Continued from page 2

ONA's Hospital Central Negotiating Team has presented the bargaining priorities of our 60,000 members in the hospital sector to an arbitration hearing and is now awaiting the arbitrator’s decision on a renewed collective agreement.

Following the breakdown of talks with the Ontario Hospital Association (OHA) at mediation on February 12 after three weeks of bargaining, ONA and the OHA headed to arbitration with Arbitrator Chris Albertyn on March 21-22.

In a short video detailing the recent arbitration hearing, ONA President Linda Haslam-Stroud delivers a powerful message to hospital sector members that ONA will not back down in our quest to obtain a fair and equitable renewed collective agreement. To view the video, log onto www.youtube.com/ontariomnurses.
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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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
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Education

Andy Summers, RN
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Labour Relations

Laurie Brown, RN
VP Region 4, VM #7753
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

CORRECTION: In the January 2016 issue of Front Lines, we stated that ONA General Counsel Liz McIntyre was the first non-nurse to receive an honorary ONA membership. We have since learned that it was Ioma Robinson, ONA’s first Director of Education. Front Lines regrets the error.

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Send submissions to:
Communications and Government Relations
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ONA is the union representing 60,000 registered nurses and allied health professionals and more than 14,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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Hospital Contract in Arbitrator’s Hands

“I am discouraged to tell you that the employers’ presentation at arbitration did nothing to provide your team with hope that they and the OHA value RNs, practical nurses, nurse practitioners and allied health professionals in the hospital sector,” said ONA President Linda Haslam-Stroud. “The employers put forward almost nothing for wages and benefits, and regressive concessionary proposals on the layoff and job-posting provisions in our collective agreement.”

Your elected hospital team provided a full response to these unacceptable proposals, and expertly put forward your bargaining priorities, including a moratorium on RN cuts, violence language to enable us to feel safe at work, reasonable workloads so we can provide quality patient care, normative wage and benefit improvements, and a nurse practitioner provincial pay scale – priorities that respect our crucial role in the health-care system.

“This is an invaluable tool for us and will drive our decision-making throughout bargaining,” said NHCNT Chair Jean Kuehl from Forest Heights Long-Term Care (Revera). “The comments also help us determine future education needs for this sector.”

Central bargaining takes place from May 16-May 20 and May 30-June 3. We anticipate this to be a difficult, but very important round. And we’re asking for your help. Let your employer know that you support your bargaining team by proudly displaying your "I Support My Bargaining Team" sticker provided by your Bargaining Unit President on a personal item at your workplace, such as a coffee mug or day planner (ask your Bargaining Unit President if you aren’t sure of an appropriate location).

“Your elected team is committed to achieving a collective agreement that values and respects the exemplary care you provide to your residents every day, despite the challenges you face,” added Kuehl. “We are enthusiastic, excited and privileged to represent you.”

Updates on bargaining can be found at www.ona.org/bargaining

Nursing Homes Team Ready for Bargaining

Your newly-elected Nursing Homes Central Negotiating Team (NHCNT) has received orientation and is ready for the upcoming round of bargaining.

The team met the week of February 22-25 and developed proposals for bargaining your new contract. These proposals are based on priorities identified by nursing home members in our recent online Have a Say bargaining questionnaire.

“This is an invaluable tool for us and will drive our decision-making throughout bargaining,” said NHCNT Chair Jean Kuehl from Forest Heights Long-Term Care (Revera). “The comments also help us determine future education needs for this sector.”

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FEBRUARY BOARD HIGHLIGHTS

The following are key highlights from the first Board of Directors meeting of the year, held from February 16-18 at ONA’s provincial office:

- Up to 10 nursing students per year will now be selected to receive a $1,000 ONA scholarship, based on specific criteria and procedures, including that they must be an immediate relative of an ONA member and write an essay on the importance of our union to nurses. There is currently one additional Canadian Federation of Nurses Unions student scholarship.
- The feasibility of holding elections for ONA provincial officers in the same year, instead of the current staggered-year approach, was discussed, along with the possibility of conducting Local elections electronically. Further discussion is slated for the June Provincial Coordinators Meeting.
- You will find a copy of the February issue of Board Highlights on our website (www.ona.org) under “ONA News.” The subsequent Board meeting took place from April 18-21 in Kingston to coincide with the Public Sector Labour Relations Transition Act (PSLRTA) vote at Providence Care (St. Mary’s of the Lake Hospital and Kingston Mental Health) to determine union representation between ONA and the Ontario Public Service Employees Union for the RN Bargaining Unit. Highlights will appear in the next issue of Front Lines.
We have Momentum, Let’s Stop RN Cuts

Spring is a time of renewal and hope, and as we approach Nursing Week 2016, I am delighted to tell you that I am feeling a new glimmer of hope in our ongoing efforts to end the RN cuts that are risking patient care.

ONA truly does have some momentum going in this fight.

Recently, St. Joseph’s Healthcare Hamilton announced it was rescinding the layoff notices to RNs in the neonatal intensive care unit, where they planned to replace them with practical nurses (see pg. 6). As I said at the March Provincial Coordinators Meeting, we have to become as passionate and outspoken about the impact on all patients when RNs are cut as we were when it was premature infants at risk.

Also of interest is the end of an ongoing funding freeze for our hospitals. When the provincial budget was released at the end of February, we all expected to see yet another year of zero per cent funding increases, but that was not the case (see pg. 12). There is a modest increase in base funding for hospitals in 2016-2017, part of an extra $1-billion in health care funding. There is also $85 million in dedicated funding for nurse practitioner wages and benefits in family health teams, community health centres and NP-led clinics.

Don’t think that these developments happened by themselves.

ONA has been persistent in our efforts to educate, engage and move to action the people of the province to speak out against the exsanguination of RN care.

With our More Nurses, The Truth Hurts and Nurses Know campaigns, we have raised the public’s consciousness of the risk to their health care as RN care has been cut. The government does not like receiving petitions with tens of thousands of Ontarians’ signatures calling for a moratorium on RN cuts. Hospital CEOs do not enjoy seeing media coverage of how their budget decisions will result in patients suffering more frequent complications and an increased risk of death.

Let’s keep this momentum building. Now is not the time to ease up on raising our voices and fulfilling our roles as patient advocates. Let’s be loud, let’s be passionate and let’s stop RN cuts so our patients have the care they need and deserve.

Now is not the time to ease up on raising our voices

Le printemps est la saison du renouveau et de l’espoir et, alors que nous approchons de la Semaine des soins infirmiers 2016, je suis ravie de vous faire part du sentiment qu’une nouvelle lueur d’espoir se projette à l’horizon dans le cadre de nos efforts constants visant à mettre fin aux suppressions de postes d’IA qui mettent en danger les soins aux patients.

L’AIIO poursuit certainement sur sa lancée pour continuer ce combat.

Récemment, le Centre de soins de santé St-Joseph de Hamilton a annoncé l’annulation des avis de mise à pied d’IA dans l’unité néonatale des soins intensifs, où il planifiait de les remplacer par des IAA (voir l’article-vedette). Comme je l’ai affirmé lors de l’Assemblée des coordonnatrices provinciales de mars, nous devons devenir aussi passionnées et engagées au sujet des répercussions que les suppressions des postes d’IA ont sur les patients que nous l’avons été quand il a été question des risques pour la santé des nourrissons prématurés.

Un autre fait intéressant est la fin du gel continu du financement de nos hôpitaux. Au moment du dépôt du budget provincial à la fin février, nous nous attendions tous à une autre année de croissance zéro du financement, mais ce ne fut pas le cas. Une modeste augmentation du financement des hôpitaux est prévue en 2016-2017, soit une tranche d’un montant excédentaire de 1 G$ destiné au financement en soins de santé. Une somme de 85 M$ est également allouée au financement des salaires et des avantages sociaux des infirmières praticiennes dans les équipes de santé familiale, les centres de santé communautaire et les cliniques dirigées par les IP.

