CCAC Members Shown Respect as ONA Wins!

Perhaps foreshadowing the successful arbitration award to come, Local 16 members from the Central Community Care Access Centre (CCAC) give a cheer during their time on the picket line this past February. In a huge win for our union, Arbitrator Kaplan rejected the employers’ draconian offer and instead granted CCAC members wage increases in each year of a two-year contract. ONA will be able to use this precedent-setting award for many years to come.

ONA’s 3,000 community care access centre (CCAC) members have finally been shown the respect they deserve after a precedent-setting arbitration award provides them with wage increases in keeping with members in other sectors.

On January 30, 2015, members at nine CCACs in the province where we hold bargaining rights braved a 17-day strike after the employers walked away from the table during mediation. Having taken a wage freeze in two of three years of the last collective agreement, members were seeking nominal wage increases of 1.4 per cent in each year of a two-year agreement, which is in line with what we have negotiated in other sectors and the arbitration award recently handed down to our nursing home members.

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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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UP Front

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CCAC Members Shown Respect as ONA Wins!

At the urging of the provincial government, our members returned to work with their heads held high on February 17 following an agreement with the employers to send the dispute to arbitration – something ONA had been asking for all along. The hearing was held before sole Arbitrator William Kaplan in early March.

On March 30, Arbitrator Kaplan issued an award (based on final offer selection) that provides ONA members in seven southern Ontario CCACs – Erie St. Clair, South West, Waterloo Wellington, Central, Central East, South East and North Simcoe Muskoka – with a 1.4 per cent wage increase on the grid on April 1, 2014 and April 1, 2015. ONA members in the two northern Ontario CCACs – North East and North West – will receive a 1.4-per-cent increase in year one and a 3.4-per-cent increase in year two, providing them with a degree of catch-up pay with their southern counterparts.

“This is an enormous win and validation for our union, as our CCAC members received their wage increases,” said ONA President Linda Haslam-Stroud. “Mr. Kaplan noted that our CCAC members have already accepted a wage freeze, while clearly acknowledging their contributions to our health care system. While we wanted to negotiate a fair contract, these greedy employers preferred that we freeze on the picket lines in the coldest February on record rather than provide us with the same nominal wage increases as our peers in hospitals, homes for the aged, nursing homes and many other ONA Bargaining Units. The employers left us with no choice but to strike.”

The arbitrator’s award also sets out that ONA’s nurses and health care professionals are different than clerical and support worker unions and should receive higher wages. ONA will be able to use this award for many years to come supporting our members’ rights to percentage wage increases and no lump sums.

The new CCAC contract will expire on March 31, 2016, and as the next round of bargaining is quickly approaching, we are hopeful that the employers will rethink their approach, which has proven completely fruitless.

“This strike was all about fairness, and it took the resolve of our CCAC members and the enormous support from their fellow members and other Ontarians to demonstrate to the government and employers that there is respect and appreciation for the valuable and essential health care they provide in the community. Again, I thank our CCAC members for their resilience and bravery in standing up for their rights, and our other members and staff for supporting them. You once again proved the unwavering power of ONA and that we are stronger together!”

To learn more and read the arbitration award, visit www.ona.org/ccacstrike.

FEBRUARY BOARD HIGHLIGHTS

With the community care access centre (CCAC) strike in full swing and their support needed on the picket lines, the ONA Board of Directors decided to cancel its full February Board of Directors meeting and instead hold a brief teleconnect on February 19, 2015 after the strike had ended. While the CCAC strike was the focus, other highlights from the teleconnect included:

- Along with our ongoing demand for more nurses, the Board determined that violence in the workplace is our top priority for 2015. (See the feature section included with this issue of Front Lines to see what ONA is doing to put a stop to this growing epidemic.)
- ONA is launching our Have a Say bargaining survey on May 1, 2015, which canvasses all members on their bargaining objectives to guide our negotiating teams. (See letter included with this issue.)
- We continue to encourage our RN members to Wear White on Wednesdays to stand out as RNs, raise awareness of the RN shortage and deskilling of the workplace, and to stand up for quality patient care.
- Our December preliminary financial report was received by the Board, and our financial house is in order. We continue to meet our target of “spending members’ dues with integrity.”

The following Board meeting took place in the ONA provincial office from April 13-16, 2015, and highlights will appear in an upcoming issue.
The Tide is Turning

It’s spring and I wish you a relaxed, happy and fun-filled season. With a brutal winter behind us – especially for our community care access centre members (CCAC) who spent two frigid weeks on the picket lines – we all could use some warmth.

We began 2015 determined to make the most of members’ commitment to the union, to work together in solidarity on the issues that impact RNs, allied health professionals and, most importantly, our patients.

Now, as we approach the half-way point of the year, it’s useful to pause and reflect on how much ONA and our members have already accomplished.

The year kicked off with a focus on safety – both from the Ebola virus and violence – and we are making progress. ONA continues to be vigilant to ensure that if Ontario has a case of Ebola, you are safe while providing care. We are also vigilant about ensuring that our workplaces become safer, working with the Ministries of Health and Labour to take action on violence in health care.

Our strength and solidarity has won some major battles this year; we won the war when our CCAC members in nine Bargaining Units were on strike. I am still incredibly grateful for the amazing support from our communities, our allies in other unions and the media. There was no question that ONA members are highly valued and respected – and best of all, supported – by our communities.

But we still face a battle on the collective agreements front. The province is pushing for wage freezes for all public sector workers, including RNs, and you have my commitment that we will continue to push back. Our nursing home sector members won more than the 1.4 per cent increase we were seeking, and the arbitrator recently sided with our CCAC members and gave similar increases.

The tide is turning in the war on labour, at least for ONA members. After several years of a steady diet of anti-union rhetoric, I believe Ontarians are waking up to the fact that we are their allies and advocates, not their enemy.

This doesn’t mean we won’t have to fight together for every win – we will. But with solidarity and our united efforts, we will continue to win these battles.

Le vent commence à tourner

C’est le printemps et je vous souhaitez une saison calme, heureuse et remplie de plaisir. Avec cet hiver sibérien qui est maintenant chose du passé – particulièrement pour nos membres des centres d’accès aux soins communautaires qui ont passé deux semaines glaciales sur les lignes de piquetage – nous aurions bien besoin d’un peu de chaleur.

Nous avons commencé l’année 2015 bien déterminées à tirer pleinement parti de l’engagement renouvelé de la plupart de nos membres envers notre syndicat, à travailler en solidarité en prévision des enjeux qui touchent les IA, les professionnels paramédicaux et, plus important encore, nos patients.

L’année a commencé par un appel à la sécurité – tant en raison du virus Ebola que de la violence – et nous faisons des progrès. L’AIIO continue d’être vigilante pour s’assurer que si un cas d’une personne infectée au virus Ebola est découvert en Ontario, vous pourrez prodiguer des soins en toute sécurité.

Grâce à notre force et à notre solidarité, nous avons remporté quelques batailles majeures cette année; nous avons gagné la guerre lors de la grève de nos membres des CASC de neuf unités de négociation. Je suis encore extrêmement reconnaissante du soutien incroyable que nous ont témoigné nos collectivités, nos alliés des autres syndicats et les médias.

Toutefois, il nous reste encore une bataille à livrer en ce qui a trait aux conventions collectives. La province exerce des pressions en faveur d’un gel des salaires des travailleurs du secteur public, y compris les IA, et vous pouvez compter sur mon engagement, à savoir que nous continuerons à repousser ce plan. Nos membres du secteur des maisons de soins infirmiers ont obtenu une augmentation supérieure à la hausse de 1,4 % que nous exigeons et l’arbitre s’est rangé du côté de nos membres des CASC.

Le vent commence à tourner dans la guerre que nous menons en ce qui a trait au travail, du moins pour nos membres de l’AIIO. Après plusieurs années d’une rhétorique antisyndicale persistante, je crois que les Ontariens réalisent maintenant que nous sommes leurs alliés et que nous défendons leur droit et que nous ne sommes pas l’ennemi.

