CCAC Members Strike for Fairness!

ONA President Linda Haslam-Stroud offers words of encouragement to our striking CCAC members outside the Waterloo Wellington CCAC in Waterloo on February 11, 2015. With the employers refusing to show our CCAC members the respect they deserve, the dispute has gone to arbitration.

As community care access centre (CCAC) employers remain unwilling to negotiate a fair deal for approximately 3,000 of our CCAC RNs and health professionals, who braved the picket line for 17 frigid days in January and February, a new contract will be decided by an arbitrator.

After the employers walked away from the table on January 19, 2015 following three days of mediation with a provincially appointed conciliator – and with an overwhelming strike mandate – ONA members were forced to strike for fairness on January 30 at nine of the 10 CCACs where we hold bargaining rights: North East, North West, Central East, Central, North Simcoe Muskoka, Waterloo Wellington, South East, South

Included with this issue:
Constitutional Amendments and Resolutions Passed at the November 2014 Biennial Convention
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

Marie Kelly
Interim Chief Executive Officer / Chief Administrative Officer

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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West and Erie St. Clair. Members at the Hamilton Niagara Haldimand Brant CCAC voted to accept the employer’s last offer.

**Wage Freeze**

“Having taken a wage freeze in two of the three years of the last collective agreement, CCAC members are looking for normative wage increases – just 1.4 per cent for each year of a two-year agreement – and some minor increases in benefits and/or premiums in line with what we have negotiated in all our other major sectors, including hospitals, where many of our CCAC members work,” said ONA President Linda Haslam-Stroud. “But the employers’ position would see members facing another year of salary freezes – and we have made it very clear that the days of taking lump sums over salary increases are long over. We will not allow these dedicated professionals to be treated like second-class cousins.”

While ONA was willing to return to the bargaining table at any time, it took an intervention from the Ministry of Labour on February 12 – two weeks into the strike – to get the employers to resume talks. Unfortunately, following a marathon session during the long Family Day weekend, the employers essentially tabled the same offer that had previously been rejected by our members, and the dispute was sent to arbitration. We expect that decision to be issued in late March (the next issue of Front Lines will contain details).

“What particularly infuriates me is that we offered arbitration months ago, but the greedy CCAC CEOs obviously preferred having our members freeze on the picket line than showing them the respect they so highly deserve,” Haslam-Stroud added. “This is quite ironic given that these are the very same employers and CEOs who have granted themselves substantial wage increases that go far beyond anything they have offered our members, who are the ones doing the critical work on the front lines.”

**The Picket Lines**

We believe it was the strong showing of unity by our members and the unwavering support of our communities that gave us a voice the government and employers could no longer ignore. While the temperatures were low – and downright frigid most of the time, prompting one member to display the very clever sign, “frozen, just like our wages” – right from the get-go, the high spirits and sheer determination of our CCAC members, who set up picket lines in front of CCAC offices and hospitals at 40 locations throughout the province, was inspiring. But it was the nonstop support of others that sustained them.

That support came from the ONA Board of Directors, fellow members, staff, patients, other members of the community, politicians, and our brothers and sisters in the labour movement, including the Canadian Federation of Nurses Unions and our nursing union counterparts, who were all a constant presence on the picket lines. We received a flood of uplifting messages of support, along with financial donations to keep our members on the picket line for as long as needed.

**Not Business as Usual**

And when our employers insulted and degraded our CCAC members further by stating it was “business as usual” despite the strike, we set the record straight, sharing horror stories of gridlock in hospitals as discharges were stalled, long-term care placements coming to a halt, cancelled surgeries, and, in a particularly terrifying case, accounting and HR staff conducting wound assessments. We called for transparency from the CCACs, details and an update on contingency plans, as our patients’ well-being was first and foremost in our minds.

“It is outrageous that the CCAC employers remained immoveable as our patients went without the vital care and services our CCAC professionals provide,” concluded Haslam-Stroud. “Not to mention the colossal waste of health care dollars as the employer spent taxpayers’ money foolishly on catered meals for management, overtime, strikebreaking security firms, high-priced lawyers – and who knows what else. But there is still time for these employers to do the right thing – give our CCAC members wage improvements like our 57,000 RNs and allied health professionals have received.”

For complete details on the CCAC strike, log onto www.ona.org/ccacstrike.

See pages 6-9 for the CCAC strike in photos.
We Must All Fight for Fairness

As I write this column, 3,000 members at nine community care access centres (CCACs) across the province have just returned to work after braving the picket lines for more than two weeks in a fight that was about a whole lot more than wages.

It was about respect. It was about fairness. It was about our CCAC members being made to feel they are every bit as valuable to our health care system as RNs and allied health professionals in other sectors. But they were denied time and time again by their heartless employers.

Some of those employers went so far as to suggest these members aren’t really “front-line” health professionals, the implication being that anyone can do their jobs, evidenced by some of the truly frightening “contingency” plans put in place. Our CCAC members assess clients, develop personal care plans, provide care and arrange for vital health services. If that isn’t front-line care, I don’t know what is.

Even more unfathomable is that the government touts home care as the saviour to our cash-strapped health system, yet sends the clear message that community care work doesn’t pay — unless, of course, you are a CCAC executive who receives substantial annual wage increases on top of your already exorbitant salary.

Despite this, our CCAC members remained resilient. They were cold. They were tired. They were at times demoralized. But they were not defeated! They stayed out for as long as it took during the coldest February on record and we could not have asked for anything more. Everywhere I travelled, I heard that our CCAC members have blazed a path for us all. Because this isn’t just their fight. The best way to negotiate good contracts for all ONA members — and indeed all Ontario workers — is to ensure we all move forward and fight for fairness together. For that, I thank them.

And it extended beyond the picket lines. We have seen a remarkable resolve and show of strength from our CCAC members returning to work. To say they walked into their workplaces proudly, without shame, and stronger than when they walked out is an understatement. The strike was a baptism of fire, for sure, but a fire that has clearly made them a force to be reckoned with!

I would be remiss if I also didn’t sincerely thank our other members and staff for the constant support shown to our CCAC members. We should all be proud that we did the right thing — for our patients, our families, our communities and ourselves.

The best way to negotiate good contracts is to all move forward together.

Nous devons tous lutter pour l’équité

Pendant que j’écris cette chronique, 3,000 membres de neuf centres d’accès aux soins communautaires (CASC) de partout dans la province viennent de retourner au travail après avoir relevé bravement le défi du piquetage pendant plus de deux semaines, au cours d’une lutte dont l’enjeu dépaysait de loin la simple question salariale.

