Nursing Homes Central Bargaining Breaks Down

ONA First Vice-President Vicki McKenna, who is taking a lead on nursing homes central bargaining, addresses delegates at the June Provincial Coordinators Meeting, where details on the recent breakdown in negotiations were discussed.

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eight days of negotiations, central bargaining talks on behalf of ONA’s 3,000 nursing home members have broken down.

On June 1, during the second week of bargaining, talks abruptly shut down after the employers, representing 179 provincial nursing homes, failed to table a monetary offer for wages and benefits. Instead, they held to a litany of takeaways and concessions, including stripping our members of any form of job security and reducing benefits to minimal levels.

Heading into bargaining, the goal of ONA’s Nursing Homes Central Negotiating Team (NHCNT), which was based on the priorities determined by our members’ responses to our Have a Say questionnaire, was to obtain equity with our members in the continues on page 3
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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ONA Regional Offices

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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ONA Provincial Office
Nursing Homes Central Bargaining Breaks Down

homes for the aged and hospital sectors, the same parity that is recognized in virtually every other province in Canada and where many – if not all – of these employers operate homes.

“Your negotiating team sees no reasonable justification that our members in nursing homes should continue to be treated unfairly, especially since we know resident acuity continues to increase and medical conditions are more complex and unstable, which we made very clear in opening statements,” said ONA President Linda Haslam-Stroud. “Quite frankly, the employers’ ‘offer’ at the table was insulting.

“Unfortunately, it’s crystal clear to us that the employers want no part of parity and are intent on continuing to treat our skilled and dedicated members as second-class nurses,” added ONA First Vice-President Vicki McKenna, who is taking a lead on nursing homes central bargaining. “Clearly, profits are more important to them than quality resident care. Our residents deserve so much more.”

When the participating nursing homes are prepared to return to the bargaining table with a proper mandate and a willingness to negotiate, ONA will be there. If not, we have no other option but to head to mediation in October and, ultimately, interest arbitration in November, if necessary.

“Your team is strong and united and remains committed to a negotiated agreement that appropriately recognizes our commitment and contribution to long-term care residents in our province,” added Haslam-Stroud. “We will not waiver on that.”

If you have any questions for NHCNT, please send them to McKenna at vickim@ona.org.

Hospital Arbitration Award Expected at Any Time

ONA continues to await the Arbitration Board’s decision regarding a central award for our 60,000 hospital members just as new data shows that Ontario now has the very worst RN-to-patient ratio in Canada.

ONA and the Ontario Hospital Association (OHA) concluded an interest arbitration hearing before Arbitrator Chris Albertyn on March 22 after failing to reach a negotiated settlement (see Front Lines, May 2016, pg. 1).

Your Hospital Central Negotiating Team insisted from day one that something be done to immediately stop the unprecedented wave of RN cuts, that nurses be given a proper general wage increase and that the wage grid for nurse practitioners be standardized. But we were met with road blocks.

“This is even more important now that a new report on the country’s nursing workforce by the Canadian Institute for Health Information shows that Ontario’s RN-to-population ratio is the very worst the country, at only 711 RNs per 100,000 people compared to the national average of 841 per 100,000,” said ONA President Linda Haslam-Stroud. “We need some real measures to address this increasingly serious situation immediately.”

As soon as the arbitration award comes down, we will be posting information on our website at www.ona.org/bargaining. The following issue of Front Lines will also contain highlights from the award.

APRIL BOARD HIGHLIGHTS

The following are key highlights from the April Board of Directors meeting, held on April 18-21 in Kingston to coincide with the Public Sector Labour Relations Transition Act vote at Providence Care (see pg. 6):

- A number of suggested amendments regarding provincial and local elections, including the common Board term and the possibility of online voting for Locals, were highlighted and brought to the June Provincial Coordinators Meeting for further discussion.

- Representatives from the Ontario Federation of Labour addressed the Board on where the organization is under its new executive and where it hopes to go in the future.

You will find a copy of the April issue of Board Highlights on our website (www.ona.org) under “ONA News.” The subsequent Board meeting took place from June 13-16 at ONA’s provincial office in Toronto and highlights will appear in the next issue of Front Lines.
No Summer Slowdown for ONA as RN Positions Continue to be Eroded

For everyone working on the front lines of health care, the reality is that there doesn’t ever seem to be any down time. The same holds true for your union.

The summer of 2016 is expected to be anything but quiet for ONA as we continue to fight for what matters to you — and to our patients.

As Front Lines went to press, I had hoped that we would have the arbitration decision in hand for our hospital-sector members. That has not happened. Bargaining has also broken down for our members in the nursing homes sector.

While neither process has been easy, ONA remains committed to obtaining the best possible contracts and improved working conditions for you, our highly valuable front-line registered nurses.

This is more vital than ever in view of the latest RN numbers in Ontario. With the release of the Canadian Institute for Health Information’s Regulated Nursing Report 2015, Ontario now has the dubious distinction of having the worst RN-to-patient ratio of all of Canada’s provinces. In fact, we would need 17,920 additional RNs to catch up.

Of course what this means to our patients is a greater risk of suffering morbidity and mortality. This news is devastating, yet it inspires me to fight harder and louder and longer than ever for you and the patients who rely on the quality care you strive to deliver.

I hope that each of you has a chance over the summer to rest, recover and recommit to our efforts to push for appropriate RN staffing levels in our health-care facilities. Our patients are depending on our care.

Have a good summer.

Pas de ralentissement en vue cet été pour l’AIIO, alors que l’érosion des postes d’IA se poursuit

L’ensemble des travailleuses et travailleurs de première ligne de la santé fait le même constat : il semble ne jamais y avoir de temps d’arrêt. Cela s’applique également à votre syndicat.

L’été 2016 s’annonce plutôt animé pour l’AIIO, alors que nous continuons de lutter pour ce qui compte pour vous — et pour vos patients.

Au moment de mettre Front Lines sous presse, j’espérais que nous pourrions présenter la décision arbitrale à nos membres du secteur hospitalier. Cela ne s’est pas produit. Les négociations ont également achoppé pour nos membres du secteur des maisons de soins infirmiers.

