Truth Hurts Campaign Brings Attention to RN Cuts

This Just in: Tentative Deal Reached for Nursing Home Members! See pg. 10

INDEX

Up Front ......................................................... 3
Member News ............................................. 6
ONA News ................................................... 10
Queen’s Park Update ............................... 13
Professional Practice ............................... 14
Occupational Health and Safety ........ 15
Your Contract ............................................. 16
Benefits ........................................................ 17
Student Affiliation .................................... 18
Human Rights and Equity ..................... 20
Pensions ....................................................... 21
Education .................................................... 22
Awards and Decisions............................. 23

ONA is once again taking our concerns about the continuing erosion of RN positions in the province’s hospitals to the public to illustrate the serious implications of these cuts on patient care.

Since the beginning of 2015 alone, more than 1,500 RN positions have been eliminated in Ontario. To put that into perspective, provincial hospitals have cut 90 RNs per month or three RNs every single day. That is the equivalent of three-million hours of front-line RN care removed from our patients! This has to stop.

A transit shelter advertisement near Queen’s Park in Toronto tells it like it is as ONA launches the next phase of our powerful The Truth Hurts campaign. The campaign brings attention to the continuing erosion of RN positions in the province, which are negatively affecting patient care.

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How to contact your 2016 ONA Board of Directors

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ONA is the union representing 62,000 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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www.ona.org
Truth Hurts Campaign Brings Attention to RN Cuts

Our Voice!
The next phase of our award-winning campaign, The Truth Hurts. Nurses Know, aims to do precisely that through a series of province-wide television and radio ads, transit and print ads, a petition, and a strong social media presence. Our ads can be accessed from our campaign’s dedicated website, nursesknow.ona.org.

“We want the government, our employers and every Ontarian to know what nurses already know – that frozen or below-the-rate-of-inflation funding to hospitals results in those hospitals turning first to the very place they shouldn’t to find savings: front-line RN care,” said ONA President Linda Haslam-Stroud. “As patient advocates, we will continue to voice our concerns regarding the disastrous effects those cuts have on our patients.”

What the Research Says
Research has shown that for every patient added to an average nurse’s workload, our patients have a seven per cent increased risk of suffering morbidity and mortality (see http://jamanetwork.com/journals/jama/fullarticle/195438). Fewer nurses results in a higher risk of failure to rescue, heart attacks, pneumonia, sepsis, blood clots or bedsores (see, for example, http://www.nejm.org/doi/full/10.1056/NEJMsa012247#t=article).

“I am also deeply concerned for our members struggling to meet their professional standards under escalating workloads,” added Haslam-Stroud. “As well, RN cuts have a direct correlation to an increase in violent attacks on our members in their workplaces.”

With Ontario now having the very worst RN to patient ratio of any province in the entire country, at just 711 RNs per 100,000 population, this campaign is even more necessary and meaningful.

How You Can Help
But, as usual, our campaign is only effective when our members not only embrace its key messages, but show us your unwaveringly support – just as you have in the past. Sign our petition for better care (see below); write to your MPP about supporting a moratorium on RN cuts; “like” and follow ONA on Facebook and Twitter and share our campaign messages on your own social media accounts; instigate Local campaigns when cuts are announced in your area (we can help!); and share your stories of what the elimination of RN positions really mean to you and your patients. Log onto nursesknow.ona.org for more information.

“To provide quality patient care, RN positions must be preserved and expanded in our hospitals, long-term care facilities and other sectors, and that can only happen if we speak up and speak out – together,” noted Haslam-Stroud. “As our Biennial Convention theme says, ‘Let’s get loud!’”

Sign the Petition for Better Care!
Cutting RNs to balance budgets just doesn’t make sense and has serious implications for our patients. Nurses know. Help us let the government know as well by signing our petition for better care at nursesknow.ona.org and asking your colleagues, friends and families to sign as well.

The petition calls on the government to:
- Implement a moratorium on RN cuts.
- Commit to restoring hospital base operating funding to at least cover the costs of inflation and population growth.
- Create a fully-funded multi-year health human resources plan to bring Ontario’s ratio of RNs to population up to the national average.
- Ensure hospitals have enough resources to continue providing safe, quality and integrated care for clinical procedures and stop plans for moving such procedures into private, unaccountable clinics.
Let’s Get Loud!

As registered nurses, we never hesitate to speak up for our patients, residents and clients. We take our role as RNs seriously and passionately advocate for them.

As your elected President, I hope you will join with me in raising our voices to advocate for quality, front-line patient care in this province.

It’s time to get loud!

That is not only the theme for the 2016 Biennial Convention being held mid-November, but it’s our mantra as we work to preserve quality patient care in this province.

ONA members who are on social media have no doubt noticed the newest phase of our very successful Nurses Know campaign. Since late-September, there have been The Truth Hurts. Nurses Know ads running on YouTube and Facebook, and they have likely caught your eye.

Considering the ongoing challenges we face as front-line RNs, this is the time to keep up the pressure and to get loud!

I have every confidence that ONA’s efforts to educate the public, our patients, our employers and stakeholders – and the provincial government – are having a big impact.

With the total of RN cuts hitting approximately three-million hours of front-line care since January 1, 2015, we cannot afford to let up our efforts to influence policy-makers and educate our communities about what the loss of quality, front-line RN care means to them.

Please join ONA in our efforts to preserve quality patient care for those who rely on us to deliver it. Visit ONA’s campaign website (nursesknow.ona.org) and take action locally. Everyone’s efforts count, and our patients are far too important to us to quiet our voices now.

I look forward to seeing many of you at our Biennial Convention, and I ask for your support for this campaign because The Truth Hurts. Nurses Know.

Our patients are far too important to quiet our voices now.

Faisons du bruit!

Nous n’hésitons jamais, en tant qu’infirmières et infirmiers autorisés, à prendre parole pour nos patients, nos résidents et nos clients. Nous prenons notre rôle d’IA au sérieux et défendons leur cause avec passion.

À titre de présidente, je vous invite à vous joindre à moi pour plaider haut et fort en faveur de soins de première ligne de qualité pour les patients de cette province.

Il est temps de faire du bruit!

Cet appel n’est pas seulement le thème de notre congrès biennal de 2016, il s’agit aussi du mantra que nous répétons en œuvrant pour préserver la qualité des soins pour les patients de cette province.

Les membres de l’AIIO qui utilisent les médias sociaux sont sans doute au courant de la dernière phase de notre campagne très réussie Nurses Know (Les infirmiers et les infirmières le savent). Conçue en septembre dernier, elle s’appelle The Truth Hurts (La vérité blesse). Les annonces Nurses Know sont actuellement diffusées sur YouTube et Facebook, et vous les avez sans doute remarquées.

Vu les défis constants auxquels nous devons faire face en tant qu’IA de première ligne, il est temps de continuer le combat et de faire du bruit!

