Members Re-elect ONA President, First Vice-President

ONA President Linda Haslam-Stroud (left), RN, and First Vice-President Vicki McKenna, RN, have been re-elected by members this fall and vow to continue to take your serious concerns all the way to Queen’s Park where they are standing.

This past fall, all members with entitlements were eligible to vote for the positions of President and First Vice-President on the ONA Board of Directors via the user-friendly televote system – or voting by telephone. When voting concluded on November 1, Haslam-Stroud and McKenna, who were the incumbents, emerged victorious for the upcoming term, which runs until December 31, 2017.

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How to contact your 2016 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
Labour Relations

Laurie Brown, RN
VP Region 4, VM #7752
Occupational Health & Safety

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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Members Re-elect ONA President, First Vice-President

Linda Haslam-Stroud, RN

A passionate health care advocate and political activist, Haslam-Stroud will serve a seventh consecutive two-year term. She is a renal transplant nurse from Hamilton and has been active in ONA for 36 years, holding positions at the Local and Bargaining Unit levels, including Local 75 Co-ordinator, before running as Provincial President in 2004.

“I am deeply honoured that you have given me such a vote of confidence during this time of upheaval and change in our health care system,” she said. “As ONA President, I am committed to ensuring that our collective agreements reflect your value to our health care system and continuing our advocacy efforts on many fronts, including putting a moratorium on the RN cuts that are hurting our patients and ending workplace violence that is injuring us. Nurses know what’s happening on the front lines and I will do my best to ensure everyone else knows it too.”

Vicki McKenna, RN

McKenna, an adult and pediatric day surgery nurse from Local 100 in London, will serve a sixth consecutive two-year term. A 35-year veteran ONA leader, McKenna is well-versed in her portfolio of political action and professional practice.

“I believe the knowledge and skills of RNs and allied health professionals continue to be invaluable,” she said. “That expertise cannot be ignored if we are to ensure that our patients receive the best care possible. I am privileged and honoured to have the support of ONA members to ensure your voices are brought forward and heard at the tables of government officials, employers and the public.”

Added ONA Chief Executive Officer/Chief Administrative Officer Marie Kelly, who has worked with both Haslam-Stroud and McKenna at ONA for the past two years and for many years prior to that as our union ally, “Linda and Vicki have worked tirelessly on the issues that are important to you and your patients for the past several years, and they will continue to do so. You are very well represented.”

SEPTEMBER BOARD HIGHLIGHTS

Seizing the opportunity to engage directly with seasoned and up and coming leaders, the ONA Board of Directors took its September meeting to Grand Bend to coincide with our annual Leadership Conference on September 14-18 (for more on that conference, see pg. 19). The following are key highlights from the September Board of Directors meeting:

- The Board discussed logistics surrounding current and future elections. Information regarding electronic voting for Local elections was reviewed, and further information will be brought back to the Board and then taken forward for discussion at a future Provincial Coordinators Meeting. Electronic voting for provincial officers was also discussed.
- The Board reviewed the Community Care Access Centres (CCAC) Reflections Report and Action Plan for the 17-day CCAC strike this past February, including feedback from CCAC and non-CCAC leaders, which pointed to a number of successes, including Adopt-a-Strike-Line and the flow of communications. The Board accepted a series of recommendations to move forward, including rallying more non-striking members, building community/public support, and providing health and welfare coverage in the future through a different process.

You will find a copy of the September issue of Board Highlights on our website (www.ona.org) under “ONA News.” The subsequent Board meeting took place from December 8-10, 2015 and highlights will appear in the next issue.

New Region 4 VP Elected!

Laurie Brown, RN, from Local 70 has been elected the Region 4 Vice-President.

In accordance with the ONA Constitution, it was necessary to hold a by-election this fall for the remainder of the term of office for the Region 4 Vice-President, which runs until December 31, 2016.

Brown, who will also assume the portfolio of labour relations, has been an active ONA member since 1981, and is the current site Vice-President for the Juravinski Hospital and Cancer Centre for Hamilton Health Sciences.

“We must prevent further erosion of RNs and allied health professionals,” she said. “We must have safe working conditions, acceptable workloads and an environment that supports us professionally so we can provide quality care for our patients, clients and residents. I promise to be a strong advocate in bringing these serious issues forward.”

Added ONA President Linda Haslam-Stroud, “We welcome Laurie to the Board and know she will work hard representing the members of her region and addressing the issues in her portfolio for all members. I would also like to thank outgoing Region 4 Vice-President Dianne Leclair for her dedication and commitment to our members over the years.”

Region 4 encompasses the areas of Simcoe, Dufferin, Halton, Wellington, Waterloo, Hamilton-Wentworth, Halimand-Norfolk and Niagara.
Challenges Ahead: ONA Never, Never, Never Gives Up!

Happy New Year everyone! I hope each and every one of you has the opportunity to spend some time with friends and family over the holiday season.

With 2016 dawning, we already know that ONA and our 60,000 members face a busy year.

First up is central bargaining for our hospital sector members. As always, I expect this process to be fraught with issues. ONA will, as always, fight for a collective agreement that provides respect and recognition for the invaluable work our members do every day.

As the process unfolds, ONA will provide you with regular updates, so watch for those in the coming months and be sure and check our website at www.ona.org/bargaining often.

ONA will also be there to speak up for our community care access centre (CCAC) members. Following the remarks Health Minister Eric Hoskins delivered to the Ontario Hospital Association recently (see Queen's Park Update, pg. 12), it seems certain that plans are in the works to eliminate CCACs and perhaps integrate them into Local Health Integration Networks and primary care. The Minister specifically singled out care coordinators, noting the invaluable work they do.

Again, please know that your union will fight to be at the table and ensure that whatever changes are coming, you have a voice and your contributions are valued.

I want to thank you for re-electing me as your President. I am deeply honoured that you have chosen to continue to put your trust in me. Be assured that I do not take my responsibility lightly.

As 2016 unfolds, with its myriad of events and challenges, I give you my sincere promise that I will continue to speak out publicly, work behind the scenes and do everything in my power to ensure ONA members – the heart of health care – are well represented and respected. I know you depend on ONA. I know you can depend on me.

Des défis nous attendent : L’AIIO ne baisse jamais, jamais, jamais les bras!

Bonne année à toutes et à tous! J’espère que vous avez toutes et tous eu l’occasion de passer du temps en famille et entre amis pendant la période des Fêtes.

À l’aube de 2016, nous savons déjà qu’une année bien occupée attend l’AIIO et ses 60 000 membres.

Ce sera d’abord la négociation de la convention collective centrale pour nos membres du secteur hospitalier. Comme toujours, je m’attends à ce que ce processus comporte de nombreuses difficultés. Comme toujours aussi, l’AIIO se battra pour obtenir une convention collective qui respecte et reconnaît le travail inestimable accompli quotidiennement par ses membres.

Au fur et à mesure du déroulement de ce processus, l’AIIO vous fournira régulièrement des mises à jour. Restez à l’affût au cours des prochains mois et assurez-vous de consulter souvent notre site Web à www.ona.org/bargaining (en anglais).

L’AIIO sera également présente pour parler au nom de ses membres des centres d’accès aux soins communautaires. À la suite de l’allocution récente prononcée par le ministre de la Santé Eric Hoskins devant l’Association des hôpitaux de l’Ontario (voir la mise à jour sur Queen’s Park, p. 12), il semble qu’il soit prévu de supprimer les centres d’accès aux soins communautaires pour éventuellement les intégrer aux réseaux locaux d’intégration des services de santé et aux soins primaires. Le ministre a particulièrement cité les coordinateurs des services de santé, soulignant le travail inestimable qu’ils accomplissent.

