Hospitals Propose Gutting Wages, Benefits, Job Security Provisions — No Contract for Hospital RNs

After three futile weeks of bargaining with the Ontario Hospital Association (OHA), talks for a renewed collective agreement for our 58,000 registered nurses and allied health professionals in the hospital sector have broken down.

Negotiations came to an abrupt halt on February 12 after the OHA made a final offer that would result in the gutting of our members’ wages, benefits and job security. Throughout contract talks, ONA’s Hospital Central Negotiating Team, chaired by Local 99 Coordinator and Kingston General Hospital Bargaining Unit President Cathryn Hoy, remained committed to your priorities identified in our recent Have a Say bargaining questionnaire, but the OHA refused to address many of them.

“Unsafe RN staffing levels are rampant throughout the province as hospitals cut RN positions to balance budgets, and increasingly, RNs are unable to provide care consistent to our College of Nurses of Ontario standards,” said ONA President Linda...
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.

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Vicki McKenna, RN
First VP, VM #2314
Political Action & Professional Issues

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VP Region 1, VM #7710
Human Rights & Equity

Anne Clark, RN
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Education

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Labour Relations

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Occupational Health & Safety

Karen Bertrand, RN
VP Region 5, VM #7702
Local Finance

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Hospitals Propose Gutting Wages, Benefits, Job Security Provisions – No Contract for Hospital RNs

Haslam-Stroud. “We made it clear from day one of negotiations that something must be done immediately to stop the mammoth wave of RN cuts.”

As the current hospital central collective agreement expires on March 31, 2016, bargaining began during the week of November 9, 2015, followed by further talks from January 18-22 and February 8-10. After mediation with John Stout on February 11-12 failed to result in a settlement, ONA and the OHA agreed to proceed to arbitration on March 21-22 with Arbitrator Chris Albertyn.

When the arbitrator’s decision is released, a provincial hospital sector meeting for ONA leaders will be called, information will be posted on our website at www.ona.org/bargaining, and membership information sessions will be held in each Bargaining Unit. The arbitrator’s decision is final and binding.

“Our members need to know that their employers were demanding concessions in all areas of wages, benefits and job security,” stated Haslam-Stroud. “We are now going to arbitration with virtually nothing settled. This obviously isn’t the result we were hoping for, but I can assure you that your hospital team is strong and united and has never wavered from its commitment to achieving a collective agreement that demonstrates respect for RNs and allied health professionals. But we will not have hospitals balance their budgets on your backs, and at the expense of the quality patient care. We will not bargain away our future or our ability to provide quality patient care. Nor are we prepared to devalue the contributions made by our hospital RNs and allied health professionals, who are crucial components of the healthcare system. Our agenda does not include concessions!

“The continuation of our Nurses Know campaign, which focuses on the unique role and set of skills RNs bring to health care, couldn’t be more timely.”

As we await the arbitration hearing, we strongly encourage you to contact your MPP at www.ona.org/political_action/contact_mpp.html to stress the need for the government to take immediate action to stop all RN cuts in Ontario now! And please get involved in our Nurses Know campaign in any way you can. For information on that campaign and what you can do, see the cover wrap and the story on page 10.

For regular updates, log onto www.ona.org/bargaining

DECEMBER BOARD HIGHLIGHTS

The ONA Board of Directors welcomed newly-elected Region 4 Vice-President Laurie Brown, whose term runs until December 31, 2016, to its December meeting. The following are key highlights from that meeting, which took place from December 8-10 at ONA’s provincial office in Toronto:

- Changes were made to the 2016 Board portfolios. Brown takes over the portfolio of Occupational Health and Safety from Region 3 Vice-President Andy Summers, who assumes the Labour Relations portfolio. The remaining Board members maintain their current portfolios (see masthead on pg. 2).

- ONA will provide $45,000 to the Ontario Health Coalition this year: $10,000 for sponsorship, $20,000 for campaigns and $15,000 for a 2016 province-wide referendum on hospital cuts and privatization of services.

- Recommendations from the Nursing Week Team were approved, including inviting representatives from Johnson and the Healthcare of Ontario Pension Plan to members’ meet-and-greets and promoting Local Nursing Week events via Facebook. You will find a copy of the December issue of Board Highlights on our website (www.ona.org) under “ONA News.” The subsequent Board meeting took place from February 22-25 and highlights will appear in an upcoming issue.
Let’s Get Loud: Enough is Enough!

Unfortunately, 2016 has brought a further erosion of our positions and the breakdown of hospital bargaining, and we need to rally together like never before to successfully fight back.

The facts are sobering. In just over one month at the beginning of the year, a whopping 409 RN positions were slashed in our province. When we entered into bargaining with the Ontario Hospital Association last November, we made it crystal clear that we needed this alarming trend addressed for the betterment of patient care. But not only was that completely overlooked, concessions to our contract were tabled.

While we were very hopeful of reaching a settlement, we negotiated with a group that, when the Health Minister announced changes to hospital parking fees, spoke up about the impact of lost revenue on capital projects with no mention whatsoever of RN staffing cuts. That speaks volumes, and is yet another reason why our Nurses Know campaign is continuing.

I am proud of the work of your hospital team, which continues to stand firm in our commitment to obtain an agreement that fairly reflects the contributions you make to our patients—and I am optimistic we will get there.

As we await arbitration, we are calling on the provincial government to give hospitals a strong wake-up call about the integral role that RNs play. RNs have had enough of staffing shortages leading to death and disease, escalating workloads and violence. We suffer from work environments that contribute to the highest injury and illness rates of any profession. And we say enough is enough!

But we are also calling on all members to GET LOUD and let the government, our employers and our patients know that we are not going to accept cuts to our positions and rollbacks to our contract! We deserve better. Our health-care system deserves better. And most important of all, our patients deserve better!

Nurses Know.

Faisons-nous entendre : trop c’est trop!

Malheureusement, l’année 2016 attire dans son sillage de nouvelles pertes d’emplois et la rupture des négociations avec les hôpitaux. Nous devons nous mobiliser comme jamais auparavant afin de riposter efficacement.

Les faits font réfléchir. En un peu plus d’un mois au début de l’année, 409 postes d’IA ont été sabrés dans notre province, ce qui est énorme. Quand nous avons amorcé les négociations avec l’Association des hôpitaux de l’Ontario en novembre dernier, nous avons été très clair(e)s sur la nécessité de contester cette tendance alarmante pour améliorer les soins prodigués aux patients. Pourtant, non seulement cette question a été complètement laissée de côté, mais des concessions à notre convention ont été reportées.

Si nous avions bon espoir de parvenir à une entente, nous avons négocié avec un groupe qui, quand le ministre de la Santé a annoncé des changements aux frais de stationnement des hôpitaux, a dénoncé les répercussions que la perte de revenus aurait sur les projets d’immobilisation, sans mentionner aucunement les suppressions de postes d’IA. Cela en dit long, et c’est une autre raison pour laquelle notre campagne La vérité blesse. Les infirmiers et les infirmières le savent se poursuit.

Je suis fière du travail que votre équipe de négociation des hôpitaux a accompli, laquelle continue de croire fermement en notre engagement à obtenir une convention qui reflète de façon équitable vos contributions envers nos patients, et je reste convaincue que nous y parviendrons.

En attendant l’arbitrage, nous exhortons le gouvernement provincial à adresser un retentissant signal d’alarme aux hôpitaux sur le rôle de premier plan que jouent les IA. Les IA en ont assez des pénuries de personnel qui mènent à davantage de maladies et de décès, à l’augmentation de la charge de travail et à l’escalade de la violence. Nous souffrons de travailler dans des milieux où les taux de blessures et de maladies sont parmi les taux les plus élevés, toutes professions confondues. Trop c’est trop!