N’allez pas croire que ces résultats sont arrivés d’eux-mêmes. L’AIIO n’a jamais fléchi dans ses efforts pour sensibiliser et engager les Ontariens, et faire un appel à l’action afin qu’ils dénoncent les ponctions subies dans les soins dispensés par les IA.

Grâce à nos campagnes « Plus d’infirmières », « La vérité fait mal » et « Le personnel infirmier sait ce qu’il vous faut », nous avons sensibilisé la population au risque que posent les suppressions de postes d’IA sur leurs soins de santé. Le gouvernement déteste recevoir des pétitions contenant des dizaines de milliers de signatures d’Ontariens exigeant un moratoire sur les suppressions d’IA. Les directeurs généraux des hôpitaux n’aiment pas que les médias racontent que leurs décisions budgétaires se traduiront par une multiplication des complications pour les patients et une hausse des risques de mortalité.

Faisons en sorte de continuer sur cette lancée. Le temps n’est pas venu de baisser la garde, mais de continuer à faire entendre nos voix et à assumer notre rôle de défenseurs des patients. Faisons-nous entendre, faisons preuve de passion et mettons fin aux suppressions des postes d’IA afin que nos patients reçoivent les soins dont ils ont besoin et auxquels ils ont droit.
Health-Care System Needs all Nurse Classifications

barely a week goes by that we don’t hear about some Ontario health-care employer replacing RNs with practical nurses or personal support workers (PSWs) to “improve” their bottom line. And while each professional brings a unique set of skills, there is much cause for concern.

Let me be very clear from the outset: ONA strongly believes there is room for RNs, RPNs, nurse practitioners and PSWs in our health-care system. That is not, and never has been, the issue. The real issue is making sure the appropriate skilled nurse is caring for patients based on their needs. We also need an appropriate number of RNs in our system.

The research supporting this is overwhelming. For every extra patient added to an average RN’s workload, the risk of death and disease increases by seven per cent. Patients experience more sepsis, pneumonia, blood clots, bedsores, cardiac events and failure to rescue. Yet, our employers continue to turn a blind eye to this well-documented evidence.

We know that RNs can work in any setting and with any type of patient. They can care for those with any complexity of needs in unpredictable situations, whether it be in intensive care, surgical units, emergency departments, long-term care or home care.

We also know that RPNs are more appropriately used for the care of patients with less complex needs and stable and predictable outcomes. Forcing practical nurses to care for unstable patients with unpredictable outcomes puts both the patient and the nurse’s licence to practice at risk. And that’s just not acceptable for either.

As the government moves its Patients First agenda forward, shifting stable and predictable patients into the community, you can be sure ONA is letting them know that high acuity and complex patients need to be cared for in hospitals by RNs. We are making it crystal clear that to accomplish this, the constant gutting of RN positions we are witnessing throughout the province must immediately end and RN care increased. Our patients deserve nothing less.

Chronique de la première vice-présidente

le système des soins de santé a besoin de tout le personnel infirmier, quelle que soit sa classification

Presque chaque semaine on entend dire qu’un employeur de soins de santé en Ontario remplace des infirmières praticiennes ou des préposés aux services de soutien à la personne (PSSP) pour « améliorer » son budget. Bien que chaque professionnel possède des compétences uniques, il y a de quoi s’inquiéter. D’entrée de jeu, je tiens à préciser ceci : l’AIIO croit fermement que les IA, les IAA, les infirmières praticiennes et les PSSP peuvent coexister dans notre système de santé. Cela n’est pas et ne sera jamais le problème. L’enjeu réel est de nous assurer qu’une infirmière possédant les compétences appropriées prodigue aux patients les soins dont ils ont besoin.

Les recherches soulignant cet état de fait sont abondantes.

Chaque patient qui s’ajoute à la charge de travail moyenne d’une IA augmente de 7 % les risques de complications et de mortalité. Cette situation entraîne une augmentation des cas de sepsie, de pneumonie, de caillots sanguins, de plaies de lit, et d’incidents cardiaques chez nos patients et les expose à l’échec des secours. Pourtant, nos employeurs continuent de fermer les yeux sur ces preuves manifestes.

Nous savons que les IA peuvent travailler dans n’importe quel milieu et avec tout type de patient. Nos IA peuvent s’occuper des patients qui nécessitent des soins complexes dans des situations imprévisibles, que ce soit aux soins intensifs, dans les unités de chirurgie, les services d’urgence, ou pour prodiguer des soins de longue durée ou des soins à domicile.

Nous savons également que les services des IAA sont d’aviage destinés aux patients qui exigent des soins moins complexes et dont l’état de santé est stable et l’évolution est prévisible. Le fait d’obliger des infirmières praticiennes à s’occuper de patients dont l’état de santé est instable et imprévisible met le patient et le droit de pratique de ces infirmières en danger. Cela est tout simplement inacceptable.

Alors que le gouvernement met de l’avant son plan d’action Priorité aux patients, transférant des patients stables et au pronostic prévisible dans la communauté, vous pouvez être assurés que l’AIIO lui fera savoir que les patients ayant des problèmes de santé graves et complexes doivent être hospitalisés et pris en charge par des IA. Nous tenons à préciser très clairement que pour ce faire, les constantes suppressions de postes d’IA dont nous sommes témoins à l’échelle de la province doivent cesser immédiatement et que les soins prodigués par des IA doivent augmenter. Nos patients ne méritent rien de moins.
**Big Win for ONA and Our Patients!**

Hospital Rescinds RN Layoffs After ONA Members Take Action

ONA is hoping a small victory in our members’ fight against the erosion of RN positions at St. Joseph’s Healthcare Hamilton will pave the way for other health-care employers in the province to follow suit.

In early February, the hospital announced more than 60 front-line RN cuts to many units, including the Level 2 Neonatal Intensive Care Unit (NICU), in an effort to help cut $26 million from its $550 million budget. The hospital indicated it was “testing” replacing RNs in its NICU, which cares for babies born up to eight weeks prematurely, need help breathing or require intravenous.

ONA immediately sprung into action, issuing a media release to decry the decision, noting these youngest of patients are unpredictable and require the advanced assessment and clinical and critical thinking skills of RNs, and holding a rally outside of the hospital, which drummed up considerable public support. The Registered Nurses’ Association of Ontario also took up the cause, while the Ministry of Health and Long-Term Care asked the hospital for the data behind the decision.

As a result of this action, the hospital decided to “pause and reassess” its plan for the Level 2 NICU, stating, “We are rescinding the notice to ONA while we review the decision in this area.”

“We’re taking that to the bank,” ONA President Linda Haslam-Stroud said in response. “They would have to give us another five months’ notice of any future layoffs and I don’t believe it will happen. I’m sure they will be going back and looking at where they will find other cost savings, but the positive thing for these little babies is that they are going to have the appropriate care provider.”

ONA is also hopeful this decision will have far-reaching implications.

“We are optimistic that if this hospital rescinded layoff notices based on the alarming consequences of not doing so, others will stop and reconsider their ill-thought-out decisions to cut RN positions as well,” added Haslam-Stroud. “Our members’ strong advocacy and speaking out about RN cuts worked! We must keep it up.”

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**Planning a Strategy**

Approximately 75 members from Windsor Regional Hospital continued their fight-back against their employer’s decision to slash 169 RN positions by attending an “Evening of Education and Action” on March 16. During the event, ONA Professional Practice staff provided information on RN/RPN scope of practice, including the College of Nurses of Ontario’s Three Factor Framework, which dictates the most appropriate caregiver, and discussed some very creative next steps in their strategy to stop the RN cuts. To sign the online petition in support of the Windsor nurses, log onto www.ona.org/political_action/windsor.html.
Thanks to our members diligently filling out your workload forms, ONA has reached a settlement with Chatham-Kent Health Alliance regarding staffing and other pertinent issues in the Women and Child Unit.