Sachez qu’une fois encore, votre syndicat se battra pour être à la table et s’assurer que, quels que soient les changements à venir, nous ferons entendre votre voix et que vos contributions seront valorisées.

Je tiens à vous remercier de m’avoir réélue au poste de présidente. Je suis profondément honorée que vous ayez choisi de continuer à me faire confiance. Soyez assurés que je ne prends pas mes responsabilités à la légère.

Tout au long de l’année 2016, ponctuée de sa myriade d’événements et de défis, je vous promets sincèrement de continuer à parler publiquement en votre faveur, à travailler en coulisse et à faire tout ce qui est en mon pouvoir pour que les membres de l’AIIO – le cœur des soins de santé – soient bien représentés et respectés. Je sais que vous comptez sur l’AIIO. Je sais que vous pouvez compter sur moi.
We have a New Federal Government, So Now What?

On October 19, Canadians voted loud and clear for change and ONA will be doing everything in our power to make sure that change happens.

Throughout the federal election campaign, ONA worked with the Canadian Federation of Nurses Unions (CFNU) to promote issues that matter to our members and your patients, including adequate funding for our public health system; a health human resources plan to hire more nurses and a moratorium on RN cuts; a national pharmacare program; and a safe seniors strategy.

We asked you to get involved too, and did you ever! From Local 73 hanging a banner outside its office and placing ads in their local newspapers (see graphic) to Local 95 holding workshops about the election to Locals 19 and 100 co-hosting all-candidates’ debates – to name but a few – you stepped up to the plate to make sure health care was on the ballot.

Some of the Liberal promises, including pledges on health care, will impact us. Key is the plan to renegotiate a new Health Accord and provide $3 billion over the next four years to deliver more and improved home care services.

While not promising a full pharmacare program, the Liberals pledge to develop a pan-Canadian collaboration on health innovation, and to make high-quality mental health services more available. They have also committed to a 10-year $20 billion social infrastructure fund, which includes long-term care facilities. Also crucial is the Liberals’ promise to restore fair and balanced labour laws that acknowledge the important role of unions. We are hearing that the insidious anti-union Bill C-377 will be repealed – thankfully!

We are cautiously optimistic about the future, but the work has just begun. We are consulting with the CFNU to determine our immediate priorities with the new government, but you can be sure ONA will be holding its feet to the fire on the promises made. ONA will also work with Ontario’s new MPs to lobby for early implementation of a new Health Accord. I know I can count on you to assist us.

On another note, I would like to sincerely thank you for the honour and privilege of being your First VP for the next two years. I won’t let you down.
Work on Mobile Crisis Team Earns Member “Nurse of the Year” Award

An ONA member has been named Nurse of the Year by the Toronto Star for work she calls “the cutting edge of nursing.”

Sharon Lawlor works on the Mobile Crisis Intervention Team (MCIT), which partners a mental health nurse from participating hospitals (in Lawlor’s case, Toronto East General/ St. Joseph’s Hospital) with a specially trained police officer from Toronto Police Services, to respond to 911 emergency and police dispatch calls involving individuals experiencing a mental health crisis. The team, which travels in a police vehicle, assesses needs and connects the person in crisis with appropriate services.

“I attended a presentation at a health care conference about nurses on an MCIT and at that moment said, ‘this is what I am going to do,’” said Lawlor, who has also worked in hospitals, community nursing and nursing management. “I felt it was the cutting edge of nursing being right there for people in a crisis moment during a 911 call.”

Lawlor, who wears a vest, uses a police radio and works in all weather conditions, said there is no social economic stereotype to her calls, as it’s not uncommon to attend to someone who lives in a prestigious home and then immediately to someone living on the streets.

“The calls that stand out are ones where someone is standing on the edge of a balcony or bridge – how you can’t be any closer to a life and death situation,” she said. “You’re always nervous and scared that you are going to say the right thing. When we’re successful, most people are glad they did not kill themselves once they realize there is help and hope for them.

“The difficult calls are the wellbeing checks for someone who may have said they were suicidal to someone or had shown suicidal tendencies, and when you arrive, they already ended their life. You wish you could have arrived sooner.”

If Lawlor and her partner are not on a mental health call, they volunteer to attend 911 medical calls, often arriving before paramedics and providing CPR and first aid.

“I go to calls where someone is extremely upset and agitated, but by introducing myself as a nurse, most times it calms them down,” she said, noting that Toronto Police Services

Members Take Concerns to the Streets

It came down to the wire for several ONA members working in public and mental health, but thanks largely to public awareness campaigns, strikes were averted at the 11th hour. On September 28, RNs and social workers from Community Addiction and Mental Health Services of Haldimand and Norfolk, who had been working without a contract since March 2015, staged an info picket outside a meeting of their employer’s Board of Directors in Jarvis (left photo). The 23 members, who provide in-home, community-based, client-focused services to almost 850 patients suffering from mental health issues, ratified a new contract on November 22, just one day before their strike deadline. On October 14, public health nurses and nurse practitioners from the Chatham-Kent Public Health Unit leafleted their community to speak to the public about their roles and key issues (right photo). The 41 highly educated nurses, who had been without a contract since December 31, 2013, reached a settlement during mediation in early November.

“These were both challenging negotiations and I am beyond proud of the tenacity our members showed,” said ONA President Linda Haslam-Stroud. “However, in the future, we expect to see some concrete efforts from the employers to improve working conditions for these very undervalued members, so it doesn’t have to get to this point again.”
and the hospitals involved in the program continue to provide joint training to the nurses and officers on policing and medical education. “They trust me as a nurse because of all the wonderful nurses before me who had contact with them.”

To help her deal with the unpredictable and dangerous nature of her work, Lawlor said she puts trust in her own crisis de-escalating skills and knowledge and her police partner. In fact, it was one of those former partners – PC Kent Hagerman from 14 Division Toronto Police – who nominated her for Nurse of the Year.

“I was very humbled to be nominated with such talented and experienced nurses, all of whom are worthy,” she said. “The award validates our work as MCIT nurses and how we have worked hard to make a successful partnership with the police, who have always treated me as a professional and respected my role.”

For Lawlor, the most frustrating aspects about her role are the lack of community supports for someone in crisis, which can result in that person being taken to the ER even though that’s not the best support, and long wait lists for assessments and counselling.

On the flipside, she recalls the time she was approached by a man in a coffee shop who knew her by name.

“He told me I had come to his home three years previously when he was going through a crisis with symptoms of psychosis,” said Lawlor, who noted that working in a partnership whereby there may be risky situations, legal ramifications and legal questions about roles, it’s important to know she has the support of ONA. “He remembered how compassionate I was, how I treated him with respect and how I managed to get him to hospital for treatment, even though he was being unreasonable due to his illness. You don’t go into mental health nursing for the recognition and appreciation, but it made my day to see him doing so well and that our intervention had such a positive outcome.”

www.ona.org
ONA Nurse Practitioners Explain Important Role

Nurse Practitioner Week, held from November 8-14, wasn’t just an opportunity to celebrate, it was a time to increase awareness about the exceptional care nurse practitioners (NPs) provide to communities across Ontario.

“Nursing, with a mix of medicine, fulfills and challenges me daily and I am confident I enact positive changes in my patients’ lives. I enjoy the independence and autonomous ability to practice,” said Lisa Ladouceur, who, along with her fellow NP Sarah Bremner at Georgian Bay General Hospital, hosted an NP Week luncheon on November 13 for more than 85 people, 11 of whom were NPs from local family health teams, community health centres and community care access centres.

During the luncheon, Ladouceur and Bremner’s collaborative physicians spoke of their high quality of practice and expertise in their fields, coupled with their compassion for their profession and their patients.

