The ONA Board of Directors has approved the next phase of the More Nurses campaign, which demands a moratorium on the disastrous cuts to RN positions throughout Ontario that are causing needless suffering to our patients.

"ONA proudly represents RNs, RPNs, Nurse Practitioners and other allied health professionals. The vast majority of cuts we are seeing have been to RN positions," said ONA President Linda Haslam-Stroud. "Our latest statistics show that since January 2015, more than 500 RN positions have been eliminated in Ontario, which translates into more than one-million RN care hours lost to our communities. One million! Zero-per-cent growth in operating funding for hospitals for a number of consecutive years has only made matters worse."

ONA is kicking our new More Nurses campaign, launched this past spring, into high gear as we move into the busy fall season – and we need your support!

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ONA President Linda Haslam-Stroud, RN talks about ONA's fall More Nurses campaign, calling for an end to further cuts to RN positions.

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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

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  Fax: (519) 433-2050

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  Fax: (705) 327-0511

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- **Sudbury**
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  Fax: (705) 560-1411

- **Thunder Bay**
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  Thunder Bay, ON P7B 6M8
  Tel: (807) 344-9115
  Fax: (807) 344-8850

- **Timmins**
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  Timmins, ON P4N 8A4
  Tel: (705) 264-2294
  Fax: (705) 268-4355

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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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More Nurses Campaign Heats up for Fall

worse for RNs, who are often the first to be cut when hospitals look for ways to balance their budgets. This has to stop now.

What We are Doing

Beginning in September, our multi-media campaign will be even more visible to the government, our employers and the public. More Nurses ads will be placed in transit shelters around Queen’s Park to ensure that government officials clearly see the impact of their harmful decisions every time they head to work. At the same time, we will run columns in weekly community newspapers that focus on the invaluable role of RNs, the nursing shortage and what cuts mean for patients. Two short video ads will also help us build upon and expand the campaign’s social media presence.

ONA will launch radio ads province-wide and expand our transit ads to educate the public. More Nurses ads will also run on video monitors and in waiting rooms, and in prominent Ontario trade and government journals.

To ensure the campaign hits close to home for our members, ONA’s Campaigns Officer will work directly with Locals affected by RN cutbacks. Social media ads will be seen by subscribers in areas affected by these cuts. We hope this will help rally community support.

How You Can Help

But our campaign will only be successful if you get involved as well. Talk to your MPPs, friends, family and other members of the public about the fact Ontario has the second-worst number of RNs per population in Canada with just 714 RNs per 100,000 people; write letters to the editor of your local newspapers (we can help); and come to campaign rallies and other events in your communities. You’ll find a link to our campaign on the homepage of our website at www.ona.org. In the fall, look for helpful information on our More Nurses website (www.morenurses.ca).

“It is critical that we ensure the government, our employers and the public knows the devastating impact of nursing cuts on your patients and your ability to provide safe, high-quality care,” concluded Haslam-Stroud. “That includes excessive workloads, more complications and infections for our patients, higher morbidity and mortality rate and readmissions, longer waiting times and poorer health outcomes, such as increased incidences of sepsis, ulcers, blood clots, pneumonia and medication errors. I am confident that with your support, our More Nurses campaign will help us do precisely that.”

ONA members show passersby what Ontario needs during a rally in London in June: More RNs.
Canada’s Nurses Committed to Care

This past summer, I participated in some events that truly sparked an even greater sense of commitment and solidarity among ONA members and Canada’s nurses – elements that are vital to what we will face over the upcoming months. You’ll read about many of those events in this issue.

In June, our delegates to the Canadian Federation of Nurses Unions (CFNU) Biennial Convention attended some inspirational educational sessions about – among other things – how the nurses’ union in Ireland fought back anti-union initiatives. ONA members were also enthusiastic about taking education on how to talk to people about the upcoming federal election and its impact on health care.

The CFNU Biennial Convention wrapped up with a march through the streets of Halifax, calling for more nurses. I was impressed when I later saw photographs taken by a news helicopter – close to 1,000 nurses, wearing white, and united for our patients!

In July, I joined my fellow nurses’ union leaders at the Council of the Federation, where we met with Canada's premiers, including Kathleen Wynne, to advocate for appropriate federal health care funding transfer payments for more nurses and a national prescription drug program.

The good news? We are being heard! The premiers supported our call for 25 per cent federal health care funding for the provinces by 2025. Twenty-five in 25! They are also signing onto a national prescription drug program, putting pressure on the federal government, which will save both money and lives.

As professionals, we have both an obligation and a reputation as patient advocates. We are trusted by our patients and by Canadians, and we know we can have a real impact on policy decisions when we speak out – together.

We have a busy fall! Hospital contract negotiations, launching the next phase of our More Nurses campaign, working together with nurses’ unions across Canada on the federal election, and continuing to roll out our workplace violence prevention campaign. Why? Because all of these issues will mean better workplaces and improved patient care.

I am feeling energized by the solidarity I witnessed and so inspired by this summer, and I know many of you are as well. I invite you to join me in speaking up and being heard as – together – we advocate for safe, quality workplaces for us and our patients!

Les infirmières et infirmiers du Canada se préoccupent des soins de santé

L’été dernier, j’ai participé à des événements qui ont véritablement insufflé un sens de l’engagement et de la solidarité encore plus élevé aux membres de l’AIIO ainsi qu’aux infirmières et infirmiers du Canada, ce qui nous sera essentiel pour passer à travers les prochains mois. Le présent numéro aborde plusieurs de ces événements.

En juin, nos délégués qui ont participé au congrès biennal de la Fédération canadienne des syndicats d’infirmières et infirmiers (FCSII) ont assisté à des séances de formation inspirantes traitant, entre autres sujets, de la façon dont le syndicat d’infirmières et d’infirmiers en Irlande a combattu des mesures antisyndicales. Des membres de l’AIIO ont également suivi avec enthousiasme une formation sur la façon de s’adresser aux gens en ce qui concerne les prochaines élections fédérales et leurs répercussions sur les soins de santé.

Le congrès biennal de la FCSII s’est terminé par une marche dans les rues d’Halifax, réclamant davantage d’infirmières et d’infirmiers.

En juillet, je me suis joints à d’autres dirigeants de syndicats d’infirmières et d’infirmiers pour assister au Conseil de la fédération, où nous avons rencontré les premiers ministres des provinces, dont Kathleen Wynne, afin de réclamer des paiements de transferts appropriés pour le financement des soins de santé de la part du fédéral pour qu’il y ait plus d’infirmières et d’infirmiers ainsi qu’un programme national de médicaments sur ordonnance.

