, which was represented at the meeting by members of the executive, including President Linda Silas (fourth row from back, third from right).
ONA members were front and centre at an Ontario Health Coalition (OHC) rally at Queen’s Park on November 21, 2014 demanding the government stops the aggressive and systematic dismantling of our local hospitals.

Our members joined forces with bus loads of people from across the province and thousands in Toronto, including patients, seniors, other health care professionals, unions and concerned community members, in a giant rally and march down “hospital row” to send a clear message to the Wynne government that the cuts to and privatization of public community hospitals must stop. The rally was held following the education session, which closed out our Biennial Convention week, meaning dozens of ONA members, including those from out of town, were able to attend.

The OHC reports the government is planning to close outpatient clinics, slash chronic care beds by as much as 50 per cent in several regions of the province, and cut public hospital surgeries and diagnostics to contract them out to private clinics, resulting in patients facing new user fees. Public funding for hospitals has been running less than the rate of inflation for five years and has been frozen with 0 per cent increases for three years.

“These systemic cuts will devastate community hospitals that have already suffered from more than 20 years of non-stop service cuts,” OHC Director Natalie Mehra, who spoke at our Biennial Convention earlier in the week, told the ralliers. “We must take a stand now…if we are to preserve care in our home towns.”

The rally also came at a time when Canadian Institute for Health Information statistics show that Ontario’s hospitals are funded at the lowest rate of any province in Canada, and Ontario has fewer remaining hospital beds per person than any province in the country.

“Go home and tell one person about Ontario’s frozen hospital budgets and the fees being charged for private clinics,” ONA First Vice-President Vicki McKenna urged the crowd, noting that Ontario has lost more than 1,700 RN positions. “Tell them that we are losing our health care system and have to fight for it.”
REPORT ALL OHS HAZARDS –
Online Resources Guide You

Have you come across faulty patient lift equipment or gaps in infection control practices in your workplace? Or — for that matter — any other workplace hazard that would prevent you from doing your job safely?

If so, please take action and report all occupational health and safety (OHS) hazards to your manager.

ONA has developed several resources to help you do your job safely. The resources outline what your rights are, what your employers’ rights are and what you can do to make your workplace safer.

TAKE ACTION: Report All Hazards

Included with this issue of Front Lines is a pamphlet that outlines what you need to know about workplace hazards. You have a legal right to work in a safe and healthy workplace — it’s the law. The pamphlet highlights information about the Occupational Health and Safety Act, which gives you the right to work safely. Plus, it outlines what your managers’ and employers’ responsibilities are to protect workers. Please take a few minutes to review this important OHS resource.

FACT: Health Care is Dangerous Work

In 2013, Ontario’s health care sector workers had the highest number of lost-time injuries related to workplace violence and exposures. The health care sector also ranked in the top three sectors for musculoskeletal disorders and falls.

ONA has created an infographic (pictured) that underscores the key message that Health Care is Dangerous Work. Find out how the health care sector compares with mining, construction and manufacturing — the answers may surprise you!

WATCH: ONA Activists’ Stories

Three ONA members took action in their workplaces to improve their working conditions, which not only benefitted themselves, but their patients, colleagues and others. Watch the video and see how the members addressed health and safety concerns.

Domestic Violence Spills into Workplace, Landmark Study Shows

For the first time ever, a study shows just how domestic violence can boomerang beyond the home and into the workplace.

The landmark study from the University of Western Ontario, the largest of its kind in the world, surveyed approximately 8,000 Canadians and found that more than one-third of workers have experienced domestic violence, and more than half of those report that the issue affected their professional lives, hurting performance and even resulting in job loss.

“We know that domestic violence has implications for the workplace and for employers, and that companies have a corporate responsibility. We’re no longer putting our heads in the sand,” said Peter Jaffe, the academic director of the university’s Centre for Research and Education of Violence Against Women and Children.

Jaffe noted that it’s time for workers and employers to “talk openly” about domestic violence and its effects, adding that “we haven’t had any Canadian numbers to back up what people who work with domestic violence survivors already know.”