Cela ne signifie pas que nous n’aurons pas à lutter ensemble pour chaque gain – nous le ferons. Par contre, grâce à notre constante solidarité et à nos efforts conjoints, nous continuerons à gagner ces batailles.
Don’t be Afraid to Speak out!

The hugely successful outcome of our community care access centres strike reminds me once again just how much our front-line members can achieve when you are not afraid to speak up about injustices in your working lives.

I can’t stress enough how important this is. Our nursing positions are being eliminated on a seemingly daily basis, our local hospitals are being decimated before our very eyes and our workloads are increasingly unmanageable. It is incumbent upon us all to fight back.

ONA will always speak at government tables about the challenges our members are facing and will come to your communities and discuss issues with your employers and the media. But it’s that swell of support from our grassroots members, along with their public supporters, that really makes the government and Local Health Integration Networks take note.

Across the province, our members are becoming increasingly politically engaged, and we are seeing more and more of you talk to your local community groups, MPPs and the media. You are striking for what’s fair, participating in Ontario Health Coalition campaigns on hospital cuts, rallying over cuts to nursing positions in your communities, speaking at our pre-budget presentations – just to name a few. And the more of us who get involved in this critical work, the better it is for all.

Not comfortable speaking out? I promise you that it is not as intimidating as it may seem and ONA can help every step of the way. And don’t forget that “speaking out” doesn’t have to involve speaking at all. By writing a letter to the editor of your local newspaper, walking in solidarity with your peers at a rally or filling out your workload forms, you are having an impact.

Remember, when it comes to our health care system, our jobs, our wages and the care we can provide, silence is never helpful.
Members Feel Passion for ONA Thanks to Leader’s “Hard Work”

When Kevin Rivais decided that his first order of business after becoming Bargaining Unit President at Extendicare Falconbridge in Sudbury was to get more members engaged in the union, he couldn’t possibly have imagined how successful he would be.

Rivais, a 2009 graduate of Laurentian University, who spent his first few years working at a northern rural hospital and the attached long-term care facility, wasn’t a particularly active member himself when he started working at Falconbridge in 2012. But that all changed when he was approached by his Local Coordinator about the need for a new Bargaining Unit President.

“I simply recognized the situation as the next challenge for me to take on,” said Rivais, who explained he has always been quick to jump at new opportunities and experiences. “As time went by, I began to learn more about everything ONA does for our members. I realized that I wanted to be a part of it. ONA means more to me now than I ever thought it would and I am happy to be involved.”

It’s a sentiment he was keen to share with his fellow members, whom he believes were not engaged due to a general lack of knowledge about ONA.

Making ONA More Visible

“One of the first things I felt was important to do as Bargaining Unit President was to make ONA feel more visible at work,” he said. “I started to walk the hallways with my ONA briefcase in hand. I made sure to keep a copy of our collective agreement on me at all times. We have bulletin board space in our staff room, which was overrun with various papers, none of which had anything to do with ONA. I put up large ONA logos and posted things about the union. I made sure all our members received gifts from ONA during Nursing Week. These are all little things, but I’ve found that they’ve contributed to ONA’s overall presence.”

Rivais also felt it was crucial to hold regular membership meetings.

“It not only gives me the opportunity to relay key messages from ONA, but to do some teaching about how the union works,” he said. “Most importantly though, it gives us all the chance to sit down and talk about what’s happening around us on a day-to-day basis. The more we are able to talk, the more comfortable we are in articulating our needs and establishing our priorities.”

Efforts Paying Off

While Rivais acknowledges he’s “hard at work all the time,” his efforts certainly appear to be paying off.

“We’ve been successful on several fronts,” he said. “Our members are coming to the meetings; I feel their passion when we have discussions. They’re asking questions now where they may not have before. I can see now how those initial steps have served as a launch pad to reaching new goals. It’s important for our members to feel good about themselves. They should feel proud about the work they do.”

Rivais is now so engaged himself, he is also acting as co-chair on his Joint Health and Safety Committee, which he believes is another avenue to bring ONA and worker concerns to the table. He is looking forward to his first union-management committee meeting in the coming weeks, and is happy to report that his employer is open to hearing the union’s concerns. Still, he admits his work is far from over.

“My goals are to ensure the pieces I’ve put into place keep progressing in a positive way,” he said, acknowledging he couldn’t do his job without the constant support of his Local Coordinator, executive and Labour Relations Officer. “My ultimate goal is to get to a point where our members start to take the lead on some of these initiatives. I’d love to be able to take a step back and watch them thrive on their own.”

Advice to Others

For a man who has made so many changes at his Bargaining Unit in a short amount of time, Rivais’ key piece of advice for Bargaining Unit Presidents looking to engage their own members may come as a surprise.

“My most important suggestion is to be patient,” he said. “One of the mistakes I made when first starting out was trying to do too much at once. I came to understand that it is a process and that process takes time. It not only takes time for you to feel comfortable in your own skin as a Bargaining Unit President, but to develop a connection with the people you work with within that role. Whatever goals you have, they are likely achievable. You just need to move at the right pace and recognize when the time is right to progress from one goal to the next.”
Peterborough Public Health Nurses Avert Strike

Thirty-two public health nurses (PHNs) and registered nurses at the Peterborough County-City Health Unit have reached a settlement with their employer, narrowly averting a strike on March 13, 2015.

After an extremely difficult round of negotiations, the nurses ratified a three-year agreement, reached during mediation, which provides a signing bonus and an average wage increase of 1.33 per cent per year. During the last round of bargaining, they had a two-year wage freeze.

“This agreement is a modest move in the right direction, however, these PHNs and RNs remain the lowest-paid among the region’s surrounding public health units,” said ONA President Linda Haslam-Stroud. “With a wage disparity as great as 23 per cent compared to the other health units, our skilled and valuable members at the Peterborough County-City Health Unit need wages that will prevent the gap in salary from widening further.

“Our members believe the modest wage increase reflects the health unit’s need to redirect money into its new building and doesn’t do enough to redress the inequity in their wages compared to their colleagues in other health units,” she added. “The nurses are relieved not to have been forced on strike to achieve a deal, and look forward to continuing to provide vital public health services to the Peterborough community.”

Northern Members Rally against Hospital Cuts

ONA members were amongst those who gathered in New Liskeard on December 12, 2014 for a rally to raise public awareness of RN cuts and other job cuts coming to the Temiskaming Hospital.

The hospital says it will cut 15 positions, including six full-time registered nurses. But we know that every RN position lost is the equivalent of 1,950 hours of RN care cut per year, meaning this decision will increase the patient-to-nurse ratio drastically and decrease the quality of patient care at the hospital.

In addition to the RN cuts, the hospital plans to slash three RPN positions and replace them with personal support workers, and close the hospital cafeteria, leaving staff and families five kilometres away from access to food.

During the rally, members carried signs reading “Save Our Services” and “Fund Temiskaming Hospital Appropriately,” and were joined by several other hospital workers and community supporters as they informed passersby of the volatile situation.

“This is just another disastrous example of chronic government underfunding to our hospitals, which are in the third year of a five-year funding freeze,” said ONA President Linda Haslam-Stroud. “And yet another example of how registered nurses and their patients are bearing the brunt of those cuts.”

All Signs Point to More Nurses!

Where better to place an ad during the holiday season decrying the need for more nurses than in a busy shopping mall! Local 8 members take advantage of the rush of shoppers by placing our eye-catching More Nurses, Better Care campaign poster in a prominent location in Windsor’s Devonshire Mall for the month of December. We hope this is a “sign” of things to come!
“Everyone should take her or his turn”
Retired Public Health Nurses Urge All Members to Get Involved

Two retired public health nurses who were very active in ONA say it is incumbent on all members to get involved at a Local level to make us an even stronger and more dynamic union.