The model of care in this unit included RNs in all four areas (labour and delivery, post-partum, neonatal intensive care and pediatrics) and practical nurses only in the post-partum unit. In 2013, the employer notified ONA of a model of care change to the RNs to meet their operational needs.

During subsequent meetings with our members and the employer, it was evident the nurses were dealing with skill mix and scheduling concerns, an institutional process related to IT (policies and procedures were transferred to new software), a variety of educational needs, team communication and collegiality concerns, and physician issues.

The employer agreed to develop an Education Working Group, which included ONA Professional Practice staff, the charge nurse, two RNs, the unit manager, the unit director and Human Resources. The group met on a regular basis to develop the list of concerns and needs and how they would be addressed.

As a result of this work, a settlement was reached late last fall that addresses policies and procedures, educational needs, team cohesiveness and communication, and the Physician Code of Conduct. There was also a change in the physician lead.

“This is yet further proof of the improvements ONA members can make to your working lives and the care you are able to provide to your patients when you fill out your workload forms and bring your concerns to ONA,” said ONA First Vice-President Vicki McKenna, who holds the portfolio of professional practice. “Keep it up!”

www.ona.org

Members Celebrate Women’s Achievements on Special Day

ONA members have recognized the achievements – and honoured the struggles – of all women on International Women’s Day (IWD), celebrated yearly on March 8.

Carrying signs reading, “Cuts to nurses mean cuts to women’s health care,” “Cuts to nurses are an attack on women,” “Cannot live without nurses,” “Nursing started by women” and “Happy International Women’s Day from RNs,” ONA Region 3 Vice-President Andy Summers, members and staff enthusiastically participated in Toronto’s IWD rally, parade and fair on March 5 (large photo).

Many kilometres north, members from Local 73 attended an IWD gala dinner and fashion show, complete with prizes, raffles and a craft table, in Thunder Bay on March 8 (inset photo). In the spirit of the celebration, Local 73 also sponsored a table for those who may not otherwise have been able to attend – abused women, minimum wage earners and injured workers.

IWD has a long, rich history. In the early 1900s, great unrest and critical debate was occurring amongst women. Women’s oppression and inequality was spurring them to become more vocal and active.

At an international conference of working women in Copenhagen in 1910, Clara Zetkin, leader of the Women’s Office for the Social Democratic Party in Germany, tabled the idea of an IWD to press for change. The conference of more than 100 women from 17 countries, representing unions, socialist parties and working women’s clubs, adopted her suggestion unanimously and IWD was born.

This year’s IWD theme of Pledge for Parity is a call to take action and push for greater gender equality. While worldwide, women continue to contribute to social, economic, cultural and political achievements, progress towards gender parity has slowed. In fact, the World Economic Forum predicted the gender gap wouldn’t close entirely until 2133. If you think that’s way too long, you can still make a pledge for parity at www.internationalwomensday.com/pledge.

For more information on IWD, log onto www.ona.org and click on “ONA News.”

Workload Settlement Results in Meaningful Changes at Chatham-Kent Health Alliance

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As a medical radiation therapist, ONA member Maria Moore sees daily the toll cancer takes—physically and emotionally—on those who come for care at the London Regional Cancer Program. But it didn’t prepare her for her own diagnosis. If anything, it made the cruel blow even more crushing.

“It Felt Like My Ship Was Sinking”
A mom of three young boys, Moore was 42 when she became concerned that her left breast felt different than her right. A subsequent mammogram in May 2012 found highly suspicious signs of cancer and local lymph nodes.

“There were multiple areas throughout the whole breast; ‘too many to count’ were their words,” she recalled. The mammogram at London’s St. Joseph’s Hospital was followed by an ultrasound, biopsy and a meeting with a surgeon—all on the same day. “I went home devastated. I thought I was dying.”

The next day, Moore returned to work feeling hopeless, well aware of the danger of the cancer spreading further. Reeling, she grasped onto her faith and the support of many around her “because it felt like my ship was sinking.”

Extra Special Touch with Patients
In time, her fear would ease and the ironic twist of fate would give Moore an extra special touch with patients—care delivered with a calming dose of hope when needed. But it would take about two years to get there.

After her diagnosis, Moore quickly began chemotherapy, followed by a mastectomy in November 2012 and then radiation. While each step of treatment is challenging, Moore found the radiation treatment the most psychologically difficult.

“It was the emotional stress of having my friends treat me. It was tough to come in everyday and be the patient left in the room. I’ve spent the last 21 years working at the clinic delivering radiation, not receiving it. It was surreal.”

From the start, Moore was informed about her breast reconstruction options and knew it was what she wanted. In September 2014, she underwent reconstruction of her left breast. At the same time, surgeons removed her right breast—a decision she made as a preventative measure. A third surgery to reconstruct her right breast was performed in May 2015.

“I’m fortunate to have been offered the reconstruction right away and know that it was an option,” she said. “After the mastectomy, the prosthetic made me feel self-conscious. It was heavy, cumbersome and inconvenient. It feels now like I’m normal again—I don’t have as much to hide.”

Depth of Understanding as a Care Provider
For Moore, the worry that the cancer will return never goes away—her job and her patients are a constant reminder of what could be. Yet, she is also grateful for the depth of understanding she now has as a care provider.

“My hope is (my patients) see themselves in me later on—happy and healthy.”

Maria Moore, medical radiation therapist.

This story was reprinted with permission from St. Joseph’s Health Care London.
Happy Nursing Week!

On behalf of the ONA Board of Directors, we wish you a very happy Nursing Week 2016!

This year, Nursing Week runs from Monday, May 9 to Sunday, May 15, under the simple, but effective theme, We are Ontario’s nurses. Nurses know, which builds on our provincial advertising campaign message (see Nursing Week poster on the back cover of this issue).

As a small token of our appreciation for all that you do for the patients/clients/residents of this province, we are enclosing a special Nursing Week gift with this issue of Front Lines: a handy luggage tag, which we hope will take you many exciting places!

If you did not receive your special gift in this package, or if it is in any way damaged, contact the Communications and Government Relations Team (CGRT) Intake at (416) 964-8833 or (toll-free) 1-800-387-5580, during regular business hours (press 0 for the receptionist if you are calling toll-free), or send an email to cgrintake@ona.org.

Please check your ONA bulletin boards for any events that may be planned for Nursing Week in your Bargaining Unit, and be sure and participate so you know how much you are valued and appreciated!

And when it’s all over, we’d like to know what you did to celebrate and acknowledge this special week – with maybe a picture or two – or what it meant to you, which we may use for our special Nursing Week roundup in the next issue of Front Lines. For more information on Nursing Week 2016, log onto www.ona.org/nw16.

Local 70 Wraps Community in Courage

When we asked at the November Provincial Coordinators Meeting for our Locals to get behind the Ontario Association of Interval and Transition Houses’ (OAITH) Wrapped in Courage campaign, we had no idea how much Local 70 would embrace this very worthy cause.

“Because ONA is one of the sponsors of the Wrapped in Courage campaign, we got together to see what our Local could do to help raise funds with the purple scarf sales,” said Local 70 Coordinator Maureen Williamson (pictured, middle), referring to the annual November campaign that raises awareness about domestic violence and violence against women and provides crucial support to desperately underfunded shelters across the province, which service some of the most vulnerable members of our communities.