En dépit des embûches associées à chacun de ces processus, l’AIIO demeure déterminée à obtenir les meilleurs contrats possible ainsi que de meilleures conditions de travail pour vous, nos précieuses infirmières autorisées de première ligne.

C’est plus vital que jamais, à la lumière des dernières données sur les IA en Ontario. Avec la publication du rapport Personnel infirmier réglementé 2015 de l’Institut canadien d’information sur la santé, l’Ontario a l’honneur discutable d’avoir le pire ratio IA/patients de toutes les provinces canadiennes. En fait, nous aurions besoin de 17 920 IA additionnelles juste pour mettre fin à la pénurie.

Bien entendu, cela signifie que nos patients sont plus à risque de présenter des taux accrus de morbidité et de mortalité. Bien que consternante, cette nouvelle m’inspire à lutter encore plus fort, plus bruyamment et plus longtemps que jamais pour vous et les patients qui comptent sur les soins de qualité que vous vous efforcez de pro- diguer.

J’espère que durant l’été, chacune d’entre vous aura l’occasion de se reposer, de récupérer et de renouveler son engagement à l’égard de nos efforts pour obtenir des niveaux de dotation d’IA appropriés au sein de nos établissements de soins de santé. Nos patients comptent sur nos soins.

Je vous souhaite un bel été!
We Can Move Mountains!

When we asked our members to help spread our key messages as we shifted our Nurses Know campaign into our Locals this spring, some of you told me you didn’t think you could make a difference. But you certainly have!

Since January, our campaign has had a strong presence provincially as we raised public awareness of the important of RNs and the devastating impact of cuts to their positions on safe quality care. In fact, there have been 65 million impressions (views) from our transit shelter ads, 67 million from our television ads, and our radio ad has aired approximately 5,700 times.

That’s fantastic. We are being seen and heard. But it is that Local action, right in your communities where the cuts are happening – 1,455 RN positions have been eliminated since January 2015, 656 this year alone – that is having the most impact.

Consider these impressive statistics: you gathered 35,500 signatures on our petition for better care; you shared with us more than 55 personal stories of how front-line care is being impacted by cuts; 561 people joined our virtual rally, with the collective reach of more than 250,000 people; almost 44,000 local materials were distributed to our Locals for your campaigns, including 15,000 customized pieces; and RN cuts were addressed in the Ontario legislature 16 times, thanks to you bringing this issue to the attention of your MPPs.

I am convinced that if not for these valiant efforts by our front-line members, RN cuts would be even worse.

It is more important than ever to continue to educate the public about the value of RNs to their care by way of Nurses Know. The next step is to write letters to your MPPs expressing concern for the continued RN cuts and chronic underfunding of our health-care system (a template letter is available at www.morenurses.ca/email-your-mpp).

Thank you for all you have done promoting this campaign in your communities. As your First VP holding the portfolio for political action, I couldn’t be more proud. We can – and we are – moving mountains!

From ONA First Vice-President
Chronique de la première vice-présidente, AIIO

Vicki McKenna, RN

Nous pouvons déplacer des montagnes!

Quand nous avons demandé à nos membres de nous aider à diffuser nos messages clés alors que nous avons améné notre campagne Le personnel infirmier sait ce qu’il vous faut au niveau de nos sections locales ce printemps, certaines d’entre vous m’ont répondu qu’elles ne pensaient pas qu’elles pouvaient avoir une influence. Bien au contraire!

Depuis janvier, notre campagne a été fortement promue à l’échelle provinciale, alors que nous avons sensibilisé le grand public au rôle important des IA et à l’impact dévastateur des suppressions de postes au sein de ce groupe sur la prestation sécuritaire de soins de qualité. En fait, nos publicités dans les abribus ont donné lieu à 65 millions de pages vues, nos publicités télévisées ont enregistré 67 millions de vues, et notre publicité à la radio a été diffusée environ 5 700 fois.

C’est formidable. On nous voit et on nous entend. Or, ce sont justement ces initiatives à l’échelon local, au cœur de vos collectivités où les suppressions ont lieu — 1 455 postes d’IA ont été éliminés depuis janvier 2015, et 656 cette année seulement — qui ont le plus d’impact.

Voici quelques statistiques impressionnantes : dans le cadre de notre pétition pour de meilleurs soins de santé, vous avez obtenu 35 500 signatures; vous avez partagé avec nous plus de 55 témoignages personnels sur les répercussions que les compressions ont sur les soins de première ligne; 561 personnes ont participé à notre manifestation virtuelle, d’une portée collective de plus de 250 000 personnes; près de 44 000 documents ont été distribués à nos sections locales pour vos campagnes, dont 15 000 éléments personnalisés; et la question des suppressions de postes d’IA a été soulevée devant l’Assemblée législative de l’Ontario à 16 reprises, grâce à vos efforts pour attirer l’attention de vos députés sur cet enjeu.

Je suis convaincue que sans ces valeureux efforts de nos membres de première ligne, les compressions de postes d’IA seraient encore pires. Cependant, ces employeurs savent que nous sommes déterminées et que nous ne reculerons pas!

Il est plus important que jamais de continuer à sensibiliser le public à l’importance des IA pour la prestation de leurs soins de santé au moyen de la campagne Le personnel infirmier sait ce qu’il vous faut. La prochaine étape consiste à écrire des lettres à vos députés pour exprimer vos préoccupations face aux constantes compressions de postes d’IA et au sous-financement chronique de notre système des soins de santé (un modèle de lettre est présenté à l’adresse www.morenurses.ca/email-your-mpp. (en anglais seulement).

Merci pour tout ce que vous avez fait pour promouvoir cette campagne dans vos collectivités. En tant que votre première vice-présidente responsable du volet de l’action politique, je ne pourrais être plus fière. Nous pouvons — comme nous sommes en train de le démontrer — déplacer des montagnes!
The RNs of Providence Care in Kingston have spoken loud and clear – and ONA is their union of choice!

With the merger of Providence Centre – Mental Health Services and St. Mary’s of the Lake Hospital into one facility that will open next year, the Ministry of Labour called a Public Sector Labour Relations Transition Act (PSLRTA) vote between ONA, which represented 84 members at St. Mary’s of the Lake and the Ontario Public Service Employees Union (OPSEU), which represented 128 members at Providence Centre – Mental Health Services to determine which union would represent the more than 200 RNs combined.

