Nursing Homes Agreement Ratified

ONA members in the nursing homes sector have overwhelmingly ratified a three-year collective agreement, which provides wage increases and gave the employers none of the concessions they were seeking.

The settlement, which affects ONA’s 3,000 nursing home members, was reached between our Nursing Homes Central Negotiating Team (NHCNT) and the employers, representing 179 provincial nursing homes, during mediation with 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 failed to table a monetary offer, instead... continues on page 3 ➔
How to contact your 2017 ONA Board of Directors

Call ONA toll-free at 1-800-387-5580 (press 0) or (416) 964-8833 in Toronto and follow the operator’s prompts to access board members’ voice-mail. Voice-mail numbers (VM) for Board members in the Toronto office are listed below.

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Communications & Government Relations / Student Liaison

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

Pam Mancuso, RN
VP Region 1, VM #7710
Human Rights & Equity

Cathryn Hoy, RN
VP Region 2, VM #7758
Education

Andy Summers, RN
VP Region 3, VM #7754
Labour Relations

Laurie Brown, RN
VP Region 4, VM #7753
Occupational Health & Safety

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

Marie Kelly
Chief Executive Officer / Chief Administrative Officer

ONA is the union representing 62,000 registered nurses and allied health professionals and more than 16,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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Nursing Homes Agreement Ratified

holding onto a litany of takeaways and concessions, including stripping members of any form of job security and reducing benefits to minimal levels.

Following a November 1 sector meeting of nursing home Bargaining Unit Presidents and Local Coordinators, where ONA President Linda Haslam-Stroud, First Vice-President Vicki McKenna, NHCNT Chair Jean Kuehl and other members of the team provided details of the tentative settlement, ratification meetings were held in our Bargaining Units across the province, assisted by ONA Labour Relations Officers.

When the final counts were in, ONA members strongly ratified the agreement. The participating nursing homes employers also ratified, and the effective ratification date of the collective agreement is November 10.

The agreement runs from July 1, 2016 until June 30, 2019, and provides a 1.4 per cent increase across the board for all classifications effective July 1, 2016 and July 1, 2017, and 2 per cent starting July 1, 2018. Other achievements include: Strengthening the violence prevention language, double-time pay for all additional hours worked on paid holidays, a leave of absence to be a temporary compliance inspector, and a lieu time off work option for working overtime.

“Thanks to the steadfast dedication and sheer determination of your negotiating team, we were able to stave off all the concessions the employers had been seeking since day one of bargaining,” said ONA President Linda Haslam-Stroud. “They never, never, never backed down from your bargaining objectives and I know you join with me in congratulating and commending them for their hard work during this very tough round.”

For more information, log onto www.ona.org/bargaining.

Introducing the 2017 Board of Directors!

The 2017 ONA Board of Directors has been decided following the recent ONA election for the positions of the Regional Vice-Presidents.

This past fall, all members with entitlements in Region 1 were eligible to vote for their Regional Vice-President on the Board (all other Regional Vice-Presidents were acclaimed). The ONA President and First Vice-President positions were elected to two-year terms in 2015.

When voting concluded on November 1, incumbent candidate Pam Mancuso emerged victorious for her third consecutive term. As a result, your 2017 Board is as follows:

- President: Linda Haslam Stroud, RN.
- First Vice-President: Vicki McKenna, RN.
- Region 1 Vice-President: Pam Mancuso, RN.
- Region 2 Vice-President: Cathryn Hoy, RN.
- Region 3 Vice-President: Andy Summers, RN.
- Region 4 Vice-President: Laurie Brown, RN.
- Region 5 Vice-President: Karen Bertrand, RN.

The Board of Directors makes important decisions on your behalf each day and we thank members for having your democratic say in its formation. We also thank all candidates for your commitment to ONA and allowing your name to stand.

To read about the retirement of Region 2 Vice-President Anne Clark from the Board, turn to the Biennial Convention insert included with this issue of Front Lines.
We are Powerful, We are LOUD!

With the wrap-up of Biennial Convention 2016, under the theme of Let’s Get Loud, I am re-energized, and my passion for nursing and quality patient care has been renewed. I know many leaders are feeling the same way.

This has been an extraordinarily busy year, admittedly one with many challenges. I am happy to say it has also been a year with many, many successes.

At the convention, we reviewed many of those challenges and successes, and discussed just how professional, strong and powerful a union ONA really is…and it’s all for you and the patients we care for.

We got loud this year, with great impact.

We got loud about the relentless RN cuts that threaten patient safety and quality care. We got loud about workplace violence. We got loud about increasing workloads that do not support safe patient care. We got loud about the disgraceful omission of RNs from post-traumatic stress disorder legislation. We got loud about the unfair rules for nursing students writing the U.S.-based NCLEX exam. And we got loud about the College of Nurses of Ontario’s disrespectful treatment of our members suffering from addiction and mental health issues.

This year saw some very, very tough negotiations on behalf of those of you working in the hospital, nursing homes and community sectors. Yet as is our way, we never, never, never gave up and achieved settlements – both arbitrated and negotiated – that lead the way for other unions.

I am so proud to be your elected President, to work together with you and our allies to advocate for patient care.

I thank you for all you have done this year, and I urge you to heed the call when we ask you to get loud about our profession, our value to our patients, and the need to use our voices to advocate for them.

As professionals, we have earned respect. Remember that we always have the power to change bad decisions. Let’s do it together. Let’s get loud!

Notre potentiel est sans limites et nous nous faisons entendre!

Le congrès biennal de 2016, sous le thème Faisons du bruit, est derrière nous et une nouvelle énergie m’habite; ce rassemblement a ravivé ma passion envers la profession et la qualité des soins aux patients. D’ailleurs, je suis convaincue que plusieurs chefs ressentent la même chose que moi.

Cette dernière année a été extrêmement occupée et remplie de défis, mais je suis heureuse de dire que nos efforts ont été couronnés de nombreux succès.

Durant le congrès, nous avons eu l’occasion d’examiner un grand nombre de ces difficultés et réussites et de discuter du professionnalisme, de la solidité et de la puissance dont fait preuve l’AIIO en tant que syndicat. Pour votre bien et celui de nos patients.

Nous avons fait du bruit cette année et nous avons été entendus.

Nous avons dénoncé haut et fort les réductions continues du nombre d’IA, des réductions qui menacent la sécurité des patients et nuisent à la qualité des soins. Nous avons dénoncé haut et fort la violence au travail. Nous avons dénoncé haut et fort l’augmentation des charges de travail au détriment de la sécurité des soins aux patients.

Nous avons dénoncé haut et fort l’absence choquante des IA de la loi relative à l’état de stress post-traumatique. Nous avons dénoncé haut et fort les règles injustes auxquelles sont soumis les infirmières et infirmiers qui passent l’examen NCLEX américain. Et nous avons dénoncé haut et fort le manque de respect de l’Ordre des infirmières et infirmiers de l’Ontario envers nos membres aux prises avec des dépendances ou des problèmes de santé mentale.

Cette année, les négociations pour défendre ceux et celles qui travaillent en milieu hospitalier, dans les établissements de soins de longue durée et dans les organismes de santé communautaires ont été très difficiles. Cependant, nous n’avons jamais baissé les bras et nous avons réussi à conclure des ententes, par la négociation et l’arbitrage, qui sont exemplaires pour les autres syndicats.