Je suis convaincue que grâce à ses efforts de sensibilisation, l’AIIO a un effet important sur le public, nos patients, nos employés, nos actionnaires et le gouvernement provincial.

Comme le nombre total d’heures de travail coupées en soins de première ligne dispensés par les IA s’élève à environ trois millions d’heures par année, on ne peut se permettre de réduire nos efforts pour influencer les décideurs et sensibiliser nos communautés aux conséquences de la diminution des soins de première ligne de qualité.

Joignez-vous à l’AIIO dans ses efforts visant à préserver la qualité des soins pour ceux qui se fient à nous pour les dispenser. Visitez aussi le site de la campagne de l’AIIO (nursesknow.ona.org [en anglais]) et voyez ce que vous pouvez faire dans votre communauté. Chaque geste compte. Le bien-être de nos patients est beaucoup trop important pour arrêter de faire du bruit maintenant.

J’ai hâte de vous voir en grand nombre au congrès biennal et je vous demande de prendre part à cette campagne, parce que la vérité blesse. Les infirmières et les infirmiers le savent.
The Times They are a Changing

With the September announcement that the government is lifting its condition of “net zero” as a bargaining restriction for Ontario public-sector contracts, ONA has high hopes that finally, as the well-known Bob Dylan song goes, the times they are a changing.

For the past several years, the government issued public-sector wage freezes and net zero bargaining terms to help balance its budget by 2017, meaning any wage increases negotiated in public-sector deals had to be offset by savings elsewhere. Needless to say, this made bargaining in all sectors during that time very, very challenging.

However, I sat through many of those negotiations and am proud to say that we were able to obtain wage and benefit improvements for our members in our central contracts. And we were able to secure – and are continuing to secure – better deals than many other health-sector unions.

While Premier Kathleen Wynne, in announcing that the government is on track to reach balance with the 2017-18 budget, noted future agreements will still have to be “fiscally responsible,” she also said something else we haven’t heard in recent years: those contracts must “support public employees.” Support! This is welcome news to our members who deserve to be shown the utmost respect for the quality care you give to your patients, clients and residents every single day and the incredible value you provide to the health care system. You have sacrificed enough.

Holding the portfolio of political action, I can promise you this: I will do everything in my power to make sure the government keeps its word and that those famous six words from Bob Dylan ring true.
Workload Settlements Address Members’ Serious Concerns

Thanks to the perseverance and dedication of our members in filling out their workload forms and holding their employers’ feet to the fire, ONA has recently reached several significant settlements without having to resort to an Independent Assessment Committee (IAC) hearing.

**Huron Perth Healthcare Alliance (HPHA) – Stratford Site**

The collaborative “model of care” the employer introduced in 2014 resulted in RNs assigned to the operating room also being assigned to work in the post-anesthesia care unit (PACU), which led to gaps in continuity of care, dilution of skills and fragmented care. As a result, RNs struggled to provide quality patient care and meet their standards of practice.

On September 6, ONA and HPHA reached an agreement through the mediation process, with the employer committing to a six-month trial that would increase the staffing in PACU by one RN, ensuring that the RN admitting a patient would be the same one recovering and discharging that patient. The employer also agreed to discuss the implementation of a full-time/part-time staffing ratio of 70/30, and provide education and ongoing in-services relevant to the operating room, endoscopy, day surgery and PACU.

ONA will meet with the employer monthly until April 2017 to ensure this a permanent change for our members.

**Northumberland Hills Hospital**

Workload issues began to escalate in the Emergency Department (ED) in December 2015, mostly relating to staffing and security during the night shift and on weekends.

With the assistance of ONA, the Bargaining Unit presented their concerns to the Hospital-Association meeting this past August, subsequently asking for an additional meeting. On October 3, the Bargaining Unit President, RN members from the unit, an ONA Labour Relations Officer and Professional Practice Specialist held a successful meeting with the employer, and the RNs were pleased with the outcome.

That outcome includes an increase of RN staffing by one RN for 12 hours on the night shift, seven days a week. Until full recruitment is completed, the ED manager and charge nurse will assess daily the need to up-staff based on volumes, acuity and complexity. Nurse practitioner hours have been adjusted to align with peak volume times, physician coverage has increased by two hours per day, and a respiratory therapist will make regular rounds. Education will also improve, including additional triage training for nurses.

**Guelph General Hospital**

RNs in this Emergency Department (ED) also experienced workload issues regarding staffing and security, which came to a head in December 2014. The following May, a critical incident involving a fatal shooting of a patient in the ED waiting room occurred.

Actions to resolve the workload and practice issues reached a standstill in October 2015, and the situation was referred to an IAC. Key to the breakdown was the absence of the chief nursing executive (CNE) at the professional responsibility complaint (PRC) table. However, this past February, communication improved and resulted in several actions to resolve the workload complaints.

Those actions include an increase in RN staffing 24/7; a process for the continued monitoring of patients for acuity and complexity to determine the appropriate patient assignments; improvements to education, support and training for staff, and communications, and significant security guard resources. Simultaneous to the PRC process, there was also a Ministry of Labour appeal regarding the May critical incident, and our joint efforts resulted in resolutions to support that appeal.

Since the settlement, overall morale and leadership in the ED have improved.
Market-ing our Message!

What better place to reach out to the public with the important message that cuts to RNs are negatively impacting quality patient care in the province than at a crowded farmers’ market in the height of summer? That was the thinking of Local 4, who set up a booth at the Keady Market in Tara on July 12, after retired ONA member Julia Lobsinger contacted the market manager, whom she has known for years, to arrange a booth, provided free of charge as it was non-profit. “We put flyers about the Nurses Know campaign, along with a pin, into bags (pictured) and gave to people who were shopping at the market,” said Local 4 First Vice-Coordinator Linda Dow-Sitch, noting the Local used some of its political action funds to purchase the bags. “We had some good conversations about nursing needs and the changes in staffing, which has occurred around the province and locally. The market gets a lot of tourists as well as the local folks – it’s very busy – so we reached a lot of people.”

Bayshore Nurses Win First Collective Agreement

Thirty-four RNs and RPNs employed by Bayshore Home Health Care in the districts of Sault Ste. Marie, Elliott Lake, Blind River, Desbarats, Echo Bay, Garden River, Iron Bridge and Thessalon have ratified a first collective agreement that contains wage, benefit and job security improvements over the 18-month term.

The agreement, ratified on September 8, comes just six months after ONA won certification rights at the Ontario Labour Relations Board. While our union has been active in home care for many years, this is our first collective agreement with Bayshore.

Our team and members stayed united and strong in the face of some strong resistance from Bayshore. This included an anti-strike survey and threat of job loss. Bayshore threatened that job action could result in an interruption of referrals from the community care access centre (CCAC). We understood the position of the CCAC around ongoing referrals and found it appalling. While this reality proved to be motivation for both sides to reach a collective agreement, ONA believes that if an agreement is not possible, the system should not work in a manner that negatively impacts the labour relations interests of the parties.