ONA ran a very professional campaign, based on straightforward discussions of RN issues, such as safe staffing levels, safe workplaces and the ability to provide quality patient care. In the months prior to the vote, the Bargaining Unit leadership team, members of the Board, Local leaders, members and staff worked tirelessly, calling and meeting with the RNs involved, answering their pressing questions, and distributing helpful material about the benefit of ONA membership, many of which featured our front-line members from St. Mary’s of the Lake.

That hard work paid off. Following three days of voting in mid-April, the Kingston RNs voted convincingly for ONA.

“What makes this win even more special was that ONA was clearly the underdog, as far more nurses were represented by OPSEU heading into the vote,” said ONA President Linda Haslam-Stroud. “But clearly these RNs understood the benefit of being represented by a union of nurses working for nurses. They understood that the services, support and successes ONA has achieved for our skilled and dedicated front-line RNs are unparallel.

“We are thrilled to retain our members from St. Mary’s of the Lake and to welcome the RNs from Providence Centre – Mental Health Services to our strong, vibrant union. We look forward to providing them with exceptional services for years to come.”
In the same month as the Providence Care vote, ONA also warmly welcomed allied health professionals from Health Sciences North in Sudbury through a certification vote.

ONA had originally applied to represent a smaller group of allied health professionals – the physiotherapists and occupational therapists – but “the employer attempted to defeat us by more than doubling the number of employees who could potentially be in the Bargaining Unit and entitled to vote, hoping that the additional workers would have no vested interest in joining ONA,” noted ONA President Linda Haslam-Stroud.

After a day of negotiations and a battle to determine which positions were included, 186 employees were deemed eligible. Of that group, 132 voted, with 84 per cent choosing ONA as their union!

“That was a very proud month for our union and a powerful example of teamwork!” concluded Haslam-Stroud. “But these allied health professionals choosing ONA really has been the result of years of us being seen as a professional, respected union. We couldn’t be more happy to have them aboard!”

A Solemn Tribute for the Day of Mourning

Some men and women in a downtown Toronto parkette greeted each other with hugs and knowing, simple nods to one another. Others stood stoically towards the side of the park, looking around at the many flags and banners. Unfortunately, the event was not a joyous occasion that warranted much celebration.

More than 50 people, including Region 3 Vice-President Andy Summers, Local 6 Coordinator Carolyn Edgar, Local 97 Coordinator Liz Romano and Princess Margaret Hospital Bargaining Unit President Ingrid Garrick (left photo) gathered at Larry Sefton Parkette to commemorate the National Day of Mourning, a solemn day that honours and commemorates all workers who have died, been injured or have become ill due to work.

But they weren’t the only ones. In Windsor, Region 5 Vice-President Karen Bertrand (middle of middle photo) and members Veronika Pully and Barb St. Pierre marched from St. Augustine Church Hall to the Injured Workers’ Monument in Reaume Park/Coventry Gardens. And Local 70 Secretary Margaret Sherman-Bell and First Vice-Coordinator Stephanie Dukarich laid a wreath at Hamilton City Hall on behalf of all Local 70 members (right photo).

ONA members and RNs, Tecla Lin and Nelia Laroza, each of whom contracted and died of SARS while caring for patients, and Lori Dupont, who was murdered in Windsor while working at a hospital, were mourned.

The real and unnerving tragedy of this day is its actual existence. All workplace deaths, injuries and illnesses are preventable.
Two separate Independent Assessment Committees (IACs) have issued recommendations to improve patient care in the acute medical short stay unit at Sault Area Hospital (SAH) and the hemodialysis unit at Humber River Hospital, noting RNs have been required to perform more work than is consistent with proper patient care.

**Sault Area Hospital Medical Short Stay Unit**

The nursing practice and workload issues put before the IAC included insufficient base RN staffing levels, dangerous nurse-to-patient ratios, high levels of patient acuity and activity, inability to meet professional standards and SAH policies, poor nursing leadership and support, and insufficient nurse educator resources.

Following a hearing on April 4-6, the IAC issued an unprecedented 91 recommendations in May, focusing on RN staffing, nursing leadership and shared governance, the nursing delivery model of care, and clinical practices/unit processes to address RN workloads.

The IAC specifically recommended there be a permanent RN with Additional Responsibility on a 24/7 basis, a full-time educator for six months, time for RNs to attend relevant education, and adequate staffing when nursing students are on the unit. Placing considerable emphasis on the level of fatigue and low morale, the IAC also stated that staff need to take their scheduled breaks.

“The IAC was a tough process, with many hours and much work,” said Elliott Marlow, an RN on the unit, who was instrumental in the IAC. “But I saw the need for change and how important it is to make that change for our patients. I have never felt so supported in my short career.”

**Humber River Hospital Hemodialysis Unit**

Complaints arose due to the steady cutting of RN positions on the unit since 2011. In fact, 187 workload forms were submitted in the past five years, documenting situations where members believed patient care was at risk.

After two delays from management, the IAC hearing finally proceeded on April 20-22, and in June, 18 recommendations were issued, addressing RN and RPN scope of practice, fluctuating RN workloads/staffing levels, fragmented and interrupted care, and professional practice issues, including practice standards and nurse leadership.

Specifically, the IAC called for the hospital to increase the number of RNs in the hemodialysis unit and establish a formal process to discuss monthly workload complaints.

This was the third IAC report for Humber River, but “with Humber’s new CEO being a registered nurse who would understand RN concerns and want to ensure we can provide safe, quality patient care, we are hopeful the recommendations will be quickly implemented,” said ONA President Linda Haslam-Stroud.

“By filling out their workload forms and demanding a safer workplace for their patients and themselves, these members have not just improved their units, but have helped improve every unit in the province,” concluded ONA First Vice-President Vicki McKenna. “They should be incredibly proud of their hard work.”
Nursing Week 2016 Mixes Business with Pleasure

While Nursing Week is always time for celebration, as members are acknowledged for the exemplary care you provide to the patients of our province, there was some important business mixed in this year as well.