Je suis très fier d’être votre présidente et de travailler avec vous et nos alliés pour la défense des soins offerts aux patients.

Je vous remercie pour tout ce que vous avez accompli cette année. Je vous invite à répondre à l’appel lorsque nous vous demandons de faire du bruit pour défendre votre profession, notre valeur pour les patients et le besoin d’utiliser nos voix pour les défendre.

En notre qualité de professionnels, nous avons gagné le respect. N’oubliez pas que nous avons toujours le pouvoir de changer les mauvaises décisions. Travaillons ensemble. Faisons du bruit!
Help Bring OHC Action Plan to Life

While the annual action plan of the Ontario Health Coalition (OHC) is always something we encourage our members to help bring to life, with the continuing trend of privatization and mega mergers in our province, it is even more crucial we all do our part.

The action plan, a blueprint of the campaigns the OHC and its members, including ONA, will embark on this year, was created, in part, by members and staff during the OHC’s Health Action Assembly in October. So we have had real and meaningful input into its design.

While the focus of the OHC’s work the past two years has been battling against government austerity in the health-care sector, its major campaign for 2017 will be fighting hospital cuts and the re-structuring and privatization of hospital services through shifts to private clinics, in addition to winning reinvestment to local hospitals to restore services.

Along with that, the OHC is implementing two other major campaigns with multiple events and tactics to win public non-profit reform of home care, and to improve levels of care, staffing standards and access to care in long-term care homes.

During the period of a private clinic’s court challenge in British Columbia, the OHC will take “Tommy,” the giant care bear, on a media tour – holding press conferences across Ontario and distributing information supporting single-tier public medicare and opposing privatization.

The OHC will also participate in national campaigns to protect medicare in conjunction with the Canadian Health Coalition, promote key priorities in a new Health Accord, and ramp up efforts to ensure the Canada Health Act is upheld. These are issues very close to our hearts as health-care professionals, patient advocates and union members, and you can be sure ONA will be right there fighting alongside them.

But we can’t do it alone. If each of you supports the action plan in any way you can, including joining OHC activities in your communities and getting involved in your own local health coalitions, we can continue to see the kinds of successes these campaigns have brought about in the past – saved emergency departments, services, units and beds – this year and beyond.

Contribuez à la concrétisation du plan d’action de l’OHC

Nous encourageons toujours nos membres à contribuer à la réalisation du plan d’action annuel de l’Ontario Health Coalition (OHC), mais devant la détermination à privatiser les services de soins de santé et à miser sur les mégafusions dans notre province, notre participation collective est encore plus importante.

Ce plan d’action fournit l’orientation des campagnes que l’OHC et ses membres, y compris l’AIIO, entreprendront cette année. Il a été conçu en partie par nos membres et notre personnel lors de l’Assemblée pour une action en santé en octobre dernier. Notre apport dans sa création est donc véritable et significatif.

Au cours des deux dernières années, les efforts de l’OHC visaient à lutter contre les mesures d’austérité imposées par le gouvernement dans le secteur des soins de santé. En 2017, l’attention de sa grande campagne se tournera vers la lutte contre les compressions et les restructurations dans les hôpitaux et la privatisation des services hospitaliers par le virage vers les cliniques privées. Elle vise également à obtenir des réinvestissements dans les hôpitaux locaux pour le rétablissement des services.

L’OHC mène également deux autres campagnes importantes qui reposent sur plusieurs activités et tactiques visant à obtenir une réforme des soins à domicile publics sans but lucratif, et à améliorer les soins, les normes de dotation et l’accès aux soins dans les établissements de soins de longue durée.

Durant la période de contestation judiciaire d’une clinique privée en Colombie-Britannique, l’OHC mènera une tournée médiatique en présence de « Tommy », l’ourson géant représentant l’importance des soins. La coalition tiendra des conférences de presse partout dans la province et diffusera de l’information appuyant un système de santé à une vitesse et s’opposant à la privatisation.

Elle participera également aux campagnes nationales visant à promouvoir la protection du régime d’assurance-maladie en collaboration avec la Coalition canadienne de la santé, pour promouvoir les principales priorités du nouvel accord sur la santé et intensifier les efforts pour garantir le respect de la Loi canadienne sur la santé. En tant que professionnels de la santé, défenseurs des patients et membres du syndicat, ces questions nous tiennent très à cœur. Nous vous garantissons que l’AIIO participera à cette lutte.

Toutefois, nous n’y arriverons pas seuls. Si chacun et chacune d’entre vous appuie le plan d’action, notamment en participant aux activités de l’OHC dans vos communautés et en prenant part aux coalitions sur la santé locales, nous pourrons répéter les succès que ces campagnes ont connus par le passé; soit la sauvegarde des services des urgences, des services, des unités et des lits, cette année, mais aussi dans les années à venir.
Team Work Results in Meaningful Changes on KGH Pediatrics Unit

Thanks to the team work of ONA leaders, members on the front lines and staff, we have reached a significant workload settlement with Kingston General Hospital (KGH) that results in substantial improvements in the pediatric unit.

The pediatric unit consisted of 14 funded beds and nine unfunded and unstaffed overflow beds. The overflow beds remained available and open to pediatric admissions despite the lack of immediately available RN staffing. The unit also contained a four-bed pediatric critical care unit (PCCU), which was difficult to staff when any of the overflow beds were open. The staffing model consists of an all-RN staff.

Members on the unit diligently filled out workload forms, documenting insufficient base RN staff to respond to increases in patient acuity, complexity or occupancy; lack of a sufficient surge plan to address overcapacity; lack of admission criteria for pediatric and PCCU beds; insufficient training and education for chemotherapy administration; unsafe and excessive RN to patient ratios; and incidents of delayed nursing care, documentation, medication administration and assessment.

**Binding Settlement**

The parties utilized the assistance of a mediator as an alternative to proceeding to an Independent Assessment Committee hearing, the last step in the process to address our members’ workload concerns. As a result, we were able to achieve significant improvements to the unit in the settlement, which is binding.

**Increased Staffing**

These improvements include: An increase in RN staffing by 11.25 hours a day from Monday to Friday, the nine overflow beds will be closed permanently, and the PCCU will be reduced to two beds and staffed on a one-to-one nurse to patient ratio until the second phase of construction of the new PCCU beds is complete. ONA representatives and front-line RNs will also participate in working groups to develop a surge plan specific to pediatrics, admission and discharge criteria for pediatrics and PCCU, and staffing guidelines, including the elements or indicators that would guide the requirement for additional RN resources.

“TEAM: Together Everyone Achieves More – that is exactly what our binding mediation was all about,” said KGH Bargaining Unit President and Local 99 Coordinator Cathryn Hoy, who assumes the Region 2 Vice-Presidency on the ONA Board of Directors on January 1, 2017, discussed recent workload settlements at her hospital during our Biennial Convention in Toronto, emphasizing the importance of members filling out their workload forms and being kept apprised of the entire process.