C’était une question de respect. C’était une question de justice. Il s’agissait de donner à nos membres des CASC le sentiment d’avoir tout autant de valeur pour notre système de santé que les infirmières autorisées et les professionnels paramédicaux des autres secteurs. Mais ce sentiment s’est heurté à des dénégations répétées de la part de leurs impitoyables employeurs.

Certains de ces employeurs sont allés jusqu’à avancer que nos membres des CASC ne sont pas de véritables professionnels de la santé de « première ligne », ce qui laissait entendre que n’importe qui pourrait faire leur travail, comme le montrent certains des « plans d’urgence » vraiment effrayants qu’ils ont mis en place. Nos membres des CASC évaluent les clients, élaborent des plans de soins personnels, prodiguent des soins et organisent des services de santé essentiels. Si tout cela n’est pas considéré comme des soins de première ligne, je ne vois pas ce qui pourrait l’être.

Le mystère le plus insensé de tout cela, c’est que le gouvernement, tout en affirment que les soins à domicile vont sauver notre système de santé à court d’argent, démontre clairement que le travail en soins communautaires ne paie pas... sauf, bien sûr, si on est un dirigeant de CASC qui voit chaque année une augmentation substantielle s’ajouter à son salaire déjà exorbitant.

Malgré cela, nos membres des CASC n’ont pas laissé prise. Ils ont eu froid. Ils étaient fatigués. Par moments, leur moral était au plus bas. Mais personne ne s’est avoué vaincu! Nos membres sont restés dehors aussi longtemps qu’il a fallu, pendant le mois de février le plus froid jamais enregistré; nous n’aurions rien pu leur demander de plus. Partout où je suis allée, on m’a dit que nos membres des CASC nous ont ouvert la voie, à tous et à chacun d’entre nous. Car ce n’est pas seulement leur lutte. Nous savons que le meilleur moyen de négocier de bonnes conventions pour tous nos membres de l’AIIO (en fait, pour tous les travailleurs ontariens) est de veiller à aller de l’avant et à lutter pour la justice tous ensemble.
Hospital Cuts Must Stop Now!

Pick up a newspaper almost anywhere and chances are good that you’ll see a headline about the local hospital making cuts to services and/or front-line staff, including nurses. From New Liskeard to Leamington, this has become a sad reality in today’s health care environment, but there’s no way ONA is going to sit back and accept it as inevitable.

Ontario is forging ahead with the most aggressive plan ever to systematically strip local community hospitals of services and cut or privatize them. And in some areas, they are already closing down outpatient services and planning to cut surgeries and diagnostic tests and contract them out to regional private clinics. These clinics charge user fees in direct violation of the Canada Health Act.

Draconian cuts to chronic care beds are also planned – in some areas, 50 per cent of the remaining beds. And all at a time when Ontario has the fewest number of hospital beds of any province in the country, after suffering two decades of cuts.

But ONA knows full-well that these cuts and privatization will not save money; instead they will fragment care, worsen access, and lead to two-tier health care. We are deathly fearful for our patients, who are faced with travelling long distances for care that used to be available in their own back yards. Without any exaggeration, our beloved community hospitals will not exist if we don’t stop this.

Our response must be equal to the size of this threat. ONA has presented a pre-budget submission demanding that hospitals be appropriately funded. We have joined forces with the Ontario Health Coalition (OHC) on its Save Our Services campaign. But we desperately need your help too. Participate in local events on hospital cuts, such as town halls and rallies, sign the OHC’s postcard to Minister of Health Dr. Eric Hoskins (see www.ontariohealthcoalition.ca), write a letter to the editor of your local newspaper (we can help!), or, even better, become a member of your local health coalition and help shape the fight back.

We all have a vested interest in saving our community hospitals. It’s time to draw a line in the sand and make our voices heard.
ONA Members Across Ontario

Snapshot of a Strike!

Rally outside Ministry of Labour

The CCAC Strike: What We Accomplished Together!

We asked our members, staff and allies to help support our striking CCAC members – and did you ever! Here’s an overview of some of our work:

► More than 5,000 letters in support of our striking CCAC members were sent to the CCAC CEOs, the Premier and the Minister of Health – our most successful email campaign to date!
► Hundreds “liked,” favourably commented or retweeted our Facebook and Twitter posts and photos of the strike.
► Through our Adopt-a-Strike-Line program, thousands of dollars were raised by Locals, members and staff.

► We received more than $50,000 from the Canadian Federation of Nurses Unions and our provincial nursing counterparts through a Solidarity Fund, along with financial donations from other unions.
► Several MPPs and local councilors sent letters to the government on our behalf and joined our members on the picket lines.
► We issued 15 media releases and prepared dozens of letters to the editor to newspapers throughout the province. Many members also composed their own personal letters to the editor. The media’s response was overwhelmingly positive.
► We released a radio ad asking for the public’s support.
► Hundreds of you walked the picket line with our CCAC members, offering moral support, along with snacks and hot drinks.
► Turnout for our four major rallies – Scarborough General Hospital, North York General Hospital, outside the Ministry of Labour building when talks resumed and MPP Deb Matthews’ London office – was tremendous.

Central CCAC

For many more strike photos, visit ONA’s Facebook page.
“I don’t know what we would have done without our Care Coordinators.”
—Bill and Carol Simpson, Erie St. Clair CCAC clients

“For first time picketers, you did a fine job of taking your issues to the streets!”
—Toronto Labour Council

Rally at North York General Hospital

North West CCAC

Central East CCAC

Erie St. Clair CCAC
ONA Members Across Ontario

Rally outside of MPP Deb Matthews’ London Office

“In defending their right to fair wages and working conditions, these CCAC health professionals are giving your government a very clear and loud signal that home and community care staff will no longer tolerate being undervalued. We urge you to listen.”

—Paul Moist, CUPE National President and Fred Hahn, CUPE Ontario President

in a letter to Health Minister Dr. Eric Hoskins

“Congratulations to you all for your tremendous example of solidarity and the work you do everyday.”

—Patrick Dillion, President Building and Construction Trades Council of Ontario

“These nurses are the essential link between our acute care sector and patients receiving necessary care at home. Home and community care must not be treated as the poor cousin in our health care system. “

—Canadian Federation of Nurses Unions President Linda Silas

North East CCAC

South East CCAC

www.ona.org
Rally at Scarborough General Hospital

South West CCAC

“Please stand behind the RNs and health care professionals who ensure your family and mine get the care and attention from people that go above and beyond the call of duty every single day.”