Bruce Stanton, MP of Simcoe North, Garfield Dunlop, representation for Patrick Brown, MPP of Simcoe North, and Midland Mayor Gord McKay were also in attendance to learn about the NP role. Both Stanton and Dunlop expressed that the barriers to practice regarding narcotic prescription would be brought forward in discussion.

“NP Week is an excellent opportunity for us to share information with government decision-makers on the importance of allowing NPs to practice to the full extent of their experience and education,” said ONA President Linda Haslam-Stroud, whose YouTube greetings were broadcast at the luncheon.

“Linda’s comments inspired everyone attending and made the NPs feel valued and appreciated for their hard work and contribution,” added Ladouceur. “ONA has always been a source of support to me in my practice as an NP and I am thrilled how my union embraces and recognizes NP Week this year and every year.”

Celebrating our Allied Members

ONA has celebrated with our National Respiratory Therapist (RRT) and Medical Radiation Technologist (MRT) members during special weeks in their honour.

National Respiratory Therapy Week ran from October 25-31 to recognize the work and dedication of these invaluable health professionals who assess, monitor and treat individuals’ respiratory and cardiorespiratory disorders; test and measure lung function; administer inhaled medical drugs and gases; and provide tools and support for smoking cessation programs. RRTs are a vital part of the front-line care team in many areas, including intensive care units, emergency departments, operating rooms, neonatal nurseries and outpatient clinics.

A couple weeks later, from November 8-14, MRT Week was observed to laud the contributions these highly skilled professionals make to our health care system. MRTs, which comprise several disciplines, use hands-on diagnostics, therapy and technology to ensure quality cancer care, and treat many benign diseases. MRTs make an enormous difference to patients in hospitals and clinics and play an important role in the promotion of medical radiation safety for patients.

“ONA is proud of our many RRT and MRT members, who are a component of our allied health group, and celebrated along with them during their special recognition,” said ONA President Linda Haslam-Stroud.

Countdown to Nursing Week 2016!

Nursing Week may be a few months away, but it’s definitely not too soon to start thinking about how you will celebrate and acknowledge your caring profession.

In the next few weeks, we will be sending our 2016 Nursing Week Planning Guide to Bargaining Unit Presidents and posting a condensed version on our website. It is brimming with tips and ideas on how to stage successful events and involve your fellow ONA members, employers, nursing students, politicians and other members of your communities.

Some activities our Locals planned last year include: mystery dinners; education sessions; personalized cards thanking nurses for going above and beyond; dance competitions; fundraisers for a local homeless shelter; a chili cook-off; free ONA t-shirts; and manning a rehydration station at an annual five/10-kilometre run for charity. One creative Local even held a bowling party under the theme, “I’m a nurse, what’s your super power?” encouraging members to dress as their superhero persona!

As you can see, the possibilities are endless, so we encourage you to set up a Nursing Week Committee right now and begin planning your best Nursing Week ever!
November PCM Reflects on Year of Successes and Challenges

While there was plenty of discussion at the November Provincial Coordinators Meeting (PCM) about the serious threats facing our profession, there was also time to celebrate our achievements as ONA closed out another busy year.

“I learned as a child to stand for what is possible and right even if the ground is crumbling,” ONA President Linda Haslam-Stroud said in kicking off the PCM, held on November 18-19 at the Sheraton Centre in Toronto. “We have stood our ground against employers and the Ministries of Health and Labour. We are defining the battles that could alter the DNA of our union, and what we do has a major effect on the rest of Ontario. We will be working on several challenges in the next few months, including bargaining in all sectors and cuts to RN positions. And we will be successful!”

That theme was echoed by guest speakers, including Saskatchewan Union of Nurses President Tracy Zambory, who was instrumental in her province’s failed attempt to implement the so-called “LEAN” operations to the health care industry; Canadian Federation of Nurses Unions President Linda Silas, who noted that ONA members played a big part in the recent change at the helm in Ottawa; and Canadian Nursing Students’ Association Ontario Regional Director Kendra Davis, who sang the praises of our advocacy work on behalf of students. The successes of our members on the front lines were prominently featured.

We also solemnly reflected on the workplace death of ONA member Lori Dupont, as November marked the 10-year anniversary of the tragedy.

The week began on November 17 with our annual Human Rights and Equity Caucus, under the theme, Challenging Racism in the Workplace (see pg. 21), and concluded on November 20 with an education session on the stigma surrounding mental health/addictions and College of Nurses of Ontario policy.

Full highlights can be found at www.ona.org. Our PCM Précis wrap-up video is also available on our ONA YouTube channel at www.youtube.com/ontarionurses.

ONA General Counsel Receives Honorary Membership at PCM

ONA has bestowed an honorary membership on General Counsel Liz McIntyre (left in photo) for her commitment to our members, including at the inquiry into the workplace death of member Lori Dupont.

The only non-nurse to ever receive this award, McIntyre was honoured at the June PCM by ONA President Linda Haslam-Stroud (right in photo) in front of the Board, delegates, staff, members of her law firm Cavalluzzo Shilton McIntyre Cornish, where she is a senior partner, and her family.

Recognized by her peers as one of the “best lawyers in Canada” in the practice areas of labour, employment and human rights, McIntyre has been with ONA almost since our inception and has made many noteworthy contributions on our behalf, including serving as counsel before the SARS Commission. The “precautionary principle” that stemmed from that inquiry served as the foundation for ONA’s approach to Ebola and other communicable diseases.

At the Dupont inquiry, McIntyre argued strenuously that Lori’s tragic murder was a workplace fatality – not just an incident of domestic violence that went horribly wrong in the workplace – and that it should fall under the jurisdiction of the Occupational Health and Safety Act. That led to significant amendments to the legislation.

“If you ask Liz what her most rewarding accomplishments have been during the past 40 years, she would point to the many relationships she has developed in pursuit of social justice and the time spent with our members, feeding off your energy and optimism despite all your challenges,” said Haslam-Stroud. “We are inspired by Liz’s dedication and commitment to the causes she so dearly believes in – the causes we believe in together. ONA is so lucky to have her on our side.”
As the provincial component of our Truth Hurts. Nurses Know campaign continues, we are looking to our members to help keep it alive in your communities.

The campaign, which aims to increase awareness to the public, our employers and the government that ongoing cuts to nursing positions throughout Ontario are negatively affecting our patients, was soft-launched in Kingston in August and officially launched at Queen’s Park on October 22.

It consists of radio ads, transit ads, advertorials, English and French print ads, television and social media promotion, and a dedicated website: nursesknow.ona.org.

We ask our members to continue to get involved in the campaign locally so we can hold the line on cuts and concessions and very clearly articulate to our employers that we are not going to back down (see sidebar). Already, some of our Local leaders are arranging for transit ads to be posted near their places of employment and in their local malls!

“We need you to be there to protect our rights, our jobs and the work we are doing for our patients who are looking to you to advocate on their behalf and support our nurses,” said ONA President Linda Haslam-Stroud. “Will you help us?”

Over to You: How You Can Help Keep Campaign Alive

Here are some ways you can continue to help ensure the core messages of our Truth Hurts campaign are heard in your communities:

• Tell us your stories (anonymously, if you like) of how RN and other cuts are affecting you and your patients.
• Sign the online petition on our campaign website (nursesknow.ona.org).
• Organize a rally or information picket.
• Set up a table at a community fair or festival.
• Write to the editor of your local newspaper.
• Download our campaign posters and postcard from our website and display/distribute them.
• Talk to your MPP.
• Continue to share campaign pictures and information on your social media pages.