Several high-profile cases were the driving force behind the study, conducted with the Canadian Labour Congress, including the 2005 murder of ONA member Lori Dupont, who was killed at work by an anesthesiologist who had been harassing her.

To read more, log onto www.canadian-labour.ca/issues/domestic-violence-work.
Significant Labour Board Ruling Grants ONA Request for Heightened Security

ONA is applauding an Ontario Labour Relations Board interim order to heighten security for our members at Brockville Hospital Mental Health Centre B4 Unit, part of the Royal Ottawa Health Care Group.

The order grants our request to have security guards that are trained properly in how to safely restrain a patient and to effectively handle violent situations escort nurses when they provide care to and interact with a violent patient. It stems from concerns raised by our members following an October 2014 stabbing of a nurse in the head and neck by a violent patient, which narrowly missed an artery that could have caused the nurse serious injury and even her life.

“The mental health illnesses are more complex and require more than one-to-one observation, and certainly this has meant an increase in the potential for violent attacks by patients against our members.”

The interim order is in force until the full appeal is heard or the matter is settled. While it addresses one aspect of overall systemic failures to keep staff safe at this worksite and the failure of the Ministry of Labour to adequately enforce the Occupational Health and Safety Act, we are seeking additional orders for a comprehensive workplace violence program, measures and procedures that can truly protect the workers.

“This very important ruling recognizes that an employer must take reasonable precautions in the midst of workplace violence,” added Haslam-Stroud. “Because we receive reports of violent incidents weekly from our members, ONA is also calling on the government to initiate a province-wide health sector strategy to deal with workplace violence. No one should have to be afraid of getting injured – or worse – on the job.”

ONA Calls on MOL to Issue Charges After Another Attack at Southlake

ONA is pressing the Ministry of Labour to issue charges following yet another violent attack on a nurse at Southlake Regional Health Centre in Newmarket.

In this incident, emergency department staff called to ask for help from security when they recognized they were in peril due to a potentially volatile situation, and went to the security office to request backup. In 2013, another serious attack occurred at the hospital, which resulted in a nurse suffering injuries.

“Southlake continues to show disregard for health and safety laws and the safety of its nurses,” said ONA President Linda Haslam-Stroud. “We are asking the Ministry of Labour to issue charges against Southlake Regional for failing to fulfill its duty to keep staff safe.”

Extended Health, Optional Hospital, and Dental Care Plans

The Voluntary Extended Health and Dental Care Plans are available to Members without employer-sponsored coverage. Optional Hospital coverage is available with the Extended Health Care (EHC) benefit.

60-Day Open Enrollment

As a new Member or if you are losing coverage, you can automatically enroll in the EHC plan without providing medical evidence (subject to being actively at work) and the Dental plan without limitation, if you apply within 60 days of:

- the first day you became an ONA Member;
- the day you lost coverage due to a change from full-time to part-time status;
- the day you lost coverage due to retirement; or
- the day you lost coverage under your (your spouse’s) employer benefit program, or any other group plan.

To learn more, contact the ONA Program Administrator.
Making Our Voices Heard:
ONA Aboriginal Leaders Share Experiences, Challenges, Need for Solidarity

Aboriginal people have a long and proud history that includes rich cultural and spiritual traditions. But the forced introduction of European culture and values to aboriginal societies began a cycle of social, physical and spiritual destruction, the effects of which can still be seen today.

Here, in their own words, three aboriginal leaders within our union share the struggles they have faced, changes that need to be made to advance aboriginal cultures, why ONA has a significant role to play, and how, above all, hope is emerging from this dark picture.

Beginnings: I am not your “typical” aboriginal; I was raised by my father who was white and French. As an aboriginal in a white community, I definitely had issues growing up. Unless aboriginal people live on a reserve, we are taught to conform to the “white man’s” ways, starting in kindergarten. I was never given the opportunity to embrace my aboriginal roots throughout elementary or high school. But this has changed, as my son is in the Ojibwa class at school.