—Concerned citizen Rob Wilson

Waterloo Wellington CCAC

“I thank ONA President Linda Haslam-Stroud for not only being an incredible inspiration to all women, but for standing up and being such a formidable force to our employer.”

—North Simcoe Muskoka CCAC
Care Coordinator Anita Moore

North Simcoe Muskoka CCAC
In Memoriam…

ONA is deeply saddened to learn of the passing of former staff and honorary member, Ioma Robinson.

Ioma passed away peacefully at the Helen Henderson Care Centre on January 25, 2015 in her 82nd year. Considered by many ONA members to be a stellar educator, Ioma joined staff in 1975, serving as the Director of Education. At that time, our education department was based out of our Ottawa Regional Office.

Prior to Ioma’s arrival, it became apparent that the informal teaching by ONA staff wasn’t meeting the educational requirements of membership. With a background as an elementary school teacher and an active member of the Elementary Teachers’ Federation of Ontario, Ioma was able to use her sound knowledge of labour relations and education to identify the immediate needs of membership and commence the first series of one-day workshops in the fall of 1975. And with the growth of membership came the growth of our education curriculum under Ioma’s watch.

“In reviewing the needs and concerns of membership we’ve been able to develop new topics of study,” she said at the time. “We now have occupational health and safety workshops, public relations courses and several specialized workshops that help members meet the requirements of the labour relations field at the Local level.”

In addition to teaching members and developing and planning course content and schedules, Ioma also produced ONA’s monthly newsletter until 1978 when it was taken over by the newly-formed communications department. She is also well remembered for her work on parliamentary procedure and rules of order, which continue to guide ONA meetings.

Following her retirement at the end of 1998, Ioma was given an honorary ONA membership for her commitment and dedication to meeting the educational needs of our members over the years.

“Loma’s interaction with members provided her with an opportunity to share the information derived from membership surveys conducted during the education programs with both Board and staff members,” said ONA President Linda Haslam-Stroud. “As a result of this communication, many problem areas were identified and solutions developed, leading to the exemplary education program that ONA members have access to today. We owe her a great deal.”

ONA extends our deepest sympathies to Ioma’s family, friends, and former colleagues.
Nursing Home Members Awarded Wage Increases

At the same time our community care access centre (CCAC) members were striking for fairness, an arbitrator has issued an award for our nursing home members, which includes wage increases in each year of a two-year agreement.

The award, which runs from July 1, 2014 to June 30, 2016, provides for a 1.5 per cent increase across the board for all classifications effective July 1, 2014 and a 1.4 per cent increase effective July 1, 2015. See the insert included with this issue of Front Lines for the full highlights.

While our Nursing Homes Central Negotiating Team had hoped to obtain a settlement at the bargaining table for our 3,000 RNs, RPNs, personal support workers and allied health professionals working in 168 for-profit nursing homes when negotiations began last summer, there was little agreement from the employers on substantive issues. Instead, they 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.

“At at time when staffing increases are desperately needed for quality patient care, these greedy employers wanted to cut RN care in our nursing homes,” said ONA President Linda Haslam-Stroud. “Today, our frail and elderly patients are better off because our nursing home members truly advocated for them. We have made progress in their quest for wage parity with homes for the aged and hospital nurses. This is a big win for our members and our union.”

Arbitration for a renewed contract took place on October 22-23, 2014. The award from Arbitrator Louisa Davie, which is final and binding (meaning no ratification votes were necessary), was detailed to Local Coordinators and nursing home Bargaining Unit Presidents at a special sector meeting in Toronto on February 6. Once the meeting adjourned, these leaders joined our striking CCAC members, who have, in stark contrast, been offered yet another wage freeze by their employers, at two picket lines in Toronto.

“I am very proud of our Nursing Homes Central Negotiating Team, which was 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. Now we need a fair deal for our CCAC members as well.”

Attention all Hospital Members!

The Call for Nominations for the election of your Hospital Central Negotiating Team is open from April 2 to May 1, 2015. Please go to www.ona.org for nomination forms and details.

Mixing Business with Pleasure

ONA President Linda Haslam-Stroud (third from left) acknowledges the good work of Local 24 leaders and members at their official annual dinner meeting on September 16, 2014 at the Annandale Golf Club in Pickering. During the dinner, reports are provided from all nursing homes and the two hospitals in the Local, highlighting their issues, challenges and successes, and policies and the budget are discussed. There’s also time for networking and – of course – enjoying a delicious meal together.
ONA Calls for Increased Hospital Funding in Pre-Budget Presentations

Ontario hospitals need to be funded to allow for appropriate nurse staffing levels, ONA has stated in a series of pre-budget presentations to the Standing Committee on Finance and Economic Affairs throughout the province.

During the presentations, which provided ONA with an opportunity to give the government input into its spring budget, Board members and Local leaders, including First Vice-President Vicki McKenna (Toronto), Region 1 Vice-President Pam Mancuso (Sudbury), Region 2 Vice-President Anne Clark (Ottawa), Region 4 Vice-President Dianne Leclair (Fort Erie) and London Health Sciences Centre Bargaining Unit President James Murray (London), highlighted how insufficient RN staffing is having a negative impact on patient health outcomes, ultimately costing the system additional money, and putting our patients and nurses at risk.

“ONA is demanding that hospital base operating funding be restored to at least cover the costs of inflation and population growth,” said McKenna during her presentation at Queen’s Park. “We are also calling for a multi-year nursing human resources plan to make significant progress in reducing the gap in the RN-to-population ratio between Ontario and the rest of Canada. Furthermore, we are asking for a comprehensive nursing human resources plan to be developed that clearly identifies where RNs fit into the government’s vision for health care in Ontario.”

Other ONA priority recommendations for the 2015 budget include:

• Direct hospitals to comply with the Public Hospitals Act, specifying that every hospital must put in place a functioning Fiscal Advisory Committee and must make recommendations to the board regarding operations and staffing in the hospital.
• Establish immediately a focus group of front-line RNs to discuss violence in the workplace with the Minister of Health and Long-Term Care.
• Fund a regulated minimum staffing standard in long-term care homes at an average level of four worked hours of nursing and personal care per resident per day (including .78 RN hours) to meet increasing resident care needs.
• Reform community care access centres (CCAC) to expand the current care coordination practice and coordinate the complete care needs for the patient and integrate direct home care delivery into the CCACs.