ONA is currently engaged in ongoing negotiations around the maintenance of pay equity and these efforts will now include Bayshore. As a result, we will soon be seeking the necessary disclosure from Bayshore to move that process forward.

Congratulations to our members for this important victory!

Members Call for Independent Panel to Examine Unsafe Staffing Levels at McCall Centre

An Independent Assessment Committee (IAC) has taken place to look into the workload concerns of ONA members at the McCall Centre for Continuing Care hospital in Etobicoke.

Members called for the IAC, the last step in the process to resolve serious workload issues, after repeated efforts to address their concerns failed. Those concerns include inadequate staffing ratios, the current “model of care,” lack of clarity in the roles of regulated and unregulated care providers, and gaps in leadership – all of which put these members’ patients at risk.

The IAC hearing was held on September 28-30 and recommendations are expected in the next few weeks. We will report on those recommendations in a future issue of Front Lines.
For ONA member Hawley Munro, working as a nurse practitioner (NP) in a long-term care facility really is the best of both worlds.

“As an NP, I work both independently and as part of the long-term care team,” said Munro, who has worked at St. Joseph’s Health Centre in Guelph for the past two years. “I work closely with our registered staff answering questions, teaching and coaching through assessments and providing explanations for treatment decisions and monitoring perimeters.”

On any given day, you’ll find Munro in every corner of the facility, assessing, monitoring, diagnosing and following up on wounds, acute and chronic illnesses and trying to proactively prevent hospital transfers through early intervention.

“In this role, I am able to closely monitor residents who are unwell, slowly changing or in decline. I am fortunate to be able to follow up with residents throughout the day and on a day-to-day basis,” she said, adding that knowing the residents helps her stay on top of any potential changes.

While Munro doesn’t see all the residents every day, she is at the facility Monday to Friday, whereas doctors have practices in the community and may only be around once a week or less, depending on their schedules.

“I work closely with the doctors to communicate concerns and consult about residents,” she said. “I spend a lot of time communicating with families regarding medication and treatment changes, answering questions and concerns, as well as discussing care goals and end of life.”

Apart from assessing residents, as part of her expanded scope of practice, Munro can diagnose, prescribe medications, order blood work and some diagnostic tests, and refer residents to specialists. If something is outside of her scope, she consults.

“It’s been a great career change,” she said, highly recommending the NP role. “I loved working as an RN in an acute care hospital setting. Transitioning to my role as an NP in long-term care has allowed me to use the knowledge and skills I developed as an RN to establish relationships with residents and their families, engaging in difficult conversations. Seeing the same residents on a daily basis, being able to follow up on concerns or with residents who are declining, and supporting families through the end-of-life process has been very rewarding and I very much enjoy my role. I can’t see myself working anywhere else.”

Being an ONA member is also tremendously beneficial to Munro in her role as NP.

“ONA gives me a sense of security in terms of job and professional practice issues, not to mention a voice for all nurses across Ontario to ensure we are respected, acknowledged and treated as key members of the health-care team.”

Happy to Meet You!

ONA member Lisa Ladouceur (centre), a primary health care nurse practitioner at Georgian Bay General Hospital, and ONA staff members Simran Prihar (left) and Barb Conlon (right) share a laugh with a delegate at the Nurse Practitioner Association of Ontario’s Annual Conference. During the conference, held on September 22-24 at the Sheraton Centre Hotel in downtown Toronto, the trio staffed an ONA booth in the exhibit hall to chat with NPs from across the province, some of whom are already ONA members, and hand out ONA promotional items and pertinent information, including a highlights document on the recent hospital arbitration award, which establishes a new minimum start rate for NPs as the first step towards standardizing rates for this important nursing classification. They also asked them to fill out a brief survey on their concerns as NPs for a chance to win a fabulous prize.
Members Advocate for RNs, All Workers on Labour Day

ONA members joined the call for safer workplaces, stronger public pensions and better jobs for all during Labour Day events throughout the province on September 5.

“Labour Day is an opportunity to pause, reflect and appreciate the work that thousands of Ontarians do for the good of others,” said ONA First Vice-President Vicki McKenna. “It’s also a time to remember that unionized workers – including RNs – care about and advocate for the health and well-being of all workers.”

“It was a day of celebration for the labour movement, but also a day that many community members expressed their appreciation for the care that ONA members provide.”

— Local 7 Coordinator Melanie Holjak

Coordinator Melanie Holjak (left photo) proudly represented ONA at the Labour Day celebration hosted by the Brantford and District Labour Council, which included an open house, barbecue and soap box derby!

“The event was well attended and many residents asked questions about the ONA buttons and pamphlets I distributed,” Holjak said. “This generated lots of discussion about the reduction of RNs and the impact on patient care. Many people offered their thanks and gratitude to nurses and other health-care workers within our community. It was a day of celebration for the labour movement, but also a day that many community members expressed their appreciation for the care that ONA members provide.”

“Although our dedicated RNs face serious challenges, ONA will never give up in our efforts to advocate for safe staffing levels, and an end to workplace violence, harassment and discrimination,” concluded McKenna. “Today, 11 million Canadians don’t have access to a workplace pension plan, and we believe no one should have to struggle in retirement. We are also working to encourage governments to restore the conditions required to grow and sustain the good jobs that people need. On Labour Day – and every day – these are the key messages we continue to relay.”
This Just in: Tentative Deal Reached for Nursing Home Members!

Just as Front Lines headed to print, a tentative agreement was reached between ONA and the participating nursing homes.

The agreement, which affects ONA’s 3,000 nursing home members, was reached during mediation with the assistance of Bill Kaplan during the weekend of October 15-16.

Bargaining talks had initially broken down during the second week of negotiations in early June 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 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 was based on the priorities determined by our members’ responses to our Have a Say bargaining questionnaire.

“We went into this round knowing it would be challenging and difficult – and it was,” said ONA First Vice-President Vicki McKenna, who took a lead on nursing homes central bargaining. “But your bargaining team was strong and united and remained committed to a negotiated settlement that appropriately recognizes our dedication and contribution to long-term care residents in our province. We never wavered on that.”

At press time, a special sector meeting was scheduled for November 1 in Toronto to provide nursing homes Bargaining Unit Presidents and Local Coordinators with details of the settlement. See the insert in this issue (just before pg. 13) for more information; you can also log onto www.ona.org/bargaining for the latest news.

SEPTEMBER BOARD HIGHLIGHTS

Seizing the opportunity to engage directly with seasoned and up and coming leaders, the ONA Board of Directors joined our annual Leadership Conference for its Board meeting on September 19-22 (for more on that conference, see pg. 22). The following are key highlights from that meeting:

▶ Strategies were discussed for supporting our Local leaders in their work.
▶ The following donations were approved:
  • $5,000 to the 5,000 members working at hospitals in the Minneapolis-Saint Paul area, who were forced to go on strike by the tactics of Allina Health for 37 days this fall.
  • A $20,000 sustaining donation annually to the Ontario Centre for Policy Alternatives, which delivers original, independent, peer-reviewed, non-partisan research.
  • An additional $5,000 donation to the Canadian Health Coalition for a total of $10,000 annually.