A Day to Remember

Local 73 members Kathy Bogacki, Diane Parker and Anna Desordi pause for a moment before laying their wreaths at the cenotaph to honour and remember those who fought and sacrificed themselves for our freedom during a solemn Remembrance Day ceremony at Waverley Park in Thunder Bay. November 11 is a day to reflect on the men and women who left their families, friends and communities to fight for a better life for all. Nurses were the first women in the Canadian military, and 12 women served in the Northwest Rebellion in 1885 as nurses in military hospitals. “It is important we remember that nurses played a significant role in the war effort, relieving soldiers of their suffering and providing medical treatment in extremely challenging field conditions,” said ONA President Linda Haslam-Stroud.
Celebrating Our Allied Members

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

National Respiratory Therapy Week ran from October 23-29, under the theme of Respiratory Therapists: Our Profession...Our Passion, to recognize the work and dedication of these invaluable health professionals who assess, monitor and treat individuals’ respiratory and cardiorespiratory disorders; test and measure lung function; administer inhaled medical drugs and gases; and provide tools and support for smoking cessation programs. RRTs are a vital part of the front-line care team in many areas, including intensive care units, emergency departments, operating rooms, neonatal nurseries and outpatient clinics.

A couple weeks later, from November 6-12, MRT Week was observed to laud the contributions these highly skilled professionals make to our health-care system. MRTs, which comprise several disciplines, use hands-on diagnostics, therapy and technology to ensure quality cancer care, and treat many benign diseases. MRTs make an enormous difference to patients in hospitals and clinics and play an important role in the promotion of medical radiation safety for patients.

"RRT and MRT members are an important component of our allied health group, and ONA is proud of their exemplary contributions to our health-care system," said ONA President Linda Haslam-Stroud. "We were pleased to celebrate with them during their special recognition."

Start Planning Now for Nursing Week 2017!

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

In the next few weeks, we will be sending our 2017 Nursing Week Planning Guide to Bargaining Unit Presidents and posting a condensed version on our public website. It is brimming with tips and ideas on how to stage successful events and involve your fellow ONA members, employers, nursing students, politicians and other members of your communities.

Apart from celebratory lunches and teas, some activities our creative Locals planned last year include: painting get-togethers, Zumba classes, information tables, pool parties, education sessions, "supernurse" photo booths, and a roaring ’20s dinner, complete with appropriate flapper attire!

As you can see, the possibilities are endless, so we encourage you to set up a Nursing Week Committee right now and begin planning your best Nursing Week ever!

ONA members on the 2017 Nursing Week Advisory Team, representing all five regions, join team chair, Region 4 Vice-President Laurie Brown, and staff on December 5 to start planning provincial Nursing Week activities for 2017. Pictured are (left to right): Rene Bura (Lakeridge Health Corporation), Rebecca Smith (London Health Sciences Centre), Brown, Lorraine MacDonald (Hamilton Health Sciences), Stacey Fiddler (Thunder Bay Regional Health Sciences Centre) and Sandy McEwen (The Ottawa Hospital).
Activism through Advertising

Taking full advantage of the ONA funds Locals can access specifically for the purpose of political action, Local 73 in Thunder Bay is getting the message out about the importance of RNs in our health-care system.

Extremely active in promoting ONA’s campaigns in the past, including placing ads encouraging people to vote for health care in the last federal election, the Local has beefed up its presence in the community over the past year, most recently in the Chronicle-Journal’s popular Women magazine.

“We felt it was important to promote the role of RNs to our community because I’m not sure they really know everything that we do – and this magazine was a good fit,” said Diane Parker, the Local’s political action rep. “We also wanted to tie our ad into ONA’s broader Nurses Know campaign.”

But the Local isn’t just focusing on campaigns. It also wants the public to know that because ONA is a leader in human rights and equity issues that affect not only our members, but all citizens, we stand united with our communities in commemorating special observances. For that reason, the Local has also placed ads for Day of Mourning on April 28 and the National Day of Remembrance and Action on Violence against Women on December 6, among others.

“As nurses, we have to come together with our community and recognize the events that are important to us all as a society,” said Parker, adding that the Local has been assisted by her daughter Aryanna, a graphic designer who has donated her time and talent towards the ads. “I encourage other Locals to take advantage of their political action funds and help promote the role of RNs and spread other important messages of solidarity to their communities.”

“Many members think political action means meeting with their MPPs and attending rallies only, but it can be so much more than that,” added ONA First Vice-President Vicki McKenna. “Political action can entail wearing a button, writing a letter to the editor of your local editor or placing an ad in your community publications, just as our Local 73 members have done. The point is that anything we do to highlight our key issues can only benefit our union, our profession, and – most important of all – our patients, clients and residents.

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Meeting our Members

ONA President Linda Haslam-Stroud (second from right) poses with emergency department nurses from Chatham-Kent Health Alliance during a site visit this past fall. Always a favourite of members of our Board of Directors, site visits allow them to meet directly with front-line members in their places of employment so they can see and hear about their realities and experiences first hand.
ONA Nurse Practitioners Explain Important Role

Nurse Practitioner Week, held from November 13-19 this year, wasn’t just an opportunity to celebrate, it was a time to increase awareness about the exceptional care nurse practitioners (NPs) provide to communities across Ontario.

Held annually, NP Week also provides ONA with the chance to share information with government decision-makers on the importance of removing outdated barriers to practice to allow NPs to practice to the full extent of their experience and education.

ONA member Lisa Ladouceur, who works at Georgian Bay General Hospital, said she has never regretted making the choice to become an NP.

“Nursing with a mix of medicine fulfills and challenges me daily and I am confident I enact positive changes in my patients’ lives,” she said. “I enjoy the independence and autonomous ability to practice.”

ONA is the leading voice in efforts to ensure that NPs are recognized and acknowledged through collective agreements and workplace contracts. There was a major breakthrough in the 2016 round of hospital central bargaining, where ONA attained a minimum start rate of $47.80 for NPs.

“ONA has always been a source of support to me in my practice as an NP and I am thrilled that ONA embraces and recognizes NP Week,” added Ladouceur. “As an NP member on the Pay Equity Team, I can see firsthand the work ONA is doing to ensure equal pay for equal work is not only a mantra, but reality in progress.”

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www.ona.org
ONA has launched a new, fresh website that houses more information and resources for front-line members. The new website has a cleaner look that aligns with our Nurses Know campaign tagline and incorporates its vibrant colours. Accessible on laptops, tablets and mobile devices, the website has new features and several fresh content areas. On the home page, we highlight top ONA news items and actions in the rotating spotlight. In addition, a new section called “Trending Now” features articles that our website users are accessing. The links under this section are aligned with the website analytics.
Please take a few minutes to explore the site and see where the different sections take you.

This new website is just the beginning – we will continue to add new features such as online education registration that will benefit our members and support ONA’s work.

If you have any questions or feedback about the new site, please email Communications Officer Katherine Russo at katheriner@ona.org.

Visit our new and improved website often @ www.ona.org

Member Services contains return-to-work resources, Workplace Safety and Insurance Board information, additional Legal Expense Assistance Plan (LEAP) content – and much more!

A new tab called, Your Contracts & Rights houses collective agreements, profiles select ONA wins and awards, and, under Know Your Contract, displays posters that highlight key articles in your central collective agreement.

The website features expanded professional practice information, including topic-specific resources and the new Practice Matters electronic newsletter.
Regional VP Sees Firsthand “Huge Difference” Stephen Lewis Foundation Makes

ONA’s charity of choice is making a huge difference to some of the most vulnerable people in our world and we must continue to support its critical work, outgoing Region 2 Vice-President Anne Clark says.