Joyce Sharkey and Joan Hepp, long-time colleagues and friends from the Brant County Health Unit, who (combined) worked in immunization, infectious disease, STD/AIDS, sexual health and healthy babies programs over the years, may no longer be paying ONA dues, but they are far from being disengaged in the work of our union.

“Being an active ONA member promotes personal and professional growth while making the job of nursing more interesting,” said Sharkey, who served as Bargaining Unit President, unit rep and a member of grievance, liaison and negotiating committees. “There are broad dimensions to nursing that you may not be aware of if you focus solely on your day-to-day responsibilities.”

She knows of what she speaks. While Sharkey spent the first 17 years of her nursing career in non-unionized hospital environments, “watching unionized workplaces make salary and workplace improvements and then hoping our employer would match them,” she was intrigued with ONA as soon as she became a public health nurse at Brant County in 1990. Part of that intrigue was because many of her colleagues were founding members, who had formed one of the first ONA organized Locals in 1973.

“The Local executive demonstrated leadership and support of public health nursing issues, including pay equity,” she said. “My involvement grew from witnessing such efforts and feeling the need and responsibility to ‘take a turn’ as an executive member.”

While Hepp, who started at the health unit in 1978 as a casual prenatal instructor and has served as a Bargaining Unit President, Vice-Coordinator and health and safety rep, said she initially got involved in ONA after her Local Coordinator told her they were a small Local and everyone needed to take a turn, it turned out to be a true blessing.

“My involvement at the Local level helped me develop communication and leadership skills,” she said. “ONA workshops were very, very helpful. Pay equity contract negotiations, although frustrating at times, helped keep public health nurse wages in line with hospitals. Working with a group of professionals all working towards the same goal developed a strong connection.”

Sharkey couldn’t agree more.

“In the latter part of my career, it was exciting and challenging to set out negotiating goals and to strive to bring those improvements to our membership,” she said. “In the process, I learned leadership skills, built my confidence and sought to support and mentor other nurses. For me, the best part of ONA membership has been the fellowship and support of colleagues. Whether it was a stressful work day or a difficult negotiating session or grievance proceeding, I always knew there was another ONA member who would be available as a sounding board and to offer support and advice.”

And it is for those reasons that both Sharkey and Hepp encourage all ONA members to commit to being engaged in our union at the Local level.

“We are all in this together – everyone benefits from ONA’s work and everyone should take her or his turn,” said Hepp.

Added Sharkey, “Sometimes we wait for someone else to step up, and expect the same benefits regardless of our personal contribution. However, a strong dynamic Bargaining Unit and Local depend on everyone doing her or his share. Take an honest, hard look at your workplace and consider what it might be like if you were not an ONA member. Come to regular meetings, stay informed and contribute what you can to help keep your Bargaining Unit strong.”

Then and Now: Retired members Joyce Sharkey and Joan Hepp are pictured with their Local Coordinator Pat Mee (above right) during their working days and at their individual farewell parties.
Workload Settlement Gets Even Better!

In a recent issue of *Front Lines*, we told you about a professional responsibility complaint settlement for our members at the emergency department (ED) of the St. Catharines site of the Niagara Health System. The settlement was very positive, but now has an even better ending!

The settlement, which alleviated the need for an Independent Assessment Committee, revolved around practice and workload issues that arose after two separate hospital sites in the city combined into one geographically challenging location at the new hospital site (see the January 2015 issue of *Front Lines*, pg. 8).

Part of the original Minutes of Settlement (MOS) reached with the employer in October 2014 was to replace 22.5 hours of RPN staffing with an RN in the combined urgent care/rapid assessment zone (UC/RAZ). But the employer has now removed the remaining 11.25 RPN hours altogether from the UC/RAZ and replaced them with an RN. The addendum to the MOS clarify that the RPN hours have been moved to the night shift where the RPN will care for admitted patients in the ED in accordance with the College of Nurses of Ontario’s Three Factor Framework, which determines the most appropriate caregiver for a patient.

It is further clarified that should there be no admitted patients in the ED, the RPN will work in consultation and collaboration with an RN, and if independently assigned, will be assigned to care only for less acute patients.

**PROFESSIONAL PRACTICE**

Send Us Your Nursing Week Stories, Photos and You Could Win a Prize!

On behalf of the ONA Board of Directors, we wish you a very happy Nursing Week 2015!

This year, Nursing Week runs from Monday, May 11 to Sunday, May 17, under the theme *Ontario Nurses: Here for You*. That theme references what matters most to us: being able to provide safe, high-quality patient care and being respected for the value we provide to the health and well-being of our communities. But it also speaks to how ONA is always here for our members.

As a small token of our appreciation for all that you do, we are enclosing a special Nursing Week gift with this issue of *Front Lines*. If you did not receive your special gift in this package, contact Communications and Government Relations Team (CGRT) Intake at (416) 964-8833 or (toll-free) 1-800-387-5580, or send an email to cgrintake@ona.org.

And now that another Nursing Week is upon us, we’d like to know what you did to acknowledge this special week or what it means to you – with maybe a picture or two – which we may use for our special Nursing Week roundup in the next issue of *Front Lines* or on our website. For every written and/or photo entry we receive, your name will be entered into a draw for a fabulous ONA prize (one per region). For contest details and other information on Nursing Week 2015, log onto www.ona.org/nw15.

ONA is once again inviting all members to support our LGBT members and staff by joining our contingent at the Toronto Pride Parade this summer.

The parade takes place on Sunday, June 28 at 2 p.m. For those riding on our colourful flatbed float, please meet on Rosedale Valley Road at 1 p.m. For those marching alongside our float, please head to the corner of Bloor and Church streets at the same time and look for the ONA flags. Water and t-shirts will be provided.

For more information on Pride, contact Region 1 Vice-President Pam Man cusso at (416) 964-8833 or 1-800-387-5580, ext. 7703 or email pmancuso@ona.org. You can also log onto our website at www.ona.org/pride.

Showing your commitment to an inclusive community for all people by participating in Pride means a great deal to our LGBT members and staff. We hope to see you there!
Another major obstacle faced by ONA this year – the ongoing Ebola threat – also featured prominently at the PCM, with a panel of experts, including ONA President Linda Haslam-Stroud, ONA Health and Safety Specialist Nancy Johnson and Deputy Ministry of Health and Long-Term Care Dr. Bob Bell (with Region 3 Vice-President Andy Summers as moderator) discussing ONA’s never-ending quest to ensure our members are properly protected and trained.

“ONA was invited to sit at the table and provided vital input and feedback to the Ebola strategy,” Dr. Bell said, explaining the government learned much from us. “We thank ONA for providing feedback and improvements to ensure that Ontario is Ebola ready.”

In a particularly high-energy presentation, Jeff Ansell, an award-winning communicator who has twice provided training to the ONA Board of Directors, offered some useful tips and strategies to help members effectively make their point when talking.

In one of the most emotional segments ever seen at a PCM, we staged a mock picket line featuring the Bargaining Unit Presidents and other representatives from the striking CCACs, who then took to the stage to say a heartfelt thank you for all the support they received and share their touching experiences.

“The strike made us more accepting of each other, better advocates and wiser thinkers … and it made us even more committed to ONA because ONA is committed to fairness,” said Cathy Bourque, Site Rep for the Erie St. Clair CCAC.

During her comments, Canadian Federation of Nurses Unions President Linda Silas praised the “courageous” CCAC members, “who went on strike against all odds for fairness because they weren’t going to be treated differently than other ONA members.” But, she noted, we all need to do a better job of understanding that when one sector of our union is on strike, all members are on strike along with them.

Full highlights of the PCM are available at www.ona.org, under “ONA News.”
to local community groups, the media and politicians. This includes being prepared with key messages, using short sentences, slowing down and delivering one thought at a time, and using your voice expressively.