Read ONA’s entire pre-budget submission at www.ona.org/submissions.

We all know how busy things can be, but how do you stay up-to-date on the latest ONA news, information, campaigns, events and more?

There’s an easy way: sign up to receive ONA eBulletins and other important messages!

Tens of thousands of ONA members and other stakeholders are on ONA’s email list and receive monthly eBulletins, which puts all of the info into a one-stop and easy-to-read format. Sign up today at: www.ona.org/enews.

Looking for ONA Events? Visit our eCalendar
Need to know when the June Provincial Coordinators Meeting is scheduled and where? Or when Injured Workers’ Day is? The ONA Events Calendar lists meetings, special days and commemorative dates in one convenient place.

Visit www.ona.org and see the “Events Calendar” icon on the bottom right side of the page. If you are on your mobile device, it’s located under the “Menu” tab on the top right corner.

Don’t miss an event again: Sign up for an email reminder. Click on the event and type in your email address in the field, and you will receive an email reminder either one week or one day in advance. It’s up to you.

Questions on eBulletins or the eCalendar? Contact Communications Officer Katherine Russo at katheriner@ona.org.
ONA Brings Holiday Cheer to Locked-out Workers

Thanks to ONA, members of United Food and Commercial Workers (UFCW) Canada, Locals 175 and 633, and their families have just experienced a much cheerier holiday season.

The 67 UFCW members, who have been locked out by Wing Foods for a second Christmas in a row, received much-needed gift cards donated by ONA members, Board members and staff through Operation Christmas Cheer.

In its 10th year, Operation Christmas Cheer is a non-profit organization that aims to provide workers walking a picket line during the festive time of year with a traditional turkey dinner, toys for their children and moral support. ONA has long supported its work.

ONA received a shout-out on the UFCW’s Facebook page, which stated, “we received a very special package this morning from our amazing friends at ONA. I can guarantee that the members of UFCW Canada...are going to be so thrilled later this morning! Thank you, ONA, for bringing so much cheer to these families.”

“We know how important it is for our communities that workers withdraw our labour, when necessary, to make sure there are still good jobs around for our children’s generation,” said ONA President Linda Haslam-Stroud. “Being able to deliver some happiness to them on their picket lines brings to mind the true meaning of the holidays and solidarity.”

Visit www.operationcheer.com to find out more about this amazing grassroots organization. You can also “like” them on Facebook at www.facebook.com/operationchristmascheer.
The government has shelled out nearly $8 billion more to use public private partnerships (P3s) when building new infrastructure than it would have if it had simply built the projects itself, Ontario Auditor General Bonnie Lysyk concluded in her recent 2014 Annual Report. These P3s are more expensive mostly because the private sector must pay about 14 times what the government does to get financing and must pay private companies a premium to get them to take on the project, she found, adding that other costs, such as project management, architecture, legal and engineering services, were also generally higher for private companies. Other findings of her report include: the Ministry of Health and Long-Term Care has no way of knowing the percentage of Ontarians actually immunized for diseases such as the flu and measles or whether its immunization project is cost-effective; and the province has no integrated and coordinated system to deliver palliative care services to Ontarians to meet growing needs as the province’s population ages.

The Broadbent Institute has launched a video to educate and mobilize people on Canada’s serious wealth inequality. An accompanying survey from the institute shows that in Canada 86 families own more than the bottom 11 million Canadians combined, and that Canadians vastly underestimate wealth inequality and want a much more balanced distribution. To view the video, log onto www.broadbentinstitute.ca/wealthgap.

The Conservative-dominated Senate has passed a controversial bill targeting labour unions, rejecting Liberal amendments that would have corrected the inadvertent drafting errors it contains. Bill C-525, Employees’ Voting Rights Act, changes certification and decertification procedures in the Canada Labour Code, the Parliamentary Employment and Staff Relations Act, and the Public Service Labour Relations Act, making it more difficult for people to join unions of their choosing and easier for dues-evaders to try to dissolve unions.

All refugees in various stages of the asylum process can once again access basic Canadian health care, after the federal government reluctantly agreed to comply with a court-ordered reinstatement. The revised health program measures, which include medication for children and prenatal care, will be in effect only until Ottawa has exhausted legal avenues in the battle over whether its health care program for refugee claimants is unconstitutional. Immigration Minister Chris Alexander stressed that the new measures are just temporary and maintained that the government will continue to appeal the “offside” court decision against the cuts.
Ontario is appointing a task force to review the *Regulated Health Professions Act, 1991*, which governs all regulated health professions in the province, to ensure it is effective in preventing and dealing with the sexual abuse of patients by regulated health professionals. The scope of the task force’s review will include:

- How the current legislation can best ensure that every interaction by patients and witnesses with health regulatory colleges in relation to issues involving sexual abuse and colleges’ processes are sensitive, accessible and timely.
- The identification of best practices from leading jurisdictions around the world.

Bill 21, the *Safeguarding Health Care Integrity Act, 2014*, has been passed by the legislature. In addition to addressing the safety of drugs in Ontario hospitals, the legislation enables health regulatory colleges to more readily share information with:

- Public health authorities for the purposes of administering the *Health Protection and Promotion Act*.
- Public hospitals, as well as with other prescribed persons, in relation to a college investigation of a regulated health professional employed by or who receives privileges from a public hospital.

The legislation also requires hospitals and employers to report to health regulatory colleges where:

- A regulated health professional has resigned or voluntarily relinquished or restricted her/his practice or privileges because of concerns regarding the professional’s potential professional misconduct, incompetence or incapacity.
- Where the member’s resignation or relinquishment occurs during the course of, or as a result of, an investigation undertaken into allegations of professional misconduct, incompetence or incapacity on the part of the professional.

It also allows the government to more quickly appoint a college supervisor, where the Minister of Health and Long-Term Care considers it to be appropriate or necessary, to address any serious concerns regarding the quality of a health regulatory college’s governance and management. ONA’s submission on Bill 21 on these changes can be accessed at [www.ona.org/submissions](http://www.ona.org/submissions).