As part of a contingent of Canadian union leaders, Clark had the opportunity this past July to travel to Swaziland and South Africa to meet partners and individuals whose daily lives benefit from the funding provided to them by the Stephen Lewis Foundation (SLF). Since 2003, SLF has funded more than 1,400 initiatives, partnering with more than 300 community-based organizations in the 15 African countries hardest hit by the global HIV/AIDS epidemic. Because AIDS has killed so many young adults – an entire generation is missing in some countries – children are often cared for by their elderly grandmothers and, in some cases, great grandmothers.

“ONA has been a huge supporter of the Stephen Lewis Foundation for many years – and many of our members have donated to this cause as well – and it was incredible for me to see where that money goes firsthand,” said Clark, who retired from the Board at the end of December. “I can tell you without hesitation that it gets where it needs to go.”

That includes several initiatives by two organizations the group visited in Swaziland: The Swaziland Action Group Against Abuse, which works tirelessly to address issues of sexual and physical abuse in that country; and Swaziland Positive Living, established to address the daily needs of people living with HIV/AIDS through clinics, home-based care and a mobile health unit, whose funding has been withdrawn by UNICEF.

“There is amazing work being done by these local organizations to support women and children with HIV,” said Clark. “These people have so little to share, yet were so welcoming and generous to us. We drove about 100 miles into the countryside and saw how they support themselves by growing food as a community so the children can have at least one meal a day. I met a woman who is caring for her eight grandchildren because her sons and daughters have all tragically passed away from this disease.”

The group then travelled to Durban, South Africa with SLF Executive Director Ilana Lewis and SLF staff, where approximately 500 grandmothers staged their own National Grandmothers Gathering, organizing and running several education sessions Clark’s group was privileged to attend on topics such as how to support and care for an HIV-positive grandchild and grandmothers’ human rights. The gathering was held just prior to the 21st International AIDS conference in the same city.

“This was an absolutely eye-opening experience,” concluded Clark. “I can’t emphasize enough how important it is that we continue to raise money for the Stephen Lewis Foundation together because it makes a huge difference to the lives of these people. We have so much, they have so little. It really hit home how lucky we are to live in this country, and we must share that.”
ONA Presents to World on Violence

ONA is so respected in the world of occupational health and safety that we were recently invited to present our strategies for dealing with workplace violence towards health-care professionals at a prominent conference.

At the Fifth International Conference on Violence in the Health Sector, held in Dublin, Ireland this past October, ONA President Linda Haslam-Stroud and CEO/CAO Marie Kelly presented our paper, “Shifting Mindsets.” They explained the need to better engage people at the ground level in health and safety responses, and outlined ONA’s membership mobilization strategy built around four pillars of advocacy: engaging the heart, legal action, media, and government lobbying.

Haslam-Stroud also co-presented with representatives from Toronto’s Michael Garron Hospital and the Public Services Health and Safety Association on a Collaborative Approach to Preventing Workplace Violence in Canadian Health-care Facilities, while Kelly chaired two separate panels.

The two joined hundreds of delegates from across the globe at the conference, the largest one in the world dedicated to work-related aggression and violence within the health and social services sectors, to listen to dozens of presentations, from “Enhancing Nursing Students’ Resilience to Aggressive and Violent Events” to “Dealing with Aggressive Behaviour in Nursing Homes.”

“The conference not only raised awareness to this very serious issue facing our members and health-care professionals throughout the world, but also provided a platform to share international developments, including best practices and initiatives, to effectively address it,” said Haslam-Stroud. “Our paper was very well-received, with many delegates telling me they would take our strategies back to their own countries, proving once again that ONA is a leader in this important field.”

ONA is also excited to announce that we will be one of the partners hosting the International Conference on Violence in the Health Sector in Toronto in 2018. Kelly has been nominated Chair of the Organizing Committee.

Rise Up!

As the Board member holding the human rights and equity portfolio, Region 1 Vice-President Pam Mancuso, pictured here with Canadian Labour Congress (CLC) President Hassan Yussuff, was only too pleased to represent ONA at the CLC’s recent Rise Up! Human Rights Conference. Exploring ways to renew the labour movement, the conference, held from October 20-23 in Ottawa, enabled union activists to come together and examine equality and fairness for all, recognizing the struggles of all people facing inequality in the workplace and society.

“I came away invigorated in my work in this portfolio and with a very important message to share: We all have a role to play in engaging workers to build a stronger movement based on equity and inclusion, and, just as the conference promised us, that the best way to empower one another is by acknowledging our struggles, celebrating our gains, and sharing our stories,” Mancuso said.

ONA Wins another Prestigious Award for Nurses Know Campaign

The awards for ONA’s communications and advertising work just keep piling up!

This fall, ONA received our latest in a long-line of awards this year: A Silver 2016 Summit Marketing Effectiveness Award in the category, “Public Service/Advocacy” for our very powerful and effective, Nurses Know campaign.

This year, more than 1,100 entries were received. When a submission achieves the goal of marketing communication effectiveness, judges recognize it with a silver, platinum or best of category award. They granted this status to only 6 percent of the submissions in this year’s competition. So, we are truly among the cream of the crop!

“ONA won for having an innovation and inventive idea that was designed to move the public to action – at the very least to influence, change or reinforce attitudes to and beliefs about our members and the vital services you provide,” said ONA President Linda Haslam-Stroud. “I am extremely proud of the hard work and creativity of our Communications and Government Relations Team, working in conjunction with our ad agency, Compass 360, in bringing about these prestigious awards.”
ONA First Vice-President Vicki McKenna has recently made a presentation to the Standing Committee on Bill 41, the Patients First Act, at Queen’s Park. The proposed model for transition in Bill 41, which would, if passed, expand the role of Ontario’s Local Health Integration Networks (LHINs) to include home and community care and provide LHINs with the authority to manage and monitor primary care directly, ignores all evidence that has been raised regarding duplication and inadequate home care service provision, while also underestimating that the growing demand for home care services requires significant upgrades in resources and capacity, McKenna said. ONA’s vision is quite different: We are in favour of the delivery of quality home care services in a public non-profit entity, which is why we are generally supportive of the initial transition of home care coordination to the public non-profit LHINs, although we know LHINs face issues of capacity as they move to take on home care coordination. “The next step to complete our vision is to transition the delivery of home care services to the same public non-profit entity,” McKenna concluded. ONA’s presentation can be read at www.ona.org/submissions.

At ONA’s recent Biennial Convention, Minister of Health and Long-Term Care Eric Hoskins announced amendments to Ontario’s Nursing Graduate Guarantee (NGG) Program. This amended program will provide new nurses with 12 months to apply for an NGG placement. For every new nurse funded through the program, employers will receive eight weeks of funding to support existing front-line nurses and their professional development. Employers will benefit from the program if they hire the nurses into permanent, full-time positions. Most importantly, where there have been nursing reductions, or where nursing reductions are anticipated, this program will not be funded. For more on Minister Hoskins’ remarks, see the feature section inserted into this issue of Front Lines.

The government is investing $22.2 million this year and $31.7 million in each of the next two years, fulfilling a 2016 Budget commitment to provide up to $85 million over the next three years to support interprofessional primary care organizations. The funding recipients include Ontario’s 184 family health teams, 75 community health centres, 25 nurse practitioner-led clinics, 10 Aboriginal health access centres, and a range of programs such as nursing stations and primary care nurse practitioners serving rural and northern communities. Information has been sent to ONA Bargaining Unit leaders regarding funding received by ONA-represented primary care organizations.