Cat Davy bid farewell to delegates as this was her last PCM as the Ontario Regional Director (ORD) of the Canadian Nursing Students’ Association, saying she is very grateful for the many opportunities ONA has given her over the past year. On April 1, 2015, she handed the torch to new ORD Kendra Davis, a third-year nursing student at Western University, who told PCM delegates she can feel and see the incredible support that ONA provides to nursing students and “I want to be a part of that.”

Full highlights of the PCM are available at www.ona.org, under “ONA News.” Our PCM Précis wrap-up video is also available for viewing on our home page and the ONA YouTube channel at www.youtube.com/ontarionurses.

“\textit{The strike made us more committed to ONA because ONA is committed to fairness.}”

We are gearing up for our June PCM, which will be hosted by Region 5 at the Four Points by Sheraton London on June 10 and 11, followed by an education session the next day (topic to be determined). Please don’t forget to wear white to the PCM on June 10, as part of our Wear White on Wednesdays campaign (as these members above did at the March PCM). Further information will be available on our website (www.ona.org) in the weeks to come.
ONA Urges RNAO to Stop Pushing for Closure of CCACs

ONA President Linda Haslam-Stroud has penned an open letter to the Registered Nurses’ Association of Ontario (RNAO) regarding its promotion of the closure of the province’s community care access centres (CCACs).

The RNAO continues to seek an end to CCACs, calling them a duplication of existing services and bureaucracy, and for the coordination of home care to be handled instead by primary health care organizations, such as community health centres, nurse practitioner-led clinics, aboriginal health centres and family health teams. But ONA has grave concerns about what the demise of CCACs would mean for our members and their patients.

“As I wrote to you on November 14, 2012, closing CCACs would mean forcing the loss of good jobs for RNs and many other regulated health professionals,” Haslam-Stroud wrote. “These jobs offer competitive wages, benefits and pensions, and you are proposing they would be replaced with poorly compensated jobs in community health centres and family health teams. There will also be a loss of consistency of care and services across the province.”

ONA continues to advocate for a fully public home care system. The recent experience with an expanded role for CCACs to provide direct care in rapid response teams, mental health services in the school system and palliative care nurse practitioners is a step in the right direction. ONA believes the role of CCACs must be further enhanced through greater movement towards an entirely public home care system where care coordinators have responsibility for complete care coordination, from hospital discharge to long-term care placement, without constraints on services that can be accessed.

“By taking the position to close CCACs, you are actively undermining the work being done by RNs and allied health professionals who went out on strike for fair pay for the invaluable role they play in coordinating care for their patients,” Haslam-Stroud stated. “The RNAO prides itself in being a strong advocate for RNs in Ontario. Your actions show you do not speak out for front-line RNs who work as care coordinators in CCACs.”

To read the entire letter, log onto www.ona.org, under “ONA News.”

ONA Joins Rally Demanding End to Wage Freezes

ONA President Linda Haslam-Stroud passionately rallies the crowd at a demonstration at Queen’s Park on February 17, 2015, demanding the government negotiates a fair contract with 35,000 employees who work directly for the Ontario government. The employees, members of the Ontario Public Service Employees Union (OPSEU), have been without a contract since December 31, 2014, and are decrying the government’s contract proposal of four more years with no wage increases. OPSEU received a strike mandate of more than 90 per cent from its members in early November. “I’m here today to show that ONA members are with you to support your cause for a fair and just contract,” Haslam-Stroud said at the rally, which was held before we received the CCAC arbitration award and was attended by hundreds of protesters. “We know the value of public services. We live it every day. Three-thousand of our community care access centre members are also looking for a modest wage increase after years of zeros. Fairness is what we seek – just like you – and nothing less will do. Meanwhile, the CEOs at CCACs have given themselves big wage increases. It’s time to fight back against austerity. Corporate greed has got to go!”
NEWS IN BRIEF

Police say the patient behind a recent violent attack of a nurse at a hospital in Abbotsford, British Columbia is facing imminent arrest. The nurse was struck several times while providing treatment to a patient in early March, requiring stitches to his left eye. There appears to have been no build up to the altercation. The patient was transferred to a psychiatric facility, and officers say he will be arrested upon release. Like ONA, the BC Nurses Union (BCNU) said the attack underlines a need for better protection for nurses from violent and aggressive patients. BCNU is setting up a 24/7 violence hotline for injured nurses and will offer legal and financial resources to any victims of violence who wish to proceed with court action.

The Supreme Court of Canada has struck down controversial Saskatchewan legislation that prevents public sector workers from striking, calling it “unconstitutional.” After winning power in 2007, the Saskatchewan Party introduced the essential services law, which says employers and unions must agree on which workers are “essential” and cannot legally strike; if an agreement couldn’t be reached, the government made the final decision. The Supreme Court gave the province one year to enact new legislation and made it clear that any new law had to be fair to workers.

The Nova Scotia government has reached a deal with public sector unions on the representation of health workers in collective bargaining with the province. The four unions, including the NS Nurses Union, said they will continue to represent their current members, but will bargain collective agreements jointly as four Councils of Unions. Health workers protested against a bill last fall that amalgamates health boards and aimed to shrink the number of bargaining units from 53 to four by April 1, arguing it was undemocratic and unconstitutional because it stated no union could represent more than one of the bargaining units for nurses, health care workers, clerical workers and support staff.

RECENT STUDIES

Nurses have scored the highest of all professionals for trust on a new American Gallup poll. Eighty per cent of respondents said nurses had high honesty and ethical standards, significantly more than doctors, who tied with pharmacists for second place at 65 per cent.

In one of the largest studies of its kind, researchers at Harvard Medical School say that working night shifts can raise the risk of cardiovascular disease and cancer because it disrupts the body’s circadian rhythm. The study of 75,000 nurses, published in the American Journal of Preventive Medicine, found working night shifts for six to 15 years can raise the risk of death from all causes by 11 per cent and working those hours for more than 15 years raises the risk of lung cancer by 25 per cent.

Roughly one in seven Canadians (331,000) who received home care in 2012 did not obtain all the care they needed, a new study by Statistics Canada finds. Another 461,000 chronically ill Canadians needed help with daily activities, but did not receive any home care at all. Low income Canadians and immigrants are far less likely to receive home care, and one of the most underserviced groups is informal caregivers, the millions who care for their loved ones at home and don’t know where to go for help, the statistics show.

LONG TERM DISABILITY BENEFITS

DID YOU KNOW?

All dues-paying ONA members without employer-sponsored Long Term Disability (LTD) income protection are automatically covered for $250/month LTD benefit!

LTD coverage provides the necessary financial protection for your most valuable asset – your ability to earn an income.

Additional voluntary LTD insurance is available when you do not have coverage through your employer. Plus, monthly benefits are tax free!

To learn more, please contact Johnson Inc.

JOHNSON

Johnson Inc.
1595 16th Ave., Suite 700
Richmond Hill, ON L4B 3S5
905.764.4959 (local)
1.800.461.4155 (toll-free)

LTD benefits are underwritten by The Manufacturers Life Insurance Company (Manulife Financial). Some conditions may apply. MVM.10.2013
The government will work with health care partners, including patient groups, to determine what steps to take in response to recommendations from the committee set up to review and provide advice on the implementation of the Quality of Care Information Protection Act, 2004 and related legislation. The review issued recommendations related to what should take place when a critical incident occurs so that health care professionals are able to freely examine all sides and circumstances of the care provided. This enables everyone to understand what went wrong and what can be done to prevent a similar incident from recurring. The review’s recommendations can be found at www.health.gov.on.ca/en/news/bulletin/2015/hb_20150304_1.aspx. ONA will be consulting with the government on next steps.