Remember, our Communications and Government Relations Team can assist with your political action work. Send your requests and stories to cgrintake@ona.org.
Ensuring We Follow Our Work

Bargaining Unit Presidents from hospitals, community care access centres, home care providers, family health teams and community health centres, Local Coordinators and observers came together on November 16, 2015 at the Metro Toronto Convention Centre to discuss the implications of the Public Sector Labour Relations Transition Act (PSLRTA) and ensure ONA members’ collective agreement rights and job security are maintained. As more and more hospital services move to communities, we need to ensure that we are following our work and file PSLRTA applications to determine union representation. The well-received day consisted of a briefing on the Act for the entire group, followed by 14 breakout working sessions according to delegates’ Local Health Integration Network (LHIN). This allowed us to gather information on health sector restructuring in each LHIN to determine next steps.

Honouring Those who Service You!

At a special celebration on November 4, 2015, which coincided with our staff meeting, ONA President Linda Haslam-Stroud, CEO/CAO Marie Kelly and other members of the Board of Directors recognized and acknowledged long-service and retiring staff for 2015, who have consistently shown outstanding loyalty and dedication in support of our members, so you can focus on what you do best: Providing quality patient care. Pictured are: Back row (left to right): Jennie Critchley-Pineo, Sheri Street, Mia London, David Cheslock, John D’Orsay, Linda Barlow, Sharon Robinson, Alfred Yin, Randy Hall, Dave Laxdal, Linda Bullock, Daniel Renaud, Garry Gifford, Tom Szuty, Mark Miller. Middle row (left to right): Donna Walrond, Joan Gravelle, Brenda Tursa, Ester Gagliano, Dora Kilenko, Tricia Sadoway, Doug Anderson, Haslam-Stroud, Kelly, Enid Mitchell, Sophia Ruddock, Pat Caldwell, Karen Todkill, Pat Carr, Tom Thibault. Front row (left to right): Carol De Rosie, Dawn Caille, Nicole Butt, Marie Haase, Barb Conlon, Savita Singh, Judy McIlwaine, Carmel Perry, Kathi Wilkins-Snell, Jill Allingham, Judy Burns. Missing: Liz Dewar, Rob Dobrucki, Sandy Donaldson, Hedy-Anne Hurter, Megan Kirkpatrick, Mary Lou King, Zirka Medwid, Paul O’Brien, Gayle Thomson. Congratulations to these amazing staff – and thank you!

ONA.org: Like it? Think it Needs Improvement? Tell Us and You Can Win an iPad Mini!

Our current ONA website has been up and running for four years now, and it’s time for a big change! Technology has changed, we have much more content than ever before, and there are many more users visiting our website each day. Our website must reflect all of these issues.

We are at the very early stages of redesigning our website – and we need your help! Please visit www.ona.org/survey and complete our web user survey. We are interested in learning:

- How often you visit ona.org.
- What information you look at while on the website.
- The types of devices you typically use to access ona.org.
- Ideas, feedback and much more.

Your comments and suggestions will help to shape our new website and determine new features, content and design.

Once you complete the survey, you can submit your name and you will be entered in a draw to win an iPad Mini!

We cannot redesign this website without your input, so please take this small action and complete the survey!

Questions about the website or the process? Email Communications Officer Katherine Russo at katheriner@ona.org.

www.ona.org
Up to 75 new attending nurse practitioners (NP) are being funded in long-term care homes over three years, including 30 this past fall. The new attending NPs will be the onsite primary care provider for residents, addressing their complex care needs by delivering and coordinating services, including:
- Proactive assessments and screenings.
- Follow-up care.
- Timely specialist referrals.
- Ongoing chronic disease management.
- End-of-life care.

ONA will be monitoring the implementation of these new NPs.

Following the release of the Auditor General’s Report on Community Care Access Centres (CCACs), the government issued a statement saying it accepts and endorses all of the recommendations and that this insight and advice will help guide its ongoing efforts to reform home and community care. The government has introduced regulatory changes to add 80,000 additional nursing hours and is implementing the first wave of bundled care projects. There are four additional areas where the government is implementing change in the home care sector:
- **Service delivery:** A new working group is looking at provider contracts and fees to ensure consistency, access and quality across the province.
- **Governance:** The Health Minister sent a letter to the CCAC Board Chairs reinforcing expectations on transparency, accountability and cooperation.
- **Consistency:** The Ministry is moving forward with a Levels of Care framework so that patients will know what to expect regarding home and community care.
- **Investment:** The government is funding home and community care by $750 million over three years.

ONA will be active in consultations as the Ministry continues this work. The Auditor’s full report is available at www.auditor.on.ca/en/reports_en/CCACs_en.pdf.

The Health Minister delivered an important speech at the annual conference of the Ontario Hospital Association this past November, which highlights three areas of structural change where his Ministry will be consulting and planning in the coming weeks:
1. Primary Care Reform.
2. Structural change for CCACs – Home and Community Care (see bullet above).
3. Rural Health Hubs.

The Minister said he looks forward to consulting with health care system leaders on the best way to achieve these changes, which he believes will mean more local governance and a greater role for Local Health Integration Networks (LHINs). The Minister also talked about “end-to-end” integration of services, and intends to announce the first sites of such Rural Health Hubs in the coming weeks. The Minister’s full speech can be accessed at: www.health.gov.on.ca/en/news/speech. ONA will continue our advocacy to maintain the critical role for care coordinators and RNs working in the home care sector.

Ontario is expanding access to fertility services to help an additional 4,000 Ontarians. Starting in December 2015, Ontario expanded access to in vitro fertilization (IVF) services for Ontarians with all forms of infertility, regardless of sex, gender, sexual orientation or family status. The province will fund one IVF cycle per eligible patient per lifetime.

The province’s $4.7 million funding for the Espanola Regional Hospital and Health Centre’s newly expanded emergency department (ED) means:
- An expanded and redesigned ED with nearly double the patient capacity, including 11 treatment rooms compared to the previous six.
- A new medication room in the ED area.
- Additional support space in the ED, including patient waiting areas, a patient registration area and a conference room.
- A new ambulance bay with direct access into the ED.
- Improved infection control and patient privacy.
- Improved safety, efficiency and movement of patients and staff throughout the facility.
ONA Mourns Fallen LTC Residents, Calls for Change

ONA members and staff have honoured those impacted by violence and inadequate care in the province’s long-term care (LTC) homes at a somber ceremony at Queen’s Park on October 1.

The event, staged by the Ontario Health Coalition (OHC) to coincide with International Day of Older Persons, marked the 10-year anniversary of the inquest into the tragic deaths of two residents at the hands of another resident with dementia at the Casa Verde LTC home. While a coroner’s jury issued 85 sweeping recommendations for the operation of Ontario’s LTC homes, including a minimum care standard for residents and improved staffing levels, the government has yet to implement any. Since 2001, 24 residents have died as a result of violence at the hands of fellow residents and thousands have been attacked.

As the clock struck 11 a.m., representatives from sponsoring organizations, including Southlake Residential Care Village Bargaining Unit President and LTC nurse Carolyn Turner and ONA Government Relations Officer Lawrence Walter, marched in procession up University Avenue, accompanied by a lone bagpiper, to lay wreaths at a makeshift memorial in front of the Ontario Legislature.

“We are here to share our heartfelt sadness with the families of these residents, shame that nothing has been done, and to call for change,” OHC Provincial Director Natalie Mehra told the gathering, which included NDP Health Critic France Gélinas and Labour Critic Cindy Forster, a former ONA staff member. “While people entering nursing homes today are often older, more frail and subject to dementia and behavioural problems, we do not meet the standards necessary for adequate care. The government has given more money to the LTC sector, but it’s mostly to renovate and build homes; it’s not going to front-line care.”