The Local 70 executive (Lillian James, Cynthia Mascoll, Dawn Gordon, Denise Werner, Debbie Haak, Margaret Sherman-Bell, Stephanie Dukarich, Bonnie Zawislak, Maureen Rieger, Louann Waugh, Donna Chovaz and Laurie Brown, who is now Region 4 Vice-President) fully embraced the cause, selling scarves to family, friends and colleagues, deeming them to be excellent Christmas presents!

“I also took a bunch of purple scarves with me to various meetings,” noted Williamson. “I was very cool about it. I just laid a few on the table during the meeting and, voila, sales were made! As we and other purchasers wore them, people asked about them and more sales were made.”

In fact, Local 70 raised a total of $1,000, which will be shared between their local Interval House and Mission Services of Hamilton.

ONA strongly supports OAITH and provides an annual donation of $10,000 for its important work. To learn more, log onto www.oaith.ca.
March PCM Delivers Message of Hope, Solidarity

If there was one message that was abundantly clear at the most recent Provincial Coordinators Meeting (PCM), held at Toronto’s Westin Harbour Castle on March 8-9, it was that despite the seemingly insurmountable challenges we face as a union and profession, there is reason for optimism if we work together.

“I want to begin with a message of hope – hope for the future, hope that things will get better, hope that the nursing profession you have chosen and love will once again leave you feeling like you provided the best possible care for your patients,” ONA President Linda Haslam-Stroud said in opening the meeting. “If we keep our eye on the ball and don’t give up, members will draw from that the hope and strength we need to keep fighting.”

That sentiment was echoed by dynamic guest speaker, three-time Olympian and member of the Canadian women’s hockey team Sami Jo Small, who detailed the many obstacles she faced in her quest for gold and how her team motivated her.

“Teamwork brings you closer because you’re stronger together,” she said, likening her experiences on the Olympic team to teamwork as an RN. “RNs in your roles know or learn what others on the care team need; when they need a kick in the pants or a shoulder to cry on. This makes the entire team stronger. I learned a lot about myself...
June PCM Heading North

We are gearing up for our June PCM, which will be hosted by Region 1 at the Delta Sault (Ste. Marie) on June 7-8, followed by an education session the next day on a key labour relations issue. Further information will be available on our website (www.ona.org) in the weeks to come.

Hope, Solidarity

from my failures and encourage ONA members facing adversity to remember that you're in it as a team. You can't always choose your role, but you can choose to play it the best way you can.”

Kendra Davis, who just wrapped up her term as the Canadian Nursing Students' Association Ontario Regional Director (ORD), also thanked delegates for delivering hope to students and standing up for their issues.

“ONA helps us to have a stronger voice, provides support for us, welcomes us at your meetings and fights to make sure that the RN positions we have been preparing to take on for four years will be there for us when we graduate,” she noted before introducing new ORD Grant MacNeil.

The subsequent PCM education session had a strong solidarity theme, featuring the tools members need to move our Nurses Know campaign into your own communities, just as featured presenters Local 31 Coordinator Jackie Dales and Runnymede Healthcare Centre member Kathrine Armenta have successfully done.

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

ONAShow Our Heart

ONA President Linda Haslam-Stroud signs a special valentine for Have a Heart Day on February 10 in support of First Nations children across Canada. This child and youth-led campaign, put on by the First Nations Child and Family Care Society of Canada, brings together caring Canadians to help ensure First Nations children have the services they need to grow up safely at home, get a good education, and be healthy and proud of who they are.

Send a Valentine or letter to your MP to show support, and help spread the word on social media!”

- ONA president Linda Haslam-Stroud

“Canada's nurses are proud to support #HaveAHeartDay.

Help ensure First Nations children have the services they need to grow up safely at home, get a good education, and be healthy and proud of who they are.

Send a Valentine or letter to your MP to show support, and help spread the word on social media!”

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Canada's Nurses

ONAShow Our Heart

Help ensure First Nations children have the services they need to grow up safely at home, get a good education, and be healthy and proud of who they are. The campaign asks supporters to send a valentine or templated letter to the Prime Minister or their MPPs. During the day, the Canadian Federation of Nurses Unions tweeted out photos from members of its National Executive Board, including Haslam-Stroud and ONA First Vice-President Vicki McKenna (McKenna’s picture can be found on pg. 5 of the Work of the Union: Spring 2016 Update, included with this issue of Front Lines).
Debunking Union Myths

**MYTH:** Unions were relevant in the past, but have out-lived their usefulness.

**FACT:** In the past, the labour movement was credited with influencing much of the employment law that exists today to protect workers. But today, unions are more important than ever. Unions continue to play a vital role in human rights and equity, health and safety, job security and negotiating fair wages, benefits and working conditions for their members. Workers continue to need union representation when disciplined and throughout the grievance process.

While government funding and employer budget planning impact decisions about wages and working conditions – and even our positions themselves – unions are an effective and much-needed countervoice. After all, a unified workforce is always more influential than individuals speaking out alone.

The fact is that where unions exist, workers fare better economically than those not covered by collective agreements.

Further questions? Please talk to your Bargaining Unit President.

### Hospital Funding Increase Must be Used for RN Care, ONA Says in Response to Ontario Budget

While ONA is encouraged by the small increase to hospitals contained in the recent provincial budget, we want to make sure it is invested where it’s needed the most: on front-line RN care.

In the 2016 Ontario budget, released on February 26, funding for the health sector increases overall by almost $1 billion (about a 1.9 per cent increase) from $50.8 billion to $51.8 billion in 2016-17. Of that, $345 million will be provided to publicly funded hospitals, including a one per cent increase to base funding.

“We have been appalled hospitals have been starved of much-needed increases over the past four years and look forward to the new funding improving the quality of care for our patients,” said ONA President Linda Haslam-Stroud. “But it is very important that Minister of Health and Long-Term Care Eric Hoskins signals hospitals to invest this increased funding into RN care and to respond to ONA members and the tens of thousands of Ontarians who have requested a moratorium on RN cuts.”

Hospital funding in 2016-2017 includes: $175 million to provide patients with access to more services in new and redeveloped hospitals and for targeted priority services such as organ and tissue transplants; $160 million to improve access and wait times; $7.5 million for small, northern and rural hospitals; and $6 million for mental health hospitals.

Long-term care will also see increased funding for nursing and personal care, which will assist in addressing the high acuity of our residents. Community care funding will help build capacity as the system continues to transform, and long-overdue funding for nurse practitioners is also included in the budget.

### Speak out for Your Patients, ONA President Urges Saskatchewan Nurses

ONA President Linda Haslam-Stroud (left) joins Saskatchewan Union of Nurses (SUN) President Tracy Zambory (middle) and Canadian Federation of Nurses Unions President Linda Silas at one of SUN’s Special Membership Meetings in Saskatoon on February 24 to discuss the impasse in bargaining. During the meeting, Haslam-Stroud, whose remarks were taped and played the next day at the Regina meeting, discussed the health care climate in our province. “We are in the fight of our lives in Ontario with the cutting of our positions, and I unfortunately hear it’s coming to a place near you,” she said, highlighting ONA’s Nurses Know campaign. “You know better than anyone what’s happening to your patients. Speak to people in your workplace, your friends and family and tell them what’s happening on the front lines. Because when you talk to them, you are talking to the public, and we know the public trusts nurses the most.” SUN, which reached a tentative agreement with the assistance of a mediator on March 3, reports the 1,000 members in attendance at the two meetings were very inspired by Haslam-Stroud’s words.
ONA has made a submission on the Ministry of Health and Long-Term Care’s (MOHLTC) Discussion Paper containing proposals to transfer the work of community care access centres (CCACs) to Local Health Integration Networks (LHINs). ONA raised some very serious concerns regarding the fragmented approach to care for patients and their families under the existing model of CCACs, and in the transition of home care services from CCACs to LHINs, ensuring the stability of home care services and staffing. We believe the way forward is to expand the current care coordination practice to coordinate the full care needs for the patient. Ultimately, we believe this requires the integration of direct home care delivery with care coordination in a fully public home care system. We already have the current precedent for direct care roles – such as rapid response nurses – which show positive value for patient care. The greatest challenge in the transition to LHINs is avoiding the fragmented and uncoordinated approach to home care services in the current CCAC model provided by multiple service providers, which the Discussion Paper proposes will continue. To read ONA’s submission, visit www.ona.org/submissions.