The government welcomes a report from the panel on home and community care, which includes 16 recommendations. The panel recommends the government proceed with putting out expressions of interest for post-acute short-term home care patients using an integrated funding model. Ontario will fund interested health care organizations to provide all care before, during and after an operation, for example. For long-term home and community care, the panel recommends Local Health Integration Networks select and fund lead agencies to deliver this care. Ontario’s home care strategy will be announced in the coming months, and ONA will be consulting with the government. ONA’s submission to the panel can be accessed at www.ona.org/submissions.

This spring, Ontario will launch public consultations on the changing nature of the modern workplace. The public consultations will focus on how the Labour Relations Act and Employment Standards Act could be amended to best protect workers while supporting businesses in our changing economy. Two special advisors will lead the consultations: C. Michael Mitchell, formerly of Sack Goldblatt Mitchell LLP, and the Honourable John C. Murray, a former justice of the Ontario Superior Court and prominent management labour lawyer. Workplace trends to be examined include:

- The increase in non-standard working relationships, such as temporary jobs, part-time work and self-employment.
- The rising prominence of the service sector.
- Globalization and trade liberalization.
- Accelerating technological change.
- Greater workplace diversity.

Following the conclusion of the consultations, in which ONA will participate, the advisors will provide the government with a written report and recommendations.

Ontario Home Care in Disarray, OHC Warns

Ontario’s home care system is struggling and urgently needs reform, a report by the Ontario Health Coalition (OHC) warns.

In The Care We Need – which includes the results of cross-Ontario consultations with those most directly affected, including family members of home care patients, front-line nurses and other health care workers, and representatives from community provider agencies, seniors’ organizations, health and social service agencies, and others – there was total consensus that home care is inequitable and unresponsive and must be accountable and responsive to the communities it is supposed to serve. Home care clients were described as suffering without needed care, sometimes in horrifying circumstances.

Specifically, the consultations found:

- Home care is poorly coordinated, bureaucratic, top-heavy, and fragmented.
- Those surveyed believed compassion must be a guiding principle for home care.
- There was wide concern over the increasing salaries among the top leadership at community care access centres (CCACs) while home care workers suffer under precarious or poor working conditions.
- Everyone surveyed wants real reform. There was no attachment to the current system.

“People are suffering because publicly-funded home care is very harshly rationed and the cost to buy care privately is extremely high,” OHC Director Natalie Mehra said, noting that while both the number of clients and their acuity are increasing, funding is not keeping pace.

But, notes the report, solving the problems will rely on more than money. The OHC is calling for a public, non-profit home care system provided through reformed CCACs with democratic local governance and firm accountability to the community.

To read the report, log onto www.ontariohealthcoalition.ca.
Rallying for Care Closer to Home

With a sign reading, “I was born at Leamington Hospital” and adorned by a row of baby bonnets for impact, Leamington Hospital Bargaining Unit President Frank Cinicolo relays an important message on the steps of MPP Deb Matthews’ London office that a proposal to close the hospital’s obstetrical unit due to a lack of government funding will hurt the tiniest of patients and their mothers. During the rally, held on February 28, 2015 and organized by the Ontario Health Coalition (OHC), the Save OB Leamington group and the Essex Health Coalition, more than 60 participants, including First Vice-President Vicki McKenna, Region 5 Vice-President Karen Bertrand, staff and OHC Director Natalie Mehra, expressed concern that if the OB unit closes, it will force patients to travel to Windsor or Chatham for care – at least a 45- to 60-minute drive. After the OHC brought a group, including expectant mothers, to Queen’s Park on March 5, 2015 to highlight the threatened closure, Minister of Health and Long-Term Care Eric Hoskins said a decision about the OB unit’s future will be made in June.

ONA Members’ Pension Plan in “Great Shape!”

The pension plan of the majority of ONA members has generated substantial returns from investments last year, growing its asset to a record number.

On March 4, 2015, the Healthcare of Ontario Pension Plan (HOOPP) announced a return rate of 17.71 per cent for the year ended December 31, 2014, driving net assets to a record $60.8 billion in 2013 up from $51.6 billion in 2013. Investment income from the year more than doubled, to $9.1 billion from $4 billion. The 2014 results elevated the plan’s 10-year return to 10.27 per cent and 20-year return to 9.98 per cent, which is virtually unheard of!

Even more exciting is that the HOOPP Board of Trustees, which includes ONA President Linda Haslam-Stroud and Director and Chief Negotiator Dan Anderson, approved two cost of living adjustments (COLA), which will take effect in April 2015: COLA will be granted at a rate of 100 per cent of the previous year’s increase in the consumer price index (CPI), and a catch-up adjustment for the years 2002-2013 will increase pensions to the level they would have been if they had received an annual COLA equal to 100 per cent of CPI during that period when COLA was provided at 75 per cent of CPI.

“Dan and I take our roles as trustees very seriously, as this is the future livelihood of not only our members, but all members in the plan,” said Haslam-Stroud. “And we are thrilled to report that these figures show your pension is in great shape!”

Don’t Forget to Check Your Pension Statements

ONA would like to remind members to check their pension statements for accuracy.

As we told you in the last issue of Front Lines, over the next few months, ONA members enrolled in the Healthcare of Ontario Pension Plan (HOOPP) will be receiving your HOOPP Annual Statement directly in the mail or online through HOOPP Connect on its website (www.hoopp.com). If you contribute for a total of 1,950 hours in the calendar year, HOOPP should give you credit for 52 weeks of contributory service. If you are credited for less than the full 52 weeks, that is because your employer has reported to HOOPP that you have contributed on less than 1,950 hours. There may be a very valid reason for this. An obvious one is that you may work on a part-time basis. Regardless of your employment status, you may have had an unpaid leave where contributions were either not allowed or optional.

Please check your statement to ensure that you received full credit for contributory service. If you are full-time and did not get credited with 52 weeks of contributory service, we suggest that you contact your employer to find out the reason why. If you are part-time and believe you did not get the proper credit, follow the same procedure.

For members enrolled in other plans, we urge you to also closely review your pension statements for accuracy, and ask your employer to explain any unexpected shortfalls.

If you do not receive a satisfactory explanation, we recommend that you advise your Bargaining Unit President that there may be an issue and she/he can be in contact with a Labour Relations Officer at ONA to further inquire into the matter.
Student Praises ONA in Winning Essay

In recent issues of Front Lines, we told you about the five recipients of ONA’s own Nursing Scholarship ($1,000 each), intended to assist students in accredited nursing programs cover the expenses of their education – and published two of their essays on “The Importance of the Ontario Nurses’ Association for Nurses.”

We are printing another winning essay here – from Taylor Peachey, daughter of Local 20 member Laurie M. Peachey – and will include the final winning essays in future issues.

The Importance of ONA for Nurses

I am a full-time student in the School of Nursing at Laurentian University in the third year of the BScN program. My mother is also a graduate of the BScN program at Laurentian University, and I am very proud to enter the profession that has been so rewarding to her.

Being part of ONA is very important for nurses. As the Vision Statement presents, it is a strong, respected, united front, committed to taking action for those who care for people. The work of ONA in the promotion of the highest quality of work life for nurses like my mother and her colleagues, in combination with the highest standards of health care, has helped me realize that a future in my own mother’s profession is extremely promising.

In my various classroom, lab and clinical practicum experiences, I have had the opportunity to see the various roles in nursing, from observing the pediatric nurse comforting a baby during a feed by nasogastric tube, to seeing the clinical nurse specialist prepare for her orientation class with new nurses.

As I walk the hallway of our local hospital, my attention is drawn to an ONA banner on the wall entitled, “Pro Nurse Health Care Champs Win Big for the Patient.” I am immediately inspired and excited about being a champion in my profession and being a champion for the people I meet in care provision. ONA helps nurses receive the recognition and the value they deserve. The banner displays teamwork, satisfaction and pleasure to have won accomplishments in patient care.

