ONA Launches More RNs Campaign

ONA has launched our More Nurses – More RNs campaign to continue to demand a moratorium on disastrous cuts to RN positions throughout Ontario, which are causing needless suffering to our patients.

While we represent members other than RNs, many of whom are also seeing their positions eroded, the vast majority of reductions have been to RNs. In fact, since January 2015, more than 400 RN positions have been cut in our province, which translates into 800,000 RN care hours lost to our communities. The recent Ontario budget froze base funding to hospitals for the fourth year in a row, and when hospitals look for ways to balance their budgets, they turn to their front-line RNs.

“We continue to hear from our members about the devastating impact of nursing cuts on your patients and your ability to provide safe, high-quality care,” said ONA President Linda Haslam-Stroud. “That includes excessive workloads, more complica-

INSIDE: Information on ONA’s Workplace Violence Prevention Campaign, including a reporting form (pg.16)
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**  
  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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ISSN: 0834-9088  
Design: Artifact graphic design (artifactworks.ca)  
Printed by union labour: Thistle Printing Limited
The following are key highlights from the April Board of Directors meeting, held at the ONA provincial office from April 13-15, 2015:

- Mark Nuttall, co-chairman and principal of Cultural Research, presented the findings from our Have a Say 2014 questionnaire, which surveyed members earlier this year to determine where our resources and efforts should be focused. The survey shows that not only are we meeting our members’ expectations in our core services, we are very often surpassing them.

- ONA will provide an annual donation of $10,000 to the Ontario Association of Interval and Transition Houses, which is a provincial coalition whose membership includes emergency shelters for abused women and their children, housing programs and community-based women’s service organizations.

- The independent auditor’s report concluded that ONA’s financial statements are in accordance with the Canadian accounting standards for not-for-profit organizations.

You will find a copy of Board Highlights on our website (www.ona.org) under "ONA News."

Kelly Named CEO/CAO

The ONA Board of Directors has unanimously appointed Marie Kelly as ONA’s permanent Chief Executive Officer/Chief Administrative Officer. She had been serving in that position in an interim capacity since September 2014.

Hired in 2014 as our Director of Labour Relations, Contract Administration, Kelly is a seasoned labour lawyer who understands how ONA works and what the priorities are for our members. She has overseen our growing organization and stewarded it through a difficult CCAC strike and challenging discussions with the government around nursing layoffs, contract negotiations, and health and safety.

Prior to joining ONA, Kelly spent more than two decades serving members of the United Steelworkers Union, along with a two-year term as an elected Officer of the Ontario Federation of Labour. She has spent her life on the front lines fighting for positive societal changes for working people, their families and the communities in which we all live.

“The Board looks forward to continuing to work with Marie as we traverse both the exciting and challenging times ahead,” said ONA President Linda Haslam-Stroud. “ONA members could not ask for a better champion.”
From ONA President
Chronique de la présidente, AIIO
Linda Haslam-Stroud, RN

Working Together for Better Care, Safer Workplaces

Happy summer, everyone! We’ve come through our long, hard winter to better weather, although no fewer challenges in our profession.

In my Nursing Week travels, I spoke with many of you about the realities on the front lines of nursing now. It has made my commitment to advocating for better, safer working conditions for our members and better quality care for our patients stronger than ever.

ONA is continuing on all fronts, keeping up our commitment to never, never, never give up.

In early May, we launched a radio ad campaign to advocate for more nurses. We have seen more than 800,000 hours of RN care cut from our hospitals this year alone, a trend that will continue as long as hospital funding is frozen. I’ve recently had discussions with Minister of Health and Long-term Care Dr. Eric Hoskins about our concerns with increasing RN cuts, and he has committed to looking further into this issue.

It’s long past time that the citizens of the province understood that this impacts them directly. We all know that nurses are the absolute backbone of quality patient care, and our care is vital for the best health outcomes possible for our patients.

It is also vital that we provide that care in safe workplaces. To that end, we launched a workplace violence campaign at the June Provincial Coordinators Meeting. I hope you will all join in our continuing efforts to improve workplace health and safety – violence should NEVER be just a part of our job, and I ask each and every one of you to REPORT violence when it occurs. We have simply got to end this, for our sakes and for our patients.

Let’s do what we know we can do well – work together to advocate for our profession and our patients.

I ask each and every one of you to REPORT violence when it occurs.

Travailler de concert pour de meilleurs soins et des lieux de travail plus sûrs

Je vous souhaitez à toutes et à tous un bel été. Nous avons traversé un hiver long et rigoureux pour retrouver un temps plus clément, mais toujours autant de difficultés dans l’exercice de notre profession.

Pendant mes déplacements lors de la Semaine des soins infirmiers, je me suis entretenue avec beaucoup d’entre vous au sujet des réalités actuelles du personnel infirmier de première ligne. Cela a renforcé encore davantage mon engagement à militer en faveur de conditions de travail meilleures et plus sécuritaires pour nos membres, et de soins de meilleure qualité pour nos patients.

L’AIIO poursuit sa lutte sur tous les fronts, fidèle à son engagement de ne jamais, jamais abandonner.

Début mai, nous avons lancé une campagne publicitaire radio-phonique pour demander plus d’infirmier(ère). Cette année seulement, nous avons constaté une réduction de plus de 800 000 heures de soins dispensés par des IA dans nos hôpitaux, une tendance qui se poursuivra tant que le financement des hôpitaux sera gelé. J’ai récemment discuté avec le ministre de la Santé et des Soins de longue durée, le Dr Eric Hoskins, au sujet de nos inquiétudes face aux suppressions croissantes de postes d’IA et il s’est engagé à se pencher sur le problème.

Il y a longtemps que les citoyens de cette province ont compris qu’ils sont directement touchés. Nous savons tous que les infirmier(ère)s sont le véritable pilier de la prestation de soins de santé de qualité aux patients, et que leurs soins sont d’une importance vitale pour assurer les meilleurs résultats de santé possible pour les patients.

Il est également essentiel que nous prodiguions ces soins dans des lieux de travail sécuritaires. À cet effet, lors de l’Assemblée des coordonnatrices provinciales du mois de juin, nous avons lancé une campagne de sensibilisation à la violence en milieu de travail. J’espère que vous vous joindrez toutes et tous à nous dans la poursuite de nos efforts visant à améliorer la santé et la sécurité au travail – la violence ne devrait JAMAIS faire partie de notre travail, et j’exhorte chacune et chacun de vous à SIGNALER les cas de violence quand ils se produisent. Nous devons tout simplement mettre fin à cela, pour notre bien et pour celui de nos patients.