ONA officially kicked off Nursing Week 2016 on May 9 with a media conference at Queen’s Park, where First Vice-President Vicki McKenna, University Health Network Bargaining Unit President Cyndra McGoldrick and nursing students joined NDP Leader Andrea Horwath in announcing that Ontario hospitals have cut 1,455 RN positions, or the equivalent of three RN positions per day, since the beginning of 2015, which equates to a loss of 2.8 million hours of patient care.

“The repercussions of such deep RN cuts are serious,” McKenna told the media, noting that only British Columbia has a lower RN-to-population ratio than Ontario. “For every extra patient added to an average RN’s workload, the patient’s risk of suffering complications and even death increases by seven per cent. Hospital patients suffer from multiple, complex illnesses, and require the skills and education of RNs. Yet years of hospital funding freezes have resulted in the loss of RNs just as patients need their care the most. The value of adequate RN staffing cannot be overstated.”

Added Horwath, “These RNs should be helping patients, not getting pink slips. Deep cuts to RN care must stop and they must stop now. Enough is enough. In Ontario hospitals, fewer nurses means less care for patients, and less care for patients is not something I am prepared to accept. It’s time for a moratorium on RN cuts.”

Then it was time for our members to take over. On two separate occasions during Nursing Week, members from Windsor and Hamilton, where dozens of RN positions are being eliminated, including 169 at Windsor Regional Hospital alone, descended on Queen’s Park to deliver thousands of ONA’s petitions for better care, watch the reading of those petitions in the legislature, listen to a question on RN cuts during Question Period and meet with MPPs.

While ONA was turning the attention to RN cuts provincially, members throughout the province took a break from the challenges of your working lives to participate in special Nursing Week events, many attended by members of the ONA Board of Directors, from celebratory lunches/teas/suppers to painting and pool parties.

Turn the page for a region by region pictorial of ONA RNs, practical nurses and nurse practitioners, along with your colleagues and friends, enjoying Nursing Week 2016. Many more photos are available on our website at www.ona.org/nw16. To see videos of the reading of our petition for better care in the legislature, go to www.youtube.com/ontariornurses.
We are Ontario's nurses. Nurses know.

REGION 1

Finlandia Hoivakoti Nursing Home (Local 2).

Health Sciences North (Local 13).

North East CCAC (Local 12).

REGION 2

Cornwall Community Hospital (Local 42).

Glengarry Memorial Hospital (Local 42).

Heartwood Long-Term Care (Local 42).

Kingston General Hospital Cancer Centre (Local 99).

Sandfield Place (Local 42).

Dryden Regional Health Centre (Local 81).
REGION 3
University Health Network (Local 97).
Mackenzie Health (Local 237).
William Osler Health Centre (Local 43).
Centre for Addiction and Mental Health (Local 54).
Haldimand Norfolk Public Health (Local 7).
Region of Waterloo Public Health (Local 15).
London Health Sciences Centre (Local 100).
Bluewater Health (Local 19).
Corporation of the County of Lambon (Local 19).

REGION 4
Mount Sinai Hospital (Local 82).
Mackenzie Health (Local 237).
Haldimand Norfolk Public Health (Local 7).
Region of Waterloo Public Health (Local 15).
London Health Sciences Centre (Local 100).

REGION 5
South West CCAC (Local 21).
London Health Sciences Centre (Local 100).
Corporation of the County of Lambon (Local 19).
Nurses’ Voices Must be Equal in Medically Assisted Dying Debate, ONA Says

Recognizing that RNs will play a central role in medically assisted death under new legislation, ONA’s submission to the Standing Committee on Justice and Human Rights calls for an equal voice for the nursing profession in the legislative debate.

Federal Bill C-14, An Act to Amend the Criminal Code and to make related amendments to other acts (medical assistance in dying) was introduced on April 14 in response to a Supreme Court of Canada ruling stating that a law that makes it illegal for anyone to help people end their own lives should be amended to allow doctors to help in specific situations. The ruling only applies to competent adults with enduring, intolerable suffering who clearly consent to ending their lives. The Liberal government missed the June 6th deadline to have the legislation in place because of delays in the House of Commons, and as Front Lines went to press, it had just passed a final vote in the Senate.

“As front-line nurses working in hospitals, long-term care facilities and palliative care, the new legislation makes it very clear that nurses will be affected by this law,” said ONA First Vice-President Vicki McKenna. “We know that RNs and nurse practitioners (NPs) will be directly involved when a patient chooses medically assisted death, and it is imperative that those debating this legislation recognize the vital role of nurses and consider our views to reflect the reality.”

ONA believes the legislation should balance the patient’s right to access medically assisted death while also protecting vulnerable patient populations. We are also calling for the right of nurses to choose not to participate should they be conscientious objectors.

“It’s one thing for legislators to pass the law around medically assisted death, but the practical reality for those of us on the front lines must also be considered,” added McKenna. “Furthermore, for those RNs and NPs who choose to follow the wishes of their patients, there must not be any penalty or criminal liability.”

ONA is calling on the provincial government and the College of Nurses of Ontario to develop clear guidelines and standards regarding the scope of a nurse’s role. Employers must also develop policies and processes so that all stakeholders – including front-line RNs – have an equal voice in the development of these policies.

ONA will continue to monitor this legislation. To read our submission to the Standing Committee, log onto www.ona.org/submissions.

ONA Wins Awards for Nurses Know Campaign

ONA has won several prestigious awards for our Nurses Know campaign, which highlights the cuts to RN positions happening at an alarming rate in the province.

At the American Association of Political Consultants (AAPC) Pollie Awards in Puerto Rico this past April, ONA received a silver award in the International category for the Best Use of Television/Radio for Nurses Know (pictured).

AAPC is the world’s largest organization of political consultants, public affairs professionals and communications specialists. The Pollies, considered the Oscars of political advertising, are decided on by more than 200 distinguished judges across all disciplines and party lines.

ONA added to that award at the Canadian Association of Labour Media (CALM) Awards in Quebec City one month later by winning the Dennis McGann Stroke-of-Genius Award for our Nurses Know transit ads, Best Audio Award for the Nurses Know radio ad (“The Long Day”) and an honourable mention in the Best Documentary category for our video, The Tragedy of Lori Dupont: Ten Years Later.