La bonne nouvelle? Nous sommes entendus! Les premiers ministres des provinces ont appuyé notre demande voulant que le financement fédéral couvre 25 % des dépenses en santé des provinces d’ici 2025. Vingt-cinq pour cent en 2025! Ils ont également signé un programme national de médicaments sur ordonnance, mettant ainsi de la pression sur le gouvernement fédéral, programme qui permettra à la fois d’économiser de l’argent et de sauver des vies.

Notre automne sera bien rempli : négocier des contrats avec les hôpitaux, lancer la prochaine phase de notre campagne Plus d’infirmières, collaborer avec les syndicats d’infirmières et d’infirmiers de partout au Canada dans le cadre des élections fédérales et pour suivre notre campagne sur la prévention de la violence en milieu de travail. Pourquoi? Parce que tous ces enjeux sont liés à de meilleurs milieux de travail et à de meilleurs soins aux patients.
Vote for More RNs and the Health Care We Deserve this Federal Election!

Recently-released nursing statistics from the Canadian Institute for Health Information (CIHI) confirm what ONA has been saying for years: Ontario has a chronic shortage of RNs, proving that our More Nurses campaign is needed now more than ever.

The CIHI report shows that Ontario continues to have the second-worst RN-to-population ratio in the country with only 714 RNs per 100,000 people. Just to catch up to the average national ratio would require our government to hire 16,658 additional RNs.

Of particular concern is that Ontario's supply of RNs grew by just 9.2 per cent between 2005 and 2014, while the numbers of RPNs jumped by 52.3 per cent, dramatically increasing the ratio of RNs to RPNs from 27 per cent to 38 per cent. RNs are required to care for the unstable conditions of our complex patients with unpredictable outcomes, and when that doesn't happen, readmission rates rise. We need both RNs and RPNs in the system, but not one nurse classification at the expense of the other solely to drive down expenses, which ironically ends up costing more in the long run.

Nationally, the picture isn't any better. For the first time in 20 years, the number of RNs licensed to practice in the country has fallen— one full per cent— with more nurses leaving the profession than entering it. This has led to patients suffering from more bedsores, sepsis, blood clots, pneumonia and cardiac arrest, and leaves them more vulnerable to medication errors. And again, it's costing us more.

The time is now for the RN cuts plaguing our province to stop and for a multi-year action plan to maintain and hire RN positions. With the federal election approaching, ONA members need to inform yourselves, attend town hall meetings and ask all candidates the hard questions.

What are they going to do about health care funding? Why is the current government decreasing funding to the provinces by $43.5 billion over the next eight years? That's $4.06 billion less to Ontario alone, which equates to 9,200 fewer nurses employed, fewer home care visits, fewer primary care patients and fewer long-term care beds! I know you care because that directly affects your practice and your patients/clients/residents.

A federal government must commit to restoring funding to 25 per cent by 2025, not cutting it. Now is the time to let all candidates know health care is a priority!
ONA to Thank for Improvements for Nurses, Newly Retired Leader Says

A long-standing and recently retired Local leader says wage increases are just the tip of the iceberg of improvements she has seen ONA obtain for nurses since she graduated almost 40 years ago.

“Quite simply, I have witnessed ONA making their lives better,” said former Local 21 Coordinator Dianne Miller, who retired this past March from Clinton Hospital where she spent the majority of her nursing career working part-time, full-time and in job sharing. “While huge, it’s not just about wages anymore. It’s the benefits, it’s the working conditions so we can provide safe quality care. Our schedules are so much better. Health and safety is at the forefront. The public has seen our political action campaigns and is definitely getting there in terms of understanding our issues.”

Miller, who wanted to be a nurse since childhood, certainly knows of what she speaks after becoming active in ONA as soon as she learned about our union back in 1977.

“I went to my first meeting really to meet people, but because we are a small Local, everyone took a turn (on the executive), so I was secretary first, then vice, and then it was my turn to be the president. Once I did it though, I got hooked. I liked being involved in the bigger picture.”

Speaking Out
For Miller, who has been Local 21 Coordinator for 16 years, that meant a daily routine of “putting out fires” for members and referring them to others, if needed, booking and holding Local meetings, mentoring new nurses, and lobbying her employer on working conditions, including the model of care she said was unsafe for patients.

“Someone needs to speak out because nurses are defeated. We are a small rural hospital and our issues are unique. While I’ve never been comfortable public speaking, I am passionate about the issues and I have become bolder,” said Miller, who added that being on the Hospital Central Negotiating Team twice and the Provincial Coordinators Meeting/Biennial Convention Design Team also helped bring her out of her shell. “I also encourage members to stand up for your rights and put in workload forms. It will make a difference. If you are seeing unsafe patient care and you are unable to meet your College standards, you need to do something about it. If it’s unsafe for patients, it’s unsafe for you.”

Addressing Apathy
As she reflects on her career, Miller believes apathy amongst members is something “we need to talk about” so they don’t just get involved in our union when there’s a problem.

“At my hospital, we’re mostly over 55 or under 30 with young kids, and we’re tired,” she said. “But I tell young members that I had a young family once and I did it and you can do it too. With the way working conditions are, members need our union and they need to be involved. They need to know their contracts. I took our younger nurses to provincial meetings where they learned so much and they left in awe of what we do. Those meetings are the biggest learning curve we have and they even renew seasoned leaders! But we need members to attend Local meetings too and take responsibility. And, most important, we need to get people who have an inkling about getting involved and mentor them. I’m worried about that being lost.”

Keeping ONA Close
Miller said the thing she misses the most since retirement is the people she worked with, adding, “I wouldn’t give back what I’ve done all these years for anything. Yes, there was so much to learn, but I took a lot of ONA education. The guidance of my fellow executives and ONA President Linda Haslam-Stroud and First Vice-President Vicki McKenna was huge and I thank them for helping me grow as a leader and a person.”

Now, the mother of three spends her days walking at least five miles, hanging out with her eight grandchildren and golfing in a ladies’ league. And while she may have left ONA, ONA has certainly not left her.

“I will continue to follow my union,” Miller concluded, noting she has helped mentor new Local Coordinator John Lowe (“he’s doing a great job”) and will always answer any questions he may have. “I still visit the ONA website. I went to the last Biennial Convention and the Area Coordinators Conferences so I could see all the Bargaining Unit Presidents. I’m not ready to give ONA up completely.”

“I graduated wearing white and I went out wearing white!” Local 21 Coordinator Dianne Miller jokes about her farewell tea in the cafeteria of Clinton Hospital on March 19, 2015. “Members told me I made a big difference, which I don’t think I ever realized, and it meant so much to hear them say that. It was very difficult to say goodbye, but I will always be involved in ONA in some way.”
The following story was told to *Front Lines* by one of our community care access centres (CCAC) striking members. We have not included her name to protect her privacy.