Nous exhortons également tous les membres à PARLER HAUT ET FORT et à faire savoir au gouvernement, à nos employeurs et à nos patients que nous n’accepterons ni des coupures de postes ni le recul de notre convention! Nous méritons mieux. Notre système de soins de santé mérite mieux également et par-dessus tout, nos patients méritent mieux! Les infirmiers et les infirmières le savent.
ONA and Your Advocacy Improving Staffing and Workloads

With RN positions being eliminated in Ontario virtually on a weekly basis, it’s not surprising that the issue I hear most from our members is workload. Quite simply, you are run ragged trying to provide quality safe patient care under extremely difficult conditions.

But I want to assure you that your union is making a huge difference. More and more, we are reaching settlements with your employers that are significantly changing your work environments, often eliminating the need for an Independent Assessment Committee (IAC) hearing – the last step in the process to address our members’ key workload concerns.

On the next page, you’ll see one such settlement at Kingston General Hospital that resulted in an increase to baseline staffing and additional security guards in the emergency department, while members in the Critical Care Program are experiencing better communications and significantly improved morale thanks to the implementation of almost all recommendations from their IAC.

These success stories did not come about by our members accepting their increased workloads as inevitable. It came about because they brought their serious concerns to ONA. We were able to meet with their employers and come up with meaningful and viable solutions. And we have been successful in making these settlements binding, with timelines for implementation and sustainability built into them. They are real measures the employer must act on, and ONA is there to make sure they do. We can do the same for you!

So the next time you are faced with what you may consider the “daunting” task of completing an ONA workload form, remember all the positive changes that can come about, not just to your own working lives, but to the care our patients are able to receive as a result of nurses speaking out. And please fill it out!

L’AIIO et votre engagement à renforcer les effectifs et à alléger la charge de travail

En raison de l’élimination de postes d’IA pratiquement chaque semaine en Ontario, il n’est pas étonnant que le problème que j’entends soulevé le plus souvent par les membres soit la charge de travail. Vous n’arrêtez pas de courir, littéralement, vous épuisant pour prodiguer des soins de qualité aux patients en toute sécurité dans des conditions extrêmement difficiles.

Toutefois, je tiens à vous assurer que votre syndicat contribue grandement à changer les choses. De plus en plus, nous parvenons à des ententes avec vos employeurs qui changent considérablement vos milieux de travail, en éliminant souvent la nécessité d’organiser des audiences devant un comité d’évaluation indépendant. Le comité constitue la dernière étape du processus pour trouver une solution aux principales difficultés qu’éprouvent nos membres en ce qui concerne la charge de travail.

Sur la page suivante, vous verrez l’une de ses ententes avec l’Hôpital général de Kingston qui a donné lieu à une hausse des effectifs de base et du nombre de gardes de sécurité, tandis que les membres du programme de soins intensifs ont de meilleures communications et un meilleur moral grâce à la mise en œuvre de presque toutes les recommandations de leur comité d’évaluation indépendant.

Ces réussites découlent du refus de nos membres de considérer ces charges de travail accrues comme inévitables. Elles résultent de la communication de leurs grandes préoccupations à l’AIIO. Nous avons ainsi eu la possibilité de rencontrer leurs employeurs et de trouver avec lui une solution efficace et viable. Nous avons réussi à rendre ces ententes obligatoires et à les faire appliquer dans des délais précis en y intégrant un facteur de durabilité. Ce sont des mesures concrètes que l’employeur doit mettre en application, et l’AIIO est là pour s’en assurer. Nous pouvons faire la même chose pour vous!

Par conséquent, la prochaine fois que vous ferez face à ce que vous considérez comme une tâche complexe, soit de remplir un formulaire de l’AIIO sur la charge de travail, souvenez-vous de tous les changements positifs qui peuvent en découler, non seulement en ce qui concerne vos conditions de travail, mais aussi la qualité des soins que nos patients peuvent recevoir si les infirmières et infirmiers se font entendre. S’il-vous-plait, remplissez-le!
Bargaining Unit Success Story!

Members Bring about Significant Changes to Kingston Hospital

Thanks to our members diligently filling out their workload forms, they are seeing significant improvements in the emergency department (ED) and Critical Care Program at Kingston General Hospital.

Emergency Department
Ongoing issues in the ED, dating back to 2010, of insufficient baseline staffing based on patient volumes, acuity and a constant state of gridlock, resulted in increased hallway care. Despite that, nursing hours were cut from the department in 2013 and efforts to have that reversed and a permanent increase in staffing beyond the previous loss were not achieved.

ONA Professional Practice staff got involved and an Independent Assessment Committee (IAC) hearing was called. However, changes in leadership at the hospital resulted in substantial actions to address the situation with ONA.

As a result, a Minutes of Settlement was signed with the employer on September 29, 2015, which averted the IAC.

The unit will now see an increase of one RN 24/7, and an increase of five permanent full-time and six permanent part-time positions to achieve new baseline staffing. The RN float position hours returned to a 12-hour shift (it had been reduced to 10 hours). There is also an increase in security guards and coverage by 16 hours per day. Also, all entry points to the ED have been secured with card swipe entry.

Critical Care Program
Things are also looking up for the hospital’s Critical Care Program, where an IAC issued 56 recommendations in April 2013 over RNs’ practice and workload issues.

Since that time, ONA has met regularly with the employer to gauge progress in implementing the recommendations, including an update review on March 10, 2015 and follow-up last fall. We are pleased to report most of the 56 recommendations have been implemented, and the unit’s staffing, retention and morale have improved immensely. A change in the program director resulted in improved communications, collaboration and transparency. A number of documents/tools were developed to support decision making related to increased acuity and volume to support safe patient assignments. And staff meetings and education days occur regularly to support ongoing learning for new and seasoned staff.

“These are huge wins for staffing and patient care, and members are thrilled we were able to accomplish them,” said Local 99 Coordinator and Kingston General Hospital Bargaining Unit President Cathryn Hoy.

Runnymede Nurses Raise Awareness About Cuts

Nurses from Runnymede Healthcare Centre in Toronto, along with ONA staff, stage an information picket near the hospital on November 30 to raise awareness about the employer’s plan to remove a staggering 41,000 RN hours per year, despite an 8.5 per cent budget surplus. “It’s shocking that a hospital would chose to cut front-line nursing services under the guise of adopting a new nursing model to enhance the patient experience, while refusing to look elsewhere for efficiencies,” said ONA President Linda Haslam-Stroud, who has sent a letter to Runnymede President and CEO Connie Dejak decrying the cuts. “Runnymede Healthcare Centre boasts of the superiority of its care on its website, but cutting RN care from 82,000 hours per year to half of that is anything but superior. It’s absolutely frightening.” Please support Runnymede nurses by signing our petition calling on the CEO and Board of Directors to reverse their plans and stop the cuts at www.ona.org/runnymede.
When it comes to celebrating Nursing Week, one Local Coordinator doesn’t have any problems “rallying her troops!”

In fact, every single one of Local 2 Coordinator Kristy Martin’s 19 Bargaining Units plan special events during the week to make sure all members know how much they are appreciated.

“I have to give credit to the former Local Coordinator, Bernadette Denis, who got the ball rolling and is always encouraging me,” said Martin. “I have built on her work, and each year, Nursing Week gets better and better.”