You will find a copy of the September issue of Board Highlights on our website (www.ona.org) under “ONA News.” The next Board meeting takes place from December 6-8 at ONA’s provincial office and highlights will appear in a future issue of Front Lines.
Debunking Union Myths

MYTH: Unions force everyone to pay fees

FACT: While people who work in a unionized environment and oppose unions are not forced to join the union, they are required to pay union dues. This is because every worker in a workplace that benefits from a union contract should contribute financially to these advantages. For example, if a union negotiates wage and benefit increases, they go to all employees in the workplace, not just to those who chose to be union members.

Look at it this way. Canadians pay municipal, provincial, and federal taxes whether or not they voted for the person or political party in office. But those fees ensure we all receive essential services such as health care, education and garbage pick-up. You cannot simply choose to opt-out. It's the same concept in a unionized workplace. Unions represent and protect the rights of all workers in a unionized workplace regardless if they have a union card.

Further questions? Please talk to your Bargaining Unit President.

Great Virtual Reach!

The eloquently-written thank you note (left) to all nurses reached tens of thousands of people through ONA’s social media channels and spurred many positive comments from nurses and the public alike.

The post – shared more than 400 times on Facebook – underscored the true value of nurses and many online comments echoed nurses’ vital role in health care. Among the many comments:

- “I am a registered nurse and I have the great honour to work with people just like this for almost 40 years. They are just awesome. I would like to thank the member of the public who wrote this letter. It is appreciated more than you will ever know.”
- “You must do many tasks over and above your regular jobs! You are much appreciated by the good patients that you worked with.”
- “What a wonderful letter of praise to nurses. Thank you so much to the member of the public that wrote it.”
- “Wonderful recognition to our beloved profession. Keep up the great work, my nursing colleagues!”

Spreading the praise on social media does indeed have its benefits!

Follow ONA on Facebook and Twitter at @ontariornurses.

ONA was elated to receive the follow message in praise of nurses by a member of the public. What makes it even more special was that the author posted these comments on social media, encouraging others to pass them on (see sidebar, right). We wanted to share it with you here so you can remember that despite all the chaos and struggles you face on a daily basis on the front lines, you are very much appreciated.

Nurses. I can’t even find the words to express how amazing nurses are.

Over the past few weeks, I have spent numerous hours surrounded by nurses. I have witnessed nurses getting yelled at, sworn at, hit, peed on, pooped on, vomited on, missing their lunch breaks, lifting patients heavier than themselves, helping rehabilitate patients, answering multiple patients calling for assistance at once, working extra hours on top of a 12-hour shift, among many other tiring tasks and duties.

It was mentally and physically exhausting just watching the nurses tackle their shifts. These nurses didn’t just tackle their shifts, they owned them!

Despite it all, these same nurses cared for each and every one of their patients with a smile on their faces, with calm mannerisms. They were gentle to their touch and had genuine care in their hearts.

These nurses answered their patients’ questions and concerns in the most comforting ways possible. These nurses held their patients’ hands during times of worry and fear. These nurses advocated for their patients when they felt their plan of care did not meet their needs. These nurses took the time out of their hectic schedules to sit and talk with family members to ensure they understood and knew the status of their loved ones. These nurses did IT ALL.

If you are a nurse and are reading this, you are the real-life wonder woman/man. If you are reading this and know someone who is a nurse, thank them somehow, anyhow for everything they do. I know nurses aren’t nurses for recognition or praise, but this one’s for you!

From the bottom of my heart, thank you.
Proudly wearing purple scarves to symbolize courage, ONA President Linda Haslam-Stroud (left) and First Vice-President Vicki McKenna (right) surround OAITH Provincial Coordinator Marlene Ham in a larger-than-life frame to show our union’s continued support for the Wrapped in Courage campaign, which brings attention to the abuse of women.

In the last issue of Front Lines, we told you about the community projects that delegates of the June Provincial Coordinators Meeting engaged in to give back to our host city of Sault Ste. Marie (see September 2016 issue, pg. 10-11). We have a wonderful follow-up story!

One of those community projects was planting vegetables and perennial gardens at the Algoma Residential Community Hospice (ARCH). Pictured here are the ONA members and staff who participated in that project, along with representatives from the hospice. We are thrilled to report that since we left our mark, ARCH has won the Mayor’s Award from the City of Sault Ste. Marie for City Beautification!

“On behalf of all of us at ARCH, we want to extend our appreciation to your team for all of your kindness and generosity,” ARCH Volunteer and Support Services Manager Julie Premo wrote when informing us about the award. “You are a large reason for this award and again we thank you.”

Way to go, ONA members! We truly did make a huge difference!

ONA Supports Wrapped in Courage – and You Can, Too

The statistics are startling. In Canada, domestic violence is the second-most common reason for calls to emergency police services. In Ontario alone, about 25 women are killed each year by their intimate partners.

Violence against women must end. ONA is proud to support the Ontario Association of Interval and Transition Houses’ (OAITH) Wrapped in Courage campaign. In its fourth year, the campaign aims for women’s shelters across the province to engage their communities to become more aware of the issue of women abuse.

November is Women Abuse Awareness Month. Purple scarves symbolize the courage it takes for a woman to leave her abuser. Unfortunately, her courage is not enough – she needs the support of her community.

Here’s how you can help support this wonderful initiative:

- Connect with a local shelter and buy purple scarves for you and your members. Visit www.wrappedincourage.com to find a shelter near you. All funds raised go directly back to the local shelter.
- Visit the shelter and talk to shelter staff – we want you to be a part of the solution to end violence against women and their children.
- Follow the Wrapped in Courage campaign on social media @WrappedinCourage.
- Take selfies wearing the purple scarves and send the photos to webmaster@ona.org – we will be sure to pass them along to OAITH.
The Behavioural Supports Ontario program has been provided additional $10 million to better meet the needs of seniors with challenging and complex behaviours associated with dementia, mental health, substance use and/or other neurological conditions. The funding will be used to enhance the services already in place and to hire more specialized staff for the program. This additional funding will build on current base funding of $44 million to help ensure this essential program remains in long-term care homes and other community centres.

More than $16 million has been announced to help patients receive quicker access to care in hospital emergency departments across the province. The province will provide funding to 20 municipalities for 300,000 dedicated emergency department nursing hours at 49 hospitals this year. Dedicated nurses will work exclusively on receiving low-acuity patients from ambulances. Note this is not new money.

Supervisors have been appointed by the province in two hospitals. Rob Devitt is hospital supervisor for the Chatham-Kent Health Alliance and will address management and governance issues identified in the recent Chatham-Kent Health Alliance Investigation Report and implement necessary measures to restore public confidence in local hospitals. The government also notified Brockville General Hospital of its intent to appoint a hospital supervisor to work with the hospital and government to support robust governance and management at the facility. The decision is based on the recommendation made by the South East Local Health Integration Network Board due to ongoing concerns about the hospital’s financial situation and organizational challenges.