Nursing School Struggles: Most aboriginal people are private and I found the nursing program contained a lot of self-awareness and sharing of personal experiences, which was very hard for me. That part of the program should incorporate some of the teachings of the aboriginal circle of life.

On Healing: There needs to be more education on the reserves with follow-up, including advocating for healthier lifestyles and treating the person as a whole. But there is more evidence that in the hospital setting, at least on the island where I work, more traditional methods, such as smudging, are being used.

How ONA Helps: I have never stood up for myself or really wanted my voice to be heard until I joined ONA’s wonderful Human Rights and Equity Team. I am now starting to step out of my comfort zone and advocate for ONA members facing discrimination in the workplace.

A Better World: I believe we are all equal. That is why aboriginal people have meetings in circles; that way, no one is better than anyone else. However, society does not always see it that way. People of different social statuses are made to feel unimportant. If everyone began to think the way aboriginal people do, we might have a better world to live in and to leave for our children.
Double-Edged Sword: I was very fortunate to not have had any significant problems getting accepted into a nursing program. But I faced the most challenges during the consolidation portion, where I would get into trouble if I took initiative to achieve certain tasks, and then into trouble if I didn’t take initiative.

Her Hero: Several years later, my cousin was one of very few aboriginal students accepted into the same nursing program. The instructors gave the impression that the aboriginal students didn’t have the same intellectual abilities as non-native students. She found that cultural characteristics were perceived as inabilities that would prevent them from succeeding. But the aboriginal students didn’t have any more problems with the academic portion of the program than the non-native students. There was also a perception there would be problems for the aboriginal students in the clinical portion, and they were expected to meet higher standards by some instructors. My cousin is now the Home and Community Care Coordinator at a reserve with her Canadian Nurses Association certification in psychiatric nursing. She is my hero because she overcame staggering odds to become an RN.

Not on the Radar: The biggest issue for aboriginal members is cultural awareness. While it’s more prevalent today than when I was a nursing student, there is a long way to go. Most young aboriginal people have to leave their communities to attend high school and post-secondary school. They often have to overcome huge barriers to be successful in those academic pursuits. Many of us have been separated from our cultural heritage and assimilated into the generic large “white bread” culture. As a result, many have not had the opportunity to be a part of aboriginal teachings and culture.

ONA Advocacy: ONA needs to continue to advocate for minority groups, especially aboriginal peoples. We need to lobby the government and post-secondary institutions to include aboriginal cultural awareness in their programs, including nursing. We need to link with other socially active groups to advocate for improved access to health care and education for aboriginal people. By highlighting aboriginal cultures and the problems we encounter, we can help identify and debunk preconceived notions about aboriginal people.

Roots: Because my grandmother left the reserve as an orphan and was no longer considered part of the aboriginal community, I didn’t self-identify until a few years ago. She died fairly young and my father had no documentation. While we were told about my grandmother at a young age, it wasn’t until my brother and I investigated further as adults that we learned more about our aboriginal roots.

Stigma: I have personally not experienced stigma, but I know it exists. I’m not sure if it’s because people don’t see the aboriginal population as leaders in general, or if they see them only as leaders within their own communities. I work alongside many fellow aboriginal nurses and they, like all my colleagues, prove themselves every single day.

Aboriginal Voices: I do think the voices of aboriginal people are heard, but they are not well understood or acted on. And I don’t know how serious the population takes those concerns because they tend to consider them mostly land claims “complaints.” The perception seems to be that aboriginal people are asking what the world can do for them instead of what they can do for the world. I also believe education in our schools on aboriginal history and their place in society may help to break down the barriers we are currently experiencing.

Better Communities: I believe the aboriginal population also has a big role to play in helping to overcome some of the issues. I would like to see more young aboriginal people get an education and take that back to the reserve to help build better communities.

Equality: ONA is very much into equality and it’s wonderful that aboriginal people are given opportunities to express ourselves. But we can all make a difference. Take the Canadian Labour Congress petition calling for an inquiry into missing and murdered aboriginal women and girls, for example, which ONA supports. We should all get behind that. (Go to www.canadianlabour.ca to sign.)
ONA Names Student Scholarship Winners

ONA has named the winners of our Nursing Scholarship intended to assist students in accredited nursing programs cover the expenses of their education.