It is my experience with the nursing staff at the North Bay Regional Health Centre and role models in nursing such as my mother (birthing unit nurse), my grandmother (mental health nurse) and my uncle (emergency department nurse), who have given me inspiration.

Thank you, ONA, for advancing their profession and for making it inviting.

Taylor Peachey

Deadline for 2015 Nursing Scholarships Approaching!

Do you have an immediate family member in an accredited nursing program who could benefit from a scholarship in the amount of $1,000 to help cover the cost of her/his education? If so, visit www.ona.org/students for information, including eligibility criteria, and application forms for the ONA Scholarship Fund and the Canadian Federation of Nurses Unions Scholarship. The deadline is July 1, 2015.

ONA Supports Student Nurses!

ONA Region 1 Vice-President Pam Mancuso (left) mingles with (then) Canadian Nursing Students’ Association (CNSA) Ontario Regional Director (ORD) Cat Davy during a break in proceedings of the CNSA’s National Conference, held in Regina, Saskatchewan from January 28-31, 2015. Under the theme, “Inspire Excellence: Promoting Empowerment to Achieve Superior Quality of Care,” the conference, attended by several hundred students across the country, featured several guest speakers on topics such as inspiring excellence in caregiving, visioning leadership, and foundations that support nursing students to excel in their practice. During the conference, which also featured a career fair and exhibit hall where ONA staffed a table to hand out material and answer questions, Mancuso linked with Ontario members of the CNSA, including Davy and Kendra Davis, who was elected new ORD during the conference and assumed the position on April 1, 2015. ONA was also a proud sponsor of the event.
Are Nurses Required to Self-Report an Addiction?

Jasbir works in the ICU in a large hospital. Years ago, she injured her back transferring a patient, and has suffered from back pain ever since. Her physician has prescribed pain medication and she regularly goes for physiotherapy, but lately nothing seems to help. One night, she pockets the wastage from a vial of morphine and takes it home. For the first time in months, she is able to have a good night’s sleep. The next week, she again takes home some wastage. A few months later, Jasbir catches herself wanting to inject the wastage right at work and realizes that she has been taking narcotics home after almost every shift. The next day, she calls in sick and goes to see her family physician. She tells him that she is afraid that she has developed an addiction. He refers her to a residential treatment centre. She successfully completes the program, is referred to an addiction specialist and starts attending after care groups, 12-step meetings and a group for health care professionals. After a number of months, she is ready to return to work with specific accommodations to ease her return and help prevent a relapse. At her health professionals’ group, other nurses have discussed the agreements that they were required to enter into with the College of Nurses of Ontario (CNO). Jasbir wonders, should she report her addiction to the College?

What should Jasbir do?

The CNO requires nurses to self-report a number of matters. However, it does not require nurses to self-report any illness, including an addiction or mental health disorder. 

**ONA’s Legal Expense Assistance Plan (LEAP) Team encourages members not to self-report an addiction** for a number of reasons:

First, employers are required to report a nurse only if they suspect that she meets the two-part test for incapacity:

- The member must have a physical or mental condition.
- The condition must warrant restrictions on the member’s practice or the surrender of her licence for a period.

As a result, if a member does not meet these two conditions (that is, the member’s addiction or substance dependency does not affect her ability to practise nursing safely), she may not have to be subject to a College proceeding at all. However, the College’s position in virtually every case where a nurse has an addiction is that restrictions will be warranted. As a result, if a nurse self-reports in these circumstances, she may be unnecessarily subjecting herself to a process that most likely results in having restrictions imposed on her licence, restrictions that can seriously interfere with her ability to find nursing employment.

Some members may erroneously believe that self-reporting may expedite a College review process. The fact that Jasbir does not have an agreement with the College should not prevent her return to work: a nurse’s ability to return to work is not dependent on the College proceedings. If the nurse’s physician indicates that she is able to return to work (with or without accommodation), the employer should return her to work. The College process does not have to be completed before the nurse can go back to work. If an employer attempts to delay a nurse’s return to work until the College process has concluded, ONA can intervene on the nurse’s behalf.

In fact, there can be advantages to delaying the process. In this case, Jasbir was off sick for a number of months before she was ready to return to work. If she had self-reported when she first went off sick, the College proceedings might have been completed before she was well enough to return to work. In that case, she may have had to surrender her licence until her health improved enough that she could return to nursing, and the process to have a certificate of registration returned can be time-consuming.

In those cases where the CNO becomes involved, it is beneficial that the health inquiry occurs later in the process. In such cases, the nurse could be ready to return to work by the time the process is concluded and could avoid having to surrender her licence. Additionally, if the health inquiry begins later, the nurse may have established a longer period where she is drug- or alcohol-free, which in turn could shorten the length of her agreement with the College regarding the restrictions on her licence.

In all cases, we strongly recommend that nurses contact LEAP before communicating with the CNO. LEAP can give you detailed advice regarding your reporting obligations or any other matter relating to the CNO.

For more information on LEAP, log onto www.ona.org/leap.

**HOW TO CONTACT LEAP**

Call LEAP intake at:
(416) 964-8833 or
1-800-387-5580
Email at: leapintake@ona.org
In early February 2014, ONA’s WSIB (Workplace Safety and Insurance Board) Team commenced its journey towards the review and revision of its appeal process, which had been in place since 2006.

Facilitated by Manager Doug Anderson and (then) Talent Officer Athena Brown, who is now the manager of the Membership Education and Events Team, the team’s initial task was to forensically examine its long-standing practices and determine “what was being done, when it was being done, and by whom.” The impetus for the proposed revisions was borne of the team’s need to manage a significant backlog of older claim files, some dating to at least 2003. Of equal importance was the team’s need to prevent a backlog of more recent claim files from recurring. The team approached this “self-review” willingly and eagerly.

After several months of intensive work, the team was able to acknowledge the inefficiencies of its existing process and offer concrete solutions to address them, which were presented to ONA’s Board of Directors in September 2014. Unanimously, the Board agreed to identify high-priority older claim files for which the member was not receiving any income, or for which Occupational Diseases expertise was indicated, and assign these cases for action. As well, in late October 2014, individual WSIB Team members were temporarily reassigned to perform either intake duties exclusively or conduct extensive case reviews of the remaining files.

Commencing in late November 2014, the team’s existing Labour Relations Assistants (LRAs) forayed into their intake role. The LRAs were responsible for responding to all WSIB-related inquiries and initiating new appeal files after determining that ONA representation criteria had been met (see pg.19). New processes help the team work more efficiently to the benefit of our members.

The results to date have been both significant and positive. A large number of files deemed to continue to have merit were equitably redistributed amongst the team’s seven existing LROs. A larger number of files deemed to no longer have merit were subsequently closed. As new claim files are now being initiated by the team’s LRAs, with LRO input, the team’s LROs are mandated to review new WSIB Board files for merit within two months of their receipt. This recommended change in the team’s practice has been pivotal in ensuring the time-sensitive assessment of files for merit as well as the timely closure of files without merit.

The new WSIB Team process is more fluid and faster-paced. And the WSIB Team is confident that with time, perseverance and continual collaboration, it will be able to further refine the process by which its specialty services are delivered to membership. The team’s Intake Calendar has been established for 2015 with one LRA and one “back-up” LRO assigned to intake duties for one-week increments.

The WSIB Team’s journey has by no means ended. The newly revised team process will continue to be a “work in progress” for an indeterminate length of time. The WSIB Team is entirely committed to serving membership not only through its appeals submissions, but also through ongoing support and education, whenever it is requested.