Mental health supports for post-secondary students will be strengthened by extending the Mental Health Innovation Fund. The fund supports projects that improve access to mental health services, such as mental health first aid instructors and a mental health support website ([www.supportcampusmentalhealth.ca](http://www.supportcampusmentalhealth.ca)) developed at Queen’s University, which will serve all post-secondary students in Ontario. The current call for proposals is being launched with a focus on First Nation and Métis students, students with addiction issues and students with mental health or addiction issues who are transitioning from secondary to post-secondary studies. This support for post-secondary students is part of the multi-year $257 million *Open Minds, Healthy Minds*, Ontario’s Mental Health and Addictions Strategy.

CFNU News

**CFNU Releases Ebola Video**

The Canadian Federation of Nurses Unions (CFNU) has released a video highlighting the concerns of the country’s nurses on Ebola preparedness.

The group is calling on governments to put safety first in 2015 by making the health and safety of health care workers, patients and communities a top priority.

“Front-line health care workers learned a lot from SARS and the H1N1 crises,” said CFNU President Linda Silas. “A weak response to the Ebola threat means we failed to heed those lessons. The CFNU is committed to ensuring we don’t fail health care workers as they care for their patients.”

The CFNU, along with provincial nurses unions, including ONA, are working with public health care agencies and provincial governments across Canada to ensure proper protective equipment, training and staffing are available to protect health care workers. ONA has, in fact, taken a lead on ensuring health care workers have the protections they need in the face of this threat (see the cover story of the January 2015 issue of Front Lines for details).

“We give firefighters the proper equipment to enter dangerous situations and protect public safety,” added Silas. “Nurses deserve the same protection. Safety is non-negotiable.”

To view the Ebola video in either English or French, log onto [www.ona.org/ebola](http://www.ona.org/ebola).

For more on Ebola, see pg 19.
The proposal to close the obstetrical (OB) unit at Leamington District Memorial Hospital due to a lack of government funding will have an enormous impact on local residents who will have to travel long distances for this care, Frank Cinicolo, ONA Bargaining Unit President for the hospital, has told an Ontario Health Coalition (OHC) town hall meeting.

At the Save Our Services public meeting, held on January 20 at the Leamington District Secondary School, Cinicolo and other speakers, including OHC Director Natalie Mehra, revealed that funding for the OB program is less than half of what is needed to sustain it. Over the past two years, Leamington Hospital has seen its funding decreased by more than $700,000, and as of last December, that shortfall rose by another $1.2 million, bringing the total to about $2 million.

“When you intentionally underfund programs, and specifically the OB program, you start to see doctors, nurses and midwives, all of whom are specialists in delivering this type of care, leave the community,” Cinicolo said. “That forces the patients who need care to travel to Windsor or Chatham. These locations are between 50 and 60 kilometres away and a minimum of a 45-minute drive. That is a risk for both the mother and the baby, and not just during the actual delivery. When you are in a low income population, you do not always have transportation options or finances to seek care that is not readily available. We will see poor decisions being made and mothers not seeking prenatal care to the extent they would if the care was here.”

The Erie St. Clair Local Health Integrated Network (LHIN), which has convened an expert panel to look into the potential closure, has not only been presented with a petition containing thousands of signatures, but solutions that would work to sustain the OB program.

“What is so frustrating again and again for those of us on the front lines is that we are seeing health care decisions driven by dollars and not our community needs,” Cinicolo concluded. “I am worried about the lasting effect on this population in this community. It is my hope that the LHIN is listening to its community and will preserve this vital service for the people of Leamington.”

The Twitter hashtag #saveleamingtonOB has been set up for you to show support.

The Ontario Health Coalition has released its action plan for 2015, and ONA is encouraging all members to help bring it to life.

The action plan, a blueprint of the campaigns the OHC and its members, including ONA, will embark on this year to preserve our public health care system and protect quality patient care in the face of government cutbacks and an environment fraught with challenges, was designed, in part, by our members and staff during the OHC’s Health Action Assembly this past October.

The action plan outlines three major campaigns for this year: stopping hospital cuts and the privatization of hospital services through shifting to private clinics, reforming home care, and improving long-term care.

Several activities are planned within those three categories, including conducting an advertising campaign to raise public awareness of the threat of hospital cuts; calling for a public inquiry into the violation of the Canada Health Act by private clinics; conducting a hospital bed study; meeting with the Ontario Auditor General regarding her special audit of community care access centres; participating in the government’s consultation on home care; updating a report on the status of home care and another on the increasing needs of long-term care residents and insufficient staffing levels; and revamping the giant rocking chair tour across Ontario to raise public awareness of the need for minimum care staffing standards and improved access to long-term care.

“I am imploring each and every one of you to support the action plan in any way you can,” said ONA President Linda Haslam-Stroud. “In today’s fragile political climate, I don’t think it’s an exaggeration to say that the very future of our profession, our health care system and the care we provide to our patients/clients/residents is at stake.”
Dear Member:

As health care professionals, we know all too well how devastating a critical illness can be and how it can cause emotional, physical and financial stress for ourselves and our families.

It is for these reasons that ONA has partnered with Johnson Inc. to provide the ONA Critical Illness benefit for all members under the Base Plan, regardless of whether you have coverage through an employer, are full-time or part-time, or have an existing critical illness or disability plan in place.

The good news is you don’t have to do anything to be protected. As of January 1, 2015, if you are between the ages of 18 and 65, you are automatically covered for a one-time, lump sum critical illness benefit of $1,250, with the premium covered by your union dues.

This coverage provides protection for:

• Life-threatening cancer.
• Benign brain tumour.
• Heart attack.
• Stroke.
• Occupational HIV.

This new benefit has replaced the existing HIV and Hepatitis C coverage that was included in the ONA Base Plan until the end of 2014. The HIV and Hepatitis C benefits were in place for several years and the claims utilization was minimal. With only one HIV claim since the inception of the policy and zero claims for Hepatitis C, we felt they no longer met the needs of our members.

Some other good news to share with you is that this new Critical Illness coverage will not affect the existing Base Plan Long-Term Disability (LTD) benefit of $250 per month, now or at the time of claim. The Base Plan LTD remains a valuable program for our members who do not have LTD coverage through their employer, with millions in claims paid out over the past five years alone. For more information on how to file a claim, contact the Johnson Inc. claims department toll-free at 1-877-709-5855 or by email at ona.claims@johnson.ca.

The next step is now yours! ONA has taken the first step to get you started on your way to Critical Illness protection, but we all know that $1,250 is only a start. To add additional coverage, including enhanced illness protection and an increased benefit amount, go to www.johnson.ca/criticalillness and/or call Johnson for more information at 1-800-461-4155.