I met all sorts of people from ONA’s provincial office, learned what they do and the wonderful support they provide to members, both during regular business operations and during the strike. I am very grateful for the contributions ONA made towards supporting ONA members during the strike.

I am married with two children. We are a single-income household in that my husband has health issues, requires medication and has not worked in some time. My oldest child is diabetic and needs medication and administration supplies for her disease, which are all paid for by my benefit plan. Knowing that she was still going to be covered for her medication and supplies because ONA was paying the insurance premiums was a great relief to me.

I mostly live pay cheque to pay cheque. To vote to strike was one that I had to really think about, as it was going to have a large impact on my family. But I truly felt that striking was a way in which I could demonstrate for myself and for my children that sometimes to gain the respect that you deserve, you need to fight for it and sometimes sacrifice.

I was grateful for the ONA emails with templated forms and letters that could be sent to the bank to delay payments for mortgages and utilities. I was also grateful for the Adopt-a-Strike-Line fund. Honestly, that money is what fed us for the first two weeks when I returned to work until I received a pay cheque. I had the wonderful support of my family and friends, but knowing that I did not have to ask for assistance after returning to work was a great relief.

I truly would like to thank the other ONA Locals and members that contributed to the Adopt-a-Strike-Line fund and supported us during our strike. Your generosity was deeply appreciated.

I learned so much during this experience, especially that great things can be achieved when there is solidarity.

**“Great things can be achieved when there is solidarity”**

CCAC Member Grateful for Support

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**Attention Region 4 Members:**

**ONA Hamilton Office Moving**

If you are a Region 4 member served by ONA’s Hamilton (Dundas) office, you’ll want to take note of this: Effective September 1, 2015, that office is relocating. The new address is 55 Head Street, Suite 306, Dundas, ON L9H 3H8. The telephone number (905) 628-0850 and fax number (905) 628-2557 will remain the same.

**New Hospital Team Elected**

ONA members in the hospital sector have chosen a strong new team to represent their bargaining priorities during the upcoming round of central negotiations.

The 2016 Hospital Central Negotiating Team, elected through mail-in ballot this past June, is as follows:

**REGION 1**

- Full-time: Rhonda Millar, Local 20, North Bay Regional Health Centre.
- Part-time: Colleen Morrow, Local 73, Thunder Bay Regional Health Sciences Centre.

**REGION 2**

- Full-time: Cathryn Hoy, Local 99, Kingston General Hospital.
- Part-time: Bernadette Robinson, Local 49, St. Francis Memorial Hospital.

**REGION 3**

- Full-time: Sandra Bolyki, Local 97, University Health Network.

**REGION 4**

- Full-time: Angela Preocanin, Local 75, St. Joseph’s Healthcare, Hamilton.
- Part-time: Donna Bain, Local 75, St. Joseph’s Healthcare, Hamilton (acclaimed).

**REGION 5**

- Full-time: James Murray, Local 100, London Health Sciences Centre.
- Part-time: Joanne Wilkinson, Local 100, London Health Sciences Centre (acclaimed).

We would like to congratulate the successful candidates, and thank all members who put their name forward for their interest in this election. The new team will be oriented this fall in preparation for upcoming bargaining. Be sure and log onto [www.ona.org/bargaining](http://www.ona.org/bargaining) for frequent updates.
With a string of recent successes under our belt, which stem from the credibility our union has built over the years with the government, our employers, arbitrators, our patients/clients/residents and the public, delegates of the June Provincial Coordinators Meeting heard that ONA is making tremendous strides when it comes to protecting our profession and safe quality patient care.

“It’s been a tough time for our members,” ONA President Linda Haslam-Stroud said in kicking off the meeting, hosted by Region 5 at the Four Points by Sheraton in London from June 10-11, 2015. “You are dealing with increasingly complex issues on the front lines while your positions are being eroded. But there is much to be optimistic about. We have had significant wins in the areas of WSIB, litigation, bargaining, communications and human rights and equity – to name a few. Unions across the country have not only taken note of these victories, they have thanked ONA for paving the way. International nursing organizations are looking at how we are able to improve workplaces by ensuring our professional standards are met while respecting our collective agreements. And when it comes to the important issues of the day, the government turns to ONA for our expertise. We are making a difference with these wins and we will continue to achieve them because ONA is a powerful, united union that doesn’t back down!”

That message was echoed enthusiastically by guest speaker Ontario Health Coalition Director Natalie Mehra, who spoke about how critical nurses have been to the movement to protect public health care, both within your Bargaining Units and your broader communities.

“You have changed the course of policy for health care because every time we lobby hard, we win,” she said. “We have stopped hospitals, units and beds from being closed. When nurses talk, the public listens. And when the history books are written about these events, you will be known as the heroes who saved public health care.”

Canadian Nursing Students’ Association (CNSA) Ontario Regional Director Kendra Davis also commended ONA for leading the way for nursing students through our lobbying efforts on their behalf and our “incredible support,” adding that she looks forward to the collaboration between ONA and CNSA continuing to flourish.

Following a lunchtime leafletting event where delegates took to the streets near the Victoria site of London Health Sciences Centre to let passersby know what cuts to health care and RNs really mean, First Vice-President Vicki McKenna, who was acknowledged by Local 100 for receiving the Canadian Federation of Nurses Unions Bread and Roses Award the week before (see pg. 15), said that
while ONA does an excellent job of lobbying at the provincial level, “political action from our members in your communities, along with bringing your workload discussions to your employers’ tables, is really winning the battles for us.”

With a slew of headlines splashed across Ontario newspapers lately claiming patient health information was inappropriately accessed, ONA General Counsel Elizabeth McIntyre also highlighted the Personal Health Information Protection Act, ramifications of a breach of the duty of confidentiality, and tips for delegates to safeguard their practice, cautioning them to both “be aware and beware.”

The week, which also included some much-needed down time so delegates could get to know this corner of the province a little better, concluded on June 12 with a highly informative and interactive education session on leadership, featuring presentations by experts from the Broadbent Institute.

Full highlights of the meeting are available at www.ona.org. Our PCM Précis wrap-up video is also available on the ONA YouTube channel at www.youtube.com/ontarionurses.
ONA News

ONA Provincial Elections Coming this Fall

The election to determine who will form the next ONA Board of Directors is just around the corner and we want to make sure you’re ready to have your say.