HOW TO CONTACT THE WSIB TEAM

Contact the WSIB Intake line with any WSIB-related inquiries by calling 1-800-387-5580, selecting the language of your choice and then pressing “0” for the Toronto office. You will be directed to extension 7721 or the extension of the LRA assigned to the week. Inquiries can also be emailed to WSIB Intake at WSIBIntake@ona.org.
WSIB Exclusion Representation Criteria

ONA has recently revised our WSIB exclusion Representation Criteria, which are consistently applied by the WSIB LRA in discussion with the “back-up” LRO. ONA will not provide WSIB representation to members in the following scenarios, although the WSIB Team manager may waive exclusion criteria and permit representation in exceptional or extenuating circumstances:

1. The member fails to meet WSIB-imposed time limits to object in either an injured worker or an employer appeal scenario.
2. The member fails to cooperate with the WSIB Team’s process.
3. The member has secured alternative representation.
4. There is a worker or an employer appeal regarding increases to a Permanent Impairment/Non-Economic Loss Award.
5. The member or the employer wishes to appeal the payment of health care benefits exclusively where Initial Entitlement had been allowed.
6. There is a worker or employer appeal related to Earnings Basis Calculations.
7. There is a worker or employer appeal related to the employer gaining access to a member’s WSIB claim file.
8. There is a worker or employer appeal related to the employer’s request that a member participates in an Independent Medical Examination (IME) pursuant to the Workplace Safety and Insurance Act.
10. There is a worker or employer appeal that has no reasonable chance of success (this criterion is only to be applied by the assigned WSIB LRO).

Interested in Getting More Involved in ONA?

Sign up for Our Activist Camp!

Have you always wanted to get more involved with ONA? If so, we have just the program for you!

ONA is very excited to be launching a new program this fall designed specifically to engage and motivate our members at the grassroots level. The program, dubbed ONA’s Activist Camp, is geared towards our front-line members that have an interest in ONA, particularly those who have had little to no engagement in the past.

The program takes place from September 14-18, 2015 in Grand Bend, and promises to ignite your passion and empower you with the knowledge and skills you need as union activists. Participants will be introduced to our union, learn how to build relationships, motivate supporters to take action, build strong teams and become confident in speaking out on union issues. Full costs are covered by ONA.

Space is limited, so please send a completed application form to MEETIntake@ona.org by May 29, 2015. For application forms and additional information, log onto www.ona.org/education.html.

Novice and Advanced Leadership Conferences Return

Our Novice and Advanced Leadership Conferences are back again this year by popular demand!

The Novice program is aimed at new Bargaining Unit Presidents, ONA representatives and potential new ONA representatives/leaders who want to build their capacity to deliver services to ONA members. Areas of focus include ONA’s structure and communications framework, the power of the union, return to work and accommodations, the Professional Responsibility Complaint process and negotiations.

The Advanced program is designed for more experienced ONA leaders who want to build and strengthen their Bargaining Unit and/or Local union from the ground up. Sessions include motivating and engaging members, building effective teams to strengthen our union, and recruiting and retaining volunteers.

Each program takes place in Grand Bend from September 14-18, 2015, and has 25 spots available. To apply, send a completed application form to MEETIntake@ona.org by May 29, 2015. For application forms and additional information, log onto www.ona.org/education.html.
Addressing Patient to Nurse Discrimination

Employers are required to ensure a harassment-free workplace for nurses under the Human Rights Code. But what does this mean when a nurse is subject to racial, sexual or other discriminatory conduct or comments by a patient? ONA has recently taken on this issue with a number of Ontario employers on behalf of our members.

Imagine this scenario:
A nurse who is a member of a racial minority group works in a long-term care facility. She was subject to racial harassment by a patient, who calls the nurse racial slurs repeatedly and tells her to “go back to her country.” Sometimes the patient, who has been diagnosed with dementia, complains that he doesn’t want the nurse to provide care to him because of her race.

These comments affect the nurse emotionally and she feels depressed. The nurse goes to her supervisor to raise her concerns. She is told there is nothing that can be done as the patient cannot control his behaviour and it is not his fault. As the harassment continues, the nurse goes off on sick leave.

This is not just an imaginary scenario. Unfortunately, ONA is hearing about similar cases across the province and is filing grievances that the employer is in violation of the Human Rights Code by ignoring these complaints and failing to ensure a safe and healthy workplace for our members.

What are the employer’s obligations? Does it matter that the behaviour is from a patient?
The fact that the inappropriate conduct is from patients does not excuse the employer from its obligation to ensure a harassment-free workplace under the Human Rights Code. Inaction is not the answer.

Here are some important steps the employer must take when a person complains that her/his rights under the Human Rights Code are being violated due to patient behaviour:

- The employer must investigate the complaint to determine if the patient made the racial comments. In doing so, the employer should speak to the nurse and any witnesses, and review the chart. After completing its investigation, the employer must communicate its findings to the member.
- If, after a proper investigation, it is found that the nurse was subject to racial slurs and comments, the employer is required to take reasonable steps to provide a harassment-free workplace. Input should be sought from the union, and the union and the employer should advise the member of the proposed course of action to deal with the situation.

- As this involves patient behaviour, the employer’s response will involve approaching the matter with sensitivity, an understanding of the medical condition that may have contributed to the behaviour and professional obligations. At the same time, the member should also be protected and not be required to endure daily harassment.

At the end of the day, the key question is whether the employer provided a reasonable resolution in the circumstances. Some practical options to provide a harassment-free workplace for our members could include the following:

- Taking steps to protect the member who was subject to racial slurs, such as reassigning the patient to another nurse.
- Hiring a third-party nursing expert to provide behavioural support training to managers and nurses in relation to racial behaviour exhibited by patients. This could include providing nurses with concrete tools on how to deal with racial comments in a sensitive manner with the patient, consistent with quality patient care and the client-nurse therapeutic relationship.
- Providing human rights training for managers.
- Reviewing and amending harassment policies to ensure an effective complaints procedure to deal with discrimination in the workplace involving patients.
- Posting notices indicating that patients, families and staff must respect the Human Rights Code.

The lesson to be learned for employers? Don’t ignore the conduct if it comes from a patient and say there is nothing that you can do! Such an approach ignores the harmful and real impact of the behaviour on our members and makes the problem worse. The employer may be liable for not taking action, condoning the behaviour, and allowing the harassment to continue without making reasonable efforts to protect the nurse.

The employer should be working with ONA and impacted members to investigate the concerns and to propose solutions that ensure a harassment-free workplace that is respectful and safe for everyone.
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

Award addresses arguments used by insurance companies to deny disability benefits

Region 4 Hospital
(Arbitrator Bendel, December 16, 2014)

ONA has won a precedent-setting victory for a member who was denied long-term disability benefits.

In this case, the member was denied LTD benefits despite clear medical indicating that she was unable to work. She had been diagnosed with multiple medical conditions, which, when considered together, rendered her totally disabled.

The employer made many different arguments as to why the grievor was not entitled to LTD benefits. Employer counsel argued there was no objective medical evidence to support a finding of disability and that any supportive medical relied primarily on the grievor’s self-reporting of symptoms. The employer also argued that the grievor’s medical care was insufficient, relying upon the opinion of the insurance company’s consultant that the prescribed medications were inappropriate. Because the grievor was taking the prescribed medications, the employer also argued that the member had a “willfully self-inflicted” injury, which excluded her from benefit coverage.

The arbitrator dismissed all of the employer’s arguments and concluded that the grievor was totally disabled and entitled to LTD benefits. In coming to that conclusion, he made a number of significant findings that will have repercussions in future cases:

- The absence of objective medical findings does not disentitle a claimant from benefits. Medical reports which rely upon a claimant’s self-reporting may be sufficient to prove a disability claim.
- There is no requirement under the 1980 Hospitals of Ontario Disability Income Program (HOODIP) for the grievor to be receiving “reasonable and customary care” or “continuous and appropriate care.” The only requirement is that the employee be under the care of a medical doctor. An insurance company cannot deny benefits because it has issues with the quality of care received by the claimant.
- The insurance company cannot deny benefits because it believes that a claimant has been overmedicated. The employer is now responsible for paying LTD benefits to the member until such time as she is able to return to work.