Bill 132, Sexual Violence and Harassment Action Plan Act (Supporting Survivors and Challenging Sexual Violence and Harassment), 2015 received Royal Assent on March 8, and is in effect in six months. While the bill contains a number of schedules, Schedule 4 is of most interest to ONA as it amends the Occupational Health and Safety Act (OHSA) to define workplace sexual harassment and add it to the definition of workplace harassment. While not all ONA recommendations were incorporated, this legislation also makes workplaces safer by amending the OHSA to enhance requirements regarding workplace harassment programs and create specific new employer duties to protect workers from workplace harassment, including a duty to ensure that incidents and complaints are appropriately investigated. As recommended by ONA, an employer must, in consultation with the Joint Health and Safety Committee or health and safety representative (if any), develop and maintain a written program to implement the policy with respect to workplace harassment. ONA’s submission is available on www.ona.org/submissions.

Bill 163, Supporting Ontario’s First Responders Act (Posttraumatic Stress Disorder) (PTSD), 2016 received third reading in early April. The new Section 14 in the Workplace Safety and Insurance Act, 1997 provides that certain workers diagnosed with PTSD are entitled to benefits under the Act for that disorder if certain conditions are met. The section creates a presumption that PTSD in those workers arises out of and in the course of the workers’ employment, unless the contrary is shown. The bill sets out procedural and transitional rules governing claims made under the new section, and amends the Ministry of Labour Act to allow the Minister to collect information relating to the prevention of PTSD in certain workplaces. While the bill is positive news for certain designated first responders, it excludes nurses. ONA is extremely disappointed with the government for ignoring evidence that the working environment nurses confront is as psychologically challenging, if not more so, than that faced by the designated first responders included. ONA subsequently issued a media release and sent a letter to the Premier from ONA President Linda Haslam-Stroud. ONA’s submission can be found at www.ona.org/submissions. A video of our impassioned plea to the Standing Legislative Committee is also available at www.youtube.com/ontarionurses.

Bill 119, An Act to Amend the Personal Health Information Protection Act, 2004 to make certain related amendments and to repeal and replace the Quality of Care Information Protection Act (QCIPA), 2004 received second reading on February 18 and is currently at the Standing Committee on Justice Policy. ONA’s primary concerns related to the provisions in the proposed QCIPA 2015 are that they may undermine the purpose of the Act to encourage full and frank discussion by way of an expanded definition of “quality of care information” and provide the Minister with sweeping powers to enact regulations “restricting or prohibiting the use of quality of care committees for the purpose of reviewing critical incidents” without public consultation or applicable criteria. These provisions effectively provide the Minister with the power to undermine the stated purpose of QCIPA 2015 and its protections for quality of care discussions. To read our submission, log onto www.ona.org/submissions.

Dr. David Williams is Ontario’s new Chief Medical Officer of Health. Dr. Williams, who has been acting Chief Medical Officer of Health since July 1, 2015, has worked in the field of public health since 1991, including Medical Officer of Health for the Thunder Bay District Board of Health and Associate Chief Medical Officer of Health and Infectious Disease at the Ministry of Health and Long-Term Care. He was also Acting Chief Medical Officer of Health for Ontario from November 2007 to June 2009.
Cutting RN Care to Balance Hospital Budgets Unacceptable, ONA Tells Townhall

A crowd of about 200 concerned citizens, including Region 2 Vice-President Anne Clark, Northumberland Hills Hospital (NHH) Bargaining Unit President Cindy Sandercoc, Local 105 Coordinator Melissa Tilley and a member from NHH’s palliative care unit whose position has been eliminated, gathered at the Ontario Health Coalition’s townhall at Cobourg Collegiate Institute on March 12 to discuss devastating cuts to NHH staff and services. These cuts to the ambulatory care and pre-op clinics, critical care and medical float pools, emergency department, palliative care and restorative care units and medical/surgical units will result in more than 60,000 hours of direct nursing care lost to patients in that community. “It is unacceptable for the provincial government and Local Health Integration Networks to demand that nursing care for our patients be cut to balance our hospitals’ budgets,” Clark told the gathering. “Our hospitals are supposed to be here to care for our communities when we need it and should never cut at the bedside. Our patients are negatively affected. ONA has been raising the alarm about the underfunding of hospitals for at least the last four years. Our patients expect and deserve excellent care. Let’s work together to ensure they receive it.” The OHC is holding a series of townhalls across the province where cuts to local hospitals are happening. For more information, log onto www.ontariohealthcoalition.ca.

Have You Been Charged User Fees for Health Care?

The Ontario Health Coalition (OHC) is conducting a survey on the privatization of public health care and its impact on patients and wants to hear from you!

Public health care is supposed to cover all Canadians equally, but sometimes private clinics or public hospitals charge extra to patients unlawfully. If you have been charged such a fee, please complete the OHC’s survey at www.surveymonkey.com/r/OHC-user-fees-survey by May 31, 2016. It only takes about five to 10 minutes.

The OHC is hoping to find out what extra fees patients are being charged and whether they are given a clear choice about paying fees for unnecessary services. The OHC will use this information to prepare a public report and submissions to the Minister of Health and Long-Term Care to stop extra user charges for patients and protect equal access to public health care for all Canadians. No personal information will be included in the report.
CFNU Fights Back Against Pay-for-Plasma Blood Clinics

With the news that a private pay-for-plasma blood company has established operations in Saskatchewan, the CFNU has urged the federal Health Minister to put an immediate stop to it.

Canadian Plasma Resources opened its doors in Saskatchewan in February, offering $25 gift cards for every plasma donation. Federal Health Minister Jane Philpott said she believes pay-for-plasma blood clinics will ultimately help the country’s health system fill the gap between the supply and demand for plasma products.

In response, CFNU President Linda Silas penned a letter to the Minister, stating that, “Canada’s nurses are concerned the introduction of pay for blood will threaten the safety of the Canadian blood supply system.”

The letter urged Minister Philpott to direct Canadian Blood Services to expand non-paid collection of blood with the goal of having Canada self-sufficient in blood products through a publicly-regulated, not-for-profit voluntary blood and plasma system.

In response, CFNU President Linda Silas also sent a separate letter to the Minister. "Canada’s nurses are concerned the introduction of pay for blood will threaten the safety of the Canadian blood supply system."

The letter urged Minister Philpott to direct Canadian Blood Services to expand non-paid collection of blood with the goal of having Canada self-sufficient in blood products through a publicly-regulated, not-for-profit voluntary blood and plasma system.

"I further urge you to maintain the integrity of the Canadian public blood system by using your authority to deny Health Canada licence to this and future paid blood donation corporations," the letter concluded.

ONA First Vice-President Vicki McKenna also sent a separate letter to the Minister.

The Canadian Federation of Nurses Unions (CFNU) has published a report calling for a new approach to health human resources (HHR) planning to safeguard the quality of care for patients and families.

Bridging the Generational Divide: Nurses United in Providing Quality Patient Care, based on a comprehensive literature review along with 18 focus groups with early career and mid to late career nurses, including ONA members and students, paints a picture of a troubled workplace where front-line nurses struggle to meet their professional obligations to provide safe, quality care in the face of excessive workloads and overtime, high nurse-patient ratios, and management that is too often removed from front-line realities.