Up for election this year are the positions of President and First Vice-President (the term of the five regional Vice-Presidents does not end until 2016). All members with entitlements are eligible to vote, once again through the televote system.

Televoting – or voting with the keypad of your telephone using a series of easy-to-follow prompts – is fast, accurate, completely confidential and can be done from the comfort of your own home. It only takes about three or four minutes. You will be able to vote for the candidate of your choice as soon as you receive your nomination package in the mail this fall, which contains information about the candidates and what you need to access the televote system – right up until the vote closes at 2400 hours on November 1, 2015. Results will be made available soon after the televote closes on our website and published in the following issue of Front Lines.

The next issue of Front Lines will contain information on the candidates running, and election information will also be posted on the ONA website at www.ona.org/ONAelection in the days to come.

ONA Presents to World Nurses

ONA has showcased to global nursing organizations how our union is leading the charge when it comes to ensuring the health of our members and the care of our patients/clients/residents at the recent International Council of Nurses 2015 Conference.

Under the theme, Global Citizen, Global Nursing, nurses from around the world gathered in Seoul, Korea in June to listen to renowned guest speakers, attend workshops on key topics, participate in professional visits to learn about nursing practice and health care in that country, and explore a commercial and professional exhibition.

During the conference, ONA President Linda Haslam-Stroud and our General Counsel Elizabeth McIntyre presented the abstract, Protecting the Human Rights of Nurses with Mental Health Disabilities and Addictions while Safeguarding Patient Care.

The well-received session examined the experiences of, and often discriminatory repercussions for, front-line nurses with mental health disabilities and addictions, detailing ONA’s workplace measures and legislation initiatives to help these nurses successfully transition back into the workplace.

First Vice-President Vicki McKenna also spoke to delegates on the abstract, Safeguarding Patient Safety through Responsible Workforce Design, which reviewed the actual and potential impacts of cost-cutting measures on delivery of care, patient safety and practice environments, proposing recommendations for responsible workforce design that safeguards patient safety and quality delivery of care.

“The fact that ONA was chosen to speak before these global leaders and nurses is a testament to how respected we are not just in our own province and country, but throughout the entire world,” noted Haslam-Stroud. “They are looking at how we are able to improve workplaces by ensuring our professional standards are met while respecting our collective agreements. We really are leading the way.”
In a statement at the Council of the Federation meeting this past July, Canada’s premiers strongly supported nurses’ call for the federal government to commit to increase the Canada Health Transfer to a minimum of 25 per cent of all health care spending by provinces and territories.

The statement followed a briefing by the Canadian Federation of Nurses Unions and two economists, revealing a new study that shows reductions in federal health transfers are greater than first feared, leading to increased strain on provinces already struggling to sustain Canada’s public health care system.

The study, *The Canada Health Transfer Disconnect: An Aging Population, Rising Health Care Costs and a Shrinking Federal Role in Funding*, argues federal support for health care will drop from the current range of 22 to 23 per cent to 19 per cent by 2024-2025, cutting more than $43.5 billion in health care transfers over this period compared to the previous Health Accord transfers. (The previously estimated $36 billion funding shortfall has jumped to $43.5 billion because of lower GDP growth estimates, which the federal government has linked to health transfers.)

“We are pleased that the premiers listened to this critical call from the nurses of our country, including those represented by ONA, who know full-well what the disastrous ramifications of these cuts will be on patient care across the country,” said ONA President Linda Haslam-Stroud, who attended with leaders of our provincial nursing union counterparts and also met with Ontario Premier Kathleen Wynne. “Now we need the federal government to stand up too and show commitment and leadership on health care.”

Also during the meeting, the premiers signed onto a national pharmacare program, something nurses have been wanting for years, putting additional pressure on the federal government.

**ONA Counterpart Unveils Innovative Education Centre**

*British Columbia Nurses’ Union (BCNU) President Gayle Duteil (right) and Vice-President Christine Sorensen cut the ribbon on the union’s new five-storey Education Centre during a grand opening attended by more than 200 members, council and dignitaries on June 11, 2015. Bringing the education of BCNU members and activists to the forefront, the centre is partnering with Queen’s University in Kingston for a certificate in Labour Relations.*

**ONA wins Prestigious Campaigns, PR Daily Awards and Others**

ONA has been recognized for its outstanding communications work by a number of awards organizations for international communicators.

In a diverse field of nearly 1,900 entries, ONA’s online video, “Report Hazards – Unsafe Workplaces Hurt Patients Too” was one of just 82 2015 Grand Award winners from APEX. Judges praised our video as being “very persuasive, very cogently argued, and, in the end, very effective.”

ONA’s media-focused newsletter, *Behind the Front Lines*, was honoured as a runner-up for “Best Pitch” in the prestigious PR Daily Awards. The competition was fierce with hundreds of entries from communication professionals and agencies worldwide vying for the honour.

ONA also won three “Polie Awards” from the prestigious American Association of Political Consultants (AAPC). ONA won Best Use of Direct Mail Gold awards for “Tim Hudak’s Plan” and “Is Your Family’s Health at Risk” and Bronze for our “More Nurses” campaign.

Our *Front Lines* magazine was also recognized, receiving an award for excellence in the “Magazines, Journals and Tabloid – Print” category.

Our “More Nurses” campaign won the silver award for a “multiple-media campaign” at the Summit Creative Awards.
As part of its commitment for an additional 80,000 hours of nursing care (about a one per cent increase), the government is proposing to amend Regulation 386/99 under the Home Care and Community Services Act, 1994 to increase the maximum amount of nursing services that community care access centres (CCACs) may provide to clients. Under the proposed new nursing service maximums, the maximum number of visits from an RN, RPN or RN in the extended class (RNEC) would increase from 120 visits to 150 visits in a 30-day period. As well, the number of hours for RN, RPN and RNEC nursing services in a 30-day period would increase for each classification and/or in combination. The proposed amendments also allow for discretion by CCACs in extraordinary circumstances to provide more than the maximum nursing visits or hours of care to specified clients. While ONA is supportive of additional nursing hours in home care, we believe care coordinators should determine hours of nursing service based on client need not service maximums, and should be the CCAC professional who has the discretion to provide more than the nursing service maximums to clients in the extraordinary circumstances outlined in the proposed amendments. We also believe the proposed nursing service maximums are proportionately higher for RPNs than for RNs and this is not the appropriate nursing classification for clients with complex and unpredictable needs. To read ONA’s entire submission, log onto www.ona.org/submissions.