The entries this year for the second annual ONA Nursing Scholarship of $1,000 were so thoughtful and creative, we couldn’t choose just one — so we picked five! (The ONA Board of Directors made a decision at its September meeting to provide up to five Nursing Scholarships each year.)

The winners are: Danielle Gray, daughter of Local 6 member Patricia Smith; Kaitlyn Campbell, daughter of Local 26 member Marilyn Campbell; Katherine Fell, daughter of Local 31 member Heather Leonard; Taylor Peachey, daughter of Local 20 member Laurie M. Peachey; and Victoria Welk, daughter of Local 137 member Tammy Welk.

Applicants must be an immediate family member of an ONA member and must submit an essay of 300 words or less on the topic, “The Importance of the Ontario Nurses’ Association for Nurses.” We are including one of those winning essays here, and will publish the remaining four in future issues, along with the name and essay of the recipient of the annual Canadian Federation of Nurses Unions (CFNU) Scholarship (as a member of the CFNU, ONA is entitled to one of its 10, $1,000 student scholarships awarded each year).

Congratulations to all the winners and good luck with your studies!

ONA has Students’ Backs!

Region 2 Vice-President Anne Clark is flanked by nursing students Melissa Zubrickas and Meaghan Gutenberg at the Canadian Nursing Students’ Association’s Ontario Regional Conference in Peterborough this past October. Under the theme, “Reach for the Stars: Go Where No Nurse has Gone Before!,” the conference, hosted by Trent University, provided nursing students with the opportunity to learn more about important issues surrounding their profession, including the NCLEX exam, leadership, social media in nursing and advocacy in social justice, and how to improve their practice and be inspired to use their practice to make a difference. Participants had the opportunity to listen to guest speakers, participate in simulations and workshops, and browse a career fair, showcasing a variety of organizations, including ONA, which also gave us an opportunity to meet the students, explain the many services we offer, and answer their questions. ONA was also a proud sponsor of the conference.

ONA Nursing Scholarship Winning Essay

As a nursing student who will graduate in April 2015, I feel a great sense of pride knowing that I will be supported by a strong union that continuously advocates for its members. ONA provides nurses with a strong voice and camaraderie.

In 2014, ONA launched the More Nurses campaign that resonated with me and my classmates. The campaign provides nurses with a voice and platform to advocate for patient rights and improve the current health care system.

ONA won the (hospital) arbitration to maintain wages for new graduate nurses in Ontario. This is very important, as of 2015 new nurses will be writing the NCLEX. The potential decrease in wages may have led to many new graduates leaving Ontario or Canada.

I currently work part-time in hospital as a scheduler. In this role I schedule health care professionals supported by three unions. The collective agreement outlined by ONA ensures that nurses are able to maintain a balance between their own health and well-being and their patients.

ONA celebrating World Pride is another amazing example of the support ONA provides their members — helping nurses achieve balance between their personal and professional lives.

Lastly, as the daughter of an RN, I’ve grown up hearing numerous stories of the support that ONA has provided to my mother and her colleagues. Since nurses know they have support and a collective to advocate for their best interests at all times, they are best able to care for their clients and patients.

Danielle Gray
The following is a sampling of recent key awards and/or decisions in one or more of the following areas: rights arbitration, interest arbitration, Workplace Safety and Insurance Board (WSIB), Long-Term Disability (LTD) and Ontario Labour Relations Board.

Rights

IAC recommendations do not make grievance moot

Hospital

(Arbitrator Stephens, November 28, 2014)

An arbitrator has ruled that a grievance alleging improper use of RPNs in an endoscopy unit may proceed to arbitration.

ONA filed a grievance alleging a violation of Article 10.12 of the hospital collective agreement. Our position was that the current staffing model in endoscopy was not consistent with quality patient care. An Independent Assessment Committee (IAC) had previously made non-binding recommendations regarding the staffing model, but only some of those recommendations had been implemented by the employer.