Faisons ce que nous savons bien faire – travailler ensemble pour défendre notre profession et nos patients.
Why You Need to Care about the Federal Election

As nurses and allied health professionals, we must speak up to ensure that the health and well-being of Canadians are at the forefront of government priorities. And with a federal election in October, now is the time to make sure health care is on the ballot. ONA is working with the Canadian Federation of Nurses Unions to ensure that happens, while incorporating ONA priorities.

I can’t stress how critical this is. Nurses are facing funding and staffing cuts and unhealthy work environments, which threaten your ability to deliver quality patient care. Developing a plan for nurses that creates safe staffing standards will require national leadership. All parties must clearly communicate their plans for a sustainable and strong public health care system, and we must demand every candidate speaks out on her/his commitment.

In 2012, public sector nurses in Canada worked more than 21.5 million hours in overtime, the equivalent of 12,000 full-time jobs, and cost taxpayers nearly $1 billion. In spite of this, hospitals continue to cut RN positions. While these cuts are inherently tied to provincial budgets, decisions made at the federal level helped create this problem.

Even more frightening is that the federal government will cut $36 billion of health care funding over 10 years, starting in 2017. It also neglected to uphold its duty and meet with the provinces, instead opting for the Health Accord to expire. Future transfers will be tied to economic growth, a formula that leaves poorer provinces with less and does not take into account factors such as an aging population and increased drug costs.

These decisions show a complete disregard for Canada’s publicly-funded health care system, leading to fewer jobs and more dangerous workplaces. Nurses can and must help secure the health of Canada’s future. Check our website in the weeks to come for more information on how you can get involved in the federal election. And most importantly, vote for the health care system we deserve!

Pourquoi vous devez vous soucier des élections fédérales

En tant qu’infirmier(ère)s et professionnel(le)s de la santé, nous savons que nous devons faire entendre notre voix afin de nous assurer que la santé et le bien-être des Canadiens se trouvent en tête des priorités du gouvernement. En prévision des élections fédérales en octobre, il est maintenant temps de veiller à ce que les soins de santé soient un enjeu électoral. Pour ce faire, l’AIIO collabore avec la Fédération canadienne des syndicats d’infirmières/infirmiers pour y veiller, tout en mettant l’accent sur le point de vue de l’Ontario.

Je ne saurais insister assez sur l’importance de ceci. Les infirmières sont confrontées à des réductions de budgets et d’effectifs, à des environnements de travail malsains, qui menacent leur capacité à prodiguer des soins de qualité aux patients. L’élaboration d’un plan visant à établir des normes de dotation sécuritaire à l’échelle du pays nécessitera un esprit d’initiative national. Tous les partis politiques doivent indiquer clairement quels sont leurs plans pour un système public de soins de santé solide et durable, et nous devons exiger que chaque candidat s’exprime sur son engagement à ce sujet.

En 2012, les infirmier(ère)s du secteur public au Canada ont fait plus de 21,5 millions d’heures supplémentaires, soit l’équivalent de 12 000 emplois à temps plein, ce qui a coûté près d’un milliard de dollars aux contribuables. Malgré cela, les hôpitaux continuent de supprimer des postes d’infirmier(ère)s. Bien que ces réductions soient essentiellement liées aux budgets provinciaux, des décisions prises au niveau fédéral ont contribué à créer ce problème.

Ce qui est encore plus effrayant, c’est qu’à partir de 2017, le gouvernement fédéral réduira de 36 milliards de dollars sur 10 ans le financement des soins de santé. Il a en outre omis de respecter son obligation de consulter les provinces, choississant plutôt de mettre fin à l’Accord sur la santé. Les futurs transferts seront liés à la croissance économique, une formule qui défavorise les provinces plus pauvres et qui ne tient pas compte de facteurs tels que le vieillissement de la population ou la hausse des coûts des médicaments.

Ces décisions témoignent d’un mépris total à l’égard d’un système de soins de santé financé par des fonds publics au Canada, avec pour conséquences des réductions de postes et des lieux de travail plus dangereux. Les infirmier(ère)s peuvent et doivent contribuer à protéger la santé pour l’avenir du Canada. Consultez notre site web dans les prochaines semaines pour en savoir plus sur la façon d’agir dans le cadre des élections fédérales, et surtout votez pour que nous ayons les soins de santé que nous méritons!
CACC Adopt-a-Strike-Line Funds Kept Members in the Fight

There’s no doubt about it: The Adopt-a-Strike-Line program launched during the recent community care access centre (CCAC) strike made an enormous difference in helping keep our members on the picket lines for as long as it took to get a fair deal.

Why the Fund Was Launched
The program encouraged our non-striking members and allies to donate money for those hardest hit at all nine CCACs that went out on strike for 17 days in the coldest February on record. And did you ever!

Central CCAC Bargaining Unit President Dawn Trott said the funds enabled her to help approximately 50 members, which varied from cash amounts up to $350 to grocery and gas gifts cards, depending on the situation. “Everyone that came forward and requested assistance received some sort of help from the fund, provided they participated in strike duties,” she said. “I was extremely grateful we had this fund available to help out some of our members in the most need.”

Central East CCAC Bargaining Unit President Ann Rowley said many of the donations went to gas cards for those who were in full support of the strike but could not walk on the picket lines, instead using their own vehicles for warming picketers, transporting, etc. The money also assisted with soup and warm drinks.

South West CCAC Bargaining Unit President Caroline McWhinney noted that despite a letter containing a heartfelt plea from ONA President Linda Haslam-Stroud, banks were not willing to defer mortgage and loan payments, instead wanting members to use a line of credit or credit card. Due to the extremely cold winter, hydro and propane bills for members were three times higher than expected and propane bills needed to be paid before the next fill could be booked. For those reason, the Adopt-a-Strike-Line funds were particularly needed and appreciated.