Up to $47.8 million will be invested by Ontario to construct a new three-storey building and renovate part of the existing hospital building at St. Joseph’s Care Group’s (SJCG) main hospital site in Thunder Bay. The new wing of St. Joseph’s Hospital will offer 38 inpatient beds, outpatient programs, community support services and videoconferencing to enhance access to specialized mental health care across northwestern Ontario. The Specialized Mental Health Program will provide programs and services for people with mental illness or who require related services such as active and long-term psychiatric rehabilitation and geriatric psychiatry. The project is the final phase to accommodate the transfer of the Specialized Mental Health Program from the Lakehead Psychiatric Hospital site to the St. Joseph’s Hospital site. SJCG currently has 224 beds at its main hospital site and about 40 specialized mental health beds at the Lakehead site. When the project is complete, all specialized mental health beds will be located at the main hospital site, which will have a total of 262 beds. Construction is expected to reach substantial completion by May 2017.

The government has passed the Making Healthier Choices Act, which will help people make healthier food choices through the posting of calories on menus, and will protect youth from the dangers of tobacco and the potential harms of electronic cigarettes. Specifically, the act:

- Requires calories for standard food and beverage items, including alcohol, to be posted on menus and menu boards in restaurants, convenience stores, grocery stores and other food service premises with 20 or more locations in Ontario.
- Requires regulated food service premises to post contextual information to help educate patrons about their daily caloric requirements.
- Authorizes inspectors to enforce menu labelling requirements.

The new legislative measures will be implemented over the next two years.

The province is moving forward to appoint its first Patient Ombudsman to help people who have an unresolved complaint about their care at a hospital, long-term care home or community care access centre. The Patient Ombudsman will be selected via a three-stage process:

- Stage 1: Identify key skills, competencies and training of a Patient Ombudsman. This stage will include a public consultation.
- Stage 2: Assess, select and recommend a Patient Ombudsman.
- Stage 3: Finalize the appointment.

The term of the Patient Ombudsman’s appointment will be five years, with the possibility of reappointment for an additional five-year term.

New regulations under the Excellent Care for All Act will strengthen the patient relations process in public hospitals. Once in force on September 1, 2015, new regulations under the act will require public hospitals to:

- Uphold minimum standards for how patient complaints are managed.
- Engage patients and their caregivers in designing, reviewing and maintaining the hospital’s complaint processes.
- Choose a staff member to oversee the patient-relations process, and present internal reports on patient relations to the hospital’s Quality Committee at least twice a year.
- Engage patients and their caregivers when developing Quality Improvement Plans.
Should I Sign an Employer Policy?
And other hot topics regarding your contract

With this issue of Front Lines, we are introducing a new section called, Your Contract, where we will highlight hot topics, interpret sections and provide examples from your collective agreements, answering a few questions members have posed to us along the way.

“This new section should help you better understand the key areas of your contracts and where there are violations, the tools that are available to help protect your practice and the quality of care you are able to provide,” said ONA President Linda Haslam-Stroud. “I also hope you will clearly see the gains we have made and how our strategies are resulting in meaningful successes at the negotiating table.”

Basic Cardiac Life Support (BCLS) certification/recertification

A recent hot topic is changes to the cost and time to attend certification or recertification where BCLS is mandatory.

The Heart and Stroke Association has recently changed the BCLS online pre-test to require a new $30 USD payment. While the recertification process has always included a pre-test, prior to 2015, this online test could be completed at no charge. Many hospitals then completed the recertification process in-house or had the process done by an outside provider.

The hospital collective agreement sets out that all mandatory education is to be paid by the employer. Therefore, if the pre-test is part of the mandatory BCLS process, it is to be paid by the employer as well. Some organizations offering BCLS have adjusted their costs, building in the pre-test fees.

Where hospitals are making nurses/employees pay for this pre-test, contact your Bargaining Unit President to discuss filing a grievance under Article 9.07.

Employers refusing to discuss Professional Responsibility Workload Report Form (PRWRF) when issue not first discussed with manager (Article 8)

A number of hospitals are taking the position that failure to follow the Professional Responsibility process outlined in Article 8 renders the process null and void. Specifically, the employers are alleging that nurses are not complying with the discussion phase with their direct supervisor in Article 8.01 (a) iii) prior to submitting the form under 8.01 (a) iv).

At Humber River Hospital, the employer submitted a management grievance on this issue, which is now the subject of arbitration.

There was an Independent Assessment Committee (IAC) convened to address a number of complaints that were put on hold by the IAC chair until the arbitration is completed. This has now put a number of other workload complaints on hold, which were to proceed to an IAC.

ONA is encouraging members to discuss issues with their supervisor/manager prior to submitting the PRWRFs to provide them with an opportunity to resolve issues at the time of occurrence. Members have the right to have a union representative with them during the discussion.

There is nothing in the collective agreement language that would support this employer position; however, it is important that your workload issues are being addressed. If an employer refuses to discuss any issues related to a member not following this provision, you should contact your Bargaining Unit President to discuss filing a grievance. Shame on hospital employers for refusing to discuss our patient concerns at an IAC.

Requirements for employees to sign an Employer Policy

Recently, a hospital requested that the RNs in their employ sign a “Charter Rights Commitment.” This issue is similar to nurses being required to sign confidentiality agreements.

Nurses are not required to sign this document, and the new Charter will be addressed with the employer and may result in grievances. It is ONA’s position that all regulated health professionals are held to the standards of their regulatory colleges and should not be required to sign these types of commitments with their employer.

This holds true for all members, not just those covered by the hospital central collective agreement.
Delegates at the recent Canadian Federation of Nurses Unions (CFNU) Biennial Convention have voted overwhelmingly to lobby the federal government to reach a new deal on health care with the provinces and territories to ensure safe quality patient care, which will be heightened during the upcoming federal election.

The resolution, prompted by the failure of Ottawa to renegotiate the 2004 Health Accord, was one of many put forth by the CFNU National Executive Boardaffiliate provincial nursing unions and passed during the convention, held at the Halifax World Trade and Convention Centre from June 1-5, 2015. Other resolutions were in support of a safe and inclusive seniors' agenda, pharmacare and childcare programs, emergency preparedness, and violence and bullying prevention in the workplace.

More than 1,000 delegates from nursing unions across Canada, including approximately 200 from ONA, attended the CFNU convention under the theme, We’ve Got the Power: Making a Difference. The convention was hosted by the Nova Scotia Nurses Union, which also planned plenty of sightseeing events for after-hours so delegates could explore this beautiful part of our country.

The week kicked off with a series of workshops on a wide variety of hot topics, such as addictions, nurse activism, social media and leadership. ONA staff led sessions on the link between nurses’ workplaces and their standards of nursing practice, and post-traumatic stress disorder in the nursing profession. Full plenary panel presentations focused on both a national and international perspective on health care.