Despite her modesty, Martin plays a big part in that. At the first Local executive meeting of the year, she makes sure Nursing Week is on the agenda, so the group can brainstorm ideas. She also uses money from the Local’s discretionary fund to support her Bargaining Unit Presidents’ Nursing Week plans, something she urges all Locals to do.

And her efforts are paying off. From education sessions on key topics to special lunches/suppers to celebratory cakes and coffee, each Bargaining Unit President comes up with exciting ways to acknowledge Nursing Week. Some, such as the nursing homes group, often plan events together. As events are purposely held on different days of the week, ONA President Linda Haslam-Stroud, First Vice-President Vicki McKenna, Region 1 Vice-President Pam Mancuso and Martin have been frequent guests.

“Our members are ecstatic that they come to our small communities,” Martin said, noting that an impressive 50 to 75 per cent of members attend Nursing Week events. “Their feedback is so positive. You can tell how much these events energize them.”

A large part of that success is getting buy-in from employers, but thanks to the Bargaining Unit Presidents letting them know Nursing Week is a wonderful opportunity to give back to their nurses, they have little difficulty. And even when they come across roadblocks, they are up to the challenge. Martin cites the example of Finlandia Nursing Home Bargaining Unit Presidents Nancy Pellerin (who represents the RNs) and Janice Prete (who represents the RPNs), who pool their Nursing Week funds to celebrate together.

“The PSWs and other health care workers have a different union, and Janice and Nancy starting getting bad feelings. While they told them they aren’t just celebrating the RNs and RPNs, but Nursing Week in general, the situation escalated to the point where the employer told them they couldn’t hold Nursing Week events anymore. Janice went straight to the CEO to voice her concerns and the local president of the other union, suggesting they ask their union if they would fund something special for their members. The PSWs ended up getting money for pizza and lunch. Now they all celebrate together!”

But Martin notes the week isn’t just about celebrating.

“Times aren’t getting any easier, and Nursing Week is a great opportunity for members to learn about ONA and to start that engagement. I ask them to support their Bargaining Unit Presidents and get involved in their union because we are stronger together and we need their ideas. We must celebrate who we are and what we do, and have each other’s back.”

And it doesn’t end with Nursing Week. At the first executive meeting following the week, Martin thanks her Bargaining Unit Presidents, reflects on their events and discusses what they can to keep the momentum going.

“I am so proud of my Bargaining Unit Presidents; they are the best. They embrace Nursing Week with all their hearts because they are genuinely concerned about members and want to make things better. It’s a lot of hard work, and they already do so much, but as they see the positive impact Nursing Week has on their members, that’s what fuels their fire.”

Nursing Week will be celebrated from May 9-15, 2016. Check your ONA Board to see what may be planned for your workplace and visit www.ona.org/nw16 for other Nursing Week news.
It may be worlds away from one ONA member’s nursing beginnings on a Caribbean island to a remote northern Ontario First Nation reserve, but she says the change has only made her a better nurse.

Tamara Bailey, who trained as an RN at the University of the West Indies and has worked as a nurse in her home country of Jamaica, immigrated to Canada in 2014 and headed straight to her new job at the Attawapiskat Hospital, the most remote site of the Weeneebayko Area Health Authority, located 500 kilometres north of Timmins on the shores of James Bay.

“The north is a great place to work to develop skills in the expanded nursing role,” said Bailey, who is also an ONA rep. “I have grown as a professional since working here and I would hope to keep these skills.”

But, she points out, nursing in the remote north is not without its challenges.

“There are fewer staff across all disciplines and no permanent doctor on site. We don’t have all the services and supplies in immediate reach, so we have to be able to handle extreme circumstances if the need arises. We are short-staffed and have to be available for extra duty or if the employer requires us to work medivac clients, for example, when the weather is poor. And we don’t have a permanent Director of Patient Care, which has caused some disorganization. We work mostly under highly stressful circumstances, but we manage it well.”

But perhaps the most stressful situation came in November 2014, when heating oil spilled in the crawl space of the hospital and resulted in staff having to provide emergency services at a temporary clinic in the Attawapiskat health centre for more than a year.

“We had to get supplies from the hospital and sometimes they were needed right away,” Bailey said. “We didn’t have an official security system. There were front desk clerks at the centre who sometimes didn’t come to work, which left the nurse to answer phones plus manage patients. When an RN is working alone at nights or on weekends, the workload is increased if the clerk doesn’t show, which may leave that nurse completely alone in the building. The staff and the community was very patient with this process, but we had to work under difficult circumstances to ensure the health care needs of the community continued.”

Despite these unique challenges, Bailey said working in the remote north has distinct advantages. Apart from loving the staff she works with, those advantages include financial incentives, such as allowances, housing and paid flights twice per year.

“It could be even more rewarding if the community was recognized more by receiving essential services on time from the authorities,” she suggested. “If this was in an urban area, the oil leak might not have taken this long to be cleaned up.”

Knowing that ONA has their backs helps Bailey and her members deal with the unique situations the north can bring.

“ONA greatly helps with the challenges by informing us of the proper protocols to follow in reporting them, approaching the employer with our issues and trying to solve them,” she said, adding she became active “to learn, be exposed to ONA, understand my rights as an RN and contribute new ideas.”

And if any members out there are looking for a career change, Bailey can’t speak highly enough about nursing in the remote north.

“There is a wealth of knowledge to be gained and skills that are accomplished, which would carry any RN through her or his nursing career,” she concluded. “It’s a rewarding experience to provide care for people who really need it, to help them get out of the community for essential services we can’t provide, and to see them recover due to the care they received because I have practiced in an expanded role.”
You have the Right to Wear White!

ONA continues to promote the Wear White on Wednesdays initiative, so patients and the public can easily identify RNs and their invaluable contributions to our health care team.

But we have heard from some members that their employers have other uniform codes in place or colours they specifically want you to wear, and wonder how that affects your right to wear white.

If your collective agreement does not contain a provision about a dress code or uniform, the employer can implement a policy. But the policy must be reasonable, clear and consistently enforced. The reasonableness of a dress code policy is determined by balancing the legitimate business interest of the employer and the personal rights of employees.

When it comes to wearing white on Wednesdays, an employer would have to show objective evidence that doing so threatens or has a prejudicial effect on the employer’s image. In the hospital sector, the question has been phrased by an arbitrator as to whether the policy – in this case wearing white – would negatively affect health outcomes.

If there is a uniform policy, the employee needs to comply with that policy. If ONA disagrees with the policy, we can file a grievance (but in the meantime, you would need to comply with the policy).

In workplaces where the employer has not specifically implemented a uniform, there should be no prohibition against a nurse wearing white on Wednesdays.

Also in the North...

Despite the vastness of her geographical region and distance between Bargaining Units, Region 1 Vice-President Pam Mancuso (far right) makes it a priority to conduct site visits, including this stop at Atikokan General Hospital in northwestern Ontario last fall, to learn about our northern members’ unique experiences and challenges first hand. Mancuso was joined by Local 81 Coordinator Dawn Armstrong (far left).

If the employer’s concern is that wearing white is a political statement, either because it says “ONA” or “RN” on the scrubs, our members have the right to free expression and there is nothing improper about identifying one’s profession. Furthermore, many nurses already wear ONA pins and/or ONA lanyards.
Nurses Know Spring Campaign Focuses on Local Action

While the next phase of our Nurses Know campaign continues to feature a strong provincial advertising component, we are also urging members to get more involved in promoting its key messages in your communities.

Nurses Know launched last fall to increase awareness to the public, our employers and the government that ongoing cuts to nursing positions throughout Ontario is severely compromising safe, quality patient care. It featured a series of powerful, eye-catching ads on bus exteriors and transit shelters, radio ads, bilingual print ads, advertorials, streaming videos, and a strong social media component.