A Patient and Family Advisory Council will be set up to advise the government on health policy priorities that have an impact on patient care and patient experiences in Ontario. To nominate someone or to apply to be a member of the council, contact patient-familyadvisorycouncil@ontario.ca. Council chair and members will be announced in winter 2017.

Region 2 Vice-President-elect Cathryn Hoy presents to the Standing Committee on Finance and Economic Affairs on December 1 on ONA’s serious concerns with Bill 70, Building Ontario Up for Everyone Act, 2016 (Schedule 16 – Occupational Health and Safety Act). The amendments give the chief prevention officer expanded powers to accredit and set standards for health and safety management systems and an accreditation program. We also understand the Minister’s office has signaled that employers who meet the standards would be “spared the burden” of routine Ministry of Labour inspections, although they would continue to investigate complaints and incidents. ONA didn’t receive direct notice from the Ministry before the bill was tabled, and only learned of its intentions through a labour colleague. “ONA would never agree to improved accreditation standards as a substitute for proactive Ministry inspections or a program that didn’t have legislated mandatory participation of workers – fundamental and hard won rights of our members,” Hoy said. “We cannot support a program that rewards employers by exempting them from external government inspections.” Despite our best efforts and a short online campaign embraced by our members, Bill 70 received third reading just as Front Lines went to press. To read our submission, log onto www.ona.org/submissions.
Your Right to Union Representation at Employer Meetings

During bargaining, your ONA bargaining teams spent considerable time and effort to ensure members have the right to union representation when they attend meetings with the employer that may lead to discipline, or are related to the filing of a grievance or workload reporting forms.

**Why is having a union rep so important?**

Some meetings with the employer have a different tone and nature and may require you to think and answer questions about the care you have provided or your behaviour and/or actions in the workplace. Most members are not just employees of a health-care facility, but have professional obligations to a regulatory college and should also consider these during any meetings.

You may feel under pressure to answer questions that you do not remember the answer to, or you may have made a mistake and need support. Providing support to members during these meetings is some of the most important work ONA does on your behalf and why we educate our leaders to represent you at these meetings.

**What should you do if your manager calls you to a meeting?**

Ask that a union representative be present. You can call your union rep yourself. If you don’t know who that is, check your ONA bulletin board or website, or your employer will contact the union for you. However, the union chooses your representative, not the employer.

The employer must provide notice of and reason for the meeting and advise you about your right to union representation. It should never be perceived as an admission of wrongdoing because you ask for a union rep. This is simply your right under the collective agreement. For example, in the Hospital Central Collective Agreement, you’ll find this right under Article 7.02, and in the Nursing Homes Collective Agreement, Article 8.02 and 8.09.

**Prior to the meeting,** your union rep will confirm details of the meeting, such as the people attending, time/location, etc. They know you will feel pressured and stressed during the meeting, so they will meet with you and provide some practical advice to ensure it goes smoothly, including:

- Answer only the question(s) asked. Do not provide additional information.
- If there are questions regarding patient/resident/client care, you can request to have the chart provided to read your notes and refresh your memory.
- When answering questions, take time to think about the answer, and if you don’t remember something, say you don’t remember.

The union rep will also reinforce that ONA representation is confidential and your privacy will be maintained throughout the process. She/he may declare a conflict of interest to protect you (e.g. she/he may work in your area of assignment), and then ensure other representation is arranged.

**During the meeting,** your union rep will:

- Take detailed notes and ask for copies of any documents the employer is referring to.
- Ensure the meeting remains respectful and reschedule it, if needed. You may request a break during the meeting and speak with your rep confidentially.
- Potentially recommend a resolution to any issue(s); however, depending on the nature of the meeting, you can ask for time to think about it before accepting or denying.
- Ensure everyone is aware of the follow-up needed, including who is accountable for what.

**After the meeting,** your union rep will:

- Advise you that the information is confidential and will only be shared with those people needing to assist you in the process (i.e. the ONA Labour Relations Officer or grievance chairperson).
- Answer your questions.
- Advise you of the likely next steps, if any, and when you can expect to be provided with an update.

Fortunately, not every meeting results in some kind of discipline. Some meetings are fact-finding about a situation that occurred in the workplace and the employer is ensuring it has completed its due diligence to minimize its risk.

Your union rep is there to assist you and ensure you have representation when you need it. You may be lucky and never need us for this type of representation, but your collective agreement provides you with the right to representation when necessary.
Medical Assistance in Dying: What it Means

With Bill C-14, Medical Assistance in Dying (MAID), now in force in Canada, ONA members have understandably been asking us how it might affect your practice.

Where We are Now
In February 2015, the Supreme Court of Canada ruled in Carter v. Canada that parts of the Criminal Code would need to change to comply with the Canadian Charter of Rights and Freedoms. The parts that prohibited MAID under certain conditions would no longer be valid. The Supreme Court gave the federal government until June 6, 2016, to create a new law. In response, legislation was introduced that allows eligible adults, who have “grievous and irremediable” medical conditions meeting very specific criteria, to request MAID. The law, which received royal assent on June 17, amended the Criminal Code to exempt physicians and nurse practitioners (NPs) from criminal liability for providing MAID, and exempt health-care professionals, including RNs, from criminal liability for assisting a medical practitioner or NP in providing MAID. However, there are many stringent conditions that must be met for health practitioners to receive the protections of the law.

ONA’s Involvement
Since Carter v. Canada, ONA has met with the Ministry of Health and Long-Term Care, the Ministry of the Attorney General and other provincial stakeholders to review the decision. Along with that, we prepared a submission to the federal Standing Committee on Justice and Human Rights on the bill.

“Understandably, we have largely focused our efforts on how we can assist leaders and front-line members through this unknown territory, including providing practical advice, while advocating for employers and regulatory bodies to provide appropriate support and education on MAID,” said ONA First Vice-President Vicki McKenna. “Our main priority is ensuring that members’ choices about MAID are respected and their rights, including conscience and privacy, are protected in any setting where MAID is made available.”

Continued Lobbying
For that reason, ONA is lobbying for clear guidelines and supports in settings that allow nurses

Stop Cuts to Hospital Services, OHC Day of Action Demands

With the ONA flag waving proudly behind him, Region 3 Vice-President Andy Summers helps deliver a clear message to the Legislature at an Ontario Health Coalition Day of Action on November 28: Stop dismantling hospital clinical services, which are being gobbled up by mega mergers, community after community across our province! The rally, attended by more than 100 health-care workers, patients, concerned residents and ONA staff, was held in response to the forced mega merger of the Rouge Valley Health System’s Centenary and Ajax-Pickering hospital sites into the Scarborough Hospital and Lakeridge Health. The mergers will cost almost $50 million, which the OHC says will be taken out of the budgets for patient care. “Our RNs have not been consulted by hospital management, the Local Health Integration Network or the Minister of Health about this mega merger and the impact on our ability to provide care,” Summers told the Queen’s Park gathering. “ONA won’t stand by while nursing positions are being eliminated to pay for this mega merger in Scarborough and Durham, which will also result in fewer clinical services, more user fees as services are shifted outside public hospitals and less access to emergency care. Safe care comes with a full complement of professional nurse staffing. It’s time to take a stand!”
to You

to indicate whether they do or do not wish to participate in MAID, and provide them with a real choice. Our position is that the burden should not rest solely with the individual nurse to arrange alternative care for patients – the manner in which College of Nurses of Ontario (CNO) standards and the Nursing Act are currently drafted – if she/he chooses not to participate in MAID. Rather, we believe this must be a shared responsibility with the institutions, and a well-thought-out process must be set up in advance.