Peppered throughout the convention were passionate addresses by Me to We founder Craig Kielburger, who spoke at ONA’s Biennial Convention last November, National Chairperson of the Council of Canadians Maude Barlow, former Canadian Patient Safety Institute CEO Hugh MacLeod, and Canadian Labour Congress President Hassan Yussuff.

The CFNU officially launched its federal election campaign during the convention, which included a mass rally, where ONA President Linda Haslam-Stroud spoke about the need for more RNs and for nurses to be vocal this election to ensure that health care is on the ballot, and a special education session ONA staff helped facilitate to
at CFNU Biennial Convention

show delegates exactly how to speak out (see insert in this issue for more information on the federal election). We also marched in solidarity with striking workers from Halifax Water, represented by the Canadian Union of Public Employees, on an appropriately rainy day (the 53-day strike has since been settled).

Incumbent CFNU President Linda Silas and Secretary-Treasurer Pauline Worsfold were acclaimed during the convention.

“I am very proud of the work nursing leaders across the country accomplished during the convention in helping set CFNU’s direction for the next two years and advancing nursing and patient care, and for our incredible show of solidarity,” said Haslam-Stroud. “We have a lot of work to do, but we came away empowered, energized and determined to get it done.”

Additional information on the convention is available on the CFNU’s website at www.nursesunions.ca.

ONA First VP Receives CFNU’s Highest Honour

ONA First Vice-President Vicki McKenna (second from right) has been named a 2015 recipient of the CFNU’s Bread and Roses Award for her outstanding contributions to policy and decision-making, raising public awareness, lobbying governments and educating members. In an emotional acceptance speech during the CFNU Biennial Convention in Halifax, McKenna, who holds the ONA portfolio of political action and professional issues, acknowledged that she was surprised, honoured and overwhelmed to receive the award, noting that “ONA is a leading voice with nursing colleagues across Canada, the government and other nursing associations and unions. We will not be silent partners; the objectives of our members are front and centre.” Added ONA President Linda Haslam-Stroud (left), who received the Bread and Roses Award in 2013 when ONA hosted the last CFNU Biennial Convention in Toronto, “Vicki is a tireless and passionate advocate for health care and nurses in Ontario and in Canada. She is an exceptional leader and an ardent spokesperson on behalf of quality patient care and our highly skilled and dedicated RNs and allied health professional members. It has been my privilege to work alongside Vicki for more than 10 years.” Also pictured are CFNU President Linda Silas (right) and Secretary-Treasurer Pauline Worsfold (second from left).
**Student Explains the Importance of ONA for Nurses**

In our continuing series highlighting the five recipients of ONA’s Nursing Scholarship, which provides $1,000 to assist students in accredited nursing programs cover the expenses of their education, Victoria Welk, daughter of Local 137 member Tammy Welk, explains in her essay what ONA means to her.

As a student entering a nursing degree program for the first time, I feel very fortunate to have such a supportive and dynamic union representing me. Without ONA, nurses would be fighting for workplace safety and fairness. Nurses would be struggling to make ends meet. Nurses would not have a voice.

In 2008, ONA recognized that nursing students are the future of our profession and our union. As quoted by our ONA President, Linda Haslam-Stroud, “Our nursing students of today are the nursing leaders of tomorrow. They are our future and will carry the torch for ONA and patient care for the next generation.” Currently, most nursing students in our province are automatically affiliated members of ONA. With ONA’s guidance, I believe that the next generation of nurses will be strong union activists and workplace representatives in the future.

ONA has been instrumental in advocating for nurses in Ontario. This was most recently evident in the provincial election commercials that were in the media last year.

As the commercials revealed, research has shown a direct link between the number of RNs and quality of patient care. The campaign successfully portrayed everyday nursing care needs, such as cardiac care, injuries in the elderly, as well as a child suffering an asthma attack. The question I ask myself is why is the Ontario government cutting registered nurse positions and putting patients at risk?

I will join with other students regarding this important cause and advocate with ONA for the benefit of all nurses in Ontario.

**Victoria Welk**
don’t have expertise in autism, ATP, which is the only autism-specific program in the area, also relies on Autism Ontario to help with training and marketing, and advisor Dr. Jonathan Weiss, a York University professor who specializes in autism-treatment research. And the formula appears to be working.

“One participant’s family won’t take him out in public for fear of embarrassment because there’s a lot of stigma associated with autism,” said Chan. “But he is so happy to come to us every week. By bringing in volunteers, our participants can connect with someone their own age that they may have shared interests with. I see them making friends and coming out of their shells.”

Because ATP is so successful – and thanks to a recent grant of $25,000 from the Laidlaw Foundation’s Youth-led Community Change Program – a second chapter opened in Waterloo this June, with another slated for Richmond Hill in the fall. While ATP currently serves more than 70 teenagers and their families across Ontario in partnership with over 30 volunteers, Chan, who has spoken about his work at several conferences such as the Canadian Nursing Students’ Association’s regional and national conferences, said his long-term goal is to expand his program in both big cities and rural communities across the country.

“Even though we are students, we are able to show that we can run these programs for a moderate budget and have a great affect on the community,” said Chan, who hopes to land a job as a public health nurse like his mother. “It’s a win-win because parents get respite from being burned out, participants practice their social skills, and volunteers get exposure to autism, which helps with their future professional careers. Everything I do around autism I refer to as my ‘labour of love’ because it comes from a special place in my heart with my brother and family.”

For more information on ATP, log onto www.autismteenagepartnership.org.

Using a powerful display of a skeleton laying on a hospital bed surrounded with bloody daggers to bring home the point that hospital cuts kill, approximately 200 protestors, including Region 5 Vice-President Karen Bertrand and ONA members, converged outside of London North Centre MPP Deb Matthews’ London constituency office on June 26 for southwestern Ontario’s Day of Action.

The event, the final of four initial Days of Action instigated by the Ontario Health Coalition across the province this spring and summer, raised awareness about severe hospital cuts and the threat of privatization of home care and hospital services. Matthews’ absence that day didn’t deter the demonstrators from waving signs with an array of messages and red foil balloons, singing songs and chanting.

“Depriving our hospitals of much-needed funds to provide services is untenable and causing patient care and patients’ health outcomes to suffer,” Bertrand told the crowd as she outlined cuts to the tune of $32 million in southwestern Ontario in areas such as vascular cardiology, mental health, intensive care, oncology and stroke rehabilitation. “Our hospitals are supposed to be here to care for our communities when we need it. And yet, we are experiencing nursing layoffs and many thousands of hours of nursing care lost to our patients. Hospitals should never cut at the bedside. ONA will continue to advocate for safe patient care because our patients expect and deserve the excellent care we deliver.”