Considering the breadth and talent of the competition, these awards are a true testament to the quality of ONA’s political action work.
QUEEN’S PARK Update

The Health Information Protection Act (HIPA) has passed in the Ontario legislature. The act introduces new measures related to privacy, accountability and transparency in the health-care system, and will amend existing legislation to protect the personal health information of patients, including:

- Making it mandatory to report privacy breaches to the Information and Privacy Commissioner and, in certain circumstances, to relevant regulatory colleges.
- Strengthening the process to prosecute offences under the Personal Health Information Protection Act by removing the requirement that prosecutions must commence within six months of the alleged offence.
- Doubling the maximum fines for privacy offences from $50,000 to $100,000 for individuals, and from $250,000 to $500,000 for organizations.

HIPA will also update the Quality of Care Information Protection Act (QCIPA) to increase transparency and maintain quality in Ontario’s health-care system by:

- Affirming the rights of patients to access information about their own health care.
- Clarifying that facts about critical incidents cannot be withheld from affected patients and their families.
- Requiring the Minister of Health and Long-Term Care to review QCIPA every five years.

Mark Rochon has been appointed special advisor to the Minister of Health and Long-Term Care in support of The Scarborough Hospital, Rouge Valley Health System and Lakeridge Health. Rochon, an associate in KPMG’s Global Healthcare Centre of Excellence and former President/CEO of the Toronto Rehabilitation Institute (now part of the University Health Network), will help to advance integration efforts between these hospital providers, consistent with the Scarborough/West Durham Panel recommendations. His appointment will be for up to 80 days, over a period that will not exceed one year and ending no later than June 30, 2017.

Ontario has announced capital funding for The Scarborough Hospital to better integrate and expand diagnostic imaging services at the General campus. This will translate to improved services in radiography, fluoroscopy, interventional imaging, cross sectional imaging, CT scanning, ultrasound, breast imaging and nuclear medicine.

Up to a $5-million planning grant is being provided by the province to develop a master plan for each of the Scarborough and Durham region hospitals, including any future major capital redevelopments. This planning grant will support the redevelopment of the emergency department at the Rouge Valley Health System Centenary site.

Ontario Hospitals “Dangerously Overcrowded,” OHC Report Finds

ONA First Vice-President Vicki McKenna (above) voices our union’s concerns as she heads to a media conference in Toronto on April 13 for the release of an OHC report chronicling Ontario hospital cutbacks and closures from 2012 to 2016.

Beyond Limits: Ontario’s Deepening Hospital Cuts Crisis states that community hospitals are being dismantled due to funding formula changes that “force specialization and centralization of care into fewer locations with patients forced to travel further for services," noting that “Ontario’s hospitals are now dangerously overcrowded and understaffed, yet bed closures, staff layoffs and service cuts continue." Particularly alarming is that “this overcrowding leads to poor patient outcomes, increased morbidity and mortality, infectious disease outbreaks, increased risk of medical errors and high patient dissatisfaction.”

The report is the culmination of a series of town halls held throughout the province the past few months where ONA provincial and Local leaders spoke out about the seriousness of hospital cuts in their communities, such as this meeting (below) on March 29 at Hamilton City Hall where ONA President Linda Haslam-Stroud (back row, second from right) posed with Region 4 Vice-President Laurie Brown (back row, left), and Region 4 Local leaders and members following her presentation.

To read the OHC report, log onto www.ontariohealthcoalition.ca.
All about Sick Leave: Your Questions Answered

If the reason for the absence is the same as the prior illness and the employee has not been back to work for more than three weeks since the fifth absence, it is treated as one occurrence. Fifteen hours includes two 7.5-hour shifts or 1.34 extended tours (11.25 hours, plus 3.75 hours of the next extended tour).

For all employees hired on or after January 1, 2006, the 1992 HOODIP applies for each illness. Under this plan, members are eligible for up to 15 calendar weeks. The sixth and subsequent period also applies.

The hospital pays 75 per cent of the billed premium and the employee pays the balance. Members’ benefits are determined by length of service with the participating employer:

<table>
<thead>
<tr>
<th>LENGTH OF SERVICE</th>
<th>BENEFIT (%) of earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three months, but less than one year</td>
<td>66%</td>
</tr>
<tr>
<td>One year, but less than two years</td>
<td>70%</td>
</tr>
<tr>
<td>Two years, but less than three years</td>
<td>80%</td>
</tr>
<tr>
<td>Three years, but less than four years</td>
<td>90%</td>
</tr>
<tr>
<td>Four years or over</td>
<td>100%</td>
</tr>
</tbody>
</table>

Your Bargaining Unit President can help you understand the differences between 1980 and 1992 HOODIP.

If a member remains ill beyond the 15 weeks set out above, she/he can apply for long-term disability (LTD) through the employer’s insurance carrier. The employer should send out the application papers at least four to six weeks prior to expiry of the EI sickness benefits period to ensure there is a seamless transition to LTD. The member must remain in active medical treatment throughout the 30-week qualifying period. LTD can continue, if necessary, until the member’s normal retirement date. ONA provides appeal assistance for LTD benefit denial concurrent with the appropriate filing of grievances.

There are many terms and conditions of the sick leave plan as a member progresses through an illness. If you have any questions, contact your Bargaining Unit President for assistance.

What about part-time hospital members?

Part-time members receive either nine or 13 per cent in lieu of benefits, including sick leave as part of their compensation package. Therefore, if a part-time member is sick, her/his first line of sick pay is EI sickness benefits.
The member will have to apply for 15 weeks following a two-week waiting period. The employer will provide the member with a Record of Employment.

**What is the sick leave process under the nursing homes central collective agreement?**

A full-time employee may receive up to 70 per cent of scheduled straight-time wages for a maximum of 30 weeks.

During the first two weeks of illness, the employer pays 70 per cent of the employee’s straight time scheduled hours, whether the shift is 7.5 or 11.25 hours. The first three days of absence must be self-funded and paid by the employer. Commencing on the fourth day of absence, the employer may choose to have an insurance carrier provide the remainder of the initial two weeks of benefits. This represents the two-week waiting period for EI sickness benefits.

For illnesses extending beyond two weeks and continuing for up to 15 additional weeks (17 weeks in total), the employee must apply for EI sick benefits; the employer tops up the benefits to 70 per cent of regular earnings. If the employee’s claim is rejected by EI because of insufficient weeks of insurable earnings (600 insured hours in the last 52 weeks), the employer pays the full 70 per cent of regular earnings.