The report calls for key stakeholders in HHR planning, including federal, provincial and territorial governments, to address nurse retention and recruitment. Recommendations focus on six themes: work-life balance/health; evidence-based safe staffing; workplace relationships/leadership capacity; teamwork; student/new nurse graduates’ transition programs; and continuing education/professional development training.

“As nurses, we must speak up for patients, reverse dangerous trends and make our voices heard so that everyone knows what is at stake,” said CFNU President Linda Silas. “We must also work towards health care policies that focus on health care workers as individuals, and nurses as professionals with full lives, and not solely as angels of mercy.”

To view the entire report, log onto www.nursesunions.ca.

ONA Members Help Shape Report on Health Human Resources Planning

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To view the entire report, log onto www.nursesunions.ca.

Nurses Expect Health Care Investments, CFNU Says After Federal Budget Released

Now is the time to negotiate a new Health and Social Accord and invest in health care, the CFNU has said in response to the recent federal budget.

The budget, released on March 22, reaffirmed the Liberals’ election promise to engage with the provincial and territorial governments to renegotiate a new Health Accord. The CFNU welcomes this announcement, along with commitments to increase child care benefits and improve immunization coverage, and investments for those who need it most, including seniors, Indigenous Peoples and veterans.

“Canada’s nurses know the impact of poor health financing – we see and feel the cutbacks happening in our hospitals every day and the lack of home care available to Canadians. Patients and their families suffer,” said CFNU President Linda Silas. “Over the coming months, we expect more movement towards investing in health care as the federal, provincial and territorial governments negotiate Canada’s next Health and Social Accord.

The CFNU will be taking recommendations for that accord directly to Health Minister Jane Philpott in an upcoming meeting.
Reporting Time

Recently, a hot issue in the hospital and long-term care homes sector is the time required for nurses to provide a report to the oncoming shift. Normally, collective agreements in these sectors provide for an unpaid reporting period of up to 15 minutes at the completion of a nurse’s shift.

Hospitals

14.01 (a) and (b) ...Notwithstanding the foregoing, no overtime premium shall be paid for a period of less than fifteen (15) minutes of overtime work where the nurse is engaged in reporting functions at the end of her or his normal daily tour. If authorized overtime amounts to fifteen (15) minutes or more, overtime premium shall be paid for the total period in excess of the normal daily tour.

Nursing Homes

15.03 Employees required for reporting purposes shall remain at work for a period of up to fifteen (15) minutes which shall be unpaid. Should the reporting time extend beyond fifteen (15) minutes however, the entire period shall be considered overtime for the purposes of payment.

In both cases, the language provides for up to 15 minutes of unpaid reporting time for reporting to the oncoming shift. If a nurse works one or more minutes of reporting time beyond the 15 minutes, the entire period of time, including the 15 minutes, is then paid at a premium rate.

Based on ONA members’ comments in the recent Have a Say bargaining survey, our members are not aware of the existing language in the collective agreement, thus not exercising their rights for premium payment. Particularly, in the hospital sector where there is a growing trend towards bedside reporting versus taped end-of-shift reporting, the issue has gained our members’ interest because of the additional time required.

Additionally, if nurses have to remain beyond the end of their shift to complete documentation or patient care, this time is paid at overtime premium for the entire period of time.

If you are denied pay for more than 15 minutes of report or for providing patient care for more than 7.5 hours, call your unit representative and/or Bargaining Unit leader for assistance.

Overtime Requests

A frequently asked question from our members is when is overtime paid? The answer to this question varies by sector, collective agreement and whether a member is full-time or part-time.

Hospital Sector

Full-time

14.01 (a) (Article 14.01(a) applies to full-time nurses only)

If a nurse is authorized to work in excess of the hours referred to in Article 13.01 (a) or (c), she or he shall receive overtime premium of one-and-one-half (1½) times her or his regular straight time hourly rate.

The language states that the time must be “authorized.” If there is no management person or opportunity to have overtime authorized (e.g. an emergency), a member should work the time and then submit for overtime following the conclusion of working the time. Overtime for a full-time member is paid for all time in excess of the normal shift (7.5 hours or 11.25 hours) or for work on a scheduled day off.

Part-time

14.01 (b) (Article 14.01(b) applies to part-time nurses only.)

If a part-time nurse is authorized to work in excess of the hours referred to in Article 13.01 (a), she or he shall receive overtime premium of one-and-one-half (1½) times her or his regular straight time hourly rate.

Like full-time, the time should be authorized in advance, if possible. Overtime is payable for all time in excess of the normal shift (7.5 hours or 11.25 hours) or for work on a scheduled day off.

Remember your collective agreement is only strong when members ensure its enforcement. Call your Bargaining Unit representative if you believe your collective agreement rights have been violated.
hours or 11.25 hours). Unlike full-timers who receive overtime for work on a day off, part-time employees receive overtime when they work in excess of 75 hours in a two-week period.

**Nursing Homes Sector**

**Full and Part-time**

16.01 Overtime shall be paid for all paid hours over seven-and-one-half (7½) hours on a shift or seventy-five (75) hours biweekly at the rate of one-and-one-half (1½) times the employee’s regular straight time hourly rate of pay. Overtime is subject to authorization by the Director of Nursing or designate. Authorization shall not be unreasonably withheld. In the event of an emergency, authorization may not be required.

Like the hospital sector, the language states that the time must be “authorized” in advance. If there is no Director of Care or opportunity to have overtime authorized (e.g. an emergency), a member should work the time and then submit for overtime following the conclusion of working the time. This overtime should not be unreasonably denied by your employer. Overtime for a full or part-time member is paid for all time in excess of the normal shift (7.5 hours or 11.25 hours) or 75 hours biweekly.

If you are denied overtime premium, call your unit representative and/or Bargaining Unit leader for assistance.

Similar language is contained in many other ONA collective agreements.
ONA and Community Hospital Partnering to Prevent Workplace Violence

The contents inside a non-descript box located in the security office at Toronto East General Hospital (now named Michael Garron Hospital) was deeply concerning. The box contained dozens of disturbing and shocking weapons. The weapons were not collected from criminals at a police station, nor were they taken from prisoners. The weapons were collected from patients and visitors at TEGH.

In 2006, the former CEO of TEGH spoke with the head of Security about workplace violence, and saw the box of weapons. He realized quickly that workplace violence was a serious issue that needed to be addressed immediately.

In January 2007, TEGH launched a major initiative in workplace violence prevention and ONA has played a key role in its development, rollout and continued successful progress.

“We knew that workplace violence was a serious problem, so we were thrilled when a hospital CEO approached ONA to partner with us in becoming leaders in workplace violence prevention that would help protect the health and safety of our members,” noted ONA Occupational Health and Safety Specialist Erna Bujna. “We have worked with TEGH for many years now and the program is working – we are getting results.”

Partnership from Top-down

Although there are many facets to this comprehensive workplace violence prevention (WVP) program, a strong partnership between TEGH and ONA proved to be pivotal. In fact, in a somewhat unprecedented move, the former CEO of TEGH and ONA President Linda Haslam-Stroud wrote a joint letter to the Minister of Health and Long-Term Care noting that WVP should be made a key component of CEO accountability and a priority for the Local Health Integration Networks.

“ONA and TEGH came to an understanding in that we agreed to be partners in building a strong workplace violence prevention program,” said Haslam-Stroud. “This program would not have been the success that it has become without the strong partnership between ONA and management.”

Many Interventions

Developing this program was not as easy as taking a binder full of interventions and implementing them. There is no cookie-cutter approach to prevention, said Bujna. The program needed to be driven by the CEO and because of him and his senior team’s strong commitment, it succeeded.