Who the Fund Helped
Here are some examples of the striking members assisted by your donations (to protect their privacy, we are not including any names or other identifiers):

- A single mother’s child became ill and needed medication, but at that time, the employer had not agreed to continue benefits. Food money became medication costs for the week.
- Grocery store gift cards helped many members maintain the same school lunches for their young children already stressed with the fact that mommy or daddy were on strike.
- A member who is the main provider for his family suffered a terrible loss a year ago and his wife, who hasn’t recovered, is unable to return to work full-time. Her parents moved in, but her father suddenly took ill and is now in a nursing home while they care for her mother.
- One family had their pipes freeze due to the extreme cold and had to buy water for more than a week.
- A single mother paying tuition for two children in university, along with their rent, was concerned about her ability to buy food.
- A member who was declined to take out any more credit used her Shoppers Drugmart points to buy as many groceries as possible, but due to food sensitivities had to purchase fruits and vegetables and some snacks on her Visa.
- A member supporting three children and a spouse whose EI had run out had maxed out her credit to pay for unexpected car repairs.
- A mother who supports three daughters completely on her own with her pay cheque and other odd jobs in absence of child support payments injured her back shovelling snow.
- A single parent needed to drive one of her two boys to a special school each day because of a severe learning disability and went without water for three days because of an incident with her well.
- A member with two small children in daycare needed to continue to pay ($1,000/month) or risk losing her spots, and was declined a sub-

On the day the arbitrator announced his decision in our CCAC’s favour, our CCAC members found very creative ways to make their point. From February’s Day cookies and colourful Easter eggs reading “won point four/1.4” – a clever pun referring to the wage increase award-
sidy because of the long wait list.
• A young single member who just graduated and got a job prior to the strike was already living off a line of credit, as her pay cheque covered her rent and car payment (a CCAC Care Coordinator must have a car). Without a pay cheque she had no money for food and had to go over her line of credit amount.
• A single mother had been helping other members of her family with costs related to medications not covered on any drug plan. As her landlord refused to defer her rent, she had to choose between their medications or a roof over her head.

“Our CCAC members were completely overwhelmed by your generosity during their time of need, with some of our CCAC Bargaining Unit Presidents reporting their members accepted these donations with tears in their eyes,” said ONA President Linda Haslam-Stroud. “Thank you for demonstrating what it means to be part of a strong and united union.”

RNs Launch Campaign After Nipigon Hospital Turns a Blind Eye

ONA members at Nipigon District Memorial Hospital have launched a campaign to fight for safe quality care for their patients after the majority of recommendations from an expert nursing panel have yet to be implemented one year later.

Early last year, the RNs in this rural hospital north of Thunder Bay called for an Independent Assessment Committee (IAC) over concerns they were unable to meet their professional standards because RN staffing wasn’t sufficient to cover patient care needs or the fluctuations in the acuity/complexity of patients. Despite the RNs consistently providing completed workload forms, the employer didn’t staff the hospital with an appropriate number of RNs.

Following a three-day hearing in March 2014, the IAC concluded there is an insufficient complement of RNs in the emergency department (ED), chronic care and acute care units to provide quality patient care, and issued 25 recommendations, including that RNs not be replaced with less-educated workers during weekday evening shifts as the hospital intended, and that it increase the number of RNs working in the ED and develop a human resources plan with input from RNs. But so far, just two recommendations have been enacted.

“The blatant disregard of changes intended to make patient care safe is unacceptable,” said ONA President Linda Haslam-Stroud, who has also penned an opinion-editorial in the Thunder Bay Chronicle Journal. “It is vital these hospital patients receive the best quality care possible.”

Hospital RNs are leafletting in areas surrounding the hospital to educate the community about the value of RN care. We also encourage you to visit the campaign page on our website (www.ona.org/nipigon) to send a message to the hospital CEO and Premier that it’s high time hospital management steps up to the plate and does the right thing for its patients.”
United We Stand

Local 7 public health nurses from the Haldimand-Norfolk Health Unit, who staged a successful strike in April 2012, visit striking CarePartner workers at their picket line outside of the Simcoe Community Care Access Centre on April 15, 2015. “We carried their signs and walked with OPSEU members as they shared their struggle to obtain a first collective agreement,” said Local 7 Coordinator and Haldimand-Norfolk Health Unit Bargaining Unit President Melanie Holjak. “They were so pleased that ONA came to the picket line to show support!”

Down to the Wire!

Members of the Espanola and Area Family Health Team (FHT) stage an information picket on April 4, 2015 to raise awareness of their role and key issues to the community. The 14 members – NPs, RNs, RPNs, dietitian, social worker and medical receptionist – many of whom have not received salary increases since 2007, reached a settlement for a new collective agreement during mediation, just a few days before their legal strike deadline. These highly educated and skilled members provide invaluable and essential primary health care to an average of 340 patients per week in their communities.

IN MEMORIAM...

ONA is deeply saddened to learn of the passing of Ellen Dorothy Souter, public health nurse and former Bargaining Unit President from Local 50, on March 18, 2015, just short of her 86th birthday.

Ellen started her public health nursing career in the late 1960s, and was instrumental in the coordination of the first Family Planning Clinic at the (then) Hamilton-Wentworth Public Health Department. Ellen, whose family tell humorous stories about the teaching aids that she needed to transport in the trunk of her car, worked across the City of Hamilton throughout her career and thoroughly enjoyed working in area schools.

Ellen quickly became involved in ONA and by the mid-1970s was a Bargaining Unit President. She was known as the president of the first group of public health nurses to go on strike in Ontario history. Her husband, Les, fondly remembers the group that Ellen enlisted to make picket signs in their basement. That job action resulted in many gains for the nurses at the Hamilton Health Department, which continue to this day.

When Ellen retired in 1993, she wasn’t yet finished with her community work. She volunteered as an actress with the Autumn Leaves Players in a Falls Prevention Play for seniors – she was so good at acting that once at a retirement home, she was mistaken for a resident! – and many other community organizations in the Hamilton area.

ONA extends our deepest sympathies to Ellen’s family, friends and former colleagues.
ONA Fearful for Patients as Ontario Budget Freezes Hospital Funding...Again

RNAs and their patients will continue to bear the brunt of yet another year of hospital funding freezes, ONA says in response to the Ontario budget.

In the budget, issued on April 23, 2015, the entire health budget for the fiscal year 2015-2016 is $50.8 billion, up from $50.2 billion last year. That represents an increase of only 1.2 per cent, down from 2.5 per cent last year. Even more alarming is that the budget continues to hold overall base operating funding for hospitals to zero per cent growth for 2015-16. This is the fourth consecutive year of zero per cent growth in base operating funding for hospitals and the seventh year of hospital base funding below the rate of inflation.

“The funding freeze, combined with inflation, a new funding formula that has cut funding for many Ontario communities, and demands from an aging and growing population, means hospitals will face even more pressure to do more with less,” said ONA President Linda Haslam-Stroud. “And we know the resulting cuts will come at the expense of RN positions, which leaves our patients at an increased risk of complications and even death.”

While the budget commits to 5 per cent funding increases for home and community care in each of the next three years, home care funding has not kept up with the demand.