Ontario is the first jurisdiction in Canada to provide the shingles vaccine free of charge, which will be available for people 65 to 70 years of age. The government is investing $68 million over three years to publicly fund the vaccine, aimed at reducing the likelihood of Ontario seniors developing the painful infection and reducing visits to emergency departments and hospitals. Approximately 850,000 seniors will be eligible to receive the publicly funded shingles vaccine.

Consultations are being launched across the province to help develop a new dementia strategy, which will improve access to quality care for people living with dementia and boost support for those who care for them. Anyone interested in sharing their views on the new strategy can do so through an online survey and at in-person consultations this fall (for more information, visit www.ontario.ca/page/dementia-strategy-consultation).

Quinte Health Care will be receiving an overall funding increase of $4 million for 2016-17, which represents a 3 per cent overall increase in funding from 2015-16. Ontario also announced it remains committed to keeping day surgeries at the Trenton Memorial Hospital site, which will help meet regional health-care needs for the residents of Trenton and the surrounding area. In addition to the more than $6 million in capital funding committed to build the new community health centre, the province will provide a planning grant of more $193,000 this year to Belleville and Quinte West Community Health Centre to complete the necessary planning work for the development of a new community health hub in Trenton to bring services together, including:

- Primary and ambulatory care.
- Addiction and mental health supports.
- Chronic disease management.
- Health promotion.
- Community support services.
- Care coordination services.

Up to $358 million is being invested by the province for new infrastructure at Etobicoke General Hospital:

- A large state-of-the-art emergency department.
- A new intensive care/critical care unit that is nearly four times larger than the current space.
- A new maternal newborn unit with birthing suites and a specialized nursery.
- A new ambulatory procedures unit featuring both procedure and operating rooms, patient preparation and recovery areas, and dedicated clinic spaces, including a new respiratory clinic.
- Larger patient rooms that provide privacy and space to accommodate patients’ family members.

Access to hospital services for patients in the Fergus community will improve with the release of a request for proposals to prequalified companies to build and finance the new Groves Memorial Community Hospital project.

The province is redeveloping long-term care (LTC) homes to improve the quality of care and comfort of residents, including Niagara-on-the-Lake’s Pleasant Manor Retirement Village and Cambridge Country Manor. These are two of the more than 300 LTC homes for which Ontario is funding redevelopment over the next nine years.
ONA’s Successful Legal Challenge against CNO “Significant Step” for Nurses in Addiction, Mental Health Recovery

ONA has achieved a significant victory in how the College of Nurses of Ontario (CNO) deals with members in recovery from addictions and other mental health issues, which will benefit not only our members, but all nurses in the province.

Previous Practice
Previously, the CNO’s practice was to ask the Fitness to Practise Committee to find nurses in recovery from addiction “incapacitated” even if they were fit to practise with restrictions on their licence. A finding of incapacity and a summary of the restrictions were posted on the public portion of the CNO’s website, Find-a-Nurse, under the member’s name. Even after the practice restrictions were lifted, the finding of incapacity and the expired conditions would remain on the website as a “past finding.”

ONA’s Legal Challenge
In 2015, ONA’s Legal Expense Assistance Plan (LEAP) Team raised two legal challenges with the CNO: We argued the public label of “incapacitated” and the posting of outdated findings stigmatized nurses and amounted to discrimination on the basis of disability. After many months of intense negotiations, the CNO acknowledged its human rights obligations.

The Agreement
We have achieved an agreement that will bring significant relief to members who have experienced addictions and mental health issues, which includes:

1. Nurses who are unable to practise and are deemed incapacitated by the Fitness to Practise Committee will not have the word “incapacitated” appear on the website. Instead, the website will say that a nurse has voluntarily surrendered her/his licence.
2. Nurses in recovery from addiction who are able to practise safely with certain practice restrictions will no longer be found to be “incapacitated.” If the nurse is able to reach an agreement with the CNO about suitable restrictions, the website will state that she/he voluntarily entered an undertaking. The website will list fewer practice restrictions and eligibility for removal is two to three years earlier than in the past.
3. Nurses who were involved in health inquiries before the signing of this new agreement have also benefited from it. The CNO has removed from its website all references to “incapacity.” It has also removed “past findings” and practice restrictions for nurses whose restrictions have been completed.
4. For nurses with current terms, conditions and limitations (TCLs) on their licence, once their agreements are varied to remove a particular TCL, the website will no longer include the expired or varied TCL.

A Significant Step Forward
“ONA is thrilled that our hard work has paid off and we have succeeded in changing the way the CNO handles health inquiries,” said ONA President Linda Haslam-Stroud. “This is a significant step forward in recognizing the human rights and dignity of Ontario nurses who have struggled with mental health issues.”

“Thank you so much for your hard work!” stated one. “It has been a long and winding road and I want to assure you that it has not gone unnoticed. We the afflicted would be lost without the expertise of those who make it their mission to fight for one’s rights. I may save lives literally, but you have so equally, importantly, saved mine.”

“I may save lives literally, but (ONA) has equally saved mine.”
—ONA member
ONA Disputes Paper on N95 Respirators

ONA President Linda Haslam-Stroud has written to the Canadian Medical Association Journal (CMAJ) in response to its paper on the effectiveness of N95 respirators versus surgical masks in protecting health-care workers from acute respiratory infection. What follows are snippets from that letter.

In the SARS Commission report, Justice Archie Campbell wrote, “There were two solitudes: infection control and worker safety…. infection control failed to protect nurses.” To the detriment of health-care workers and their patients, this divide between the two solitudes has been permitted to persist.

The opening sentence of the CMAJ paper reveals infection control’s continuing failure to understand fundamental worker protection. It talks about determining what “…facial protection should be used by health-care workers to prevent transmission of acute respiratory infection.” It goes on to explain the research into the comparative protective abilities between an approved N95 respirator and a surgical mask, which isn’t recognized anywhere in science-based standards as a form of respiratory protection.

If the researchers wanted to look at facial protection, they should have examined visors, goggles and hoods, not an N95, which, while worn on the face and may provide a limited physical barrier, is not designed as facial protection.

On the other hand, if respiratory protection is the question, the N95 is an appropriate starting point. It is the lowest scientifically and legally acceptable form of personal equipment for protecting workers from inhaling harmful particles. But why compare them to surgical masks? While also worn on the face, surgical masks were never designed, tested or approved to protect the wearer.

The conclusion, as confounding as the faulty starting point of this research, is that the N95 doesn’t appear to work in health-care settings. If valid, that means we need to determine why not and focus on solutions like fit-testing, education, training and even developing an ergonomic design better suited to health care. It cannot mean we take away real respirators from health-care workers.