The employer argued that because the IAC panel had already issued recommendations, the grievance should be dismissed as moot. ONA argued that the IAC panel did not consider whether the staffing model violated the collective agreement and that a dispute between the parties remained.

The arbitrator agreed with ONA and found that the grievance was not moot. While the IAC report was a valuable tool, the recommendations were non-binding and did not provide a final resolution to the issues.

Importance to ONA: ONA is able to challenge staffing models through both the grievance/arbitration process and the professional responsibility provisions in the collective agreement.

ONA argues for nurses’ inclusion in Bargaining Unit

Hospital

(Arbitrator Waddingham, November 28, 2014)

ONA has successfully argued that advance practice nurses and geriatric emergency medicine (GEM) nurses are in the Bargaining Unit.

The employer had argued that the advance practice and GEM nurses were not in the Bargaining Unit because they were not employed in a nursing capacity and because they were equal to or above the rank of the program manager. They tried to argue that nursing capacity should only cover traditional nursing functions, particularly hands-on care where the nurse has been given a patient assignment.

The arbitrator agreed with ONA that the advance practice and GEM nurses are engaged in a nursing capacity, in that they are required to draw upon their academic credentials, experience and judgment as a nurse to carry out assigned duties. The arbitrator also agreed that the nurses were not above the rank of the program manager.

As a result, the positions are in the Bargaining Unit.

LTD

Carriers must apply realistic standards of employability

Hospital

(November 25, 2014)

A member suffering with multiple diagnoses, including chronic fatigue, fibromyalgia, degenerative disc disease, GERD, hypotension and arthritis, was approved for long-term disability benefits for the “own occupation” period.

When she was required to be disabled from “any occupation” under the policy, the carrier terminated her benefits on the grounds that she did not meet the requirements for entitlement under the definition of disability from “any occupation.” In particular, they believed that she could do sedentary work, based on the results of a “Transferrable Skills Analysis.”

Medical evidence indicated that this member suffered significant pain throughout the day, and would only be able to work for very short periods of time (under 30 minutes) without aggravating her condition; this made her re-employability options almost nil.

The insurer allowed the appeal and reinstated benefits retroactively, alleviating the member’s significant financial hardship.

Importance to ONA: Carriers must apply realistic standards of employability in “other gainful occupations” in light of members’ ability to perform their duties with any regularity.
Ontario Nurses' Association  
Financial Statements for the year ended December 31, 2013

<table>
<thead>
<tr>
<th>Balance Sheet</th>
<th>December 31</th>
<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
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<tr>
<td>Current</td>
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<td><strong>Liabilities and Net Assets</strong></td>
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<tr>
<td>Current</td>
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<td>Accounts payable and accrued liabilities</td>
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$59,404,258 $54,838,298

The above financial information is a condensed version of the Association’s audited financial statements for the years ended December 31, 2012 and December 31, 2013. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.
Ontario Nurses' Association  
Financial Statements for the year ended December 31, 2013  

<table>
<thead>
<tr>
<th>Statement of Operations</th>
<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
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<td><strong>Revenue</strong></td>
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<td><strong>Total Revenue</strong></td>
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<td><strong>Expense</strong></td>
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<td>Fixed costs</td>
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<td>Building operations</td>
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<td>Program costs (Security/LEAP/AIDS/LTD/HepC/Supplementary)</td>
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<td><strong>Excess of revenue over expenses before undernoted items</strong></td>
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<td>$3,053,328</td>
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<td>Amortization</td>
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</tr>
<tr>
<td>Unrealized gain (loss) on investments</td>
<td>(157,091)</td>
<td>180,719</td>
</tr>
<tr>
<td>Share of net income of ONA Liability Insurance Ltd.</td>
<td>652,397</td>
<td>945,174</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td>$3,413,843</td>
<td>$3,281,474</td>
</tr>
</tbody>
</table>

The above financial information is a condensed version of the Association's audited financial statements for the years ended December 31, 2012 and December 31, 2013. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.
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