Importance to ONA: This decision reinforces ONA’s layoff language, ensuring that the employer cannot reassign members on a daily basis without declaring a layoff.

Employer cannot reassign members on daily basis without declaring layoff

Region 2 Long-Term Care Home
(Arbitrator Steinberg, February 2, 2015)

ONA has once again successfully resisted attacks on the reassignment/layoff language of the collective agreement.

The employer, a long-term care home with the central hospital layoff language, advised ONA that it intended to change its job-posting practice. New positions were advertised as having “no fixed unit” and identified only an initial work assignment, shift and rotation. The posting indicated that the area of assignment was subject to change in accordance with operational needs. The employer’s explicit rationale for this change in practice was to avoid the reassignment and layoff language in the collective agreement.

The arbitrator found that while the employer could post “no fixed unit” positions, it could not avoid the layoff language. Any reassignment from the initial area of assignment for more than a single day would constitute a layoff.

Importance to ONA: This decision reinforces ONA’s layoff language, ensuring that the employer cannot reassign members on a daily basis without declaring a layoff.

WSIB

Case proves how strict WSIB has become

Region 2 Hospital
(January 16, 2015)

A part-time RN suffered two work accidents: a slip and fall in December 2007 and a whiplash injury when a patient made a sudden movement in October 2008. The accidents severely exacerbated her left shoulder, which she had undergone rotator cuff repair surgery on in 2006 and caused additional injury to her neck and right shoulder, which she also had surgery on in 2004.

The employer made many different arguments as to why the grievor was not entitled to LTD benefits. Employer counsel argued there was no objective medical evidence to support a finding of disability and that any supportive medical relied primarily on the grievor’s self-reporting of symptoms. The employer also argued that the grievor’s medical care was insufficient, relying upon the opinion of the insurance company’s consultant that the prescribed medications were inappropriate. Because the grievor was taking the prescribed medications, the employer also argued that the member had a “willfully self-inflicted” injury, which excluded her from benefit coverage.

The arbitrator dismissed all of the employer’s arguments and concluded that the grievor was totally disabled and entitled to LTD benefits. In coming to that conclusion, he made a number of significant findings that will have repercussions in future cases:

- The absence of objective medical findings does not disentitle a claimant from benefits. Medical reports which rely upon a claimant’s self-reporting may be sufficient to prove a disability claim.
- There is no requirement under the 1980 Hospitals of Ontario Disability Income Program (HOODIP) for the grievor to be receiving “reasonable and customary care” or “continuous and appropriate care.” The only requirement is that the employee be under the care of a medical doctor. An insurance company cannot deny benefits because it has issues with the quality of care received by the claimant.
- The insurance company cannot deny benefits because it believes that a claimant has been overmedicated. The employer is now responsible for paying LTD benefits to the member until such time as she is able to return to work.

Importance to ONA: This award squarely addresses many arguments relied upon by insurance companies to deny disability benefits to our members. And it has already had a ripple effect as several other outstanding LTD grievances have been resolved after the employer and insurance company reviewed this decision.
Following the second accident, she was no longer able to work. She underwent three additional surgeries on the left shoulder, which were helpful for a brief time, but as soon as she became more active in physiotherapy, she relapsed. She also had ongoing problems with her neck and received injections to control some of the pain from both injuries, which caused severe headaches, nausea and vomiting. Meanwhile, she became increasingly dependent on her right arm and shoulder, and by the end of 2013, she had developed severe frozen shoulder on the left and moderate frozen shoulder on the right.

ONA initially became involved in assisting her with the WSIB, which was pressuring her to return to work in the month leading up to the last surgery against all her doctors’ and the Board consultant’s advice. The worker, now 58, cooperated with WSIB in Work Transition activities, including an interview for another position at the hospital and a week’s course on medical office administration, before she could no longer tolerate the activity. She also cooperated in getting her non-practicing license and applying for reinstatement to the College of Nurses of Ontario, as the WSIB insisted that she could return to work in nursing. The Work Transition Plan proposed was a two-year nursing reinstatement program at a community college upon completion of which she could acquire the (mandatory) 400 hours of clinical practice in the “suitable occupation” (SO) of Community Nursing/Nurse Consulting.

The WSIB had already denied entitlement to the right shoulder as a secondary condition due to overcompensating for the left on the grounds that she couldn’t have developed that condition in the eight weeks since the last surgery in 2013. They also denied ongoing entitlement to the neck injury because the MRI showed “degenerative changes” in the cervical spine, which were not the responsibility of the claim. The WSIB terminated the worker’s full loss of earnings (LOE) benefits when she stopped attending the course on the advice of her doctors, who had stated she was unable to return to any work. The Board relied on a summary report from the Shoulder and Elbow Specialty Clinic in 2012 that gave restrictions for return to work.

ONA appealed all of the adverse decisions on the grounds that the worker was totally disabled and/or not competitively employable in any work.

The Appeals Resolution Officer (ARO) agreed that the worker suffered a Permanent Impairment of her neck due to the 2008 accident and directed she be referred for an additional Non-Economic Loss (NEL) award. The ARO also agreed that the Work Transition Plan was not appropriate and ordered the Board to identify an entry-level SO that does not require additional education or training. However, the ARO did not agree that the worker was totally disabled from performing any work, and made no comment on the “employability” submissions we argued. He also upheld the Board’s denial of entitlement to the right shoulder, repeating the same reasons relied on by the Board.

As a result, the worker’s NEL award has been increased to 20 per cent, and the new LOE award will be based on 85 per cent of the difference between her pre-injury earnings and what she would be able to earn in a part-time minimum wage job. We are submitting the Notice of Appeal to the Workplace Safety and Insurance Appeals Tribunal (WSIAT) on the lost issues.

**Importance to ONA:** This case is a good example of how strict the Board has become, including the Appeals Services Division, and that more and more of our cases will have to proceed through WSIAT to get full and just entitlement for our members. While this was a complicated case, the medical information was voluminous and exemplary and our arguments were amply supported in the medical literature and case law. The fact that the ARO didn’t even consider the “employability” issue is disturbing. Even more disturbing is the complete disregard of all the evidence and the reliance on one medical consultant’s memo to deny entitlement for the right shoulder.

### LTD

**Carrier reinstates benefits, terminates them again despite a supportive assessment**

**Region 1 Hospital**

(November 20, 2014)

A member suffering from a psychiatric illness was denied benefits at the change of definition. The carrier concluded that the member did not have appropriate medical evidence to meet the definition of total disability from any occupation. The member was seeing a family physician that specialized in mental health. The doctor was unfortunately not helpful to our member by not providing information to the carrier or us and demanding payment for services that were exorbitant in the Labour Relations Officer’s opinion.

We had the member assessed by another
doctor via video conference. As expected, her assessment of this member and her written report were well done, and confirmed that she was totally disabled with a severe psychiatric impairment. She also provided the family physician with recommendations to assist her with ongoing treatment.

The carrier “exceptionally” allowed the claim from the change of definition to the date of the second doctor’s assessment, a period of about six months. The carrier claimed in its decision letter that she no longer met the definition of total disability for any occupation beyond the date of the second assessment.

Carrier takes physician’s statement out of context
Region 3 Hospital
(December 12, 2014)

In the case of a member with three forms of mental health disorder, the insurer denied initial benefits due to the allegation that the member was not totally disabled throughout the entire qualifying period.

Despite the fact that the member’s history of mental illness was well documented, the insurer turned a blind eye to the medical evidence and relied almost solely on a statement by the member’s physician. The doctor had commented on one occasion that there was a work conflict that was keeping the member out of the workplace.

When questioned about the comment, the physician clarified that he was attempting to illustrate the fact that workplace conflicts were a symptom of the member’s illness and not an attempt to be truant from work. The appeal was able to show that the physician’s comments were taken out of context, and that the medical evidence clearly entitled the member to benefits.

The appeal succeeded.
Nursing Week May 11-17, 2015

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