ONA Calls Codes on RN Cuts, Violent Attacks, Funding Shortfalls

ONA has called codes to highlight our ongoing concerns with increased violence in the workplace, RN cuts, and inadequate hospital funding – and we need your help to answer them.

Code White

Our impactful Nurses Know campaign, which brings attention to hospital and health-care funding and the continuing erosion of RN positions throughout the province, has entered a new phase with ONA calling a Code White to highlight the increasingly violent attacks on nurses and allied professionals in their places of employment.

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.

Linda Haslam-Stroud, RN
President, VM #2254
Communications & Government Relations / Student Liaison

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

Pam Mancuso, RN
VP Region 1, VM #7710
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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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This has never been more important. With 85 per cent of ONA members reporting having experienced physical violence, including being beaten, punched, kicked, scratched and stabbed, while providing care on the front lines, it is not surprising that statistics show the number of violent incidents increased by 11 per cent in 2015 alone. What is even more troubling is that injuries due to workplace violence occur eight times more frequently in the health-care sector than in manufacturing and a truly unsettling 68 times more than in the construction industry.

Code Blue
Because violence in the workplace is a direct byproduct of hospital underfunding and RN cuts, our new campaign also calls a Code Blue to, quite literally, prevent patient care from flatlining and stop the destruction of our publicly funded and administered health-care system. With Ontario cutting more than 1,600 RN positions in the past two years alone – the equivalent of more than three million hours of RN care – and woefully underfunding hospitals, we now have the worst RN to population ratio of all provinces (see graphic).

To spread this sobering message, our campaign includes radio, transit shelter and social media advertising, along with an innovative new component: two ads that play on the screen before the feature presentation begins at select Cineplex Odeon theatres.

DECEMBER BOARD MEETING HIGHLIGHTS

The following are key highlights from the final Board of Directors Meeting of 2016, held from December 6-8 at ONA’s provincial office.

- The Board passed a motion that the 2017 Biennial Convention will be held on December 5-7 as a result of two decisions made at the Biennial Convention last November: to establish a common term for the ONA Board of Directors so the President and First Vice-President are elected in the same year as the five Regional Vice-Presidents (currently, they are staggered) and to hold a Biennial Convention in 2017 and every odd numbered year thereafter to coincide with the election of the new Board this fall.

- As an amendment also passed at the Biennial that future March Provincial Coordinators Meetings will be replaced by Joint Sector Meetings to engage more Bargaining Unit Presidents in the work of our union, the Board discussed strategies and ideas for the first such meeting on March 21-22.

- The 2017 amended ONA budget was approved.

- Our new professional responsibility workload report form for nurse practitioners was also approved.

- As the Ontario Health Coalition, of which we are a member, was forced to move its offices with very little notice, ONA provided $3,000 to assist with the moving expenses.

You will find a copy of the December issue of Board Highlights on our website (www.ona.org) under “ONA News.” The subsequent Board meeting took place from January 31 to February 2 and highlights will appear in the next issue of Front Lines.
Shaking Things Up

ONA’s March Joint Sector Meeting is fast approaching, and I am eagerly anticipating a good turnout for this first-ever event.

Replacing the March Provincial Coordinators Meeting with the sector meeting is just one of the ways in which we’re shaking things up at ONA in an effort to serve you, our dedicated members, better and smarter.

Throughout 2017, we will be looking at how we do what we do and considering how we can improve. For instance, as our CEO/CAO Marie Kelly says, ONA has broken an important barrier (the 2 per cent barrier) in nursing homes bargaining, and this is our time to move all sectors into improved collective agreements.

This fall, we will be preparing for hospital-sector negotiations, and I am optimistic that we will begin that process in a position of strength as well.

ONA’s Nurses Know campaign is having an impact – raising awareness among our targeted audience (the public, policy-makers, employers and government) of the value of RN care on the front lines and the vital need to retain RNs. We know we are strong and respected by the public and our patients; it’s time for employers to show us that respect as well.

As the year unfolds, I am looking forward to doing the very best I can to improve your work lives. Nursing is the best profession there is, and I am dedicated to ensuring that each and every one of you is recognized for what you do for patients/residents/clients every day.

Faire bouger les choses

La réunion conjointe des branches de l’AIIO de mars approche à grands pas, et j’anticipe ardemment un grand succès pour ce tout premier événement.