Employers must also put in place clear policies, guidelines, education and support for nurses who choose to assist physicians and NPs, including training in MAID, the law and professional standards; and role clarity on the inter-professional health-care team (physicians, NPs and RNs) in the MAID process, including who is responsible for each step.

Along with that, ONA believes well-developed resources should be available to provide ongoing support for members in their daily practice as it pertains to MAID. But our lobbying extends beyond our employers.

“All regulatory bodies, including the CNO, have a key role to play to support, educate and inform their members about their responsibilities regarding this legislation,” concluded McKenna. “We are working hard to make sure they do.”

Let’s Get...Educated!

ONA’s Membership Education and Events (MEE) Team provides education that is relevant to our members’ professional and union experiences.

MEE Team educators travel the province providing workshops, both full and half-day, and lecturettes, which are available for free to all of our 62,000 members on critical topics such as:

- Professional Responsibility Workload Reporting Process.
- Recognize and Report Violence in Your Workplace.
- Navigating a Collective Agreement.
- Grievance Process.
- Harassment, Mobbing and Bullying.

Watch for our new Education brochure at www.ona.org/brochure to see what is available to you.

Can’t get to an in-person session? We also provide teleconnects and eLearning that is accessible from wherever you are!

Check out the Education page on our website at www.ona.org/education and click on one of the following icons to discover the world of ONA education:

- Calendar
- Brochure
- eLearning
- Teleconnect
- Registration
- Contact Us

We look forward to seeing you at a workshop in 2017!

Become Familiar with Dues Deductions

Dues paying ONA members enjoy a number of services and benefits. These include support for collective agreement negotiations and administration, professional practice, health and safety, human rights and equity, education, member assistance (including our Legal Expense Assistance Plan, secondary malpractice insurance and insurance benefit programs) and a range of other services. These services and benefits are provided through members’ dues payments. Non-payment of dues may limit members’ ability to access these valuable services and benefits.

Members are obliged to pay dues, however, it is important you don’t pay amounts greater than required by ONA. To ensure that employers are deducting the appropriate monthly dues amount, we rely on our members to be familiar with dues deductions.

ONA’s dues are a fixed amount each month. That amount is dependent on your hourly wage, as well as whether there are Local levies. In some circumstances, such as maternity/parental leaves of absences, no dues should be deducted.

Members are encouraged to review your pay stubs regularly to ensure appropriate dues deductions. If an ONA member becomes aware of a dues deduction error, contact your Bargaining Unit President immediately to assist in resolution. There are time limits on seeking resolution, therefore, if you have questions about your deductions, identify the issue as quickly as possible.

More information regarding current dues rates, deductions criteria and refund policies are available on our website at www.ona.org/dues or by contacting Dues and Membership Intake at (416) 964-1979, ext. 2200 or toll-free at 1-800-387-5580.

www.ona.org
Members Demand End to Workplace Violence at CAMH

Following the attack of yet another RN at the Centre for Addiction and Mental Health (CAMH) in Toronto, ONA members have staged an information picket and are circulating a petition to demand an immediate end to the violence.

In the latest incident, an RN, who was also an ONA member, was assaulted as she exited a room, punched in the face and dragged into a locked utility room, where a male patient repeatedly kicked her in the head. She suffered critical injuries and her sight may be permanently affected.

“Our member might have been killed but for the fact that another staff person witnessed the attack and called for assistance,” said ONA First Vice-President Vicki McKenna.

Part of that was failing to notify the Ministry of Labour (MOL) immediately, as is required by law. After being charged by the MOL with workplace safety infractions multiple times in the past, there is no excuse for this oversight by CAMH, McKenna added.

Saying enough is enough, CAMH RNs and health-care professionals from both ONA and the Ontario Public Service Employees Union gathered for a lunch-time picket on the street outside the facility’s Queen Street site to talk to the public and media about the lack of management accountability for these incidents and the immediate action needed to eliminate workplace violence.

Led by CAMH Bargaining Unit President Danielle Latulippe-Larmand, ONA is also circulating a petition calling on CAMH’s Board of Trustees to implement measures to address this serious issue.

Latulippe-Larmand and her Local have already gathered thousands of signatures.

ONA Member Honoured for Health and Safety Work

Local 115 Coordinator and past Bargaining Unit President of Toronto East General Hospital (TEGH) has received a well-deserved award in recognition for her outstanding services and dedication towards improving the work environment and well-being of not only her members, but all Ontario workers.

Advocating since 2008 to ensure her employer addressed violence in the workplace, Faye Loverock was presented with the 2017 Workers Health and Safety Centre award at its annual dinner on November 4. She was honoured along with two other Ontario health and safety activists and was met with a standing ovation, led by fellow ONA leaders and staff who came to show their respect and gratitude.

Loverock has been an active leader on TEGH’s workplace violence committee, which developed a policy and program on workplace violence, making it a leader in this field. Through a partnership with ONA, Health and Safety Specialist Erna Bujna, Labour Relations Officer Stacey Papernick and Loverock, as the key Bargaining Unit leader and worker advocate, the program became the first of its kind in Ontario, with risk assessment tools, a flagging procedure to alert staff to patients with a history of violence and zero tolerance for violence signage throughout the hospital.

Loverock specifically ensured the voices of front-line nurses were heard in the development and implementation of the program. When doctors resisted a flagging procedure to warn staff of the risks of patients with a history of violence due...
to potential stigmatization of patients, Loverock was relentless in identifying that this system would be most effective in assisting the employer in meeting its legislative obligation to warn workers of workplace hazards. More importantly, she identified how this system would help all workers better prepare themselves to take a preventative approach towards violence by having in place a course of action that can be utilized to prevent the triggers of violent behaviours.

But her work didn’t begin and end with that program. As a health and safety activist, Loverock has always ensured management followed up with an action plan to put in place measures and procedures to address violence when it occurred. If the employer’s actions did not adequately address nurses’ health and safety, leaving them feeling unsafe and unsupported, she continued to press management until their concerns were addressed.

These efforts benefitted ONA members and all workers across the province by setting a standard for workplace violence prevention that can be leveraged to make other employers accountable to provide similar protections to staff.

“Although violence in nursing is beginning to be recognized as not a requirement of the job, there is a long way to go with employers and the government in giving nurses and all health-care workers the health and safety enforcement measures and legislative protections they need to hold their employers accountable in taking action to eradicate violence,” said Loverock. “I won’t stop until no nurse in this province experiences violence in her or his workplace.”

Money Owed or Money Paid?

Is your workplace receiving money back from the WSIB or does it need to pay an additional surcharge? We have posted this information on our website at www.ona.org/wsib. The Excel spreadsheet, which lists more than 2,000 workplaces, is searchable and can be sorted.