Following the half-hour service, interspersed with haunting melodies by vocalist Heather Bambrick, observers placed pink carnations at the base of the wreaths to show their respect to the fallen and injured and to share their hope for a better future for those living and working in LTC homes.

“It was important for ONA members and staff to be part of this memorial for our LTC residents because if nothing is done, one day, it could happen to someone we love,” concluded ONA First Vice-President Vicki McKenna. “We need change and we need it now.”

ONA Members Demand Community Hospital Cuts End at OHC Rally

ONA members were among the hundreds of patients, seniors, veterans, health advocates and health care workers gathered at a rally in Trenton on November 13 to deliver a strong message to the region’s Liberal MPP Lou Rinaldi: community hospitals across Ontario can’t take any more cuts. The Take Back our Hospitals Rally, the first of many to come, was organized by the Ontario Health Coalition (OHC) and Our TMH (Trenton Memorial Hospital) in response to plans from the health planning body for Southeastern Ontario of a major restructuring of all hospitals in the region, which includes cutting services and centralizing them into fewer towns. TMH is threatened with the most devastating cuts, as it is slated to lose virtually all surgery and at least half of the remaining acute care beds. “We are sending a message that Premier Kathleen Wynne continues to ignore at her peril,” OHC Provincial Director Natalie Mehra said at the rally, noting that this is the eighth year of budget cuts to Ontario’s community hospitals. “These hospitals are the beating hearts of our towns, and the damage to them needs to stop. As we speak, the Ontario government is drafting next spring’s budget. Now is our chance to impact their budget choices, including improving the funding levels for our community hospitals, which now rank at the bottom of the country.” To find out more, log onto www.ontariohealthcoalition.ca.
Hospital Bargaining Gets Underway!

Your Hospital Central Negotiating Team has completed orientation and its first week of bargaining, with the goal of reaching a negotiated settlement.

Further bargaining is scheduled for January 18-22 and, if necessary, mediation will occur in February and interest arbitration in March. The team, elected this past summer, is being guided by your bargaining priorities as determined in our recent Have a Say survey. The current collective agreement expires on March 31, 2016.

Hospital Mandatory In-Service Programs

In the hospital collective agreement, Article 9.07 provides that “The hospital will endeavour to schedule mandatory in-service programs during a nurse’s regular working hours.” This means that the hospital must make “best efforts” to provide in-service during a nurse’s regular work hours, including mandatory eLearning packages.

As ONA reviewed members’ comments in our Have a Say survey, it became apparent that employers are not doing so. Where employers are not making best efforts, such as lighter patient assignments on shifts to provide time to complete education or additional staff to replace, contact your Bargaining Unit representative. ONA will take action to ensure our members are receiving your much-needed time off work.

Nursing Homes Mandatory In-Service Programs

In the nursing homes collective agreement, Article 20.05 also discusses “required in-service programs,” both inside and outside of the employee’s regular scheduled hours. If the employer is requiring this work outside of regular hours, including eLearning, the collective agreement provides that this is paid time.

This time can be paid at straight time, or our members can take the time off in lieu for hours worked. ONA encourages our members to insist on the time off work. If the employer refuses to provide this equivalent time off work, contact your Bargaining Unit representative and we will take action. ONA believes required education should be provided during regular shifts at work.

Nursing Homes Central Bargaining: Call for Nominations

A call for nominations for the Nursing Homes Central Bargaining Team went out this past fall and nominations were accepted until November 23. Ballots have been sent to all members in the nursing homes sector, who can vote for one candidate from their region (unless acclaimed). Election information can be found on ONA’s website at www.ona.org/bargaining.

LTC Committees on Violence and Joint Advocacy

ONA continues the fight to ensure our long-term care homes are safe places to work and that our members are able to provide quality resi-
dent care. Under the terms of the nursing home central collective agreement, the homes agree to have two committees working together to meet these objectives.

On December 16, the first meetings of the Central Committee on Violence in the Workplace and Joint Advocacy took place. ONA members Shelley Vandenberg (OMNI Pleasant Meadow Manor), Carolyn Turner (Southlake Residential Care Village) and Jean Kuehl (Revera Forest Heights) participated. ONA's goal is to work with the employers to decrease all forms of violence in the homes (resident to staff, staff to staff, etc.) and increase the number of staff (including RNs).

ONA is advocating for staffing in the homes at an average of four worked hours of nursing and personal care per resident per day, including 0.78 RN hours per patient per day. What does this mean? Well, 0.78 RN hours per patient per day = 46.8 minutes per resident of RN care in a 24-hour period.

**VON Pension Plan for Part-time**

The Victorian Order of Nurses (VON) Canada has recently advised ONA that part-time (regular and casual), who have met the eligibility criteria in the VON Pension Plan “can join the plan after you have completed two years of continuous service.” In some cases, VON has missed advising our members of their ability to join the plan when they completed these two years. If you have received a letter from the VON, please contact your Bargaining Unit President. ONA has filed grievances.

**Additional Information Published about Nurses: The College of Nurses of Ontario’s “Transparency Project”**

You may have recently received information from the College of Nurses of Ontario (CNO) about its “Transparency Project.” We would like to tell you a little bit about that.

The College has noted that the public, the media and government stakeholders have been demanding greater access to information about health care professionals, especially with respect to conduct and practice issues. As a result of this increasing pressure, the College has determined that it should make more information about nurses available to the public.

At its June and September Council meetings, the College decided that the following additional information will be included in nurses’ profiles in “Find a Nurse” on its website:

- Registrations in other jurisdictions.
- Discipline findings in other jurisdictions.
- Health facility privileges (for nurse practitioners).
- Criminal charges relevant to the nurse’s practice.
- Inquiries, Complaints and Reports Committee (ICRC) decisions to impose in-person (oral) cautions.
- ICRC decisions to impose Specified Continuing Remediation and Education Programs (SCERPs).

The College began collecting information regarding the first three points in September 2015 and began collecting information about criminal charges in December. It expects nurses to start self-reporting this information, although nurses are already required to self-report any criminal charges (as well as charges under other statutes: nurses are required to report if they are charged with any offence in any jurisdiction – see our article in the November 2015 issue of Front Lines). All this new information started appearing in Find a Nurse as of December 15.

ONA is very concerned about the publication of this additional information, especially with respect to criminal charges, in-person cautions and SCERPs. We made a number of submissions during the consultation process, setting out in detail our reasons for objecting to the publication of this additional information. We believe that the College has leaned too far in favour of public disclosure at the expense of nurses’ human rights and the principles of fairness.

**How to Contact ONA’s Legal Expense Assistance Plan (LEAP) Team**

Call (416) 964-8833 or (toll-free) 1-800-387-5580 and ask for “LEAP Intake.” Or send an email to LEAP Intake at leapintake@ona.org.
Addressing Stigma: Student Launches Mental Health Awareness Week

An ONA nursing student affiliate is helping raise awareness about a serious issue she knows a great deal about.

Jessica Crawford, a third-year nursing student at the Ryerson University/George Brown collaborative program and a former associate delegate with the Canadian Nursing Students’ Association (CNSA), came up with an idea in 2014 to hold a Mental Health Awareness Week for her fellow students.

“My number one motivator was my own experience and because one of my nursing colleagues died by suicide in the first year,” said Crawford, who was diagnosed with depression while studying kinesiology at Western University before switching to nursing. “I absolutely love nursing, and wanted to help influence people in a way that I wasn’t influenced.”