Le remplacement de la réunion des coordinateurs provinciaux de mars par la réunion des branches est seulement l’une des façons dont nous faisons bouger les choses à l’AIIO dans le but de mieux vous servir, nos membres dévoués.

Au cours de 2017, nous examinerons la façon dont nous faisons ce que nous faisons et nous nous pencherons sur la façon dont nous pouvons nous améliorer. Par exemple, comme le dit Marie Kelly, notre chef de la direction et chef de l’administration, l’AIIO a brisé une barrière importante (la barrière du 2 %) dans les négociations pour les foyers de soins de longue durée, et c’est l’occasion pour nous de faire en sorte que tous les secteurs profitent de conventions collectives améliorées.

Cet automne, nous allons préparer les négociations pour le secteur hospitalier, et j’ai bon espoir que nous allons également amorcer ce processus en position de force.

La campagne Nurses Know de l’AIIO a des répercussions – elle accroît la sensibilisation de notre public cible (le public, les décideurs, les employeurs et le gouvernement) à la valeur des soins prodigués par les IA aux premières lignes et à l’importance vitale de les garder. Nous savons que nous sommes forts et respectés par le public et par nos patients, il est temps que les employeurs démontrent également du respect à notre égard.

Au cours de l’année, j’ai bien l’intention de faire de mon mieux pour améliorer notre vie au travail. Le métier d’infirmière est la meilleure profession qui soit, et je suis déterminée à assurer que l’on reconnaîsse ce que chacune et chacun d’entre vous fait chaque jour pour les patients, les pensionnaires et les clients.
Numbers Show Continuing RN Decline

The numbers are in and they paint a troubling picture of the current nursing landscape.

The College of Nurses of Ontario (CNO) recently released its Nursing Membership Statistics, which provides a snapshot of the number of nurses (RNs, nurse practitioners and RPNs) employed in the province in 2016 compared to the year before.

These latest figures clearly show what ONA has been saying for months: that the RN share of nursing employment in Ontario is continuing to decline, falling from 76.4 per cent in 2003 to 69.8 per cent in 2015, while the use of RPNs is on the rise. This is an accurate depiction of what many of our members are experiencing on their work units as grossly underfunded hospitals, in particular, attempt to balance their budgets by cutting RNs.

I want to be very clear. ONA strongly believes there is room in our health-care system for both RNs and RPNs, as they each bring a unique and critical set of skills to the bedside, but we must remain vigilant in ensuring that the most appropriate caregiver is assigned to each patient to protect both (see pg. 18 for more information).

When the cross-Canada comparison of the nursing workforce is released by the Canadian Institute of Health Information in the near future, you can be sure ONA will be examining it closely to see how Ontario stacks up. The upcoming Ontario budget will show us where we fit in health care.

The modest 3 per cent increase ONA is asking for base hospital funding would go a long way to start turning this picture around and ensuring our patients receive the best possible care. We ask you to join our new campaign and help make that a reality.

Les chiffres indiquent un déclin continu des IA

Les chiffres obtenus dressent un portrait inquiétant de la situation actuelle du secteur des soins infirmiers.

L’Ordre des infirmiers et infirmières de l’Ontario (OIIIO) a récemment publié des statistiques sur son personnel infirmier, qui fournisssent un aperçu du nombre d’infirmiers (IA, infirmiers praticiens et infirmiers auxiliaires autorisés) employés dans la province en 2016 en comparaison avec l’année précédente.

Ces plus récentes statistiques montrent clairement ce que l’IAIO dit depuis des mois : que la proportion d’IA du secteur d’emploi en soins infirmiers en Ontario continue de diminuer, passant de 76,4 % en 2003 à 69,8 % en 2015, alors que le nombre d’infirmières et d’infirmiers auxiliaires autorisés employés est en progression. Il s’agit d’un portrait fidèle de ce que plusieurs de nos membres vivent dans leurs unités de travail alors que les hôpitaux, en particulier, terriblement sous-financés tentent d’équilibrer leurs budgets en mettant à pied des IA.

Je veux être très claire. L’AIIO croit fermement qu’il y a de la place dans notre système de soins de santé pour les IA et le personnel infirmier auxiliaire autorisé, puisqu’ils possèdent chacun des compétences uniques et essentielles, mais nous devons demeurer vigilants en nous assurant que le soignant le mieux placé soit affecté à chaque patient afin de tous deux les protéger (voir la page 18 pour obtenir plus de renseignements).