Millions of Dollars Flowing Back to WSIB due to Poor Workplace OHS Performances

More than 680 health-care workplaces in Ontario needed to pay the Workplace Safety and Insurance Board (WSIB) extra money over and above their premiums because of workplace accidents resulting in higher lost-time costs.

The extra monies per employer – which range from more than $1.6 million to just over one dollar – could have been better spent with workplace prevention programs, noted ONA President Linda Haslam-Stroud.

“Given the outrageous health and safety conditions that the Centre for Addiction and Mental Health (CAMH) health-care professionals face every day, it comes as no surprise to me that CAMH has to pay the WSIB an extra $1.619 million in surcharges,” Haslam-Stroud said. “This surcharge is the highest in the province and a complete waste of money.”

The WSIB uses a program called NEER (New Experimental Experience Rating), which is a rate-group based program that determines whether a workplace receives a rebate or has to pay a surcharge over and above the premiums it already pays to the WSIB based on the workplace’s health and safety incidents over a four-year period.

Erna Bujna, one of ONA’s health and safety and workers’ compensation specialists, noted that workplaces that need to pay surcharges to the WSIB are unacceptable in this day and age.

“Each and every workplace needs to invest resources into injury and illness prevention – not putting yet more money back into the WSIB,” she said.

There are many programs and practices that workplaces can easily implement that can improve worker and workplace health and safety.

A WSIB rebate to the employer does not always mean they’re a good performer. It could mean workers are discouraged from filing a WSIB claim and/or are collecting sick time or being paid directly by the employer for injuries sustained at work.
Student Scholarship Winners Named

ONA has named the successful recipients of our 2016 Nursing Student Scholarship and the Ontario winner of the Canadian Federation of Nurses Unions (CFNU) Scholarship, intended to assist students in accredited nursing programs cover the expenses of their education.

Applicants for both scholarships must be an immediate family member of an ONA member and submit an essay of 300 words on the topic, “The Importance of the Ontario Nurses’ Association for Nurses.” We are including one of the winning essays here and will publish the remaining ones in no particular order in future issues of Front Lines.

This year, we increased the number of scholarships for the fourth annual ONA Nursing Scholarship from five to 10. The recipients are:

- **Joel Bogacki**, son of Kathryn Bogacki from Local 73 (Thunder Bay Regional Health Sciences Centre).
- **Matthew Lozano**, son of Cynthia Lozano from Local 3 (Central East Community Care Access Centre (CCAC)).
- **Rachel McConnell**, daughter of Julie McConnell from Local 9 (Hamilton Niagara Haldimand Brant CCAC).
- **Ashley Miron**, daughter of Anne Mayer from Local 13 (Health Sciences North).
- **Rachael Oliver**, daughter of Donna Oliver from Local 124 (Southlake Regional Health Centre).
- **Simona Rekem**, daughter of Ditta Rekem from Local 68 (Villa Colombo).
- **Jordan Shantz**, daughter of Sherri Shantz from Local 15 (University of Guelph).
- **Madison Turner**, daughter of Lisa Turner from Local 67 (South East CCAC).
- **Ryan Wilpstra**, brother of Caitlyn Wilpstra from Local 100 (London Health Sciences Centre).
- **Nick Zanet**, son of Mary Regan from Local 99 (Kingston General Hospital).
- **Alyssa Lepine**, daughter of Cynthia Lepine from Local 26 (Niagara Health System), is the recipient of the CFNU scholarship.

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

“Now More than Ever, Students Recognize the Importance of ONA”

For as long as I can remember, ONA has been a household word in my home. I did not know what it meant for years, but knew it was important.

My mom has been an RN for 27 years and involved with the union in many different roles. There are three other nurses in my family, so it seems only natural to be drawn to the profession.

I thought ONA was about monthly meetings where nurses got together discussing common issues they faced. I did not realize ONA is a powerful force; not just nurses, but also allied health professionals. With one united goal to improve the socio-economic lives of nurses and their families and also to enable their members to provide high quality health care and some measure of quality in their work life.

Unfortunately, so much of our population still has a distorted idea of nursing based on unrealistic ideas dramatized on television and in movies. ONA strives to educate the public on those misconceptions and create a true representation of what nurses are doing, using messages on the radio, billboards, TV commercials and other social media. Employers tell the public they are facing a relentless battle trying to balance budgets. Their solution is doing more with less and it has come at a great cost to both the nurses providing the care and the communities receiving it.

Now more than ever, students recognize the importance of ONA and what it does for nurses. ONA is a leader in many areas. Fighting for the rights and equality of nurses, lobbying our government for safer workplaces, and speaking out against violence, harassment and bullying.

Gone are the days of one-income families, creating a challenge to find balance for full-time shift workers. ONA recognizes this and continues to negotiate better benefits and wages to reflect the hard work nurses do every day, while respecting the diversity within its membership, not just culturally, but the vast difference in the age range. The average age of a nurse in our province is 45 years old. Protecting benefits for all has become equally as important as having wages improve and schedules flexible.

As a student, I am excited about my career in nursing and grateful that ONA will be there to support me. Being part of a union that is strong, committed to safety and equality makes me very proud. Now, more than ever, we need ONA to be at the table with our government, ensuring patients have quality healthcare and that nurses have the means to provide it in hospitals, homes and the community.

—Rachael Oliver
CFNU Reiterates Call for Health and Social Accord during First Ministers Meeting

Just as federal, provincial and territorial health ministers converged on Toronto this past October to negotiate a new Health and Social Accord, the Canadian Federation of Nurses Unions (CFNU) renewed its call for all governments to focus on what is at stake for Canadians and the future of health care.

“From what we are hearing from the current negotiations, it is being presented as an ‘either-or’ proposition,” said CFNU President Linda Silas. “Nurses know that the answer is both: We need new investments and new initiatives to address the needs of patients, and we believe new funding must be tied to health care. Canadians need the new Health and Social Accord to ensure the stability of our health-care system today and for generations to come.”

Specifically, the CFNU believes that the next accord must include increased health transfers, which are assured to go to patients, communities and improved health care. The current annual rate of increase for the federal health transfers is just 6 per cent, a funding formula established in 2004 under the last accord. A new accord must also include cost-saving measures that would address challenges faced by health care, including the need for improved access to home care, pharmacare, mental health and Indigenous health issues (see sidebar), along with real targets that will be administered and delivered by the provinces under a federal umbrella.

“Canadians need action – health care funding is inadequate, and we have billions being wasted on high prescription drug costs, while one in 10 Canadians don’t get the medicines they need,” Silas added.

The CFNU also sent a letter to the first ministers outlining our demands for a renewed accord and asking them to set aside differences and work together, which was signed by ONA President Linda Haslam-Stroud.

What Nurses Want in a Renewed Health and Social Accord

The CFNU is calling on first ministers to set a clear course forward for Canada by implementing a Health and Social Accord that includes:

- Stable federal health-care funding (to a minimum of 25 per cent by 2025).
- Coordinated health human resources planning.
- A national prescription drug plan (pharmacare).
- A Canadian strategy for healthy aging.
- Improved access to health services in home and community settings.
- Improved access to mental health services.
- Improved Indigenous health.