A true respiratory protection program should be a key component of a comprehensive infection control program that controls risk to health-care workers and their patients. I frankly do not agree that anyone has proven N95s can’t work in health care. With proper training, reinforcement, staffing and other support, they have a proven track record. In limited situations, they can be very effective in protecting respiratory tracts of wearers.

No one knows better than front-line nurses that the N95 is not a perfect fit for health-care settings and can be very uncomfortable. But health-care workers deserve to be protected. As we face a future laden with all kinds of potential threats from natural emerging diseases and bioterrorism, wouldn’t our limited time and resources be better spent focusing our research and response efforts on developing respirators that will better protect health-care workers?

To read the CMAJ research paper, log onto www.cmaj.ca/content/early/2016/03/02/cmaj.150835.full.pdf+html.

NOTE: Since this letter was published, ONA has been encouraged by recent activities of Public Health Ontario, which is facilitating collaborations that augur well for bridging remaining gaps.

With proper training, reinforcement, staffing and other support, N95 respirators have a proven track record.

International Solidarity Fund

YOU CAN MAKE A DIFFERENCE

Are you going abroad to provide humanitarian assistance? You could be eligible for a travel subsidy from CFNU. Apply online at: www.nursesunions.ca

Application deadline is December 31, for travel the following year.
Clarifying Changes to Posted Schedules and End of Shift Reporting Time

Change to Posted Schedule – Hospital Central Collective Agreement Article 14.01
ONA has recently won a second case confirming that premium pay is owing when a nurse is required to work on a scheduled day off, clarifying the meaning of Articles 14.01(a) and 14.12(a), which apply to full-time members.

The Collective Agreement
Under Article 14.01, if a nurse is authorized to work in excess of the hours referred to in Article 13.01 (a) or (c), she or he will receive overtime premium of one-and-one-half times her or his regular straight time hourly rate.

No overtime premium will be paid for a period of less than 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 15 minutes or more, overtime premium will be paid for the total period in excess of the normal daily tour. Overtime premium will not be duplicated for the same hours worked under Article 13.01, nor will there be any pyramid ing with respect to other premiums payable under the provisions of the collective agreement.

To clarify, a nurse who is required to work on her or his scheduled day off will receive overtime premium of one-and-one-half times her or his regular straight time hourly rate, except on a paid holiday, when she or he will receive two times her or his straight time hourly rate. The hospital agrees that if the collective agreement provided a greater overtime premium for overtime work immediately prior to this agreement, the hospital will continue to pay such greater overtime premium. This is not intended to entitle the nurse to be paid for work performed while engaged in the reporting functions.

Under Article 14.12, the posting of work schedules is set out in the Appendix of Local Provisions, and it is the responsibility of the nurse to consult posted work schedules. The hospital will endeavour to provide as much advance notice as is practicable of a change in the posted schedule, and changes will be brought to the attention of the nurse. Where less than 48 hours’ notice is given personally to the nurse, time-and-one-half of her or his regular straight time hourly rate will be paid for all hours worked on her or his next worked shift.

Where less than 48 hours’ notice is given personally to the nurse for the cancellation of a shift that was added to her or his schedule, time-and-one-half of her or his regular straight time hourly rate will be paid on her or his next shift worked. This does not include shifts added to her or his schedule within the same 48-hour notice period unless the employer paid such premiums under an existing practice as of March 31, 2004.

If a nurse is cancelled without the required notice on two or more separate occasions prior to working her or his next shift(s), premium pay under this provision will be extended to subsequent shifts worked, so the number of premium paid shifts equal the number of such separate occasions.

Where a shift that attracts premium pay pursuant to this provision is otherwise a premium paid tour, the nurse will be paid two times her or his straight time hourly rate for all hours worked on that tour.

The Case
In our most recent case, the arbitrator confirmed that premium pay is owing when a nurse is required to work on a scheduled day off.

The grievor was scheduled to be off on August 15, in accordance with the posted schedule. On August 10, the employer advised the grievor that she would be required to work because they could not find anyone else to do so. The nurse was given another shift off in exchange.

ONA argued that the grievor was entitled to premium pay pursuant to Article 14.01 of the central collective agreement. The purpose of the premium payment is to dissuade the hospital from unilaterally changing schedules, which disrupts plans made by nurses for their time off.

The employer’s position was that the reference to a “scheduled day off” in the collective agreement meant the scheduled day off in the most recently posted schedule, not in the initially posted schedule.

The arbitrator agreed with ONA’s interpretation and concluded that premium pay is owing any time a nurse is required to work on a day that she is scheduled off on the initial posted schedule. This premium should be paid even when the change is made sev-
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.

eral weeks in advance of the shift even if the nurse was given another shift off in exchange.

The arbitrator also clarified that Article 14.01(a) and Article 14.12(a) apply to different circumstances. Article 14.01(a) applies when a nurse is required to change her or his day off while Article 14.12(a) applies when a nurse is not required to give up her or his day off, but the hours to be are changed on short (48 hours) notice.

End of Shift Reporting Time – Article 14.01

There have been a number of questions from our members regarding the end of shift reporting time, especially where the employer is changing report practices at the end/beginning of the shift. Article 14.01 also addresses this issue.

When reporting, the nurse is entitled to be paid overtime rates for all overtime worked, including the 15-minute period. Where an individual employee or group of employees is denied payment for the full reporting period, if it extends beyond 15 minutes, the denial of premium payment should be grieved.

Nurses should not be commencing their shift early and providing free overtime to facilitate longer reporting times. It is ONA’s position that the reporting time should not be longer than 15 minutes (a reasonable period of time) and if it is, all time is paid at the appropriate premium rate.

However, if an employee works later than the end of her or his shift and it is not for the purpose of reporting time (e.g. charting or admitting a patient back from the operating room), all time beyond the end of the shift is paid at premium pay.

ONA members should not be working for free for any kind of patient care. Paying premiums will be the deterrent necessary for employers to change and/or schedule the appropriate number of staff. Grievances should be filed for denials of premium payment.

For other institutional care sectors (e.g. nursing homes and homes for the aged), many of these collective agreements contain similar language to the hospital collective agreement. Please check your collective agreement to ensure you are being properly paid for any overtime you work.

Contact your Bargaining Unit President if you are denied overtime payment to ensure you are being paid properly.

Long-Term Disability: We’ve Got You Covered!

Is your income and financial security protected? If you do one thing for yourself today, make sure you are adequately covered in the event of injury or illness.

When most people think about purchasing insurance, long-term disability (LTD) is often the last thing we consider. Most of us may think our spouse’s plan covers us or never believe that disability could happen. Unfortunately, it does happen, with millions in LTD benefits paid out to ONA members over the last five years alone.

As health-care professionals, you know all too well how devastating an illness or injury can be and how it can cause emotional, physical and financial difficulties.

It is for these reasons that ONA has partnered with Johnson Inc. to offer the ONA LTD benefit for part-time, casual and full-time members without employer-sponsored disability insurance.