“Hospital cuts leave our patients in the cold when what they need is hospital-based acute RN care that is not and cannot be provided in the community,” Haslam-Stroud added. “The practice of sending patients home quicker and sicker is harming patients and is simply unnecessary. Our patients deserve better.”

In our pre-budget submission, ONA made several recommendations to ensure Ontarians have access to safe, quality patient care, noting the province continues to have the second worst RNs-to-patients ratio. To view that submission, log onto www.ona.org/submissions.

Meanwhile, Federal Budget isn’t Any Better

When it comes to the federal budget, released just two days before the provincial budget, the picture isn’t any rosier.

The federal budget confirms the cuts to health transfers to provinces as previously announced, amounting to $36 billion in reduced transfers over the next 10 years relative to the 2004 Health Accord rates. The budget attempts to stifle criticism for these cuts by showing increases to health care funding, but the reality is that federal funding increases for health care will be reduced from six per cent to three per cent over the course of the coming years, starting in 2017-2018.

“Our assessment is that the federal government is abandoning its leadership of health care for Canadians,” said ONA President Linda Haslam-Stroud. “The government is shamefully cutting the federal share of funding for health care at a time when provinces, like Ontario, are struggling to fully fund the care our patients need.”

If you are able to meet with your MP, we encourage you to ask her/him what this budget does to support nurses in providing quality care to patients in Ontario.

ONA Campaign Materials Win International Awards

ONA has won three American Association of Political Consultants (AAPC) Pollie Awards for the material produced for our More Nurses campaign and subsequent More Nurses, No Hudak campaign ahead of the Ontario election last year.

At the Pollie Awards, held in New Orleans this past March, ONA, along with our ad agency NOW Communications, won three awards in the international category:
- Gold (top award) for Best Use of Direct Mail for “Tim Hudak’s Plan.”
- Gold for Best Use of Collateral for our “Is Your Family’s Health at Risk?” piece.
- Bronze for Best Use of Collateral for our More Nurses campaign.

The AAPC is the world’s largest organization of political consultants, public affairs professionals and communications specialists. To win such prestigious awards is a true testament to the quality of our political action work.
From Sault Ste. Marie to St. Thomas, Kitchener to Kenora, nurses throughout the province took a much-needed break from the stresses of your everyday working lives to celebrate your integral role in our health care system during Nursing Week 2015.

Under the simple yet effective theme, Ontario Nurses. We’re Here for You, which speaks not only to how we are here for our patients/clients/residents but how ONA is here for our members, the Board of Directors visited worksites and participated in special events planned by our Locals and Bargaining Units, from celebratory dinners to food drives.

These two pages contain a region by region pictorial of ONA RNs, nurse practitioners and RPNs, along with their colleagues and friends, enjoying Nursing Week 2015.

Thanks to all of you who submitted photos of and stories about your events as part of our 2015 Nursing Week contest (winners have been contacted individually). We will feature some of those stories in upcoming issues. Many more photos of your Nursing Week activities are available on our website at www.ona.org/nw15.
HERE FOR YOU

REGION 3
Lakeridge Health Corporation (Local 51)

Haldimand-Norfolk Public Health Unit (Local 7)

Brant Community Health Centre (Local 7)

Halton Healthcare Services (Local 238)

The Scarborough Hospital (Local 111)

Mackenzie Health (Local 237)

Sunnybrook Health Sciences Centre (Local 80)

REGION 4
Lakeridge Health Corporation (Local 51)

Haldimand-Norfolk Public Health Unit (Local 7)

Brant Community Health Centre (Local 7)

Halton Healthcare Services (Local 238)

The Scarborough Hospital (Local 111)

Alexander Hospital (Local 36)

Regional 5
Huron Lodge (Local 8)

St. Joseph’s Healthcare (Local 45)

Wingham and District Hospital (Local 21)

Local 21

Local 71

www.ona.org
The province has announced more than $40 million over four years to help seniors with complex medical conditions who have experienced loss of strength or mobility. The funding will enhance rehabilitative services and programs, including:

- Comprehensive risk assessment programs in the community.
- Hospital day programs and outpatient and community clinic services.
- Access to short-stay hospital rehabilitation programs.
- Supports for seniors in their home and community after a stay in hospital.

As well, the province is providing more than $4.2 million to expand access to physiotherapy services across the province in 25 family health teams, nurse practitioner-led clinics and community health centres.

An expert panel has been created to address infrastructure needs as well as improve access and integration of acute health care services in the Scarborough and West Durham region. The Minister of Health and Long-term Care has established a panel to develop a plan to address how hospitals in the region can work together to deliver acute health care programs and services to meet the needs of residents. The group will work in collaboration with the Central East Local Health Integration Network (LHIN), other neighbouring LHINs and local health care service providers, including Rouge Valley Health System, The Scarborough Hospital and Lakeridge Health. ONA will be monitoring the work of this expert panel.

The government is adopting all six recommendations from the Ontario Health Innovation Council (OHIC) to support more Ontario-made health technologies. As proposed in the 2015 Ontario budget, the government will:

- Create a dedicated Office of the Chief Health Innovation Strategist to champion Ontario as a centre for health technology innovation.
- Establish a new $20 million Health Technology Innovation Evaluation Fund to support made-in-Ontario technologies.
- Use newly-created Innovation Broker positions to connect innovators and researchers with opportunities in the health care system.
- Streamline the adoption of health care innovations across the health system.
- Shift to procurement practices that focus on outcomes, such as fewer hospital readmissions and the long-term value of medical devices.
- Invest in the assessment of emerging innovative health technologies to get those products to market faster.

The government is removing barriers for nurse practitioners to directly refer their patients to a specialist and to directly receive the specialist’s advice. Ontario is amending the Health Insurance Act and changing the way specialists receive consultation fees. Previously, patients with a nurse practitioner as their primary care provider had to also see a physician to be referred to a specialist. Now, the nurse practitioner can refer directly to the specialist, which will enable nurse practitioners to provide a service they already have the training to perform.

Ontario has awarded 12 grants to organizations throughout the province as part of the new Occupational Health and Safety Prevention and Innovation Program (OHSPIP), an initiative to help improve occupational health and safety in workplaces. Under the new grants program, $1.7 million has been awarded to 12 organizations to support a variety of health and safety projects, including:

- A new online application to improve health and safety awareness among young workers.
- New training videos that use American Sign Language to improve workplace health and safety training for workers with difficulties hearing.
- Enhanced training to improve understanding of potential hazards presented by radiation in Ontario’s workplaces.
- Musculoskeletal Disorder Injury Prevention Training for Developmental Service Workers.