SAVE THE DATE!

OHC Health Action Assembly Coming this Fall

The Ontario Health Coalition is holding its Annual Health Action Assembly and Conference in Toronto this November – and you are invited!

This is an excellent opportunity for you to help shape the future direction of health care, as participants design an action plan during the assembly, which is essentially a blueprint of the campaigns the OHC and its members, including ONA, will embark on next year.

The assembly will be held on Saturday, November 21 at the Church of the Holy Trinity, 10 Trinity Square (behind the Eaton Centre) and the conference will take place on Sunday, November 22 at Metro Hall, 55 John Street, in downtown Toronto. The price is on a sliding scale per day ($0 to $40) to support the work of the OHC.

Further details on the assembly and conference, including registration information, are available on the OHC’s website at www.ontariohealthcoalition.ca.

We hope to see you there!
Violence in the Workplace is “Systemic,” Member Warns

Violence in the workplace is the “ugly, dirty little secret of health care” in all sectors, Royal Ottawa Mental Health Centre Bargaining Unit President Debbie McIntosh says.

As her Bargaining Unit’s Health and Safety Network contact and worker co-chair of the Joint Health and Safety Committee, McIntosh hears the horror stories from her front-line nursing staff members almost daily.

“Nurses are being punched, bitten and kicked,” she said. “We are dealing with violence, but we have inadequate training and lack of support. We receive some non-crisis intervention training that teaches de-escalation techniques, but it’s not enough as it does not prepare us to deal with the level of violence we are being exposed to. Instead of being nurses, we are having to intervene with no adequate training as if we were security guards.”

One nurse with 20 years of experience was working with a patient who became agitated and was placed in a chair with restraints tied in the front. He started to cooperate, but when the nurse reached for the restraint, the patient smashed her in the nose. The nurse went to Occupational Health, which advised her to go to the emergency department, but she chose not to leave because her unit was down a nurse and there was no replacement. She worked with the patient who had hurt her for the remainder of the shift, and continues to feel vulnerable and anxious since the incident.

There are a number of outstanding charges against Royal Ottawa filed by the Ministry of Labour (MOL) for incidents that took place in July 2012 at the Ottawa site and October 2014 at the Brockville site.

The MOL is also currently investigating work refusals from December 2014 and February 2015 filed by a worker who feels he was inadequately trained to deal with an aggressive patient.

“No one here has the training to deal with the type of violence we are seeing,” said McIntosh. “Unfortunately, our managers don’t seem to understand the level of violence we are experiencing. Instead of calling it violence, it is sometimes minimized as ‘resistance to care.’ Explain that to the nurse with the broken nose.”

McIntosh said violence in the workplace is systemic and that employers and the government must recognize it exists and take the proper measures to deal with it, including adequate staffing and appropriate training.


As we told you in the last issue, ONA has launched a violence prevention campaign to help eliminate or reduce the number of violence incidents our members and health care professionals experience in their workplaces.

We want to remind you that to help us reach that goal, we need you to please tell us your stories and report all workplace violence incidents, including threats, assaults, injuries and hazards that may contribute to violence (you’ll find a handy reporting form in our July issue of Front Lines on page 16, downloadable from our website at www.ona.org under publications).

Your employers, who have the legal duty to protect workers, need to be made aware of all workplace hazards and act on them, and the Ministry of Labour and the Ministry of Health and Long-Term Care must understand how serious this problem is so preventive measures for worker protection and patient safety can be properly funded and enforced.

For more information on our campaign, including resources, statistics and personal member stories, log onto www.ona.org/violence.
If your Workplace Safety and Insurance Board (WSIB) claim has been denied, don’t despair. Assistance is just a call or email away!

If you receive a copy of a denial letter from the WSIB, we encourage you to contact ONA’s WSIB Intake Line to discuss the facts of your case (see box below for contact information). The merits of your individual claim will be determined by an assigned WSIB Labour Relations Officer (LRO) after reviewing your WSIB file. The team’s target is to review all new WSIB files within 60 days of receiving the individual file.

ONA has been very successful in representing our members in WSIB appeals. In accordance with ONA policy, there are some situations (albeit limited) where ONA may not be in a position to represent you.

The WSIB Team is available to answer inquiries from all ONA members and staff. Please stay safe!

Has Your WSIB Claim been Denied?
ONA Can Help!

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How to Contact the WSIB Team

You can 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.

Extended Health, Optional Hospital, and Dental Care Plans

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

60-Day Open Enrollment

As a new Member or if you are losing coverage, you can automatically enroll in the EHC plan without providing medical evidence (subject to being actively at work) and the Dental plan without limitation, if you apply within 60 days of:
- the first day you became an ONA Member;
- the day you lost coverage due to a change from full-time to part-time status;
- the day you lost coverage due to retirement; or
- the day you lost coverage under your (your spouse’s) employer benefit program, or any other group plan.

To learn more, contact the ONA Program Administrator.

Johnson Inc.
1595 16th Ave., Suite 700
Richmond Hill, ON L4B 3S5
(905) 764.4959 (local)
1.800.461.4155 (toll-free)
A question has arisen as to whether a full-time nurse can receive pensionable earnings for overtime under the Healthcare of Ontario Pension Plan (HOOPP).

Under the HOOPP plan text, any employment earnings received for working “overtime” are not pensionable. However, the HOOPP Administration Manual expands further on the subject of overtime and states that contributions should be deducted from earnings related to straight time pay, including pay for overtime, up to full-time hours.

In this context, for HOOPP purposes, overtime is classified as any pay for earnings that exceed regular full-time hours or an additional amount paid above the regular hourly rate for working a specific shift. In other words, contributions should be deducted on any straight-time pay up to full-time hours (i.e. 1,950 hours), but contributions should not be deducted on earnings received for any additional hours exceeding full-time hours or on any pay exceeding an employee’s regular hourly rate of pay.

If a full-time nurse has not received a full year of service (52 weeks) in a calendar year due to scheduling issues, the nurse may request that contributions be deducted for HOOPP based on the earnings received for working those additional shifts so that she/he is credited with full service.

At the end of the year, and after receiving her/his HOOPP pension statement, where the nurse has less than full credit for that year, she/he should speak to the employer first. If this is unsuccessful, she/he can write to HOOPP directly and ask to have the additional tours considered for pensionable earnings. These may be shifts that were worked as an extra weekend, a call-in shift or an unscheduled tour of some kind.