Sincerely,

Linda Haslam-Stroud, RN
ONA President
Workplace Violence Escalates; ONA Demands Action Now!

Following a string of violent attacks against nurses in the past few weeks, ONA is escalating our demands that both employers and the government take immediate action to ensure our nurses are safe on the job.

On December 29, 2014, a registered nurse was beaten and critically injured while providing nursing care to her patients at the Centre for Addiction and Mental Health (CAMH) in Toronto. The facility did not inform the Ministry of Labour (MOL) until almost a day later, a direct contravention of the Occupational Health and Safety Act (OHSA), which states employers must “immediately” notify the Ministry and union reps when a worker is “critically injured from any cause at a workplace.”

Less than two weeks later, two additional CAMH nurses, an RN and an RPN, were attacked by patients in two separate incidents. All three attacks occurred soon after the MOL laid OHSA charges against the same employer for a brutal beating of a nurse in January 2014. At CAMH alone, there were 514 incidents of workplace violence in the fiscal years 2013-2014, 453 of which involved physical abuse or assault – a sobering 29 per cent increase over incidents in the previous year, and most of them occurring after the January 2014 beating.

“It’s high time that CAMH management recognizes – and takes steps to eliminate – the factors that are contributing to this epidemic of workplace violence,” said ONA President Linda Haslam-Stroud. “The employer needs to immediately meet with us and address staffing levels, policies and risk-assessment procedures because there are clearly some factors contributing to the violent incidents that are in dire need of attention.”

The situation at London Health Sciences Centre (LHSC) isn’t any better, with 36 violent attacks occurring in the first three weeks of January alone. These types of incidents against our nurses have grown from a total of 18 in 2013 to a mind-blowing 360 in 2014. In fact, LHSC has experienced up to five violent incidents on a single day, yet calls for action by our members are being ignored. Even more concerning is the failure of the MOL to send inspectors to the workplace when the incidents are reported.

“We have met with nurses at LHSC to identify gaps that are leaving them so vulnerable to violence, including a staffing shortage, shortage of panic alarms, lack of willingness on the part of management to implement short-term plans while it develops long-term plans, inadequate medication of patients, and a lack of training, resources and violence risk assessment,” noted Haslam-Stroud.

These are just the latest examples in a growing epidemic of violence directed against our members across the province, which ONA believes is the result of inadequate employer risk prevention strategies and insufficient government funding for hospitals. ONA continues to meet with both the Ministry of Health and Long-Term Care and the MOL to highlight our growing concerns about the dangerous situations our members often find themselves in.

“As nurses, we cannot give our patients the best possible care if we are afraid for our safety,” concluded Haslam-Stroud. “It’s even more difficult when the people tasked with keeping workers safe delay investigating assaults and injuries. Employers need to listen and act when our RNs are flagging serious concerns that, if appropriately addressed, could prevent workplace violence. And the government needs to provide adequate funding to ensure such preventative measures can be put into place. Violence is not part of our jobs.”
The Ebola Threat: Don’t Let Down Your Guard!

With two recent suspected cases of Ebola at a London hospital (false alarms), we would like to remind members that the threat is far from over and you need to be vigilant about ensuring you are properly protected and trained.

While ONA is pleased to see that the Ministry of Health has incorporated much of our feedback in its latest Ebola directive issued on January 14, 2015, we are still concerned about adherence to that directive from all facilities.

It appears that some testing and treating hospitals – 11 provincial hospitals have been designated referral hospitals for potential Ebola cases (four testing, seven treating) – don’t intend to offer powered-air purifying respirators (PAPR) to nurses, which provide the safest protection against the often fatal disease, or train nurses even if they have a supply. Instead, they are going to ask nurses to vacate a room if an aerosol-generating procedure (AGP) needs to be performed and require doctors and respiratory therapists to perform this task.

But asking a nurse to vacate a room when CPR is required is impractical and unethical if she/he is present when a patient arrests. And no health care worker should reenter a suspect, person under investigation (PUI) or confirmed Ebola patient’s room without a PAPR until the air exchanges per hour are safe (the Ministry of Labour (MOL) relies on Tuberculosis guidelines, which indicate it takes 46 minutes to have six air exchanges per hour, the amount needed to provide a safe environment where PAPR would not be needed).

While the directive for screening hospitals does not offer the same protection during an AGP as it does for testing and treating hospitals, it is ONA’s belief there must not be a lower standard for any worker exposed to a suspect, PUI or confirmed Ebola patient simply because of the designation of the hospital. Not only must institutions have a sufficient number of PAPR available, they must clearly define access, and develop and communicate policies around that access.

We need our members and Joint Health and Safety Committees (JHSC) to continue to ensure every single employer, regardless of designation, is conducting an organizational risk assessment in consultation with your JHSC, and ensuring the highest level of protection. By doing so, employers are able to determine the level of risk of exposure to Ebola and the effectiveness of their current control measures – and must then provide training and protection based on that risk. Where this is not being done, you need to demand you have access to PAPR for AGP, and ensure your employer is adhering to the directive for all other Ebola-related care.

We also advise that you ask your employer if you will be required at any time to care for a suspect, PUI or confirmed Ebola case in your facility. If so, advise your supervisor in writing that for an AGP, you will require the PAPR and training, and training on all other personal protective equipment as per the directive. If you will not be providing that care, you need to find out who is, how they are being scheduled and if they are properly protected. Don’t stop until you get a satisfactory answer.

Where you are seeing gaps, advise your JHSC rep and your Bargaining Unit President immediately so they can escalate the issue to the highest level as quickly as possible for resolution, including calling the MOL.

For the latest on Ebola, log onto www.ona.org/ebola.

Members Successfully Lobby for Proper Ebola Protection

When it comes to readiness in the wake of the ongoing Ebola threat, Local 19 Treasurer George Rudanycz has a very simple tip: check the instructions of your N95 respirators to ensure you have the correct ones.

Rudanycz, who is a backup to Elizabeth Hart (both pictured), the health and safety rep at Bluewater Health, who was successful several years ago in bringing appropriate gowns into her hospital, said they recently read government directives about how to be prepared for Ebola, and one of them discussed being careful about the type of N95 respirators used.

“We thought, let’s look at the N95 respirators that are available to nurses and do something we have never done before: read the safety instructions that are included,” Rudanycz said. “So we did, and realized we were carrying N95s that are used for industrial purposes, which did not cover the aerosol issues we needed.