Ontario is investing an additional $881,517 per year at the Children’s Hospital of Eastern Ontario (CHEO) to help more children suffering from ongoing pain such as migraines, backaches, abdominal pain and tendinitis. The hospital will be able to treat 106 pediatric chronic pain patients each year compared to 36 last year.

The province is providing $75 million in funding this year to help more patients receive care at home within Ontario’s five-day wait time target. This investment will support more visits at home for people who need nursing services. It will also support additional hours of care for people who have complex care needs and require in-home personal support services, such as dressing, bathing and assistance taking medication. Ontario is also funding up to $9.7 million this year to train personal support workers in the home and community support sector to access additional training to care for people living with specific conditions, such as dementia.
ONA Wins Precedent-Setting Decision on Physician Harassment

The phenomenon of physician harassment has sadly been a long-standing issue for nurses.

In 2011-2012, such a case came to ONA’s attention. Through an independent investigation in early 2012, a physician was found to have sexually harassed an ONA member who worked on the same unit. The physician was also found to be in violation of the hospital’s violence prevention policy.

In March 2012, the doctor was allowed to return to work on an undertaking to maintain a professional relationship with the nurse. In spite of this undertaking, the physician continued to harass the nurse and then accessed her personal health information through the hospital’s medical records system without her consent. As a result of his conduct, his privileges were suspended by the hospital in the fall of 2012.

The Grievance Procedure
ONA became more actively involved in the spring of 2013 when it became apparent that this physician was going to seek reinstatement of his privileges at the hospital.

ONA took a number of actions, including filing a grievance on behalf of the nurse, stating she had been sexually harassed by the physician, and seeking several remedies such as the hospital providing assurances that the doctor would not be allowed to return to the workplace. An issue arose about the extent to which the arbitrator, in dealing with the grievance, had the jurisdiction to order that the doctor not be returned to the workplace, given that it is the hospital Board or Directors under the Public Hospitals Act, which is authorized to deal with physician privileges.

Arbitrator’s Ruling
As a result of a preliminary hearing on this issue, ONA was successful. The arbitrator found that under the collective agreement, in conjunction with provisions of the Occupational Health and Safety Act and the Human Rights Code, he had the jurisdiction to determine the essential question in the case: the distance the doctor should be able to work to the nurse and under what conditions.

The arbitrator ruled that in the event the physician’s privileges were reinstated through the Public Hospitals Act processes, he would retain the right to determine the terms under which the doctor might exercise his privileges in the context of the grievor’s entitlement to a safe workplace free from the risk of harassment.

ONA’s next step was to seek standing before the Board of Directors of the hospital, the tribunal which has the jurisdiction under the Public Hospitals Act to decide on the recommendation from the Medical Advisory Committee that the physician’s privileges be revoked.

Hospital Board’s Decision
ONA was successful in a precedent-setting decision allowing our member to intervene as a third party in the privileges hearing between the physician and the Medical Advisory Committee of the hospital.

After nine days of hearing, the Board agreed with the submissions ONA made on the nurse’s behalf. They found that the nurse was the victim of incidents of workplace violence and harassment, and that she had been harmed by the doctor’s harassment. Furthermore, they found that she deserved to continue her career at the hospital free from the stress of wondering if her abuser would return. Accordingly, they accepted the recommendations of the Medical Advisory Committee that the doctor’s revocation of privileges be upheld.

Next Steps
ONA is following up with the hospital to make sure that the appropriate safety plan is in place for this nurse and other members on an ongoing basis. The doctor is appealing the decision of the Board to the Health Professions Appeal and Review Board, which will hold a hearing on whether his privileges should remain suspended.

ONA was again successful in another precedent-setting decision allowing our member to intervene in this proceeding where she will seek to prevent any reinstatement of the doctor’s hospital privileges.
Late Career Nursing Initiative: Benefit to Nurses and Patients

In 2004, the Ontario Ministry of Health and Long-term Care (MOHLTC) introduced the Late Career Nursing Initiative (LCNI) to assist health care organizations develop approaches to retain Ontario’s late career nurses.

Over the last decade, the LCNI has provided funding to individual organizations to implement a .20 full-time equivalent reduction of physically or psychologically demanding duties of nurses aged 55 or over and the reorganizing of this time to engage the nurses in enriching and less demanding employment activities.

The 2012-2013 LCNI Evaluation used a mixed-methods approach. The quantitative arm analyzed data from close-ended questions completed by late career nurses (LCNs) 55 and older in Ontario and the qualitative arm analyzed data from open-ended interviews with nurse leaders in Ontario.

ONA Member Involvement

Forty-seven organizations participated in the evaluation: 24 from the acute care hospital sector, 20 from long-term care (LTC), and three from the home care sector. Fifty-nine nurse leaders were interviewed and more than 700 surveys were completed by LCNs. Out of those evaluated, 32 organizations (68 per cent) and 263 RNs were ONA.

The majority of LCNI projects ONA members worked on aligned with the following Ministry priorities: Access to the Right Care at the Right Time and Place (60.3 per cent), Keeping Ontario Healthy (34 per cent), and Faster Access and Stronger Links to Family Care (7.2 per cent). The types of projects RNs worked on included: Patient Centered Care (38.6 per cent), Leadership at the Point of Care (27.7 per cent), Optimal Use of Nurses (23 per cent), Nursing Education (20 per cent) and System Integration (12.5 per cent).

Late Career Nurses: Who are They?

Most ONA LCNs are in the 55-59 age group (53.4 per cent), followed by 60-64 (36.9 per cent) and 65-69 (7.6 per cent). One-hundred-and-eighty-seven work full-time (61.9 per cent), 75 work part-time (24.8 per cent) and 40 work on a casual basis (13.2 per cent).

The majority of nurses are happy to work in their organizations until retirement (78 per cent), are very satisfied with their job (74 per cent), feel that the organization provides a supportive work environment in which to work (46.3 per cent), and believe their coworkers are satisfied with their jobs as well (45.2 per cent).

Asked about the single most likely reason for leaving the organization, the nurses responded that retirement would be the most likely reason (93.7 per cent). When asked, “How much longer do you believe you will remain in the profession?” the majority of nurses responded with “two to five years” (49.7 per cent). Retirement is listed as the single most likely reason for leaving the profession (95.8 per cent).

The most important factors that contribute to the decision to leave or remain were the work environment (25.9 per cent), financial reasons (22.1 per cent), health-related reasons (17.3 per cent), personal reasons (15.9 per cent), coworkers (10.7 per cent) and patients/clients/residents (8.2 per cent). Finally, when asked if they believe that LCNI aids in the retention of LCNs, the majority responded with “I don’t know” (54.3 per cent), then “yes” (27.2 per cent), and “no” (18.5 per cent). It’s important to note that only 75 RNs (24.7 per cent) from the sample that submitted the survey actually participated in the LCNI.