In collaboration with the CNSA, the George Brown Student Association and her local chapter of Jack.org, a national network of young leaders trying to change the way society thinks about mental health, Crawford brought together a team, including students Jaycel Murphy and Jennifer Cook and faculty member Angela Gallant, to plan the logistics of the week.

The hard work paid off, as Mental Health Awareness Week was launched on February 17, 2015 in the lobby of the Waterfront Campus of George Brown College. It coincided with Reading Week for the students in the BScN program, which allowed Crawford to oversee all events, while the other health science students on campus could participate.

“We decided we wanted the week to be based on the social determinants of mental health, which are essentially the same as the social determinants of health,” said Crawford, who advertised it through posters, social media and a personal invitation to delegates at the CNSA National Conference in Regina the month before.

Under the theme, ROAD to Awareness, each day of the four-day week (Monday was the Family Day holiday) focused on a different letter from the ROAD acronym (R – Recognition and Resiliency; O – Overlooked Battles; A – Authentic Style; and D – Discovered Avenues). Volunteers, who were given a list of mental health resources to direct students if needed, helped make the week run smoothly.

Each three-hour day consisted of an introduction with side activities before the main event of guest speakers, workshops and panels, which Crawford said “were not sugar-coated; they were brutally honest.” To help maximize attendance and relax the students, 45 free nutritious lunches were provided for each main event.

Peppered throughout the week were an exhibitors’ fair, a photo booth, popcorn machine and “cycle blender,” which encouraged participants to exercise for a smoothie! Students and faculty were also encouraged to leave personal thoughts about the week on the “Wall of Awesomeness.”

While the comments from that wall, through a survey and provided verbally were inspiring and extremely positive, Crawford said her highlight came during a panel, where she and two other students spoke about their personal battles with mental health and stigma.

“One of the panelist talked about Lithium, a treatment for bipolar, and how it made him lose his hair,” said Crawford, who is considering a nursing career in mental health. “A gentleman in the audience then took off his hat and was bald. He said, ‘people don’t know why I miss school so often, but you have inspired me.’ I was tearing up. And now I see him around campus without his hat.”

For this reason and many others, Crawford, who is “over the moon about what we were able to accomplish,” said Mental Health Awareness Week will be held again this February. The team documented what worked, what didn’t and what still needs to be ironed out, and are trying to secure additional volunteers and funding.

“My goal was to implement Mental Health Awareness Week at all three George Brown campuses and that will be happening,” said Crawford, who is doing well, but stressed that treating depression, and other mental health issues, is a long process. “But I want this week to continue after I leave the nursing program.”

While Crawford has certainly done her part, she urges all ONA members to also help raise awareness.

“The more we talk about mental health, the less stigma there will be,” said Crawford. “The more we talk about mental health, the less stigma there will be, which is so debilitating. When I was initially diagnosed, people told me to snap out of it, but it doesn’t work like that. We say ‘I have cancer,’ yet ‘I am depressed.’ You may have it, but you’re not defined by it. That’s a point we were trying to make. As nurses, before we can think about our patients, we have to think about ourselves and our colleagues. Being a student who’s gone through this, it’s been a great lesson learned.”
CFNU Scholarship Winner Named

ONA has chosen the recipient of the 2015 Canadian Federation of Nurses Unions (CFNU) Scholarship, who says she learned about the important work of ONA through her mother.

Allison Harron, daughter of ONA member Louise Turk Harron from Local 36, will receive one of the 10 $1,000 scholarships awarded by the CFNU each year to help with her nursing education. We are printing Harron’s winning essay on “The Importance of the Ontario Nurses’ Association for Nurses” below. Congratulations, Allison, and good luck with your studies!

In the next issue of Front Lines, we’ll tell you about the five successful recipients of the 2015 ONA Nursing Scholarships and start printing their essays on the same topic.

For more information on these nursing scholarships, log onto www.ona.org/education/financial_aid_and_bursaries.html.

“The Only Support My Mother Could Count on was from Her Union”

The importance of supporting unions representing employees has always been stressed in our household. My mother’s career as a nurse has included many tentative labour periods over the years. It has not been uncommon for her job security, work conditions and remuneration to be placed at risk by her employer.

The only support she could count on was from her union, the Ontario Nurses’ Association, which has always looked out for the nurses when no one else seemed to.

Working with such a large corporation as the London Health Sciences Centre, employees have limited opportunity to advocate for themselves to their employer, making the knowledge that ONA is always looking out for my mother’s best interests reassuring.

My mother is an excellent nurse, but she is not a negotiator or an expert in labour rules and contracts. She is fortunate to have ONA representing her as they have trained experts in interpreting the contracts, representing members and negotiating fair conditions.

The last few years it seems as if companies and governments are trying to get rid of unions, and I worry that the wage disparity in Canada is going to leave us with rich and poor and no middle class. It makes me very relieved to be entering a profession with such a strong, powerful and respected union as ONA.

It makes me less fearful of my future at a time when many young adults like me aren’t able to get a decent full-time job with fair conditions. Now that I am 18 and able to vote in the federal election, I am going to support a government that supports unions like ONA and therefore supports me.

— Allison Harron

Tuition Forgiveness Available for Nurses in Rural, Remote Areas

Nurses just starting their careers can take advantage of student loan forgiveness programs offered by both the federal and provincial governments if they are willing to work in rural or remote communities.

An application to the Canada Student Loan Forgiveness Program for nurses and nurse practitioners can be made after the applicant has completed working one full year in a designated rural or remote area. If you qualify, you could receive up to $20,000 in Canada Student Loan forgiveness over a maximum of five years ($4,000 per year). Loan forgiveness will apply to your outstanding loan principal balance after the end of your 12 months of services. You will be required to keep making regular interest payments. To learn more, visit www.canlearn.ca.

In Ontario, the Tuition Support Program for Nurses offers tuition reimbursement to recent nursing graduates who are College of Nurses of Ontario registrants and who choose to do “a return of services” in an eligible underserved community. The program is open to RN, NP and RPN graduates who apply within one year of having graduated from a Canadian university or college. For more information, log onto www.health.gov.on.ca/en/pro/programs/northernhealth/nursestuition.aspx.

Both programs are an attempt to improve access to primary care for all Canadians and to support the recruitment and retention of nurses to rural and remote areas.
Member Voice: “Culture of Safety Sorely Lacking”

An ONA member is still sickened when she thinks about how an incident of violence was handled when, as a student, she was placed on the geriatric ward of a mental health facility.

The member, whose name and place of employment we are keeping anonymous, arrived on the unit a few years ago “eager and ready to learn” and was asked by her fellow nurses to do morning vital signs on a patient.

“Naively, I got straight to work, entered the patient’s room, asked if I could take his vitals and proceeded to put on a blood pressure cuff,” she said. “The next thing I knew, he was pulling me down by the arm over the bed rail, making lewd gestures and comments.

Hearing her cries, the other nurses quickly came to her rescue. Because of that, she escaped with “only” a bruised arm and hip, but is frightened to think of what could have happened.

“As a more knowledgeable and experienced nurse, it makes me sick now to think about how poorly the situation was handled,” she said. “No one reported the incident. I told my preceptor, who apathetically asked if I was OK.”

She noted that she should have been given a personal alarm as soon as she walked into that unit and oriented to the patients on the unit; the incident should have been documented in an IRS report; and there should have been a debriefing with her and the nurses who assigned her to the patient.

“Moreover, at a minimum, I should have been sent to Occupational Health to document the injury and follow up,” she added. “Lastly, I should have been given the option to lay charges for physical assault – a relatively punitive right, but a right nevertheless. None of these measures were taken.

“Being an OR nurse now, I know what a culture of safety should look like. At that particular facility it was – and likely still is – sorely lacking.”