“RNs have a long history as trusted advocates for patients and their families, and a unique front-line perspective," said ONA President Linda Haslam-Stroud. "But despite the fact nurses’ skills and knowledge are the glue that holds the system together, too often the value of their expertise is overlooked in the health-care planning process. In this campaign, nurses are raising their voices about health-care challenges and the root causes that must be addressed, hence the very simple, yet very effective slogan, Nurses Know.”

In just over a month in early 2016, 409 RN positions were eliminated

Next Phase

For the next phase of our campaign this spring, ONA is beefing up our radio and print presence, adding two television commercials and taking full advantage of social media to ensure Ontarians are fully aware of how these cuts will impact their health care.

But the real focus is in our Locals where the cuts are happening. We are asking you to sign our petition for better care and talk to your MPP about what he/she is prepared to do; join our virtual rally to share a message on social media at a coordinated time; tell us how cuts have affected you; and attend campaign events in your area (see the wrap cover on this issue for more details).

“Your involvement in this campaign need not be overwhelming, but it will make an enormous difference to having the kind of health-care system with the appropriate number of RNs we envision,” added Haslam-Stroud. “The cuts and bleeding of our health-care system have to stop and we have to be the ones to stop it.”
Stop Further Erosion of RN Positions, ONA Tells Pre-Budget Consultations

The government’s action plan to put “patients first” will not succeed if it does not address the essential role of RNs in the delivery of quality patient care, ONA Negotiations Manager Bev Mathers (far right) told the Standing Committee on Finance and Economic Affairs during the pre-budget consultations at Queen’s Park on February 1. “Ontarians want their government to make quality patient care the top priority in strategic planning, but adopting an approach where RN staff that remain are told to ‘do the best you can’ is not strategic,” Mathers relayed to the committee, which is listening to the priorities and concerns of Ontarians in preparation for the Ontario budget, which came down on February 25. ONA’s recommendations include: implementing a moratorium on any further erosion of RN positions; improving hospital base operating funding to at least cover inflation and population growth; funding and developing a multi-year nursing human resources plan to reduce the significant gap in the RN-to-population ratio; moving towards a fully integrated public home care system; funding and enforcing a staffing standard in long-term care homes; and funding a health care action plan for workplace violence prevention to mandate such things as RN staffing levels and appropriate security. Supporting Mathers are ONA member Jenny Poon from St. Joseph’s Health Centre in Toronto, Region 3 Vice-President Andy Summers, Local 115 Coordinator Faye Loverock and Government Relations Officer Lawrence Walter. To read ONA’s full submission, log onto www.ona.org/submissions.

Close the Wage Gap, ONA Urges in Wake of International Women’s Day

Ontario must acknowledge that economic equality is a human right, ONA states in a submission to the Wage Gap Steering Committee just in time for International Women’s Day on March 8, which recognizes the achievements and honours the struggles of all women.

In early 2015, the Premier asked the Minister of Labour and the Minister Responsible for Women’s Issues to develop a strategy to close the wage gap, which is approximately 30 per cent (meaning women earn about 70 cents for every dollar earned by a man). Last April, a Gender Wage Gap Strategy Steering Committee was appointed to provide advice and recommendations to the Ministers, which included engaging in consultations.

ONA’s recommendations to the committee include: amend the Pay Equity Act to allow for better and equal access to pay equity for women and to require employers to maintain female job rates at those of their proxy employer; improve enforcement of the Act, acknowledging the union’s role in maintaining pay equity; and encourage unionization and reinstate card-based certification for all work. The committee is expected to release recommendations in the spring.

“We are hopeful the committee will include meaningful steps to eliminate the wage gap,” said ONA President Linda Haslam-Stroud. “Until then, ONA will continue to fight for our members’ right to equal pay and for fair compensation and benefits.”

To view the entire submission, log onto www.ona.org/submissions. You can also read about the importance of International Women’s Day at www.ona.org.
**MYTH | FACT**

**Debunking Union Myths**

As an ONA member, you’ve likely heard a lot of inaccurate information and harmful rhetoric about what unions are all about. Front Lines is launching a new series to separate the facts from the fiction.

**MYTH:** Unions push into workplaces and use coercion or intimidation to gain new members.

**FACT:** Unions exist because the majority of workers believe very strongly that the introduction of a union will help better their lives through improved working conditions, wages and benefits. They are democratic organizations that value input from members.

A union is created when a majority of workers in a particular workplace sign membership cards. In Ontario, this action leads to a government-supervised, secret-ballot vote to determine if the majority of people in that workplace want the union to represent them. To win, the union must have a 50-per-cent-plus-one vote.

There are laws that prevent both the union and the employer from intimidating or harassing employees, which would certainly not be in the union’s best interest anyway.

Further questions? Please talk to your Bargaining Unit President.

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**We Won! Anti-Union Bill Repealed**

After months and months of lobbying by our members, the new federal government has tabled legislation to repeal the regressive Bill C-377.

The bill was designed to weaken unions by forcing redundant and unreasonable financial reporting, which would have taken time away from providing exemplary services to our members. In announcing the repeal, the Liberals said there are already federal and provincial labour rules in place requiring unions to show members how they are spending their dues.

“Bill C-377 was nothing more than an attempt to undermine unions’ ability to do important work like protecting jobs, promoting workplace health and safety, and advocating on behalf of not just our members, but all workers,” said ONA First Vice-President Vicki McKenna. “We are pleased this new government recognizes the importance of fair labour relations, and supports the role of unions in the workplace.”

Bill C-377 was pushed through Parliament by the Conservative government in June despite loud opposition from many groups, including ONA, which embarked on a letter-writing campaign, Conservative and Liberal senators, constitutional experts, Canada’s privacy commissioner and the Canadian Bar Association, which called it a “bad bill.”

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**Bits and Bytes: Online ONA News at Your Fingertips!**

The ona.org website is your one-stop shop to the latest ONA news and events. Be sure to check it often for:

- **Important bargaining updates at** [www.ona.org/bargaining](http://www.ona.org/bargaining).
  
  This year, all sectors are in bargaining and it’s vital to be informed on all negotiation updates (see cover and Your Contract, pg. 14). From the hospital sector to nursing homes, any bargaining news will be posted on the website and promoted through ONA’s Facebook and Twitter pages.

- **Global nursing issues and support.** A new page called Global Nursing Partners (which is linked on our home page under the magenta tab) highlights ONA’s support of many global nursing organizations. Through our strong affiliation with the Canadian Federation of Nurses Unions, ONA is a proud supporter of Global Nurses United. This vocal group is comprised of nursing leaders in several nations and is integral in fighting against the effects of unsafe RN staffing levels, austerity measures, privatization and other issues that make our world a better and stronger place to live.

- **ONA news articles.** Important news is posted virtually every week. From meeting events to special announcements and initiatives, visit the ONA News feed off of the home page. Click on the “See All News Stories” to read the latest news from ONA (see graphic above).

- **Your Local collective agreement.** Hundreds of agreements from all sectors are found on ona.org. Simply go to [www.ona.org/ca](http://www.ona.org/ca) and find your agreement today.