“One successful tactic was to form a Workplace Violence Prevention Committee that had internal and external stakeholders who brought specific expertise to the table,” stated Bujna. “It was at this table that we made decisions, developed policies, and implemented control measures, procedures and training to prevent violence.”

Some interventions include:

• Posting “Zero Tolerance” signs in the hospital to state the hospital’s commitment to preventing workplace violence.

For more information about workplace violence prevention, visit violence.ona.org.
LONG TERM DISABILITY BENEFITS

DID YOU KNOW?

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

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

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

To learn more, please contact Johnson Inc.

ONA’s Erna Bujna and TEGH CEO Sarah Downey presented this joint workplace violence prevention program to the Leadership Table on Workplace Violence Prevention in Health Care Settings. ONA President Linda Haslam-Stroud is a member of the leadership table.

An article on the partnership is published in Healthcare Quarterly (www.longwoods.com/content/24304) of Longwoods Publishing.

Guelph General Failing to Protect Nurses, ONA Warns

ONA is speaking out about a lack of safety at Guelph General Hospital after several serious recent incidents of workplace violence involving our members. And we are being heard!

In one instance, an RN was injured when a patient became suddenly violent, grabbed, bit, punched and kicked her, and hit her in the face with a full bottle of urine. Help was not readily available.

“This veteran RN had to be treated for a laceration and deep bite, have blood tests for HIV and hepatitis, and was on antibiotics because the urine splashed in her eyes, nose and mouth,” ONA President Linda Haslam-Stroud said. “Not only did the hospital fail to inform the proper individuals, its Joint Health and Safety Committee and ONA until a full five days afterwards, the failure to communicate resulted in the same patient assaulting a family member two days later.”

In another incident, staff had no personal protective equipment to don after a contaminated patient arrived by ambulance, nor was there a proper bay to clean that patient. Instead, staff took the patient outside to an ambulatory area to remove the substance with soapy water.

As a result of these incidents, ONA has filed a grievance against the hospital and is looking for immediate mandatory violence prevention training, a system for flagging violent patients and panic buttons for nurses who do not currently possess them.

“Guelph General’s CEO has contacted me and is willing to work with ONA to improve the safety of the hospital RNs,” added Haslam-Stroud.

- Conducting comprehensive external and internal risk assessments, which led to numerous security improvements, training, etc.
- Providing personal two-way alarms linked to security for all employees.
- Developing an electronic and visual patient flagging system that alerts workers at risk of a patient with a history of violent behaviour and requires that a more specialized care plan be developed, which can help to prevent triggers for violence.
- Strengthening security measures, including yearly intensive and dedicated security guard training.

After the program’s implementation, the results are encouraging. Staff satisfaction survey results regarding personal safety improved (to 82.5 per cent from 79 per cent), 75 per cent are satisfied with the organization’s commitment to safety, and 89 per cent reported no physical violence from patients. In 2014, TEGH reduced its use of force to about five per cent from 54 per cent in 2004.

“Although this program should be replicated province-wide, it continues to be a work-in-progress,” concluded Bujna. “TEGH and ONA are always looking for opportunities to improve it – we will never be done.”

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ONA Wins for Students on Controversial Entry to Practice Exam

In the last issue of Front Lines, we told you about our advocacy surrounding the American National Council Licensure Examination for Registered Nurses (NCLEX-RN). We are pleased to report there is an exciting development on that front!

ONA President Linda Haslam-Stroud wrote to Minister of Health and Long-Term Care Eric Hoskins and College of Nurses of Ontario (CNO) Executive Director and CEO Anne Coghlan to request action be taken to make the administration of the NCLEX-RN fair for nursing school graduates who intend to practice in Ontario.

Specifically, ONA asked that the Nursing Act Regulation 275/94 be amended to eliminate the three-write exam limit, which is unfair and not consistent with other jurisdictions. In fact, not one single jurisdiction in the U.S. allows only three attempts to pass the NCLEX-RN or requires that a candidate complete a second BScN degree before being allowed another attempt.

Thanks to our lobbying work, the CNO is expected to make the necessary amendments to its registration criteria at its June Council meeting. The government has also told ONA it is currently making amendments to the Nursing Act Regulation to address our concerns. Great news for nursing students!

 Supporting the Next Generation of Nurses

ONA President Linda Haslam-Stroud (left) mingles with (then) Canadian Nursing Students’ Association (CNSA) Ontario Regional Director Kendra Davis (right) and (then) Quebec Regional Director Jaimie Carrier during a break in proceedings of the CNSA’s National Conference, held in Sault Ste. Marie from January 27-30, 2016. Under the theme, “Transformation: Redefining Health and Wellness Through Positive Change and Interdisciplinary Care,” the conference, attended by more than 300 students from across the country, featured several guest speakers on topics such as mental health and psychiatric nursing, the Vancouver supervised injection site, experiences of transforming with loss, and a personal journey in the fight against Ebola. During the conference, which also featured a career fair and exhibit hall where ONA staffed a table, Haslam-Stroud spoke to official and associate delegates from our nursing schools during their first Ontario Regional Executive meeting, Region 1 Vice-President Pam Mancuso linked with Ontario members of the CNSA, and Diana Kutchaw, a Labour Relations Officer from the North District Services Team, presented a well-received workshop about ONA’s campaign to prevent violence in the workplace. ONA was also a proud sponsor of the event.

Outgoing Ontario Regional Director Thanks ONA for Guidance

Kendra Davis, a fourth-year nursing student at the University of Western Ontario, had some very kind parting words for ONA when her term as Canadian Nursing Students’ Association (CNSA) Ontario Regional Director came to an end this past March.

“Thank you so much for all that you have done for the CNSA, the nursing students of Ontario and I,” she wrote to us. “Your support, advice, guidance and encouragement have been instrumental in the CNSA’s efforts and initiatives to be the primary resource for nursing students.”

Davis, who is embarking on a career in pediatrics at London Health Sciences Centre, added that she looks forward “to seeing what amazing future feats will be accomplished through the collaboration between the CNSA and ONA.”
“I Trust ONA to Support Me,” Student Writes in Moving Essay

In our continuing series on the successful recipients of the 2015 ONA Nursing Scholarship, Front Lines features the winning essay of Lauren Easton, daughter of Local 15 member Gail Easton.

The Importance of ONA to Nurses

ONA is critical for the protection and advocacy of nurses. With the support of a strong, widely recognized union, nurses are able to benefit from a collective voice and a network of security.

ONA represents all nurses in Ontario in all facets of health care. By negotiating fair contracts with employers, ONA not only promotes better conditions of employment, but also a safer workplace and a fair wage. Further, ONA’s presence promotes high standards of care for the population. As a future RN, I look forward to being part of a union that is transparent, just and proactive.

I have witnessed firsthand the camaraderie and resilience associated with ONA. My mother, an RN of 35 years, stood in solidarity with her CCAC colleagues during the strike. ONA offered nurses a platform to voice their opinions while demonstrating to the province that there are glaring discrepancies in the system that cannot be overlooked.

As a nursing student, I will be looking to ONA for security during a monumentally trying time for RNs in Ontario. Canada’s failure to adequately replace RNs leaving the profession must be addressed, and it is through unions like ONA that our value can be defended. RNs rely on ONA to highlight injustices and provide a platform to contend them in the public eye.

Becoming an RN in Ontario is a career worth fighting for and one that I look forward to calling my own. With the endorsement of ONA, I hope to maintain my passion to make a difference in health care and in the lives of my patients. I am committed to putting forward my best efforts for this dynamic and rewarding career, and I trust ONA to support me in doing so.

— Lauren Easton

Deadline for 2016 Nursing Scholarships Approaching

Do you have an immediate family member in an accredited nursing program who could benefit from a scholarship in the amount of $1,000 to help cover the cost of her/his education? If so, visit www.ona.org/bursaries for information, including eligibility criteria, and application forms for the ONA Scholarship Fund (up to 10 available) and the Canadian Federation of Nurses Unions Scholarship (one available for ONA). The deadline is July 1, 2016.