HOOPP would then investigate the situation and make a decision whether the additional hours and earnings should be pensionable and whether additional contributions are required from the employee and her/his employer. If requested, and if it is agreed the issue has merit, ONA may assist a nurse in writing the letter to HOOPP.

Unfortunately, arbitrators have ruled that the union is not able to grieve these types of pension-related issues under the collective agreement.

NOTE: This answer is being provided as a guide only to the question asked. It is not meant to give pension advice, nor is it intended to interpret HOOPP policy.

Great news! Effective October 1, 2015, all part-time and non-full time employees who are employed by Healthcare of Ontario Pension Plan (HOOPP) employers will have the option to join the plan immediately, the HOOPP Board of Trustees has recently announced.

As a result, it is no longer necessary for part-time or non-full time employees to work 700 hours or earn 35 per cent of the yearly maximum pensionable earnings in a year to qualify for entry into the plan. Every year is important when building a pension and the HOOPP Board expects that this change will prove to be a significant improvement for those entering the plan.

“The majority of full-time ONA members belong to HOOPP and this milestone change is an important opportunity for your part-time colleagues to begin contributing towards a stable and secure income in retirement,” said ONA President Linda Haslam-Stroud, who sits on the HOOPP’s Board of Trustees along with ONA Director/Chief Negotiator Dan Anderson. “Your future is in good hands!”

For more information about this change and HOOPP in general, log onto www.hoopp.com.
New on the ONA Website: Human Rights and Equity Observances

In an effort to further promote equity issues, ONA’s Human Rights and Equity Team is putting an additional focus on six major days of observance.

For each of these observances, ONA will develop tailored information and a number of resources that will be easily accessible on the ONA website. Well-designed posters will be created for each of the six observances and are among the resources available to members.

To find out more about the observances, please visit the ONA website at www.ona.org and click on the Human Rights and Equity tab.

ONA-designated Observances

- International Women’s Day – March 8.
- National Day of Mourning – April 28.
- Pride – Third week in June (various dates across Ontario).
- Labour Day – First Monday in September.

Apply for Human Rights and Equity Caucus Subsidy

Mark your calendar!

ONA’s 2015 Human Rights and Equity Caucus will be held on Tuesday, November 17 at the Sheraton Centre in Toronto. The Caucus will consist of a guest speaker, breakout sessions for ONA’s five Equity groups and the Friends and Allies group, and an education session under the theme, Challenging Racism in the Workplace.

A limited number of subsidies are available to ONA members with entitlements. Information about Caucus subsidy applications has been sent to Bargaining Unit Presidents, Local Coordinators and HR&E Representatives/Advocates and is posted on the ONA website at www.ona.org under Human Rights and Equity. The deadline to submit your subsidy application is Friday, September 18, 2015.

Additional information about the Caucus will also be available on our website in the fall.

Pride in our Stride!

The weather might not have fully cooperated, but nothing could rain on this parade! For the first time in recent memory, dark skies loomed overhead at the onset of Toronto’s Pride Parade on June 28, 2015, but soon parted, as a large contingent from ONA, including Board members, Local leaders, members and staff, rode and marched alongside our beautifully decorated float adorned with the vibrant colours of the rainbow flag. But Toronto wasn’t the only place where Pride celebrations took place this summer. From London to Thunder Bay, members across the province participated in special events in their own communities, proudly demonstrating that as an inclusive organization committed to equality, diversity and human rights, ONA is a strong supporter of Pride events.
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.

**WSIB**

**Members should not be penalized for following doctor’s advice**

On August 15, a member suffered a serious upper back and neck strain while assisting a heavy patient to dress. She saw her family doctor the same day who authorized her off work.

The next day, the employer made a verbal, then written offer of modified work, which included assisting other RNs with medication, taking blood work and charting data. The activities were self-paced and the worker could sit or stand as needed. As of August 22, the employer altered its offer to consist mainly of administrative duties. The member declined on the basis that her family doctor’s instructions were to stay off work.

The member received medical clearance to return to work as of August 31, but a return to work meeting could not be arranged until September 10 through no fault of the member; a period of rest was appropriate given the injury; and the modified job duties offered were unsuitable.

The appeals resolution officer (ARO) sided with ONA and found the member was entitled to full LOE benefits from August 16 to September 10 because: there was no medical information to show that she was fit for modified duties before August 31; the WSIB did not inform the member that the family doctor’s advice was not being accepted until September 11; the delay for the return to work meeting was due to a scheduling issue; and the WSIB has an obligation to provide written notification before applying a non-cooperation penalty (non-payment of LOE benefits) and did not do so until September 11.

There was also an issue with the calculation of the member’s earnings basis. While ONA normally does not provide representation on such issues, we made arguments as part of the appeal for LOE. The WSIB calculated the member’s earnings based on her hours of work in the four weeks prior to the accident. The member normally works 78.75 hours in a two-week period. But she had taken vacation, stat and lieu time during those four weeks and the WSIB calculated 67.5 hours based on the hours she actually worked. Despite clarifying with pay stubs that the vacation, stat and lieu time hours should be included as the member is paid for those hours, the WSIB case manager disagreed. The ARO overturned that decision, saying exclusion of those hours/earnings artificially lowers the worker’s earnings basis.

**LTD**

**Carrier’s unreasonable expectation for recovery time**

Region 3 Hospital  
(February 11, 2015)

This member fractured her pelvis, SI joints and sacrum. Diagnostic imaging during the qualifying period and beyond showed the fractures clearly. Her treating physicians were
also very clear in their clinical notes that she could not return to her job as a critical care nurse due to her severe limitations.

In its initial denial letter, the insurer did not dispute the injuries, but alleged the member should have recovered within three to four months, and therefore was not totally disabled throughout the qualifying period.

After we submitted the appeal, the insurer again denied the claim, but this time alleged there was no evidence of an acute fracture related to a traumatic event. It is important to note that the author of the second denial letter was not the same as the first. It was clear that the author of the second denial letter did not properly review the file and actually contradicted what her colleague had previously written.

Ironically, in the month before her injury, the member had undergone a bone scan for an unrelated issue, which showed no fractures. As the insurer already had these scans and its reasons for denying the claim had changed, ONA wrote to the claims specialist and asked for clarity on the insurer’s position so we could assess if a second appeal was warranted. The insurer informed us it would re-open the file and review. Less than a month later, the member had her benefits approved.

The appeal process was prolonged because the member’s physicians did not submit their reports in a timely manner. It is satisfying that our persistent follow-ups with them ended in a win for the member.

Benefits were reinstated retroactively to November 29, 2013. And more good news? The member returned to full duties as of July 3, 2014.
I’m voting for health care this election.

#voting4care