Although we are redeveloping ona.org, we continue to update the website with need-to-know news. Be sure to visit the site often. If you have questions about the website, please email Communications Officer Katherine Russo at katheriner@ona.org.
The Employment and Labour Statute Law Amendment Act, 2015 received Royal Assent on December 10, amending the Workplace Safety and Insurance Act, the Fire Prevention and Protection Act, and the Public Sector Labour Relations Act. ONA opposed the proposed amendments to the Public Sector Labour Relations Act (PSLRTA) during the bill’s legislative hearings, believing they would not stand charter scrutiny. By depriving members of the union of their choice, on the basis that they fall below an arbitrary minimum percentage of a newly integrated Bargaining Unit, is an unnecessary infringement of their charter right to the union of their choice. The legislated changes in Schedule 2 under PSLRTA are totally unnecessary, as there is no evidence of problems under the current provisions. Schedule 2 is seeking a solution to a problem that does not exist, the result of which is the unintended consequence of undermining workplace democracy. Having a vote without any arbitrary cut-off is consistent with workplace democracy and Charter rights. While the percentage threshold is to be determined in regulation, ONA takes the position that this is contrary to workplace democracy and will continue to voice this objection to the Minister of Labour. We will be in discussion with the Minister regarding a regulation to establish any percentage threshold.

Fifty clinics in Ontario are now offering government-funded fertility treatments after the province announced it is making them more accessible by contributing to the cost of one in vitro fertilization (IVF) cycle per eligible patient per lifetime. To view a list of the clinics, visit health.gov.on.ca/en/public/programs/ivf/pub_clinics.aspx.

A Provincial-Territorial Expert Advisory Group has issued its final report on physician-assisted dying, which covers issues such as eligibility criteria, protection of vulnerable people and the role of conscientiously objecting health care providers. The expert advisory group spent three months consulting with key organizations, experts and community leaders from across Canada in preparation for the report, which is to assist provinces and territories as they prepare for the implementation of physician-assisted dying. Ontario also held public consultations in nine communities, as well as through an online survey. Ontarians were able to provide their input on key issues, including safeguards to protect vulnerable people, the impact on families and caregivers, and the role of health care providers in providing physician-assisted dying. In February 2015, the Supreme Court of Canada struck down the federal law prohibiting physician-assisted dying, giving federal and provincial governments 12 months to respond to the ruling. As provinces and territories have the primary responsibility to provide health care, Ontario will need to consider whether regulatory or other changes are required when the decision on physician-assisted dying takes effect.

Ontario has released a discussion paper, Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario for consultation. The province is seeking feedback on the proposal, which aims to improve patient access to care, from the public and the health care sector, and ONA will be an active participant. The discussion paper outlines four proposals, including an expanded role for Local Health Integration Networks (LHINs) in terms of primary care and home and community care. The discussion paper proposes the transfer of direct responsibility for service management and delivery from community care access centres (CCACs) to LHINs, meaning CCAC employees providing support to clients would also be transitioned to LHINs and CCAC boards would be dissolved. The discussion paper is available at www.health.gov.on.ca/en/news/bulletin/2015/hb_20151217.aspx.

Hospital parking will now be more affordable for patients, their loved ones and caregivers, the province has announced. As of October 1, 2016, hospitals that charge more than $10 a day for parking will be required to provide five, 10 and 30-day passes that are: discounted by 50 per cent off their daily rate; transferrable between patients and caregivers; equipped with in-and-out privileges throughout a 24-hour period; and good for one year from the date of purchase. ONA has long spoken out about the financial burden of hospital parking fees, calling them a barrier to health care.

Ontario has announced $16.2 million to fund 1,000 supporting housing units across the province, including $4 million for 248 units in 2016-17. The province is also providing $2 million to 10 Indigenous organizations to examine the unique mental health and addiction issues facing Indigenous peoples across the province, and $1.2 million for the creation of a new centre to help approximately 2,100 adults each year in London, who are dealing with mental health or addiction challenges, to get the treatment and care they need.

Former Deputy Progressive Conservative leader Christine Elliott has been named the province’s first-ever Patient Ombudsman. In her new role, which is effective on July 1, 2016, Elliott will help meet the needs of patients who have not had their concerns resolved through existing complaint mechanisms.
Nursing Homes Bargaining
While bargaining has broken down for a renewed hospital central agreement (see cover story), 2016 is also a bargaining year for our nursing home members.

ONA’s Nursing Homes Central Bargaining Team has been elected by their peers in that sector. Congratulations to the new team, who began their role in February:

- **Region 1 Rep:** Judith Wright, Revera LTC – Lakehead Manor, Local 14.
- **Region 2 Rep:** Shelley Vandenberg, Pleasant Meadow Manor, Local 3.
- **Region 3 Full-Time Rep:** Mary Clarke, Leisureworld Caregiving Centre, Sienna Living, Local 111.
- **Region 4 Full-Time Rep:** Jean Kuehl, Forest Heights LTC, Local 15.
- **Region 5 Full-Time Rep:** Sandra Kravets, Brouillette Manor, Local 8.

As with hospital bargaining, proposals for this round focus on our members’ top 10 bargaining goals by sector, based on your input in our recent Have a Say questionnaire. Those goals will guide our Nursing Homes Central Bargaining Team’s decision making throughout negotiations.

**Member Feedback – Parental Rights**
ONA’s bargaining teams also review all member feedback provided during the term of a collective agreement.

For example, during this term in the hospital sector we heard from a member who requested that we “advocate for improvements regarding the financially limited accommodation for parental leave in the collective agreement for male members.”

ONA has tabled proposals this round and in prior rounds to address the disparities in our collective agreement regarding parental rights. This is more than a gender issue; it is also a generational and sexual orientation one. The hospital collective agreement currently provides for paid parental leave topped up to 84 per cent of Employment Insurance benefits for a maximum period of 12 weeks.

While your hospital team has tabled proposals to improve this benefit, it does not mean we will be successful in achieving gains for this important issue. Be assured that ONA listens to our members’ issues and aggressively pursues gains for you in bargaining.

**Victorian Order of Nurses (VON)**
VON has restructured and is filing for bankruptcy protection under the *Company Creditors Arrangement Act (CCAA)*.

VON was in court on November 25 and December 9 to solidify the terms and conditions of its protection under the CCAA. This impacts ONA as a creditor, and we are reviewing all of the court’s orders. At press time, the next court date was scheduled for February 26.

It is important to relay that this CCAA application does not apply to VON Ontario and, therefore, its terms do not impact directly on our collective agreements. The application, however, does cover VON Canada, administrator of our pension plan. As a result, we are monitoring the CCAA court matter to gather information and take positions to protect our pension plan.

ONA currently has approximately 300 members in the following VON Bargaining Units: VON Canada, Ontario Branch, Brant Site (formerly Aberdeen Health); VON Chatham-Kent; VON Durham Region; VON Perth-Huron; VON North Bay – Parry Sound Branch; VON North Bay; VON Peterborough-Victoria-Halliburton; VON Porcupine Site – Highway 11 and the City of Timmins; VON Sarnia-Lambton; VON Simcoe County; VON Thunder Bay and Districts; and VON Toronto and York Region.

ONA will continue to represent our members diligently throughout this difficult time. If you have additional questions, contact your Bargaining Unit President.

**Did You Know?**
ONA’s collective agreements contain many requirements surrounding the provision of health and welfare and dental benefits to our members. In the hospital and nursing homes collective agreements, Article 17 primarily sets out these benefits. Similar provisions exist in many other ONA collective agreements.

It is ONA’s goal to protect the level of benefit coverage negotiated on behalf of our
Canada’s Nurses Call for Health and Social Accord

The Canadian Federation of Nurses Unions (CFNU) has offered strong recommendations focused on implementing a new Health and Social Accord at the First Ministers meeting in Vancouver this past January.

At a roundtable briefing, leaders from provincial nursing unions, including ONA First Vice-President Vicki McKenna, presented to Canada’s health ministers the results of extensive consultations with 50 health care stakeholders on what should be part of a new federal-provincial agreement (see graphic), along with evidence reviews. The same recommendations will be presented to the federal government.