ONA First Vice-President Recognized for Commitment to Students

ONA First Vice-President Vicki McKenna has been honoured by the Canadian Nursing Students’ Association (CNSA) for her unwavering commitment to their organization and the students they represent.

Each year at the CNSA’s national conference, nominations are accepted for its Honorary and Lifetime Contribution Awards, which are granted to individuals who have greatly contributed to the achievements and aims of CNSA without ever being a member. McKenna was nominated by Ashley Ahuja from York University at the national conference in Sault Ste. Marie this past January (see story on pg. 20), which was strongly supported by the CNSA’s National Assembly.

“Vicki firmly believes in lobbying the government to improve conditions for nurses and nursing students,” said Ahuja. “She ensures every Ontario CNSA delegate team is connected with their ONA Region Vice-President. She has always reinforced the ONA-CNSA partnership, which has been integral for several CNSA chapter schools.”

“I would like to congratulate Vicki for being named a CNSA Honorary and Lifetime Contribution Award recipient for the 2015-2016 year,” added CNSA Vice-President Sheren Anwar Siani.
Did You Know the “Mother of LGBT Pride” Was a Nurse?

Often referred to as the “Mother of Pride,” Brenda Howard is known as an American bisexual rights activist and feminist who organized the Christopher Street Liberation Day March, the first Pride Parade in the world, which took place one year after the 1969 Stonewall riots in New York City.

The riots, which broke out after police raided a popular gay bar, the Stonewall Inn, are largely regarded as a catalyst for the lesbian, gay, bisexual and transgender (LGBT) movement for civil rights.

A Role Model who Changed the World

Howard’s struggles and efforts influenced LGBT people around the world to establish similar events, setting the foundation for Pride events internationally.

Born in 1946 in New York, Howard graduated from Manhattan Community College with a degree in nursing. In the late 1960s, she became active in the anti-war and feminist movements, and for the next 30 years participated in LGBT events, marches, protests and celebrations.

Despite being arrested multiple times for social justice causes, Howard, who passed away in 2005, kept fighting so the LGBT community could march with pride. She was a role model who changed the world for the better.

If you are a nurse or allied health professional who wants to add your own personal footprint to changing the world, grab hold of the torch that Howard left behind and participate in your local Pride events. If you have never participated in a community event that signifies social justice, this can truly be an exciting way to start.

The following summer was looking equally sad and challenging, he said. But that changed with one ONA poster.

“It showed people full of smiles, happiness and a feeling of family belongingness, and said, Walk or ride with Pride!,” Garcia recalled. “From then, I knew this would be an amazing opportunity. I started joining ONA Pride events. I met so many welcoming people, it became a networking opportunity, and the majority of them became good friends. ONA Pride made me feel welcomed and appreciated and that being gay is not abnormal and should be accepted by everyone.”

Garcia’s comments remind us why it is important for both LGBT and allied ONA members to march and show our support to LGBT ONA members, and to recognize and celebrate the existence and contributions of LGBT people to our communities. By participating, ONA sends a strong message that we are opposed to discrimination and harassment based on sexual orientation, gender identity and gender expression.

How One Member is Changing the World Today

One ONA member knows exactly how that feels.

Gryan Erroll Garcia shared his experiences participating in ONA Pride and the impact it had on him personally and professionally at the March Provincial Coordinators Meeting.

“When I was in high school, grade school and younger, I was considered an outcast, and couldn’t find my place,” he began. “Where did I fit in? I remember feeling that I was cut from a different mold. When I started nursing, there was a point I felt being gay was abnormal. I didn’t have anyone to talk to about those feelings. That was the summer of 2009 – the saddest and most challenging summer I’ve had.”

The Toronto Pride Parade takes place on July 3, 2016 and we encourage members who can to join us.

For those who want to march, ONA leaders, members and staff will be meeting at the northeast corner of Church and Bloor streets. If you prefer to ride our float, join us on Rosedale Valley Road. The parade starts at 2 p.m., so please arrive early to find the ONA participants.

But Toronto isn’t the only place showing pride. Pride events take place throughout the province. Check our website at www.ona.org/pride for information as it becomes available.

If you’d like to get involved in ONA Pride, contact Region 1 Vice-President Pam Mancuso, who holds the human rights and equity portfolio, at (416) 964-8833, ext. 7710/(416) 433-9257 or email: pmancuso@ona.org.
AWARDS AND DECISIONS: The Work of Our Union!

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

Decision sets out principles to ensure fairness in job selection
Region 3 Hospital (Arbitrator Trachuk, February 22, 2016)
ONA has successfully argued an employer violated the collective agreement by awarding a position to an external candidate with no experience rather than to an RN with more than 20 years of clinical experience.

ONA argued that the competition process was flawed because the employer relied solely on the results of the interview. The employer did not review the grievor’s resume, performance reviews or actively seek any information from the grievor’s supervisors. ONA argued that the interview questions were vague and did not assess whether an applicant had the necessary skills, abilities, experiences and qualifications to perform the job.

The arbitrator agreed with ONA that the employer’s process was flawed. She found that the employer should not have relied solely on the interview, the interview questions were inappropriate, and the employer failed to probe for more information from the applicants during the interviews.

The arbitrator ordered that the process be re-run with only the two internal candidates who had initially applied to be considered for the position.

Importance to ONA: This decision clearly sets out principles to ensure fairness in job selection processes. Performing poorly in an interview will not automatically disentitle an applicant to the job if they can otherwise demonstrate that they have the skills, abilities, experiences and qualifications for the position.

WSIB

Obtaining expert medical report key when WSIB consultant’s opinion not in worker’s favour
Region 5 Hospital (June 26, 2015)
A part-time labour and delivery nurse sustained a right knee injury when quickly descending the stairs to respond to a Code Blue.

The WSIB case manager allowed entitlement for a right knee strain. While the worker did not lose time from work, she continued to experience pain. An MRI revealed an old partial ACL tear, but no obvious meniscal tears. Right knee arthroscopy was scheduled in January 2014, but the case manager initially denied entitlement for right knee surgery on the basis that the MRI findings indicated pre-existing degenerative changes.

During the arthroscopy, a small radial lateral meniscal tear was found. On this basis, the worker objected to the denial for entitlement to surgery. The case manager referred the case to a WSIB medical consultant who opined it was probable the tear was compatible with the accident history, was likely the pain generator, and that the surgery was in order. The case manager overturned her initial decision and granted entitlement to surgery and related loss of earnings (LOE) benefits. The employer objected.

In its written appeal, the employer argued the worker’s pain and small meniscal tear were caused by a pre-existing and degenerative condition (i.e. the unstable ACL).

ONA argued the employer had produced no medical opinion challenging or contradicting the WSIB medical consultant’s conclusions. Rather, it made general assertions and referenced web articles, none of which addressed specific facts.

In reaching her decision, the appeals resolution officer had regard for the accident history and placed significant weight on the WSIB medical consultant’s opinion that given the temporal relationship between the accident, the ongoing right knee problems and subsequent need for right knee surgery, the surgery was compensable and in order. As there was no information the worker was symptomatic with right knee problems, the employer’s appeal was denied. Entitlement was upheld for right knee surgery and related LOE benefits from January 27 to April 18, 2014, which totaled almost $10,000.

Importance to ONA: This employer chose not to produce a report from a medical expert reviewing the medical information in the WSIB claim file and providing reasons why the WSIB consultant’s opinion should not be preferred. The decision underscores for us the importance of obtaining such an expert report when the WSIB medical consultant’s opinion is not in the worker’s favour.
We are Ontario’s nurses. Nurses know.