Members changing from full-time to part-time can enroll in the ONA Voluntary LTD Plan without submitting medical evidence if they do so within 60 days of losing their employer-sponsored LTD coverage or becoming a new member.

It’s easy, affordable and convenient. You can purchase coverage in units of $250 up to 60 per cent of last year’s gross monthly income, to an overall maximum of $3,500 in monthly benefits. As you pay the premium, the benefits you receive under the ONA Voluntary LTD Plan are tax-free!

ONA has taken the first step to get you started on your way to LTD protection. Through your membership dues, you are automatically covered for a flat $250 monthly benefit. The next step is yours – go to www.ona.org/member_services/onaInsurance.html and click on the Long-Term Disability Insurance application or call Johnson Inc., the plan administrator, for more information at 1-800-461-4155. Because that “someone else” could someday be you.
“I am Grateful for the Support ONA Gives My Family,” Winning Student Essay States

In our final installment of the series highlighting the successful recipients of the 2015 ONA Nursing Scholarship, Front Lines features the winning essay of Shelby Lacey, daughter of Local 19 member Jackie Lacey.

Since 1973, ONA has been representing thousands of registered nurses and allied health professionals across Ontario. As a proactive union, committed to improving the economic welfare and quality of work of all members, ONA has an important role in protecting the nurses who protect Ontarians.

ONA supports the promotion of better working conditions through unity, communication between employees and employers, the nurses’ right to knowledge and the highest quality of care for all.

The impact of ONA is evident when we remember nursing history prior to 1973. Nurses could be subjected to long work hours with little pay, unsafe work environments, and unjustified termination. Today, ONA provides skilled staff to assist members with interpreting and enforcing contracts, bargaining wages and ensuring patient care concerns are addressed rightfully. Over all, ONA continues to advocate for the safety of nurses, thus improving patient care.

Ontario has serious and dangerously high RN cuts. This puts health-care workers and patient safety at risk due to heavier workloads, fewer resources and higher stress levels. Despite how grave RN cuts are, many community members would not understand the true consequences without the lobbying of ONA. Through media releases and written documents, ONA is able to communicate to the public how they will be influenced and how to raise support and awareness for nurses.

As a community member, I am thankful for ONA for truthfully bringing knowledge about health care to the public. As the daughter of an ONA member, I am grateful for the support you give to my family. As a nursing student, I am proud to know that in a few years, I too can belong to such a proactive and committed union.

—Shelby Lacey

In the next issue of Front Lines, we’ll let you know about the recipients of the 2016 ONA Nursing Scholarship and the Canadian Federation of Nurses Unions Student Scholarship and start printing their essays on the “Importance of ONA for Nurses.”
ONA Plays Key Role in Student Regional Conference

entitled, “Your Role in Violence Prevention,” a very serious issue facing today’s nurses; and staff answering student questions and handing out promotional material about our stellar services at an ONA table in the exhibit fair, which generated a great deal of traffic. As well, ONA was a proud sponsor of the conference.

But even before the conference began, ONA showed a very strong interest in the event by hosting the executive meeting of associate delegates of the CNSA, who represent Ontario chapters of the organization. Haslam-Stroud and McKenna attended a segment of the meeting as special guests.

“These students are not only the future of nursing, but the future members and leaders of our union, and it’s important for us to build strong ties with them at every opportunity,” said Haslam-Stroud. “We want them to know that ONA is here for them, today and tomorrow.”

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Human Rights Investigations: Leading You through the Process

Human rights investigations are initiated by employers when there has been a complaint alleging harassment based on a prohibited ground of discrimination under the Ontario Human Rights Code such as sex, age, race, creed, disability or sexual orientation.

Most employers have an internal discrimination and harassment policy that governs how claims will be handled and outlines the investigation process, including who will be conducting the investigation. Some policies allow for the use of external investigators in certain circumstances.

The investigation provides the employer with a basis to take managerial action, to resolve internal matters in a cost-effective manner and limit liability. It is an established principle in human rights case law that the employer must actively turn its mind to human rights issues. The employer must show it took active steps to address discrimination or harassment that it knew or ought to have known about.

It is most often the case that a grievance has been filed, and that grievance will be held in abeyance pending the result of the employer’s investigation.

The Investigator’s Role
The investigator’s first impression will be shaped by the written complaint, the written response, documentary evidence, such as patient files, and background information, including employment files and employer policies.

It is often the case in harassment complaints that there are no witnesses or objective evidence, which results in a “he said/she said” situation. The investigator will have to make an assessment of credibility, and should look to see if the story is internally consistent, whether there are memory gaps and if the person is forthright in her/his answers. Findings of harassment or discrimination must be made on an assessment of all of the facts.

The Union Rep’s Role
We understand a human rights investigation can be a very stressful situation, and you may be upset, frustrated and angry. A union representative will assist you throughout the process. If the complainant and the respondent are both ONA members, will we provide two separate reps to ensure each has the full opportunity to tell her/his story and receive union advice and support.

The Investigator’s Report
Whether ONA is entitled to the investigator’s report depends on the employer’s policy. Most will offer executive summaries. If not, and the conclusion of the investigation is unacceptable to us, the matter may proceed to arbitration. If the employer is relying on the report to defend its actions, we will obtain an order from the arbitrator to access that report.

ONA will evaluate the report by determining if the investigation process was fair and complete. If we believe the investigation lacked due process, we will question the conclusions reached, assess the case on its merits and decide whether it should proceed to arbitration.

Part of that assessment will be to question whether the investigator made findings of credibility. It is quite often the case, unfortunately, that the investigator is not willing or experienced enough to move past the impasse of the “he said/she said” situation.

Even where ONA believes the report’s conclusion is reasonable, we will assess

Record detailed notes of each incident with the date, time, what happened, the names of witnesses and how it made you feel.

If the complainant and respondent work in the same unit, we will note whether the unit manager has assigned them to work on different shifts. If not, we can approach HR or the manager and ask that this be done.

Your union rep will ensure the protocol for the investigation is coming from the employer’s internal discrimination and harassment policy and is followed. Such careful monitoring of the process will put ONA in a position to evaluate the findings of the investigation and challenge the process, if necessary.

During any interviews, the union rep, who will attend with the complainant or respondent, will monitor whether the investigator is allowing the member to fully tell her/his story, if the respondent has been given written particulars, and if the investigator is attentive, taking notes and asking appropriate questions.
whether the recommendations are consistent with the evidence.

If You Want to File a Complaint or if a Complaint is Made against You
The most important thing is to keep detailed records and to contact your Bargaining Unit Human Rights and Equity Representative or Bargaining Unit President for specific information, guidance and support.

As the complainant or respondent, record detailed notes of each incident with the date, time, what happened, the names of witnesses and how it made you feel. Keep copies of any relevant notes, memos and emails. It is easy to forget details after the event, and such a record will help you when seeking advice on whether to make a complaint, in formulating the complaint and in giving your account during the investigation and any subsequent arbitration hearing.