ONA Member Honoured for Health and Safety Work

An ONA leader from the Centre for Addiction and Mental Health (CAMH) in Toronto has been recognized for her tireless work to help end the epidemic of violence at her facility.

Local 54 Coordinator and CAMH Bargaining Unit President Danielle Latulippe-Larmand was one of three workers acknowledged at a special awards dinner hosted by the Workers Health & Safety Centre in Toronto on November 6. Latulippe-Larmand, ONA, and the Ontario Public Service Employees Union have been expressing grave concerns about the workplace safety of their members and patients at CAMH for years.

And with good reason. On January 4, 2015, an RPN was struck in the face as he attempted to prevent an imminent attack by a patient on another nurse. A few days later, an RN was punched in the neck by a patient and knocked to the ground. CAMH is also facing Ministry of Labour charges under the Occupational Health and Safety Act related to a violent incident in January 2014.

In fact, in the fiscal year 2013-2014, CAMH reported 514 workplace violence incidents, 453 of which involved physical assaults or abuse – a 29 per cent increase over the previous fiscal year.

In introducing Latulippe-Larmand, Region 3 Vice-President Andy Summers, who holds the portfolio of health and safety, noted that health care workers are 10 times more likely to experience violence in their workplaces than any other industry, but are not provided with the tools, equipment, training or compassion from our employers and politicians to deal with it.

“Danielle is on the forefront of this struggle and has been a tireless advocate for her members at CAMH,” he said. “On behalf of 60,000 ONA members, I thank Danielle for her hard work. It’s an absolute pleasure for us to see one of our own receive this award.”

“It’s been a struggle,” Latulippe-Larmand told the crowd, which included many Region 3 members. “We’ve been beaten up on a daily basis. People seem to think it’s part of the job, although self-defense wasn’t part of my curriculum in nursing school. But it appears to be now.

“We intend to meet with Minister of Labour Kevin Flynn and give him some statistics on CAMH because when he spoke on [the Global TV program] 16X9, he said it was outrageous that we got beaten daily. So, I’d like to know what he’s going to do about it. Things have got to change.”
ONA members attending our recent Leadership Conference in Grand Bend, on the shores of Lake Huron, have come away feeling even more inspired and empowered by our union.

During the conference, held from September 14-18, we welcomed more than 80 members in three streams: Novice, Advanced, and for the first time at a Leadership Conference, Activists, who are front-line members with an interest in ONA, but little or no past engagement. The program for each group was geared towards specific learning outcomes, with the common theme being, “I’m in. Stronger Together.”

“You are an amazing group,” said ONA President Linda Haslam-Stroud. “You’ve been chosen by your Local, your Bargaining Unit or us to come here and be part of a strong ONA Team. We are stronger together. I’m in. Are you?” The answer was clearly a resounding yes!

Throughout the week, participants were treated to several guest speakers, including Haslam-Stroud, First Vice-President Vicki McKenna, CEO/CAO Marie Kelly, Canadian Federation of Nurses Unions President Linda Silas, Nora Loretto, author of *Demonized to Unionized: Building the New Union Movement*, British Columbia Nurses’ Union President Gayle Duteil, and ONA staff. They also learned about the structure and stellar services of our union and participated in group work, campaign workshops and storytelling exercises – to name a few.

Despite the hectic schedule, there was still time to unwind with fun-filled and solidarity-building activities such as campfire singalongs and an ONA cake decorating challenge. Participants also gathered and packed donations for a very worthy cause: The Huron Women’s Shelter.

And when the week wound down, participants, who rated the conference very high on their evaluation forms, left feeling energized in the work of our union with many eye-opening moments experienced along the way.

“Learning about the union’s history was interesting, surprising and unexpected,” said one member. Added another, “It’s really nice to hear from the union that they listen to all their members.”

But perhaps the most gratifying takeaway for the participants was the knowledge that while being a leader and/or activist can be challenging at times, they have all the support they need.

“I have 60,000 brothers and sisters behind me helping me and they’ve all got my back,” said Local 15 Bargaining Unit President Melissa Layman. “I love connecting with my members, I love mentoring new nurses, getting them strong and making them the leaders who are going to be here in five, 10, 15 years supporting their own members.”
### Key Features of the Three Main Pension Plans of ONA Members

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>HOOPP</th>
<th>OMERS</th>
<th>NHRIPP</th>
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<tr>
<td>Active Members</td>
<td>185,569 (at Dec 31/14)</td>
<td>275,084 (at Dec 31/14)</td>
<td>45,726 (at Dec 31/14)</td>
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<td>Retirees</td>
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<td>134,900 (at Dec 31/14)</td>
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<td>Annual Rate of Return</td>
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<td>Membership Requirements</td>
<td>Full-time employees: Mandatory and immediate&lt;br&gt;Part-time employees: Optional and immediate</td>
<td>Full-time employees: Mandatory and immediate&lt;br&gt;Part-time employees: Optional. Subject to minimum enrollment requirements</td>
<td>Full-time employees: Mandatory and after 450 hours worked&lt;br&gt;Part-time employees: Mandatory and after 450 hours worked</td>
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<td>Annual Benefit Formula (at age 65)</td>
<td>1.5% per year on average earnings up to Yearly Maximum Pensionable Earnings (YMPE)&lt;br&gt;2% per year on average earnings above YMPE (2015 YMPE is $53,600)</td>
<td>1.325% per year on average earnings up to YMPE&lt;br&gt;2% per year on average earnings above YMPE</td>
<td>$1.55 of monthly pension / $100 of contributions</td>
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<td>Contribution Rates</td>
<td>6.9% on earnings up to Yearly Maximum Pensionable Earnings (YMPE) + 9.2% on earnings above YMPE</td>
<td>9.0% on earnings up to YMPE + 14.6% on earnings above YMPE</td>
<td>Negotiated by the parties through collective bargaining ONA rates 4% contributions by employer and employee. Can be negotiated as high as 5 1/2% for each of employer and employee. Matching</td>
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<td>Depends on pension option selected e.g. 60%, 75%, 100%, 50% with waiver</td>
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Member Urges Others to Challenge Own Biases in Fight Against Racism

An ONA member has told our annual Human Rights and Equity Caucus, held at the Sheraton Centre in Toronto on November 17, that he has challenged the stereotypes he was surrounded by growing up and encourages other members to do the same.

“I am expected to tell you of the burning passion for human rights and equity I have espoused my whole life, but that would be inaccurate for I did not always have a desire to stick my neck out for others, let alone any of the equity groups here today,” began Benjamin Ramirez Jimenez, the LGBT representative on ONA’s Human Rights and Equity Team and “an immigrant from Latin America with South American Native roots as most Chileans are said to have.”

That is largely because Ramirez Jimenez, a self-described proud ONA member, nurse and homosexual man, grew up in what he calls “a fairly conservative, homogenous society,” hearing about stereotypes that were assumed to be factual and “quite often repeated by perfectly decent people close to my own heart.”

He cited examples such as his grandmother warning him about the “gypsies” who would steal children who disobeyed their parents, comedians who made jokes about “greedy Jews,” “girly gays” and “lazy Indians,” and popular music that perpetuated the stereotype that Africans are “savages” prone to violence for no reason.

Learning about the Experiences of Others

“So I became the LGBT rep mostly out of curiosity since, despite my upbringing, my family has always been very supportive and loving,” he said. “I do not have moving stories of personal suffering and abuse. I wanted to know the experiences of others, their struggles and who they were, apart from other narratives I have heard.”

And he certainly has. Since joining the team, Ramirez Jimenez has realized that LGBT persons are not just one label, but may also identify with racialized individuals, people with disabilities, and those who may be Francophone or First Nations – to name a few. “They are also sons, daughters, mothers, fathers, uncles, aunts and friends. They are nurses too!”