What Did Nursing Leaders Say?

There were several major themes that emerged from the responses of nursing leaders around facilitators and barriers to LCNI projects. They shared approaches that may help navigate barriers that can emerge with implementation.

First: have a good plan. Nursing leaders identified a need for a thought-out multi-pronged approach to LCNI projects. Secondary to this plan, they recommended a system for setting goals and monitoring progress in these projects. The key takeaway from nursing leaders is start small, start local.

Nursing leaders also noted that it’s important to engage stakeholders at all levels on an ongoing basis. Key to this engagement is the need for strong leadership in creating a culture of learning and instilling a sense of ownership and achieving nurse buy-in.

Some barriers identified to LCNI implementation were: getting buy-in from nurses who were perceived to lack interest or the skills to meaningfully engage with a LCNI project, the difficulty of implementing programs within a short time frame, and time-consuming reporting requirements with lack of follow-up.
Benefits of LCNI Projects

Despite these challenges, there are clear benefits to both nurses and patients in undertaking LCNI projects.

As one nursing leader said, “It is a great opportunity for nurses at the end of their career to be able to share their knowledge and expertise and be able to participate in quality improvement initiatives or little projects on the floor. They are often able to identify improvements and it’s nice for them to really be able to contribute and feel part of something very productive.”

LCNs have the opportunity to view their workplace in a new light, using their expertise and knowledge to pass on knowledge to new nurses and to work on meaningful projects.

Late career nursing initiatives can also improve the quality of patient care by enhancing the communication and coordination of care. As one nursing leader stated, “We’ve come up with some really great projects that have really helped the residents and helped the staff. So it becomes a team that really is working together.”

Recommendations

Recommendations to the MOHLTC to help guide future LCNI implementation and evaluation include: allowing greater leeway for LCNI proposals, and streamlining the application, notification and reporting requirements so that organizations have the feasibility and opportunity to apply and roll out their LCNI funded projects.

As for the health organizations? As mentioned above, start small and start local. Engage stakeholders and create a culture of strong leadership and learning. Celebrate LCNI projects and share your lessons and findings at the unit, community and organizational levels.

The above article was submitted by Britt Harvey, Vera Nincic and Lianne Jeffs.

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Unsafe Workplaces Hurt Patients Too
Recognize Violence. Report It.

Each and every one of us has either experienced workplace violence first-hand or knows of a colleague who has had to deal with this issue. This is an unfortunate truth.

As registered nurses and health care professionals, we face dangerous situations each and every day. Biting, scratching, hitting, kicking and spitting are all too often common occurrences during our shifts. We need to stop these aggressive behaviours and we need to do everything we can to eliminate these hazards. You need to be protected.

ONA aims to eliminate or reduce the number of violent incidents our members and health care professionals experience in workplaces. As such, we are launching a major campaign that directly addresses workplace violence prevention.

“Unfortunately, a lot of registered nurses and health care professionals think that if they’re pushed or verbally abused, that it’s part of the job,” noted ONA President Linda Haslam-Stroud. “We are here to say that it is not and that ONA is here to support you.”

Report, Report, Report!
We have one ask of you: Please report all workplace violence incidents.

“It’s your legal duty to report. Whether you are pushed or are scratched, or if you are verbally threatened, report it to your manager and employer,” Haslam-Stroud said. “Please put it in writing – we need to know about all of these incidents so we can work with our employers to reduce the risk and the incidents.”

Your employer, who has the legal duty to protect workers, needs to be made aware of all workplace hazards and act upon these serious issues.

“The Ministry of Labour and the Ministry of Health and Long-term Care need to understand how serious this issue is so preventive items for worker protection and patient safety can be properly funded and enforced,” explained Haslam-Stroud.

Campaign Resources
The campaign provides specific and detailed resources and information, and targets:
- Our members, Local leaders and Joint Health and Safety Committee members.
- Health care CEOs and management.
- The public.

Our campaign website, which can be accessed directly at www.ona.org/violence, houses important information, resources, statistics and personal member stories.

As mentioned, one main focus of the campaign is for members to report all violent incidents to their employers. Inserted into this issue of Front Lines is a copy of the form to help you do so (see detailed instructions on this form below).

Complete the Inserted Form to Report All Hazards to Your Employer

Our patients are directly affected when our workplaces contain hazards. When you are not safe, neither are your patients, clients and residents.

We all need to make sure that we work in a safe workplace, which includes having appropriate staffing levels, so that we can care for our patients. They deserve no less.

Report all workplace hazards, including any and all issues related to violence, to your manager. It is the law. Once you report them to your manager, the onus is then transferred to your employer for action.

ONA has launched a large campaign to end workplace violence (see main story on this page) and we need your help. Each and every time you see or experience violence in your workplace, report it. It is your legal duty.

ONA has created an easy-to-use form to establish a record of when you report to your manager – and it will help us track the frequency of health care violence around the province. Help us to help you and your patients, clients and residents.

Please complete the inserted form with as much detail as you are able. Be sure to print firmly as there are four copies of this form.

Give the original (or top) copy to your manager. Give copies to your ONA Bargaining Unit President and your ONA Joint Health and Safety Committee (JHSC) rep, and keep a copy for yourself.

Reporting all hazards to your manager is one way to make our employers aware and accountable for occupational health and safety issues.
In a non-descript first-floor hotel conference room in north Mississauga, dozens of frontline registered nurses and health care professionals gathered together for our Health and Safety Caucus to discuss health care’s “dirty little secret” – workplace violence.

ONA members and staff congregated around tables sharing their horror stories, the constant employer denials, and tales of Ministry of Labour inspectors neglecting to write orders for workplace violations.

One ONA staff member asked the attentive group: “Raise your hand if you’ve experienced workplace violence first-hand.” Virtually all people in the room, minus a couple, raised their hands. The ONA staff person then asked, “Raise your hand if you’ve witnessed workplace violence.” The same response was noted.

Yet, within this jam-packed room, where the air was heavy with frustration and anger, glimmers of triumph shined through the somewhat shocking violent truths our members face each day.

In May, five Health and Safety Caucuses – spanning across ONA’s regions – delved into how ONA is taking the lead and stepping up to support our members who experience workplace violence. The keenly tailored education program that underpinned the Caucus brought in workplace violence prevention experts to talk about their specific expertise.