“Elizabeth and I are really attuned to health and safety issues, but we didn’t realize we were using the cheaper version that is not fluid resistant, so we are certain there are other people out there who are receiving N95 respirators and thinking that’s where their worries stop. But this is an important message I want to relay: Look at your N95s and make sure they are the fluid resistant ones for a medical-surgical event, not to sand your deck!”

Rudanycz cautions that once an N95 respirator is soiled, it must be changed immediately regardless of the type. The best practice is to also wear a face shield.

The good news is that once Rudanycz and Hart told management at Bluewater Health, which also hadn’t realized the mistake, the N95s were immediately changed to the correct ones.

“When Elizabeth spoke, management was horrified they got things wrong,” he concluded. “They did not argue the point because Elizabeth has an established level of expertise. Sometimes people are afraid to speak up, but don’t be. You have occupational health and safety facts and the Occupational Health and Safety Act behind you.”
ONA Names CFNU Scholarship Winner

ONA has named the Ontario recipient of the annual Canadian Federation of Nurses Unions (CFNU) Scholarship intended to assist students in accredited nursing programs cover the expenses of their education.

As a member of the CFNU, ONA is entitled to one of its 10, $1,000 student scholarships awarded each year. Congratulations go to Kristyn Kulchyski, daughter of Local 81 member Karen Kulchyski.

Applicants must be an immediate family member of an ONA member and submit an essay of 300 words or less on the topic, “The Importance of the Ontario Nurses’ Association for Nurses.”

In the last issue of Front Lines, we told you about the five recipients of ONA’s own Nursing Scholarship – and published one of their essays. We are printing another winning essay here – from Katherine Fell, daughter of Local 31 member Heather Leonard – and will include the remaining three in future issues.

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

CFNU Scholarship Winning Essay

The Importance of ONA for Nurses

There are endless ways to categorize our health care system (geographically, demographically, level of care, etc.), but there is one universal characteristic in each — the need for nurses.

ONA plays an important role in protecting nurses amid an ever-growing demand for them and the critical work they do helping patients. Nurses are the backbone of our health care system. ONA embodies a strong, collective voice representing all nurses in all disciplines across this complex health care system. Nurses are on the front lines of the government’s current “do more with less” mentality. The pressures can seem insurmountable and present issues that further the importance of ONA.

While there are a host of details to be covered for these issues, there are two major roles ONA plays in protecting nurses and ensuring they are respected in each and every one of the many capacities they are working in. Both reinforce the need and importance of a strong union for nurses.

ONA plays an important role in implementing programs to prevent issues from happening. This includes collective agreements and education programs for nurses to recognize warning signs and actions to take. The second role is the creation and maintenance of strict policies to take corrective action. ONA ensures this is comprehensive, including all steps a nurse in every environment and discipline can take to correct a conflicting situation.

Among the myriad of issues each of these themes can be applied to are workplace harassment, occupational health and safety, compensation, benefits and professional practice education. All of these and more are what nurses are faced with in their workplace – an underfunded, over-booked and increasingly burdened system we call health care.

Katherine Fell

ONA Nursing Scholarship Winning Essay

The Importance of ONA for Nurses

I have been listening to stories on the radio of nurses who have gone the extra mile to make a patient and his/her family feel special and well cared for.

ONA has had a strong voice in educating politicians that the social determinants of health affect all Canadians and ultimately the financial “bottom line” in health care. Nurses provide health teaching and advocate for prevention programs. Cutbacks will affect the ability of these programs to continue.

The health of all Canadians is impacted by the availability of good paying jobs for the middle class. This way of life is being threatened, and without the work of ONA, the lives of our members would have already been changed in a negative way. ONA’s support of other unions, such as standing in solidarity with Ontario teachers and during the Steelworkers’ negotiations in 2012, makes me proud that nurses care for so much more than themselves. Nurses recognize that we are all integral to a healthy society; the quality of the lives of those around us matters.

I have grown up with a nurse in my family, my mother. She has been a role model. Her work as a representative on the Joint Health and Safety Committee and on the Local contract negotiations team has made me aware how the union supports nurses.

Right now nurses are facing the fight of their lives to continue to have the working conditions that our union has established for us. Without it, the quality of our working and therefore our home lives will be negatively affected. Knowledge of the issues and the political parties’ stand on health care is vital. As a student, and as I graduate into the profession of nursing, I intend to encourage other nurses to participate in ONA through educating themselves about our union and by using their voices for positive change.

Katherine Fell

Kristyn Kulchyski, daughter of Local 81 member Karen Kulchyski.

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Congratulations to all the winners and good luck with your studies!
Everyone has Potential to be a Leader in Human Rights Issues, Member Says

If we truly want to address human rights and equity issues in our workplaces, we need to tap into the leadership potential that lies in all of us, a member of the provincial Human Rights and Equity Team urges.

Linda Warkentin, who is the Francophone representative on the team and a public health nurse at Niagara Regional Public Health, told the November Human Rights and Equity Caucus that she learned from ONA President Linda Haslam-Stroud during the Novice Leadership Conference last June that leadership is a skill that is developed through interactions with others.

“As ONA members, we have lots of opportunities to develop our leadership skills because most of us interact with people all the time,” she said. “Developing such skills is not only meant for our managers, but for each and every one of us on the front lines because we influence others around us whether we know it or not.”

Warkentin didn’t always consider herself a leader. In fact, for most of her 30 years as a nurse, she said her “only involvement with ONA was paying union dues.” But two years ago, she put her name forward for the Human Rights and Equity Team, seeing it as an opportunity to network outside of her small workplace setting.

“I was clearly outside my comfort zone, but I thought the challenge would be good for me,” she said. “When I attended my first meeting, I felt like a fish out of water, but I soon realized that I had lots to contribute and was a valued member. My eyes were opened not only to the great services ONA provides, but to the dedication and the compassion ONA staff have in advocating for members’ rights. It made me realize that I need to take part in that, and an effective way to achieve a healthy work environment is by getting more involved with my local union.”

And that’s exactly what she did. Using the tips she learned about leadership from being a member of the Human Rights and Equity Team as inspiration – that a leader needs passion and vision to succeed, that passion is what pushes you beyond the average, and a good leader empowers others to discover and use their talents to their full potential – Warkentin gained confidence in her ability to address workplace concerns, developing a human rights and equity committee at her workplace and reaching out to other ONA members on human rights issues.