The employee should provide a copy of the EI cheque stub within two weeks of receipt of EI benefits to ensure she/he correctly calculates the SUB top-up for up to 15 weeks of payment.

Beginning with week 18 of illness and continuing for up to 12 additional weeks (30 weeks total), the employer or insurance carrier resumes paying the weekly indemnity benefit of 70 per cent of straight time salary. This provision applies to all full-time employees, except those who were denied EI because of inadequate contributions and were paid by the employer for weeks three through 17. In that case, the employee has no further entitlement to income protection under the collective agreement beyond week 17 unless the employer is one of the very few nursing homes that provide LTD coverage.

New claims for weeks one to 17 only (unless the employee is able to re-establish an EI entitlement) and the three days of employer-paid can be repeated throughout the year. There are no limits on the amount of usage or sick incidents.

**What about part-time nursing home members?**

Similar to the hospital sector, part-time members receive 8.5 per cent in lieu of benefits, including sick leave, as part of their compensation package. Therefore, if a part-time member is sick, her/his first line of sick pay is EI sickness benefits. The member will have to apply for 15 weeks following a two-week waiting period. The employer will provide the member with a Record of Employment.

**What about members in other sectors?**

For most other collective agreements, sick leave plans have been negotiated with the individual employer and will be unique to that employer. Please ask your Bargaining Unit President for the specifics of your sick leave plan.

---

**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.

**Johnson Inc.**

1595 16th Ave., Suite 700
Richmond Hill, ON L4B 3S5
905.764.4959 (local)
1.800.461.4155 (toll-free)

LTD benefits are underwritten by The Manufacturers Life Insurance Company (Manulife Financial). Some conditions may apply. MVM.10.2013
Role-playing Techniques Prepare Members for Challenging Situations

There may not be a better way to prepare for difficult conversations or situations than to act it out using role-playing techniques. To do so may give you confidence and tactics that will help you face the challenges head-on.

This year’s spring Health and Safety Caucuses proved to be a great venue for ONA members to actually try out roles so they can become more comfortable addressing difficult situations as they arise in their workplaces.

Entitled, “Your Duty is Your Power,” the Caucuses aimed to show participants how to use safety committee inspections to engage members and how to be confident at safety committee meetings.

Under the direction of Simon Malbogat of Mixed Company Theatre, an educational interactive drama troupe, six ONA staff members improvised several health and safety scenarios for the Caucus attendees. The vignettes were designed to teach participants how to educate and mobilize members around health and safety issues, and how to confidently assert worker equality at safety committee meetings. The scenarios – crafted by ONA Health and Safety Specialist Nancy Johnson and the Membership Education and Events Team’s Michelle Brosseau – are based on a tapestry of real workplace incidents.

Using role-playing, Caucus attendees witnessed an occupational health and safety situation and then were able to provide immediate feedback by saying, “Stop!” to stop the scenario in action. The member was then able to jump into the scenario to correct it or tell the actors what to do.

Members’ reaction to the role-playing was positive.

“Members found this approach to be particularly energizing,” noted Johnson. “After one session, a member commented, ‘I’m ready for the crusade!’ That, to me, was quite gratifying to hear.”

Karen Hough, who recently became a Bargaining Unit President for Local 92 (Orillia Soldiers’ Memorial Hospital), stated that she has taken several online learning seminars related to health and safety, but wants to enhance her occupational health and safety knowledge.

“I’m hopeful that from what I’ve learned at the Caucus, I can bring it back to the Bargaining Unit and engage the members.”
Collaborative Safety Week Raises Worker Awareness about Health and Safety Issues

After almost one year of planning, a successful and well-attended Safety Week was held at Toronto General Hospital (TGH) early in May.

ONA member and Joint Health and Safety Committee (JHSC) Worker Co-Chair Eleanor Adarna (pictured) helped to spearhead the week-long events that aimed to raise staff awareness about health and safety and the role of the hospital’s JHSC.

“We met several times over the course of the year to plan out activities that would improve workers’ knowledge of health and safety issues and about our JHSC,” noted Adarna, a registered nurse. “It was a collaborative effort between workers and management.”

In addition to a safety booth set up in the TGH lobby, which provided resources and practical health and safety information to workers, a series of lunch-and-learn sessions about specific topics also took place.

“From violence prevention to workplace inspections to fire safety, our lunch-and-learn sessions outlined important information our workers need,” said Adarna. “It was a very successful week and it showed me that collaboration does work!”

Adarna is already planning for next year; she hopes to include all sites of University Health Network.

Has ONA’s LEAP Team Helped You?

Has ONA’s Legal Expense Assistance Plan (LEAP) Team (pictured) been helpful to you? Have we assisted you with a patient complaint at the College of Nurses of Ontario? Have we helped you navigate the College’s health inquiry process? Have we defended you in a Personal Health Information Protection Act (PHIPA) complaint or criminal matter?

ONA is producing a video about LEAP to make sure more nurses know about the help that’s available to them. We are looking for members who have been directly involved in a LEAP matter and are willing to be interviewed and filmed discussing their experiences.

We know there are many hundreds of ONA members who have benefitted from LEAP over the years. If you are one of them and would like to share your story, please contact the LEAP Intake Line (1-800-387-5580) as soon as possible or send us an email (leapintake@ona.org) and we can provide you with more information.
**With You Every Step of the Way: What to Expect in the Accommodation Process**

Do you have a disability that affects your ability to work?

The employer’s duty to accommodate disability up to the point of undue hardship is a legal obligation under the Ontario Human Rights Code. It requires employers and unions to make every reasonable effort to provide the employee with meaningful work that is safe and suitable to her/his medical restrictions. Primary responsibility, however, rests with the employer who oversees the control and management of the workplace.

The employer must accommodate the employee with a disability who is returning to work after being on sick leave, long-term disability or Workplace Safety and Insurance Board (WSIB) benefits, as well as employees who have a disability, but have not lost time at work. The duty to accommodate applies to all employees, including casual and probationary employees. The obligation is ongoing as long as there is still a disability and the accommodation over time does not amount to undue hardship.