Nurses Agree Education Should be Fundamental Right: CFNU

CFNU President Linda Silas addresses a large gathering on Parliament Hill demanding that education should be a fundamental right during a Day of Action on November 2. In a show of solidarity, Silas and other labour leaders joined thousands of students from more than 50 campuses in 36 cities across Canada demanding universal access to education, education justice and public education for the public good. “Many respected leaders have argued that education and health care should be a right, not a privilege,” she said. “This is a statement that I believe in wholeheartedly. The price tag attached to post-secondary education is a barrier for far too many Canadians, and with the average education-related debt sitting at approximately $28,000 – or estimates as high as $40,000 for nursing students – this leads to a life of struggle, stress and sacrifice. Canada’s nurses are proud to stand in solidarity with students.”
HRE Team Makes Member Better Advocate

Being a part of ONA’s Human Rights and Equity (HRE) Team is “a wonderful learning opportunity” that has extended far beyond the team itself, our member representing the Aboriginal equity group says.

“This team has made me step out of the box and be more vocal, want to learn more and stand up for human rights,” Brigitte Goar told the approximately 400 delegates at ONA’s Human Rights and Equity Caucus, which kicked off our Biennial Convention week on November 14.

But it wasn’t always that way for Goar, a nurse for 27 years, who grew up in Winnipeg and Alberta before settling in Ontario in 2003. “The ‘stigma’ about being Aboriginal is real,” she began. “Growing up, I was subjected to negative stereotyping originating from centuries of discrimination. We were labeled lazy, troublemakers or alcoholics. Part of the marginalization is the lack of education and representation of our people. This results in people like me not really acknowledging our Aboriginal status. Aboriginal Canadians are all too often invisible, even to ourselves. It wasn’t until I was much older that I fully appreciated my cultural and ethnic identity. My inclusion on the HRE Team helped me understand the issues facing Canada’s Indigenous communities, and I am now proud to identify as Metis.”

While Goar, who works at Wingham and District Hospital, has been engaged in our union since becoming a member and has recently been elected to a second term as Bargaining Unit President, it wasn’t until Local 21 Coordinator John Lowe approached her about putting her name forward for the HRE Team that she was “intrigued” to learn about its work. And as she completes her second and final term on the team, she can’t imagine where she would be without the experience she gained from it.

“The team allows us to learn about human rights concerns generally, but also from a nursing perspective. I am able to approach my work with a greater understanding of things such as privilege and adverse effect discrimination. I am better able to identify policies and practices that may unintentionally marginalize groups or support systemic disadvantage, and make use of our resources as a union to address them. The team has given me the background to challenge discrimination with new confidence and advocate on behalf of all our members.”

And that skill-set has extended into her community work as well, as Goar recently volunteered to set up a table at the For Our Stolen Sisters event in Kincardine to raise awareness that more than 1,200 Aboriginal women and girls have gone missing or have been murdered.

“It was an eye-opening event for me and everyone engaged with the project,” said Goar, who added that being on the team has led her to pursue other opportunities within the union and her career, including ONA’s Membership Secondment Program. “Many individuals approached me, asking about ONA. I was very proud to discuss the team, our HRE scholarships, that I am Aboriginal and in the nursing profession.”

Meeting with other Aboriginal members and equity group members to hear their issues and real-life challenges and discuss possible solutions through the Caucus and ONA’s annual Leadership Conferences has been another tremendous benefit to Goar.

“Through the HRE Team, I have had the pleasure of meeting so many amazing people and have made friends that will last a life time,” she concluded, highly recommending participation on the team to other members. “It has been well worth the experience and time.”
AWARDS AND DECISIONS: The Work of Our Union!

The following is a sampling of recent key awards and/or decisions in one or more of the following areas: rights arbitration, interest arbitration, Workplace Safety and Insurance Board (WSIB), Long-Term Disability (LTD) and Ontario Labour Relations Board.

WSIB

Appeals Resolution Officer gets it right: Causation in WSIB claims based on “significant contributing factor test”
Region 1 Hospital
(June 17, 2016)
The injured worker, a 48-year-old RN at a hospital in the north, injured her knee doing patient care in July 2011. The WSIB allowed the claim for a meniscal tear and arthroplasty surgery in November 2011.

The worker continued to have problems with the knee and had a total knee replacement in April 2012. Because of the identified pre-existing arthritis, the WSIB denied entitlement to the April 2012 surgery on the grounds that the meniscal tear for which entitlement was granted was not the reason for the knee replacement, but rather the arthritis.

Despite the fact that since the initial injury and arthroplastic surgery, the worker had continuous, ongoing limitations and problems for well over six months, the WSIB (cynically) denied entitlement for a permanent impairment, Non-Economic Loss (NEL) award because the knee replacement had resolved the meniscus problem so she was no longer impaired as a result of the compensable (work-related) injury.

ONA appealed on the member’s behalf and obtained evidence and an opinion from the worker’s surgeon demonstrating that the worker had no problems with the knee prior to the work accident and compensable injury of July 2011. Benefits should be paid on the basis that the work-related injury was a significant contributing factor to the worker’s requirement for knee replacement as she had ongoing problems from the date of injury.

The appeal proceeded by way of a hearing in writing to the Appeals Services Division. In the decision of June 17, 2016, the Appeals Resolution Officer agreed with ONA’s position, stating, “It may be the worker would have gone on to require knee replacement in the future without this [work] accident, however, following meniscal injuries that [were] superimposed on [the worker’s] major pre-existing condition” the worker had regular conservative treatment without resolution and “I can only conclude” that the work-related injury resulted in the surgery.

The worker received entitlement for the knee replacement surgery and all benefits flowing from it, including full Loss of Earnings (LOE) benefits from April to August 2012 and partial LOE while gradually returning to work through mid-September 2012.

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
Are you high energy? Keen to apply your knowledge and skills?

Step up and say you’re “in” through the ONA Member Secondment Program

ONA is seeking four highly-experienced RN members for temporary work secondments to learn the nuts and bolts of our union and gain valuable experience working in a union environment.

We are looking for high-energy, self-motivated and committed activists that have our union as a calling.

The program consists of intensive ONA labour relations education, including:
- Negotiations
- Interest arbitration
- Grievance handling
- Rights arbitration
- Recruitment and retention
... and so much more!

What’s Involved?
The Member Secondment Program is broken into three parts:
- Receive intensive training by ONA professionals, including mentoring by our experienced professional staff; meet colleagues from other sectors; learn about our union from various vantage points (September to November).
- Apply what you’ve learned back in your Bargaining Unit through an identified and approved project (January to August).
- Return to ONA for more learning, including job-shadowing servicing Labour Relations Officers (LROs) (September to November).
- Graduate as a labour relations pro!

What’s Our Goal?
- Expand the pool of future RN recruits for ONA LRO positions.
- Increase the level of knowledge and skill of our front-line leaders.
- Make our union stronger!
- While a career with ONA may not necessarily be the outcome, you and ONA win whichever path you take.

Who Qualifies?
Highly-trained ONA activists who are (or have been) engaged in the labour relations work of their Bargaining Units within ONA and/or former unions. Consideration will be given to candidates whose Bargaining Units and/or Locals are willing to participate and work with ONA on union activities. Successful candidates will be determined by ONA’s Chief Executive Officer/Chief Administrative Officer. We will work with the successful candidates to arrange a leave of absence from their employers and keep their salary whole during both three-month secondments at ONA.

To apply, fill out the application form at www.ona.org/secondment or send us an email at membersecondment@ona.org and ask for an application.

Deadline for applications is March 6, 2017 @ 1600 hrs.