In one popular segment, Toronto East General Hospital Manager of Security Clint Hodges talked about its robust program and how patient-sensitive security officers support and diffuse volatile situations.

At the end of his inspiring session, Hodges conducted a quick hands-on demonstration on one ONA staff person who agreed to play the role of an “aggressor.” The “aggressor” pretended to try to choke Hodges and he quickly showed the audience how to break free by raising his hands to the sky and turning his body. The choke hold was broken.

Most members in the captive audience were amazed at the simplicity of the move and applauded the demonstration. It is truly a sad reality: the need for ONA to bring in a security expert to show members how to defend themselves if they face a physical threat.

All members who attended the Caucus received an ONA Tool Box filled with valuable tip sheets, forms, resources and contact information to use in ONA’s campaign to prevent and respond to workplace violence.

Visit the ONA Workplace Violence Prevention website at www.ona.org/violence and read member stories, learn about the latest statistics, and download many resources.

The ONA Violence Data Form, which can be found under the Tool Box/Resources tab of our violence prevention website, should be completed by a Joint Health and Safety Committee rep. The form provides important cues about gathering as much information as possible on completing the form.

In addition, visit the site and:

- Access important resources from the ONA Tool Box. Housed under the Tool Box tab, specific resources are grouped together: For Bargaining Unit Presidents; For Joint Health and Safety Committee Members; and For Frontline Members. Each section provides detailed information and forms.
- Find out the latest news and statistics about workplace violence.
- Complete the Tell Us Your Story form and let us know about any incidents of workplace violence or harassment. You don’t need to identify yourself or your employer. We would like to post these stories on the website to encourage others to tell them.

With this campaign, we will rally our members, stakeholders, the Ontario government, our labour partners and others to address the growing epidemic of workplace violence. Remember, violence Should NOT be Part of Our Job!

www.ona.org
Government Ministries Must Examine Own Policies to Eliminate Workplace Sexual Harassment, ONA Says

Although ONA is supportive of the Premier’s commitment to eliminating sexual harassment in the workplace, examining government agency policies must be a key first step.

This recommendation is part of ONA’s submission to the Ontario Roundtable on Violence Against Women and the Select Committee on Sexual Harassment and Violence, which is examining workplace sexual harassment.

Among ONA’s recommendations are:

- Bill 168 addresses workplace violence and harassment, but the provisions must go further and address mental injuries that can result from workplace violence.
- Although employers need to prevent workplace violence, the new sections do not explicitly require employers to take reasonable precautions to prevent harassment. This must change so that it is explicitly noted that employers must take reasonable precautions to protect workers from harassment.
- The Ministry of Labour’s enforcement resources must be realigned to meet the needs of the burgeoning health care sector. More visits from inspectors must be considered.
- Although ONA has met with staff in the Chief Prevention Office presenting evidence of escalating harassment and violence, little has been done to address it. The Chief Prevention Officer must take a lead role in preventing workplace harassment in the health care sector.
- The Workplace Safety and Insurance Board (WSIB) must compensate workers who experience mental health injuries related to workplace violence and harassment.

To read ONA’s entire submission, visit the ONA website at www.ona.org/submissions.

One Workplace Death is One too Many: ONA Reflects on Day of Mourning

On April 28, Canada’s National Day of Mourning, ONA joined with our labour partners and other stakeholders to honour those who have died, been injured or made ill from working during touching commemorative events across the province, including Toronto (top photo) and Windsor (bottom photo). “We remember registered nurses Tecla Lin and Nelia Laroza, who contracted and died of SARS while treating patients, and Lori Dupont who was murdered while working in the recovery room of a Windsor hospital,” said ONA President Linda Haslam-Stroud. “We take the opportunity of National Day of Mourning to reflect on the thousands of ONA members who have become ill or injured in the workplace. We are deeply concerned that the recent disastrous cuts to registered nurses at dozens of health care workplaces across Ontario will only further exacerbate the ongoing problem of workplace health and safety, among other issues, and this has to stop. One workplace death is one too many.” Watch ONA’s Day of Mourning video on our YouTube Channel at www.youtube.com/ontariornurses and listen to our members describe health and safety issues in their workplaces.
One in Four Hospitals Facing Significant Cuts or Closure, OHC Warns

Ontario hospitals are living in a permanent state of crisis, having been pushed by years of cuts into levels of overcrowding that are dangerous for patients, the Ontario Health Coalition (OHC) warns in a new report.

Code Red: Ontario’s Hospital Cuts Crisis reveals that because Ontario funds its hospitals at the lowest rate per capital of any province in Canada and has the fewest hospital beds left of any province, hospital cuts are biting ever more deeply into vital patient services.

And government excuses such as “transforming health care” and “moving to the community” are simply cover for real hospital cuts to services that are not being – and cannot be – transferred to the community.

Specifically, the report finds that many hospitals in larger communities are operating at 100 per cent capacity or more; small and rural hospitals have faced disproportionate cuts and a number are at risk of total closure; and patients from small and rural hospitals find that regional hospitals in larger towns have no capacity to take them either.

Along with the report, the OHC released an interactive map of Ontario showing 51 hospital sites out of just over 200, or one in four, which are marked as “Code Red,” denoting significant hospital cuts or threats of closure. The OHC is calling on the government to stop the cuts now.

The full report and interactive map are available at www.onariohealthcoalition.ca.
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

Where work continues to be performed, permanent position must be posted

Region 3 Hospital

(Arbitrator Silverman, March 10, 2015) ONA has won an arbitration decision challenging the hospital’s failure to post a permanent vacancy during the elimination period.

The employer provided ONA with notice of elimination of a full-time position following the retirement of a RN on the unit. Throughout the five-month notice period, the employer continued to require that the work of that RN be performed. The employer temporarily assigned the work to a regular part-time RN who worked full-time hours. That RN’s hours were, in turn, filled by other part-time and casual RNs.

The arbitrator found that at the time of the retirement, a permanent vacancy was created, which should have been posted. In this case, the facts clearly demonstrated that the work of the position continued to be performed. As such, the arbitrator noted that the status quo needed to be maintained during the elimination period.

The arbitrator then considered whether the employer could fill the vacancy through a temporary, as opposed to permanent, position. She found that the language of the collective agreement required the vacancy to be posted on a regular basis because it did not fit within the categories of a temporary vacancy set out in Article 10.07(d) of the collective agreement.

Importance to ONA: This case is important because it ensures that where work continues to be performed, a permanent position must be posted. Temporary vacancies may only be used in the very specific circumstances set out in the collective agreement.