ONA has a legal obligation to represent our members and is entitled to be at all return to work (RTW)/accommodation meetings. Contact the union early for support and guidance throughout the accommodation process.

**Triggering the Duty to Accommodate**

The duty to accommodate is triggered in two ways:

- The employee seeking work accommodation advises the employer of her/his medical restrictions. Once the employer receives the medical documentation, the employer’s duty to accommodate is triggered; or
- The employer has a duty to inquire into a possible disability where it has reason to believe one exists. If an employer suspects or ought to have known of the disability and need for work accommodation, it has a duty to take appropriate steps and investigate.

The purpose of medical restrictions is to protect the employee’s health and safety while in the workplace. They do not include any medical diagnosis, and are limited to functional descriptions of what employees can and cannot do.

The employer must communicate the medical restrictions to the coworkers of the accommodated employee as well as the specific accommodation.

### Prior to the RTW/Accommodation Meeting

RTW/accommodation meetings are normally scheduled with your unit manager, employee health nurse and union rep (if you don’t know who your union rep is, contact your Bargaining Unit President or check your union bulletin board).

Your union rep will contact you to review your medical restrictions and discuss possible accommodations that could be proposed to the employer. Our position is that every effort should be made to return you to your pre-disability unit. We expect employers to apply the following four-step process:

- Can you perform your existing job as is?
- If not, can you perform the existing job with modifications?
- If not, can you perform another job in its existing form?
- If not, can you perform another job with modifications?

### During the Meeting

The goal of these meetings is to engage the employer in a discussion about possible accommodation solutions and, ultimately, to agree on a written RTW/accommodation plan. Your union rep will be your spokesperson and advocate, and will take notes.

### After the Meeting

Your union rep will continue to represent you throughout the process of accommodation and will maintain confidentiality of all personal health information. Once an accommodation has been agreed to, she/he will follow up to ensure the accommodation plan has been implemented.

If there is any change in your medical restrictions or you are having difficulties with your accommodation, contact your union rep regarding the next step.

**Member’s Role**

Your cooperation with the union and the employer is an integral part of the success or failure in finding appropriate work accommodation. You will need to:

- Provide appropriate medical documentation to the employer and union and comply with reasonable requests for additional medical information.
- Pursue, commit to and take all necessary steps toward rehabilitation.
- Participate in discussions regarding accommodation solutions.
- Try a proposed, reasonable and suitable accommodation, including on a trial basis.
- Work within your medical restrictions and communicate with ONA and your manager if you are having difficulties with your accommodation.

For further information, refer to ONA’s Accommodation and Return to Work – A Guide for ONA Members, which can be found at [www.ona.org/guides](http://www.ona.org/guides).
On behalf of nurses across the country, including ONA members, Canadian Federation of Nurses Unions President Linda Silas (right) met with Federal Health Minister Jane Philpott in Ottawa on April 4 to discuss nurses’ ongoing work on and recommendations for the next Health and Social Accord. “This was a productive meeting and I feel confident that this face to face with Minister Philpott signals a new era of government and health care leaders working collaboratively to strengthen our public health-care system into the future,” Silas said. The meeting was scheduled a few weeks after the 2016 federal budget, which included details reaffirming the Liberals’ election promise to engage with the provincial and territorial governments to renegotiate a new Health Accord. Silas relayed to Minister Philpott that Canada’s nurses are also calling on all levels of government to implement coordinated health human resources planning and Indigenous health strategies.

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www.ona.org
“ONA’s Support is of Utmost Importance,” Daughter of CCAC Member Writes

In our continuing series on the successful recipients of the 2015 ONA Nursing Scholarship, Front Lines features the winning essay of Vanessa Warren, daughter of Local 12 member Claire Warren.

ONA is an amazing advocate for the tens of thousands of nurses and allied health professionals they represent.

I experienced the commitment and strength that ONA has when they represented my mother, a dedicated community care palliative nurse practitioner, and the many other hardworking employees of the community care access centre in Sudbury and across the province.

I walked the picket line with these employees in temperatures plummeting below -30 degrees Celsius. The people I met were dedicated, caring, devoted and sad to be walking the streets instead of helping their clients. However, they too are advocates and had to take a stand against the wage disparities between hospital and community nurses as well as between the employees at the southern end of the province and those of remote northern communities.

ONA’s strength and determination was the pivotal force that resulted in binding arbitration, which ruled in favour of the front-line workers that are making a difference in our communities. I give my sincerest gratitude to ONA for getting my mom, and the many other employees, off the sidewalk and back to where they want to be: in the community making a difference in their clients’ lives.

I am grateful and comforted knowing that I have a strong and thoughtful union representing me and fighting for the rights and equality nurses deserve. It gives me peace of mind that ONA is advocating on behalf of health professionals to prevent unsafe workloads and working conditions in light of the demands that our health care system is currently facing. These demands will only continue to grow due to the aging demographics, and thus ONA’s continued support is of utmost importance to avoid stress and burnout in health care providers.

—Vanessa Warren

For Children/Grandchildren of ONA Members

Need Help Paying for Post-Secondary Education? Apply for a Johnson Scholarship

Johnson Inc., the supplier of the ONA member benefits plan, congratulates the recipients of its 2015 Scholarship Program, Jeffray Behr and Rina Patel (pictured), and invites other students to apply for the next round.

Behr, son of ONA member Fiona Behr, is studying Mechanical Engineering at the University of Waterloo, and skis, cycles and runs long-distance in his down time. Patel, daughter of ONA member Smita Patel, is obtaining her Bachelor of Health Sciences degree at McMaster University, and enjoys working with children, drawing and reading.

For many students, the jump from high school to post-secondary education signals a thrilling transition into adulthood. However, along with that comes new responsibilities, including paying for tuition, textbooks and basic daily essentials. Johnson is proud to offer scholarships to help these students achieve their dreams. In fact, since 1998, Johnson has awarded 1,400 scholarships valued at more than $1 million to support young Canadians coast to coast pursue their post-secondary education.

This year, Johnson is pleased to offer 50 scholarships worth $1,000 each to children and grandchildren of its members and policyholders (including ONA members). Students must be completing high school in 2016 and beginning post-secondary education this fall. Applications must be submitted by August 31 and contain an official school transcript of final-year credits.