“My vision, which is one of ONA’s core beliefs, is that our workplaces and our unions should be places where all members are treated fairly and equitably, and where our diversity as people is acknowledged, valued and promoted,” she said. “A big part of my passion as a leader has been to speak truthfully to people in my workplace and to challenge myself and others when we are holding on to stereotypes that cloud our believes and keep the status quo.”

Warkentin will have plenty of opportunity to continue building her leadership skills and inspire others as she has just taken over as Niagara Regional Public Health Bargaining Unit President, something she could never have envisioned herself doing two years ago – and something she said is possible for all ONA members.

“I’ve learned there is leadership potential in everyone,” she said. “It’s never too late to tap into it and it’s tremendously rewarding.”

Have You Ever Treated Someone Unfairly?

If there’s one thing I’ve learned as a leader in human rights and equity, which is backed up by literature, is that most people think they don’t discriminate or treat people unfairly. However, we all have a tendency to evaluate others based on stereotypes such as gender, race, nationality and age, to name a few.

Have you ever turned a blind eye when seeing someone treated unfairly? I have. A harder question is have you ever treated someone unfairly yourself? It’s important to be aware of those around you and sensitive to their needs, and you won’t know their needs unless you give them some of your attention.

Small acts of kindness, including a conscious effort to say a simple hello, can show value to a person and can accumulate to breaking down the barriers to human rights and equity. We live in a society that focuses on self-centredness, but if we stop focusing so much on our own needs and wants, and start focusing more on others, then our needs will eventually be met.

It’s all our responsibility to work together despite personal differences that may exist to achieve ONA’s mission.

— Human Rights and Equity Team member Linda Warkentin
AWARDS AND DECISIONS: The Work of Our Union!

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

Seniority is a pivotal concept in a unionized setting

Hospital

(Arbitrator Abramsky, May 29, 2014)
The hospital began a new practice for scheduling regular part-time nurses, which involved scheduling available shifts, one by one, in order of seniority to all of the regular part-time nurses on a unit. Once each regular part-time nurse was scheduled a shift, the process started again at the most senior nurse until all available shifts were scheduled. It was the hospital’s position that its practice was fully consistent with scheduling regular part-time nurses up to their committed hours on the basis of seniority.

The issue was whether the employer’s change in practice was a violation of the local scheduling provisions, and in particular Article D.08, which reads, “All regular part-time nurses in a unit will be scheduled up to their committed hours by seniority before any casual part-time nurses are utilized. The hospital will endeavor to utilize casuals on a fair and equitable basis, according to their availability and the needs of the unit.”

ONA argued that the language required the hospital to schedule each regular part-time nurse up to her/his committed hours, by seniority, before moving onto the next senior regular part-time nurse, and so on. We argued that the hospital’s method of scheduling resulted in senior nurses not being scheduled up to their full commitment, while concurrently scheduling junior nurses for shifts that senior nurses should have been scheduled to work.

The arbitrator found that the scheduling language addressing casual part-time nurses required a fair and equitable process, which contrasted with the seniority-based process for regular part-time nurses. The arbitrator agreed with ONA’s position that seniority is a pivotal concept in a unionized setting, and found our interpretation gave full measure to it, while the hospital’s interpretation negated seniority.

ONA fights intrusion into medical information

Hospital

(October 21, 2014, Devlin)
ONA once again has successfully fought intrusions into private medical information.

The hospital created an additional medical certificate, which was required to be filled out after four weeks absence on short-term disability (STD) benefits or by members requiring accommodation due to a disabil-

ity. The certificate required the member to provide substantial medical information, including objective medical evidence demonstrating that they were unfit for any modified work. It included a number of questions about functional limitations, even where the physician indicated that the member was unable to return to work. Additionally, the forms did not contain any section for the member to consent for the disclosure of the information to the employer.

In her decision, the arbitrator found that where an accommodation is being requested, the employer may request additional information to facilitate the search for an appropriate accommodation. Most importantly, she ordered that where a physician indicates that the member is not capable of performing modified work or returning to work, the employer is not entitled to any further information about restrictions. She also made significant revisions to the form, removing most of the language to which ONA objected.

Importance to ONA: This decision provides guidance on the extent of medical information to which the employer is entitled when a member requires modified work.
Carrier misinterprets the technical requirements of total disability

Hospital
(November 17, 2014)

The member had Atypical Retinal Dystrophy. Her long-term disability benefits were terminated at the change of definition, when she had to be disabled from “any occupation” to continue receiving them.

This is an interesting case as the medical evidence was not in dispute. The appeal focused on whether or not the member could earn 70 per cent of her pre-disability wage given her restrictions, in keeping with the definition of disability from any occupation.

The member’s doctor noted that the only job for which she could perform the duties was that of a telephone hotline nurse, which the insurer’s vocational rehabilitation specialist misinterpreted as a telehealth nurse. The National Occupational Classification (NOC) does not differentiate between the duties or qualifications of a telehealth and those of a general duty nurse.

When the disability specialist compared the duties of the telehealth nurse to the member’s qualifications, they concluded that she was able to perform this job and therefore denied the claim.

They did not understand that a telephone hotline nurse did not equate to a telehealth nurse. The appeal not only pointed this error out, but also evidenced that since a “telephone hotline nurse” is not found in the NOC, the insurer had no way to apply an accurate wage rate for a such a position and therefore could not exclude the member from their definition of total disability.

Carrier demands a specific test to confirm diagnosis

Hospital
(December 12, 2014)

The member was experiencing symptoms of Postural Orthostatic Tachycardia Syndrome (POTS), dizziness and chronic fatigue.

The insurer had denied LTD benefits, alleging that the member was not totally disabled and could perform her duties as an RN. The member’s condition was well documented by her physician, who described her as having to use a cane for stability, barely being able to stand even for short periods of time, and being chronically fatigued. Despite this, the insurer stated that her symptoms were self-determined and there was no medical evidence to support them.

The insurer was also not willing to accept the POTS diagnosis without a tilt table test. A specialist performed this test and confirmed the diagnosis, however, the results were not released for more than a month, which took the member past the end of the qualifying period. Had she been able to submit those test results before the qualifying period ended, an appeal may not have been necessary.

With the confirmation of POTS and the long history of medical evidence that ONA was able to provide to the insurer, their decision was reversed.

Importance to ONA: Benefits were approved retroactive to the end of the qualifying period.
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