LTD

Carrier has no patience to wait for test results

Region 3 Hospital

(January 15, 2015) The member was diagnosed with Postural Orthostatic Tachycardia Syndrome (POTS). The insurer denied long-term disability (LTD) benefits due to the allegation that the member was not totally disabled and could perform her duties as a RN. The carrier’s internal review physician was not willing to accept the opinion of the family doctor. Owing that symptoms were self-determined was unjustified.

The insurer was 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.

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 specifically asked for a tilt table test, but was not willing to wait for the results to be released before denying benefits.

With the confirmation of POTS and the long history of medical evidence that ONA was able to provide to the insurer, the decision was reversed and benefits were reinstated retroactively. The member was suffering significant financial hardship, which will be alleviated by this win.

Benefits paid thanks to hard work of LROs

Region 1 Hospital

(January 22, 2015) A nurse was denied short-term disability for the entire period of sick leave entitlement (15 weeks). She received 15 weeks of EI benefits for sick leave, but was then denied long-term disability (LTD) benefits for lack of medical evidence to support total disability for member’s own occupation.

The servicing Labour Relations Officer (LRO) and Litigating LRO were successful in acquiring a medical assessment for the member to support the grievance for denial of sick leave for arbitration. That medical did support that the member was totally disabled from working at her occupation.

However, it also reported that the member was able to return to work once she was able to discuss findings of the report with her
family physician to determine a suitable graduated return to work.

As a result of the work of the LROs, benefits were paid effective October 23, 2014. The member has now returned to work.

**Sometimes an employer adds its voice in support of an appeal**

**Region 3 Hospital**

*(January 26, 2015)*

The member was experiencing mental health symptoms. Her claim for LTD benefits was initially approved, then terminated.

During the own occupation period, the member was to attend a Vocational Rehabilitation meeting called by the insurer. The day before the meeting, the member called the insurer’s rehabilitation specialist and asked that the meeting be postponed for two weeks so that she could gather additional medical evidence.

Although the specialist’s notes to file clearly indicate that the member did not ask for the meeting to be cancelled, nor did she claim an unwillingness to participate in the graduated return to work program.

The appeal showed that the member was, in fact, under the constant care of a specialist and that she never asked for the meeting to be cancelled. In fact, the employer wrote to the insurer supporting the fact that it was the insurer’s specialist who had canceled the meeting. Medical evidence also showed that her treating physicians never agreed for her to return to work, and the fact that she became anxious about attending the meeting was a manifestation of her illness and not an attempt to shirk the insurer’s policies.

It is clear by this decision that insurers must not rely on rigid policies and rules. They must treat every case individually and not attempt to paint each insured member with the same brush.

It was evident by her notes to file that the rehabilitation specialist in this case became very frustrated with this member and jumped to the conclusion that she was being combative when she simply wanted to postpone a meeting. Had the specialist used a different approach, this member would most likely have continued on benefits without issue.

The appeal was successful and benefits were reinstated retroactively to March 1, 2014.
## Balance Sheet

### December 31 2014

#### Assets

<table>
<thead>
<tr>
<th>Current</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and short-term investments (at market value)</td>
<td>$ 9,300,765</td>
<td>$ 8,131,583</td>
</tr>
<tr>
<td>Dues and other receivables</td>
<td>6,342,766</td>
<td>6,637,290</td>
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<tr>
<td>Prepaids</td>
<td>856,504</td>
<td>1,077,737</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>16,500,035</strong></td>
<td><strong>15,846,610</strong></td>
</tr>
</tbody>
</table>

| Capital assets (at net book value)           | 5,309,941   | 5,316,917   |
| Marketable investments (at market value)     | 17,511,818  | 15,795,106  |
| Investment in ONA Liability Insurance Ltd. (equity method) | 22,813,676 | 22,445,625 |
| **Total Capital Assets**                     | **$ 62,135,470** | **$ 59,404,258** |

#### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Current</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$ 8,673,554</td>
<td>$ 8,820,983</td>
</tr>
<tr>
<td>Current portion of capital lease obligations</td>
<td>284,389</td>
<td>430,779</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>8,957,943</strong></td>
<td><strong>9,251,762</strong></td>
</tr>
</tbody>
</table>

| Capital lease obligations                    | 285,668     | 357,455     |
| Employee future benefits                     | 5,373,300   | 4,686,000   |
| **Total Liabilities**                        | **14,616,911** | **14,295,217** |

| Net Assets                                   | 4,739,884   | 4,528,683   |
| Invested in capital assets                   | 22,813,676  | 22,445,625  |
| Invested in ONA Liability Insurance Ltd.     | 15,993,418  | 14,836,453  |
| Internally restricted                         | 3,971,581   | 3,298,280   |
| Unrestricted                                  |             |             |
| **Total Net Assets**                         | **47,518,559** | **45,109,041** |

**$ 62,135,470** | **$ 59,404,258**

The above financial information is a condensed version of the Association's audited financial statements for the years ended December 31, 2013 and December 31, 2014. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.
### Statement of Operations

For the year ended December 31 2014

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2014</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Membership dues</td>
<td>$54,947,488</td>
<td>$52,353,979</td>
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<tr>
<td>Investment income</td>
<td>849,732</td>
<td>960,654</td>
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<tr>
<td>Other</td>
<td>769,708</td>
<td>921,631</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>$56,566,928</td>
<td>$54,236,264</td>
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</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance/External vision</td>
<td>2,579,447</td>
<td>2,162,818</td>
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<tr>
<td>Membership services</td>
<td>1,407,033</td>
<td>1,259,655</td>
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<tr>
<td>Service teams</td>
<td>25,619,976</td>
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<td>Support teams</td>
<td>14,291,464</td>
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<td>Fixed costs</td>
<td>4,948,680</td>
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<td>Building operations</td>
<td>933,867</td>
<td>986,813</td>
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<tr>
<td>Program costs</td>
<td>(4,971,227)</td>
<td>(4,792,139)</td>
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<tr>
<td><strong>Total Expense</strong></td>
<td>$54,751,694</td>
<td>$50,185,492</td>
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</table>

**Excess of revenue over expenses before undernoted items** 1,815,234 4,050,772

| Amortization                 | (1,050,474)   | (1,015,535)   |

| Unrealized gain (loss) on investments | 813,907       | (157,091)     |

| Share of net income of ONA Liability Insurance Ltd. | 1,068,051 | 652,397 |

**Excess of revenue over expenses** $2,646,718 $3,530,543

The above financial information is a condensed version of the Association's audited financial statements for the years ended December 31, 2013 and December 31, 2014. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.
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