“I discovered that often these so-called harmless jokes, songs and stereotypes hurt people,” he said. “They also hide complacency, which precipitates the continuation of prejudice and injustice. We often overlook or choose not to advocate for others who might not be in “our” group. For example, as a gay man, I might not realize the added stresses or potential for injustice faced by a black lesbian woman. We also tend to discriminate based on race when we find it necessary to make a point on a preference for a stereotypical image of a race or another.”

But, he noted, human rights inequity, whether we are aware of it or not, makes us deny services, inflict suffering, perpetuate poverty and promote discordance among people, even inside our own minority groups, while, in contrast, human rights equity redirects our energy to work and act in harmony.

“We all need to reflect on these human rights and equity issues, especially that of racism – that ugly face that can make us hurt others and miss out on seeing the beauty and talent of others who are not like us, but who are very much like us!”

Securing a Workplace Free of Discrimination

Apart from laws and regulations that are meant to secure a workplace free of discrimination, Ramirez Jimenez said he has also discovered that we can all fight discrimination by:

- Questioning our personal apprehensions and false opinions.
- Realizing that our in-group may also be a participant in some form of discrimination.
- Questioning why a colleague believes a stereotype is true and challenging that.
- Refusing to remain silent, and instead speaking out by simply stating: “that is not true, that is hurtful and that is discriminatory!”

“I remember in an ONA meeting, I took to heart these words: ‘an injury done to one is done to all,’ and I extend this to also mean that a victory for one is a victory for all because I am made of many facets, many interests, many wants and needs. I am not different from any of you, and none of you is different from me,” he concluded. “I invite, encourage and challenge you to join me in making a commitment that you will try your best not only to identify discrimination, but to make a stand and speak out when you witness it wherever you are.”
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**

Directives issued by Health Ministry subject to Human Rights Code  
Region 4 Hospital  
(Arbitrator Randall, May 22, 2015)

ONA was successful in arguing that the employer violated the Human Rights Code when it refused to let a pregnant nurse work because she could not take Tamiflu. Although an outbreak had been declared at the hospital, the grievor did not work on an affected unit.

The grievor had received a flu vaccine, but because the vaccine takes two weeks to be effective, she was advised that she either had to take Tamiflu during the outbreak or remain off work. Due to her pregnancy, she was unable to take Tamiflu and as a result, she missed five shifts, all of which were unpaid.

The issue before the arbitrator was whether the hospital’s refusal to permit the grievor to work because she could not take Tamiflu was discrimination on the basis of sex.

The arbitrator found that the hospital violated the Human Rights Code by requiring the grievor to stay home with no pay. The hospital’s requirement (based on Ministry of Health and Long-Term Care (MOHLTC) direction) that all staff must either be vaccinated or take Tamiflu during an outbreak, was an “uncompromisingly stringent” standard, and was not reasonable in the circumstances.

The arbitrator noted that the outbreak was not on her particular unit, and that even if it had been, she could have worn a mask as a reasonable accommodation to keep her in the workplace. This was supported by the expert evidence called by the hospital. The arbitrator ordered the hospital to pay the grievor for the five days that she was unable to work.

This decision is important because it confirms that directives issued by the MOHLTC under the Health Protection and Promotion Act are subject to the Human Rights Code. Employers cannot rigidly follow those directives without considering their obligations under the Code.

Nurses entitled to premium pay when employer changes posted schedule  
Region 1 Hospital  
(Arbitrator Stephens, September 1, 2015)

ONA has won an important decision clarifying when premium pay is owed for working on a day off.

In this case, nurses worked a two-day, two-night rotation. The schedule was posted, but the employer changed it, requiring the affected nurses to work on days that were originally scheduled as their days off.

In all instances, the employer gave more than 48 hours notice of the change, and sometimes several weeks. ONA claimed premium pay under the clarity note in Article 14.01(a) because the nurses were required to work on their scheduled days off.

The issue before the arbitrator was whether premium was payable when an employer makes changes to the posted schedule with more than 48 hours notice.

The employer argued that it was entitled to change the schedule at any time and that premium was only payable when the change was made with less than 48 hours notice.

ONA argued that the purpose of the clarity note in Article 14.01(a) was to safeguard a nurse’s schedule and to provide a financial disincentive against the employer making changes to the schedule once it is posted.

Arbitrator Stephens accepted ONA’s arguments and agreed that the parties intended for a “scheduled day off” to refer to a day on which the employee is not scheduled to work on the originally posted schedule. The members were entitled to premium pay under Article 14.01(a).

**WSIB**

Medical consultants’ opinions not always taken  
Region 4 Hospital  
(June 3, 2015)

The member, a full-time RN, injured both shoulders while working in the Mood Disorder Outpatient Clinic performing Repetitive Transcranial Magnetic Stimulation Treatments (RTMS). She experienced pain in her right shoulder for approximately one year before she connected the pain with her work duties in April 2004 while performing the RTMS procedure. She reported the injury immediately and a WSIB claim was filed.

WSIB accepted that the member’s job duties involved repetitive arm movements above the waist and allowed the claim for health care as the member had not lost any time from work.

In September 2004, the member reported a left shoulder injury as she was compensating for her right shoulder, and the WSIB extended entitlement to the left shoulder. When physiotherapy and anti-inflammatory only provided mild relief, the member was referred to the Shoulder and Elbow Clinic for an assessment.

The report noted that she had a gradual...
onset of symptoms in the lateral aspect of both shoulders. The surgeon indicated the x-ray revealed a Type 3 acromion on the lateral view and that she had chronic rotator cuff tendinopathy and impingement. The surgeon concluded the member would be a candidate for subacromial injections and arthroscopic rotator cuff decompression.

In December 2005, the member was assessed by another surgeon, who noted she had two to three years worth of pain related to performing repetitive and prolonged positions with her shoulders on a gradual basis, and agreed she was a candidate for surgery to both shoulders. The member had right shoulder surgery on March 28, 2006.

The WSIB sought a medical opinion from its Medical Consultant (MC), who stated the surgery was related to the underlying major pre-existing condition more than the workplace injury. That opinion was based on the December 2005 report from the second surgeon. WSIB denied entitlement to the shoulder surgery.

ONA appealed that decision, stating the MC didn’t take into account that it was the beginning of 2004 when the member reported her injury and at that time, she noted she had been experiencing pain for one year. By the time the member saw the surgeon in December 2005, it had been almost three years since the onset of the pain. ONA also provided medical from the member’s family doctor supporting that she never sought medical treatment for her shoulders prior to the workplace injury.

The employer took part in the appeal and submitted a report from its in-house MC, who was of the opinion the work the member performed was not repetitive and could not have been the source of her extensive shoul-
der pathology. He agreed with the WSIB’s MC that the member had a pre-existing condition that was the major contributing factor to the shoulder surgery.

In our rebuttal, ONA submitted a very detailed account of the RTMS procedure and referred to the ergonomic reports on file, which supported our position of the work being repetitive. The reports also recommended changes in the equipment and the way the work was performed.

In his decision, the Appeals Resolution Officer agreed the member’s job duties did contribute to the development of the bilateral shoulder condition and that the evidence does support that the work duties were repetitive and involved prolonged positions of both shoulders. He also stated he didn’t place much weight on the opinion provided by either the WSIB’s MC or the employer representative’s MC, preferring the medical opinions of the surgeons who examined the member in April 2005 and December 2005.

This decision resulted in a Loss of Earnings award for the member from March 28 to July 9, 2006 of more than $12,000.
Ontario has the second worst nurse-to-population ratio in Canada.

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