While strongly committing to the principles under the Canada Health Act, the CFNU has expanded the call for a Health Accord to include a Social Accord, recognizing that talking about the social determinants of health has not led to progress.

“Canadians pay more for prescription drugs than nearly every other developed country, our seniors don’t have access to the care they need, and nurses are working millions of overtime hours each year, with no rational plan in sight,” said CFNU President Linda Silas. “It’s time for coordinated action between governments. We need leadership. We need to break the silos in health care and understand that cutbacks at the local hospital, reduced home care services and children who go hungry all impact health status and health care costs.”

“Canada’s nurses urge health ministers to work with health care stakeholders in the next few months to prepare for negotiations toward a new Accord,” added McKenna.

members. This may include expanding the provisions of the collective agreement through collective bargaining and/or maintaining our rights through the grievance-arbitration process.

Currently, ONA has learned that some insurance companies are:

• Requiring a pre-authorization process for different prescription medications. Often these forms are required to be filled out by a physician and may ask for the diagnosis of the member.

• Requiring members to fill prescriptions for specific high-cost medications at designated preferred pharmacies. This may pose a barrier to members due to additional costs from travel or as a result of a medical condition/disability.

• Imposing new limits to dispensing fees, deductibles, on drugs or other benefits provisions such as massage therapy, chiropractor, physiotherapy, optometrist or other health care practitioner visits.

• Some employers are indicating that employees age 65 and above must apply for coverage under the government drug plan (ODB) and pay the $100 deductible and dispensing fees prior to being reimbursed.

If you experience any of the above or are denied a benefit or are delayed in obtaining benefits by the insurance carrier, contact your Bargaining Unit President as soon as possible.
Pay Equity Decisions Released for Nursing Homes, CCACs

Nursing Homes
The long awaited decision of the Pay Equity Tribunal for Nursing Homes has been released and confirms that ONA members in the proxy sector are entitled to maintenance.

Background
Nursing homes are proxy establishments, and under the Pay Equity Act, the comparator for RNs in this sector is hospital RNs.

ONA and the Central Group of Nursing Homes entered into a pay equity plan in 1995, which provided pay equity adjustments across the nursing home pay scale for ONA members of varying amounts. By 2004, pay equity was achieved for ONA members. However, by 2005, the pay rate for RNs in municipal homes for the aged increased, creating a gap between RNs in nursing homes and their pay equity comparator.

In 2006, ONA approached the nursing homes, stating the rates for RNs needed to be adjusted to the same rate of RNs in municipal homes for the aged. The nursing homes took the view that no maintenance was required for employers who had achieved pay equity using the proxy method of comparison. The Pay Equity Commission interpreted the Act to mean that once employers have achieved the target job rate, maintenance of pay equity is incorporated into the pay practices of the employer. In other words, women in proxy establishments do not have the same benefit.

In its decision, released on January 21, the Tribunal acknowledged that pay equity must be maintained regardless of the method of comparison used. However, it found

that in the proxy sector, maintenance must be done internally and there is no requirement under the Act to return to the external comparator (the municipal homes for the aged). Further, the Tribunal found no violation of the Canadian Charter of Rights and Freedoms.

The Tribunal fundamentally accepted ONA’s evidence that the value of RNs’ work in the nursing homes has likely changed, but the parties have not undergone an analysis of the jobs to determine their current value in the ONA Bargaining Units. Within nine months, the parties must apply a gender neutral comparison system (GNCS) to evaluate the jobs to determine whether any maintenance adjustments are required, the Tribunal ordered.

Impact of the Decision
The decision is important for ONA as the Tribunal confirmed that our members in the proxy sector are entitled to maintenance.

However, ONA disputes the findings that maintenance in the proxy sector is an internal exercise. The result is that females in organizations with male comparators will maintain pay equity by receiving at least as much as their male comparator. However, females in proxy establishments do not have the same benefit.

Next Steps
ONA will meet with the homes to negotiate a new GNCS and evaluate the RN job class and other positions. If there is a change in value that would create a “gap” between the 1994 assumed value of the RN position and the present day value, pay equity adjustments will be owed to the RNs.

Community Care Access Centres (CCACs)
The Review Services Office of the Pay Equity Commission released its decision for all 10 of ONA’s CCACs in December, agreeing that due to the reorganization and restructuring of our Bargaining Units, as well as the new job class-

es, the employers have failed to maintain pay equity.

The Review Officer found that the employer must maintain pay equity using the proxy method of comparison, ordering employers to evaluate key female and non-key female job classes. However, they are not required to negotiate with ONA to maintain pay equity. The employers were also ordered to complete the evaluations within 90 days and disclose to ONA all information that relied on to maintain pay equity.

While ONA agrees with the Review Officer’s finding that employers have not maintained pay equity for the female job classes, we disagree with the finding on how maintenance must be completed, particularly the assertion that ONA does not need to be involved in the maintenance process. We are contacting each CCAC employer to advise them of our position.

In addition, we will be requesting complete disclosure of all information related to pay equity and seeking to arrange meetings with the employers to discuss evaluating jobs. It is our intent to move forward on pay equity maintenance and ensure all the new positions are evaluated to receive pay equity.

Community Care Access Centres (CCACs)
Nursing will be added to the United Kingdom’s list of shortage occupations on an interim basis in a bid to improve staffing levels.

The move means that nurses from outside the European Economic Area that apply for work in the UK will have their applications for nursing posts prioritized. This spring, the Independent Migration Advisory Committee will review this temporary change and present further evidence to the government.

“The temporary changes will ensure the National Health Service (NHS) has the nurses it needs to deliver the highest standards of care without having to rely on rip-off staffing agencies that cost the taxpayer billions of pounds a year,” said UK Health Secretary Jeremy Hunt.

Janet Davies, chief executive of the Royal College of Nursing (RCN), branded this announcement a “real victory” for nurses, the health service and, most of all, patients.

She is calling for the government to now “extend this common sense approach to the issue of training and retaining more nurses in the long-term.”

Despite aggressive recruitment campaigns in 2015, the number of front-line nurses in Ireland continues to decline.

Latest figures from the HSE, Ireland’s health system, show that the total number of nursing/midwifery positions in the public health service was 34,970 at the end of July 2015, which is 4,030 fewer than the 39,000 positions in the system at the beginning of 2008. That’s a 10.33 per cent reduction over the past seven years, while other health sector posts, including medical and allied health professionals, have increased to meet demand.

While Ireland actually educates sufficient numbers of nurses/midwives (1,580) each year to meet its own needs, many graduates are leaving for other countries with more attractive pay, hours of work and other workload conditions.

The latest figures also confirm that more than 750 front-line nursing positions continue to be filled every day through agencies. The Irish Nurses and Midwives Organisation is calling on the country’s health department to convert those posts into permanent positions immediately.

Region 3 Vice-President Andy Summer and ONA staff converged on the front lawn of Queen’s Park on February 1 for an Ontario Health Coalition-led rally to protest devastating hospital cuts sweeping the province. The rally, timed to coincide with the final stop of the Standing Committee on Finance and Economic Affairs pre-budgeted consultations (see pg. 11), featured several guest speakers, including OHC Director Natalie Mehra, giant scissors to symbolize the cuts, and a sea of bright yellow signs detailing the devastation on several local hospitals. “Nine consecutive years of real-dollar cuts have plunged Ontario into last place in hospital funding,” said Mehra. “Patients are being left on stretchers in hallways, surgeries are being cancelled and vital health services are being privatized, subject to user fees, or moved out of town. It is beyond time that these devastating hospital cuts be stopped. The Ontario government must restore our public hospital funding to at least the average of all the other provinces in Canada.”
In their Own Words: Nurses Tell their Workplace Violence Stories

Five nurses are brutally assaulted during separate incidences during a 10-day span at St. Joseph’s Healthcare in Hamilton. A mentally ill man lunges at a Health Sciences North RN in an attempt to assault her.