For more information or to apply, visit the Johnson’s scholarship page at www.johnson.ca or call 1-877-328-7878.
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

**Hospital’s Attendance Management Program contrary to Human Rights Code**

**Region 3 Hospital**  
*(Arbitrator Newman, April 21, 2016)*

ONA has won an important decision, challenging a hospital’s Attendance Management Program (AMP) as being contrary to the Human Rights Code.

When the hospital changed its AMP, ONA filed a policy grievance challenging aspects of the new policy, including the treatment of disability-related absences and the requirement for a medical certificate after each and every absence for employees placed in the program.

The arbitrator agreed with ONA that the program had the potential for negative impact on employees, and that, as drafted, it was inconsistent with the employer’s obligations under the Human Rights Code. In particular, she found that any disability-related absences could not be counted for the purposes of entry into the program or progression through the various stages.

The arbitrator also found that it was unreasonable to make a blanket demand for a medical certificate on every occasion of absence after the employee reached a certain point in the AMP.

**Importance:** This is the first ONA decision in which the issue of including disability-related absences for the purpose of entry into and progression through an AMP has been addressed. The arbitrator’s ruling was very clear that the inclusion of such absences runs afoul of the Human Rights Code. The decision also emphasizes the dangers inherent in such programs when managers are required to mechanistically send letters and convene meetings without any discretion or consideration of individual factors.

### WSIB

**Loss of Earnings entitlement allowed as employer unable to accommodate worker’s limitations**

**Community Care Access Centre**  
*(March 9, 2015)*

The worker, a community care access centre (CCAC) care coordinator, complained of pain in her left elbow and fingers on August 21, 2013 from work duties, which she reported to her employer.

She saw a doctor on September 6, 2013 and reported that the injury was a gradual onset with disablement to the left elbow, wrist and fingers. She had no previous injury to her left hand and fingers, and attributed the pain to the job she was doing (typing and data entry involving lots of keyboard specific commands). The injuries sustained were as a direct result of the repetitive duties associated with her regular job duties.

The worker tried to adjust her work station and requested an ergonomic assessment. She also had physiotherapy and use of a Tens machine, followed by a WSIB Extremity Program. The employer was unable to accommodate. Some changes were done to her keyboard, and she was recommended by the doctor to take anti-inflammatory medication, additional physiotherapy treatment and some modified work restrictions.

On September 23, 2014, the worker reported left and right hand pain; the modified work was not successful. She was referred to the Hand and Upper Limb Clinic (HULC) on October 7, 2014, and diagnosed with bilateral dequervains, bilateral flexor carpi radialis tendonitis and mild left ulnar neuropathy.

She tried a return to work plan in October 2014 where she would slowly increase her hours while performing the modified duties. She also had cortisone injections three times to both wrists, but the pain continued.

HULC wrote a Functional Abilities Form, indicating the worker was to work in 10-minute increments and break for 10 minutes, but during the meeting, the employer confirmed it could not accommodate the limitations and referred her to a WSIB Work Transition (WT) Plan. At this time the worker was not able to do much of anything with both hands.

The claims adjudicator allowed entitlement for the Loss of Earnings (LOE) from February 3, 2014 ongoing as the employer was unable to accommodate the limitations.

The worker successfully completed her WT Plan and has found employment as a quality manager. She will receive a total of $1,837.14 biweekly until she reaches the age of 65 years, along with a Non-economic Loss (NEL) award of eight per cent, equaling $7,706.

After returning from a maternity leave in April 2016, the worker secured part-time work (two days per week). She will, however, continue to receive the stated amount of biweekly LOE until age 65.
# Ontario Nurses' Association

## Financial Statements for the year ended December 31, 2015

### Balance Sheet

<table>
<thead>
<tr>
<th>December 31</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
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<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
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<tr>
<td>Cash and short-term investments (at market value)</td>
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<td>Investment in ONA Liability Insurance Ltd. (equity method)</td>
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<td>22,813,676</td>
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<tr>
<td></td>
<td><strong>$ 65,707,934</strong></td>
<td><strong>$ 62,135,470</strong></td>
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<td><strong>Liabilities and Net Assets</strong></td>
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<td>Current</td>
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<td>Accounts payable and accrued liabilities</td>
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<td>Current portion of capital lease obligations</td>
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<td><strong>$ 62,135,470</strong></td>
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</tbody>
</table>

The above financial information is a condensed version of the Association's audited financial statements for the years ended December 31, 2014 and December 31, 2015. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.
## Statement of Operations

For the year ended December 31, 2015

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
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<td>Other</td>
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<td><strong>Total Revenue</strong></td>
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<td><strong>Expense</strong></td>
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<td>Service teams</td>
<td>25,429,497</td>
<td>25,619,976</td>
</tr>
<tr>
<td>Support teams</td>
<td>14,330,511</td>
<td>14,291,464</td>
</tr>
<tr>
<td>Fixed costs</td>
<td>5,433,288</td>
<td>4,948,680</td>
</tr>
<tr>
<td>Building operations</td>
<td>909,258</td>
<td>933,867</td>
</tr>
<tr>
<td>Program costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Security/LEAP/Critical Illness/LTD/Supplementary)</td>
<td>6,527,878</td>
<td>4,971,227</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>56,395,749</td>
<td>54,751,694</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses before undernoted items</strong></td>
<td>1,898,635</td>
<td>1,815,234</td>
</tr>
<tr>
<td>Amortization</td>
<td>(1,041,983)</td>
<td>(1,050,474)</td>
</tr>
<tr>
<td>Unrealized gain (loss) on investments</td>
<td>(391,886)</td>
<td>813,907</td>
</tr>
<tr>
<td>Share of net income of ONA Liability Insurance Ltd.</td>
<td>1,171,118</td>
<td>1,068,051</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td>$1,635,884</td>
<td>$2,646,718</td>
</tr>
</tbody>
</table>

The above financial information is a condensed version of the Association's audited financial statements for the years ended December 31, 2014 and December 31, 2015. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.
Wear White on Wednesday

Help raise awareness about the vital role of Ontario’s Registered Nurses by wearing white on Wednesday throughout the year!

Registered Nurses (RNs) are highly skilled health-care professionals who provide vital care for Ontario patients.

STAND OUT & STAND UP FOR RNs!

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