If you are not satisfied with the outcome of the investigation, discuss this with your Bargaining Unit Human Rights and Equity Representative, Bargaining Unit President or, if you are the union representative, contact your ONA Labour Relations Officer.

Resources
For more information, see Workplace Violence and Harassment: A Guide for ONA Members and Human Rights and Equity: A Guide for ONA Members (www.ona.org/ guides). We also encourage you to familiarize yourself with your employer’s workplace harassment/human rights policy and procedures.

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President Touts Benefits of Defined-Benefit Pensions

In a letter to the editor of the Globe and Mail, published on July 27, 2016, ONA President Linda Haslam-Stroud refuted several claims in the story, The Employee Argument against Defined-Benefit Pension Plans, the type of pension plan enjoyed by ONA members, which was written by Michael Armstrong, an associate professor at the Goodman School of Business at Brock University.

(In his story), Michael Armstrong states that defined-benefit plans carry risk in economic downturns – but this risk is actually far greater in defined-contribution (DC) plans.

In a DC plan, individuals carry all the risk and must make difficult decisions about their investments based on a range of options. Conversely, in DB plans, professionals manage all investments based on strict guidelines established to protect members.

Public pension plans also have longer investment horizons; they are better positioned to deal with downturns. DB plans also produce significantly more income than DC plans.

It is true that pension formulas typically reward length of service, and people do switch jobs. However, health-care workers tend to remain in the same sector and take their pensionable years of service to their next job.

As the Globe clarified regarding this piece, depending on the jurisdiction, if employees resign early, the pension remains vested and they become deferred members. Canadians fortunate enough to have DB pensions feel very confident they will retire with dignity, knowing their pensions provide lifetime retirement income.
Union Members “Stronger Together” Common Theme of Leadership Conference

Participants of ONA’s recent Leadership Conference have come away more engaged in our union than ever – a feeling they are eager to spread to their fellow members.

During the conference, held from September 19-23 in Grand Bend, we welcomed 75 members in three streams: novice leaders, advanced leaders and activists, who are front-line members with an interest in ONA, but little or no past engagement. The program for each group was geared towards specific learning outcomes, with the common theme being, “I’m in. Stronger Together.”

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

Throughout the week, participants heard from several guest speakers, including members of the ONA Board of Directors, Canadian Federation of Nurses Unions President Linda Silas, CBC Broadcaster Nora Young, Ontario Health Coalition Executive Director Natalie Mehra, Canadian Nursing Students’ Association Ontario Regional Director Grant MacNeil, and ONA staff. They also learned about the structure and stellar services of our union and participated in group work, campaign workshops and storytelling exercises – to name a few.

Despite the hectic schedule, there was still time to unwind with fun-filled and solidarity-building activities, including yoga and ONA’s version of the popular TV show, The Amazing Race. Wanting to give back to the community, participants also supported the “We Can Help Fund,” created with the support of the Grand Bend Rotary Club and the local community health centre to support those in need, by donating money to participate in a high-energy Zumba class.

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

Together we are stronger and I refuse to be silent.”
—Participant

“I have learned so much this week,” said one. “We have so many amazing leaders.”
Added another, “This has been a great week of learning about ONA-related processes and tools to employ when issues arise.”

But perhaps the most gratifying takeaway for participants was the knowledge that while being a leader and/or activist can be challenging at times, we are all in this union together.

“Together we are stronger and I refuse to be silent,” noted one, while another added, “I learned the importance of engaging members, and not just those who hold positions. Leadership is not a position. It’s a way of being.”
The following is a sampling of recent key awards and/or decisions in one or more of the following areas: rights arbitration, interest arbitration, Workplace Safety and Insurance Board (WSIB), Long-Term Disability (LTD) and Ontario Labour Relations Board.

WSIB

Workplace Safety and Insurance Appeals Tribunal reimburses member for years of LOE benefits
Region 2 Hospital
(February 1, 2016)
A part-time 30-year veteran RN suffered a severe low back injury in spring 2004 when she was pulled off balance by a patient she was assisting in toileting.

WSIB granted entitlement to the injury and she was paid a lump sum Non-Economic Loss (NEL) award for her permanent impairment of 26 per cent. She was off work for several months initially and paid full loss of earnings (LOE) benefits by WSIB.

Modified Duties
The nurse returned to work on modified duties, but suffered repeated flare-ups of her back injury until her doctor advised she could not perform patient care and could not work full hours. Against that advice, she returned to modified duties, but was unable to work full hours and suffered another exacerbation of her injury. She was off work for several months initially and paid full loss of earnings (LOE) benefits by WSIB.

Exacerbation of Injury
In November 2008, the worker “caught” a patient who was fainting during a blood draw and suffered another severe exacerbation of her back injury. Though she tried to continue working and participated in return to work (RTW) meetings with the employer, she was unable to continue and went off work completely in December 2008.

The WSIB denied LOE benefits again, claiming she had been “non-cooperative” with RTW. ONA appealed. The denials were upheld by the Appeals Branch in 2009 despite extensive supportive documentation, including several reports from her orthopaedic specialist and physiatrist attesting to her total disability due to the injury. Her case was heard before a single vice-chair of the Workplace Safety and Insurance Appeals Tribunal (WSIAT) on December 7, 2015.

In his decision of February 1, 2016, the vice-chair acknowledged the worker was totally disabled as of December 2008 and awarded full LOE benefits from that date to the worker’s age of 65. Partial LOE benefits were awarded for the time period between January and April 2005 and September 2005 and December 2008 while the worker was performing modified duties at reduced hours.

LOE Benefits
According to the Workplace Safety and Insurance Act, LOE benefits are to be paid for as long as the worker continues to be impaired by the injury to the age of 65, as long as she is cooperating in treatment and RTW measures.

It is important to note that, while this is a very good award for the worker and an important win for ONA, the vice-chair did not award any LOE benefits for the period of April to September 2005 when she was totally off due to the exacerbation at work. This is a reflection of the increasing harshness of the WSIB that extends to the tribunal regarding a worker’s level of impairment and ability to work. This strict attitude towards injured workers and getting them back to work – any work – is making it extremely difficult to win cases unless a worker is completely unable to perform the most minor of physical tasks and that inability is confirmed by a medical specialist.
As nurses, we take part in some of the most significant events that happen in the span of a lifetime. We see a lot we seldom talk about - moments that stay with us long after a shift has ended. But when the wellbeing of our patients is threatened, it’s our duty to speak out.

Ontario’s healthcare system is falling short. Years of inadequate funding and cuts have left us with fewer RNs per person than any other province. Every time a Registered Nurse is cut, patients lose a skilled professional and a caring advocate. Since 2015, over 1,500 RN positions have been cut in Ontario.

Our patients deserve the best possible care. As nurses we make a pledge to ensure just that.

Nurses know.