These are the stories of workplace violence that make headlines with frightening regularity. Yet, the vast majority of these incidents never make the news.

But through our workplace violence prevention campaign, ONA has received dozens upon dozens of first-hand accounts of workplace violence – and each one is horrifying (you’ve read a couple in recent issues of Front Lines). The stories paint a stark picture of ugly truths around workplace violence and harassment. Nurses Know.

Our brave members who came forward to tell their stories underscored many distressing issues. Among them:

• The absence of safety measures and security as members do their best to care for their patients, clients and residents.
• Supervisor competency lacking in many situations.
• Understaffing, which is one root cause for the vast majority of workplace violence.

Below are some passages from our nurses’ stories. Please read them and reflect on what our members have experienced in our workplaces. And don’t forget to report all incidents to your manager.

I was five months pregnant at the time. I walked over to my patient’s bed and, as I bent over, he grabbed my stethoscope and choked me with it. All I could think of was he was going to punch me in the stomach and harm my baby.

A resident pinched my arm. She broke the skin in three places and left a large bruise in the shape of her fingerprints.

I ran to the patient’s lounge room and there was a patient choking another RN with both hands around her neck. If I had not intervened, I’m not sure what would have had happened.

His slap was so unexpected that it scared me.

A patient took the dog leash she had in her hand and hit the nurse with it.

A patient threw a wheelchair at me one day because he was angry about the long wait.

Two nurses suffered concussions – both were punched in the head by the same patient.

The patient became very angry and told me to remember his face and to be very afraid because he was going to wait for me after work.

A patient swung his right arm and struck me on the jaw with a closed fist. The blow was so hard, it caused me to stagger backwards.

I was slapped on my cheek with an open hand. To this day, I remember the shock I felt at such an assault.

Do You Have a Story to Tell? Let us know at www.ona.org/violence
ONA Sounds Alarm Over U.S. Nursing Exam as Canadian Pass Rates Plummet

ONA is speaking out after the first results of the controversial National Council Licensure Examination (NCLEX) have shown a drastic decline in pass rates.

Since January 1, 2015, Canadian nursing students outside of Quebec, which has its own system, have been required to write the computerized NCLEX, run by the American organizations responsible for licensing nurses in the U.S., to practice in Canada. But the first results of the NCLEX show pass rates (70.6 per cent) more than 10 per cent below previous Canadian entry-to-practice exams. In Ontario, the pass rate is down by 20 points to 68.1 per cent.

“These troubling pass rates are through no fault of our nursing students,” said ONA President Linda Haslam-Stroud. “I believe it’s the fault of our regulators in putting forward an exam that’s not based on our curriculum, our unique health care system, which differs greatly from the States, or on our prep material. In fact, some questions involve medications that aren’t even approved for use in Canada.”

ONA is also concerned that if an applicant fails the exam three times, she or he could be required to complete another approved or equivalent nursing program before a further attempt can be made. We have unsuccessfully asked the College of Nurses of Ontario (CNO) to adopt a retake policy similar to the majority of U.S. nursing boards, which allow applicants to write the NCLEX an unlimited number of times with no need for students to retake a nursing program.

We are not alone in our concerns, as a recent Ipsos Reid national poll shows that four in five Canadians believe nurses should be assessed using a test that is based on Canadian requirements.

While ONA continues to lobby the CNO, we encourage members, students and parents to express their concerns about the NCLEX to their MPPs.

Student Scholarship Winners Named

ONA has named the successful recipients of our 2015 scholarship intended to assist students in accredited nursing programs cover the expenses of their education.

The five winning entries for the third annual ONA Nursing Scholarship of $1,000 are: Dominique Swabey, relative of Local 74 member Ginette Carrier; Shelby Lacey, relative of Local 19 member Jackie Lacey; Vanessa Warren, relative of Local 12 member Clair Warren; Lisa Marie Romano, relative of Local 97 member Elizabeth Romano; and Lauren Easton, relative of Local 15 member Gail Easton.

Applicants for both scholarships must be an immediate family member of an ONA member and must submit an essay of 300 words or less on the topic, “The Importance of the Ontario Nurses’ Association for Nurses.” We are including one of those winning essays here, and will publish the remaining four in future issues.

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

ONA Provides Nurses with a Voice, Winning Essay Says

Our union. Respected. Strong. United. Committed to members who care for people. ONA is an incredibly valuable organization for nurses. For the past 32 years, ONA has understood the daily needs and challenges for over 60,000 nurses and allied health professionals in the province.

ONA has been doing everything in their power to address the needs of nurses. Most importantly, ONA provides nurses with a voice in the workplace. Through improved wages, legal representation, contract negotiations, promotions, job security, workplace safety, various educational programs and so much more, ONA always has their members’ best interest at heart.

Another valued aspect given to nurses by ONA is the collective agreement, which includes the rates of pay, fair representation, sick leave and health benefits. This ensures that every nurse is treated equally within the profession. Also, ONA is greatly needed to maintain gender and work-related equality, as it is a historically female-dominated profession in what was once “a man’s world.”

Belonging to a nurses’ union is like belonging to a community of people who are constantly looking out for you – continually advocating for the best working conditions and improved patient care. As I enter the nursing profession, it is reassuring to know that I will be a part of an association with such inspiring objectives. Someone will always be advocating for my needs and I can work with them to ensure that my fellow nurses and I continue to have rewarding careers. There is strength in numbers and I am happy ONA will always be on my side.

— Dominique Swabey
Have you always wanted to get more involved in the work of our union? Or perhaps you are a new or seasoned leader and want to hone your skill set. If so, we have just the program for you!

Back by popular demand, ONA’s 2016 Leadership Conference will take place from September 19-23 at the Oakwood Resort in Grand Bend. As last year, the conference will focus on three streams: activists, novice and advanced.

**Activists Program**
The Activists Program is designed specifically to engage and motivate our members at the grassroots level. The program, dubbed ONA’s Activist Camp, is geared towards our frontline members that have an interest in ONA, particularly those who have had little to no engagement in the past.

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

**Novice Program**
The Novice Program is aimed at new Bargaining Unit Presidents, ONA representatives and potential new ONA leaders/representatives who want to build their capacity to deliver services to ONA members.

Areas of focus include ONA’s structure and communications framework, the power of the union, return to work and accommodations, the Professional Responsibility Complaint process and negotiations.

**Advanced Program**
The Advanced Program is designed for more experienced ONA leaders who want to build and strengthen their Bargaining Unit and/or Local union from the ground up.

Sessions include motivating and engaging members, building effective teams to strengthen our union, and recruiting and retaining volunteers.

Throughout the week, participants in all three streams will also be treated to a series of guest speakers, including members of the ONA Board of Directors, solidarity-building activities, and enjoyable evening events sure to help them unwind from the days’ hard work.

**Interested in Signing Up?**
Space is limited to 25 - 30 participants for each stream. Additional information, including an expression of interest form to apply for the conference, will be available on the education section of our website at [www.ona.org](http://www.ona.org) in the weeks to come. Successful candidates will be notified well in advance of the conference.
Duty to Accommodate Includes Obligation to Use Common Sense

ONA has succeeded in having a member reinstated to her job and appropriately compensated after years of the employer failing to accommodate her disability and ultimately terminating her employment unjustly.

The Facts
The grievor was originally injured in a workplace incident and provided with modified duties for several years. In 2009, the Workplace Safety and Insurance Board (WSIB) informed the employer that the grievor had restrictions, which included limited carrying and no lifting.

Although the restrictions were contradictory, the employer’s opinion was that they meant the grievor could not lift a piece of paper. Despite this, the grievor was allowed to continue performing modified duties for three months when she was informed the employer could not accommodate her within her restrictions.

The Case
In January 2015, on the seventh hearing date in the accommodation arbitration, the employer terminated the grievor on the grounds of innocent absenteeism. The parties agreed that both grievances would be consolidated on subjective assessments and little testing.

Although no lifting means not even being able to lift a pencil defies common sense. "To say that no lifting means not even being able to lift a pencil defies common sense."

The arbitrator’s decision is equally clear that the duty to accommodate is a shared duty, requiring cooperation from the employer and the union. A lack of cooperation can significantly change the obligation of the employer. Although it was clear the grievor did not fail to respond to employer requests for additional medical information, the arbitrator found she did not fulfill her responsibility in keeping the employer informed of her medical situation.

The Award
The arbitrator awarded reinstatement with lost compensation, less mitigation, at a 50 per cent rate from when the grievor was put off of work until the date the updated medical evidence was provided to the employer. From that point on, the grievor was to be compensated at a 100 per cent rate, less mitigation, until she was returned to work.

ONAs Acknowledges Black History Month

ONA joined with our friends and allies throughout North America in celebrating Black History Month this past February.

Black History Month is an opportunity to share the historical and current contributions of African Canadians and African Americans in areas such as medicine, public service, education, art, culture, economic development, politics and human rights.

Black nurses played a pivotal role in the history of nursing in Canada. During World War 1, Black women, who were denied the chance to participate in Canada’s war efforts, formed the Black Cross Nurses (modeled on the Red Cross) to aid wounded soldiers and work in the Black community, providing health care, first aid, nutrition and child care. In 1948, Ruth Bailey and Gwennyth Barton became the first African Canadians to earn their diplomas from a Canadian school of nursing.

Today the legacies of these nursing pioneers live on and are reflected in the diversity of our members.

For more information on Black History Month and links, log onto www.ona.org.
AWARDS AND DECISIONS: The Work of Our Union!

Where are We with the Vaccinate or Mask Ruling?

Front Lines recently reported on our precedent-setting arbitration award win against Sault Area Hospital (SAH), which struck down the controversial "vaccinate or mask" (VOM) policy introduced at many Ontario hospitals.

Since that time, some of you have asked if Ontario hospitals are following this ruling, and we're pleased to report that most are.

The Case

The contentious VOM policy forced nurses and other health care workers to wear a surgical mask for the entire flu season if they chose not to get the influenza vaccine (see Front Lines, November 2015, pg. 22). ONA maintained that receiving the vaccine needed to be a true choice and part of a more comprehensive, evidence-based infection control plan.

As a result, we launched grievances on behalf of ONA members and, during the last round of hospital central bargaining, negotiated a central arbitration process with the Ontario Hospital Association (OHA) to deal with them, agreeing to a single arbitrator, Jim Hayes, and SAH as the lead case. The OHA recommended this binding process to all participating hospitals and many agreed.

During the 18 days of hearings, ONA’s expert witnesses made a strong case that forcing healthy RNs to wear masks during the influenza season did little or nothing to prevent transmission. Arbitrator Hayes agreed, rejecting the hospital's argument that “any” evidence on masks was enough to justify the policy, which he also believed undermined collective agreement rights of employees.

The Current Situation

It is likely all hospitals in the Hayes group, along with several others, will remove the requirement for vaccination or masking throughout the influenza season.

Health System. We have agreements in principle with Collingwood General and Marine, Cornwall Community, Georgian Bay General, Leamington District Memorial, Orillia Soldiers Memorial, St. Joseph’s Elliot Lake, West Parry Sound Health Centre and William Osler Health System.

We are also in active discussions with Bluewater Health, Chatham-Kent Health Alliance, Espanola Regional and St. Thomas Elgin General and believe they will all agree to remove the seasonal VOM requirements. The position of Windsor Regional and Hotel-Dieu Grace Healthcare is still unclear.

Other hospitals not part of the Hayes group are also agreeing to abide by the SAH decision: Women’s College, Trillium Health Centre, Peterborough Regional Health Centre, Runnymede Health Centre and North Bay Regional Health Centre.

Only a handful of hospitals are continuing to require vaccination or masking for our members, including Health Sciences North, London Health Sciences, St. Joseph’s London and the Toronto Academic Health Science Network Group of Hospitals (TAHNSN), which includes Mount Sinai, Sunnybrook Health Sciences, St. Michael’s, Centre for Addiction and Mental Health, St. Joseph’s Health Centre, Baycrest Centre, North York General and Toronto East General. TAHSN hospitals have agreed to a central rights arbitration process before Arbitrator William Kaplan with St. Michael's as the lead case. Other hospitals in this group agreed to be bound by the lead case decision.

ONA is continuing our legal battle until all hospitals are in compliance with the Hayes award.

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

Use of Nursing Resource Team violates collective agreement

Region 2 Hospital

(Arbitrator Abramsky, October 26, 2015)

ONA has successfully challenged the employer’s reliance on a Nursing Resource Team (float pool) to fill available shifts instead of offering those shifts to regular part-time and casual nurses on the unit.

At the time the Nursing Resource Team (NRT) was created, the ONA Bargaining Unit negotiated a letter of understanding regarding the use of the team. For five years, the employer offered shifts to the NRT consistent with the terms of that agreement.

In 2011, the employer changed its practice and began to call NRT nurses for shifts once all regular part-time nurses on the unit were at commitment. This effectively meant that regular part-time nurses never worked above commitment.

The arbitrator concluded that the employer’s use of the NRT violated the collective agreement. In coming to this decision, she relied on both the language of the collective agreement, the letter of understanding and evidence of past practice.

She ordered the employer to first offer additional shifts to regular part-time and casual nurses on the unit prior to offering shifts to the NRT.
Challenging case of environmental exposure
Region 2 Public Health
(April 8, 2015)
A member was exposed to volatile organic compounds in a newly constructed facility due to problems with construction material and the HVAC system. Symptoms began immediately and she was accommodated offsite. Each time the building was deemed safe and she returned to the office, her symptoms recurred with increasing severity.

Despite supportive medical evidence from physicians, specialists and community services, the carrier declined benefits. ONA arranged and paid for a very costly assessment by a medical specialist in environmental medical. His report, based on scientific research provided three diagnoses and supported the member’s claim for total disability.

The cost of the report was justified by its use not only in the LTD appeal, but in her WSIB appeal. It will also add to ONA’s bank of research, which will be useful in any future cases of this kind. As the case is not arbitrable under the collective agreement, it also resulted in a much more rapid decision than she would have obtained through civil action.

This case was more challenging than most. The nature of the diagnosis (Sick Building Syndrome) and its cause were difficult to address. Even worse, the carrier was quite intransigent, rejecting medical evidence from a nurse practitioner and ignoring supportive specialists’ reports that ruled out other possible causes for her disability.

ONA threw our resources into this case with good effect. LTD benefits were approved retroactive to January 17, 2013, and the carrier has directed the member to apply for CPP disability benefits, pointing to the realistic assessment the carrier finally understood of the severity and likely duration of the disability.
Nurses know.