Lorsque la comparaison pancanadienne de la main-d’œuvre en soins infirmiers sera publiée, dans un avenir rapproché, par l’Institut canadien d’information sur la santé, soyez assuré que l’AIIO l’examinera attentivement pour voir où l’Ontario se situe.

Le prochain budget du gouvernement de l’Ontario nous montrera où nous nous situons en matière de soins de santé.

La modeste augmentation de 3 % que l’AIIO demande pour le financement des hôpitaux aiderait grandement à commencer à renverser la situation et à nous assurer que nos patients reçoivent les meilleurs soins possible. Nous vous demandons de vous joindre à notre nouvelle campagne et d’aider à faire de cette demande une réalité.
ONA Levels Playing Field for NPs

Many nurse practitioner members are reaping the benefits of dedicated funding to primary care organizations thanks to ONA steadfastly advancing their unique interests to the government.

Last November, the Minister of Health and Long-Term Care (MOHLTC) announced the roll out of $85 million – $22.5 million retroactive to April 1, 2016, and $31.7 million in 2017 and 2018 – to 445 primary care organizations, including 184 family health teams (FHTs), 75 community health centres (CHCs), 25 NP-led clinics and 10 Aboriginal health access centres, with the remainder going to a group including nursing stations, the Sault Group Health Centre and independent practitioners, such as NPs.

The funding is specifically earmarked for increased compensation (salaries, pensions and some benefits) to address recruitment and retention challenges. While the funds apply to any position in these primary care organizations, the MOHLTC acknowledges that some positions are more unequal than others, including NPs.

As soon as this announcement was made, ONA alerted Bargaining Unit Presidents in primary care, asking them to meet with their employers, with the assistance of Labour Relations Officers, to determine available funding for their organizations. Recipients of the funding were required to implement a revised compensation plan and report to the MOHLTC on how the funding increase was used.

Here are just a few examples of how this funding has benefited our NP members:

• **Guelph CHC:** Rates of pay increased by 5.53 per cent retroactive to April 1, 2016.

• **Espanola FHT:** Wage grids were adjusted by 5.4 per cent retroactive to April 1, 2016.

• **Canadian Mental Health Association:** Wages increased by 6.87 per cent.

• **Rapids FHT:** Wages increased by 5.5 per cent.

“ONA lobbied the government relentlessly for these improvements to level the playing field for our NP members,” said ONA President Linda Haslam-Stroud. “As more and more hospital services shift into the community, ONA is there to ensure compensation recognizes the wealth of expertise and experience NPs bring. This is just one example of how ONA has proven to be effective in advancing the interests of NPs to government. And it is my promise that we will keep fighting to ensure our dedicated NP members are shown the incredible value they bring to our health-care system.”

**NP members are welcome and encouraged to join our regular NP Teleconnects to ensure we are aware of the issues of importance to you. Our next teleconnect is scheduled for May 2 at 4:30 p.m. Contact NPTeleconnects@ona.org for more information and to sign up.**

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CCAC Members Send Strong Message of Solidarity

With ONA’s 10 community care access centres (CCACs) negotiating their collective agreements separately this time around, members in that sector are sending a clear message that they expect their employers to come to the table with the goal of reaching a settlement.

Negotiations have commenced with the South West CCAC, which serves the counties of Bruce, Grey, Huron, Perth, London-Middlesex, Oxford, Elgin and Norfolk, and the North East CCAC, which oversees Sudbury, North Bay, Sault Ste. Marie, Timmins, Parry Sound and Kirkland Lake and remote satellite offices in areas such as Moosonee and Wawa. Each had each concluded two days of bargaining at press time with at least another day to come.

Members at both CCACs, whose contracts expired on March 31, 2016, voted overwhelmingly in favour of job action if negotiations do not result in a fair deal that respects the value they bring to their communities.

“Our CCAC members came together in a show of solidarity for the strike of 2015 and have clearly signaled that they are coming to the bargaining table in solidarity again this time,” said ONA President Linda Haslam-Stroud. “These dedicated and highly skilled and educated nurses and allied health professionals are vital to the communities they serve, and remain optimistic that a negotiated settlement can be reached.”

Bargaining dates are currently being established for ONA’s remaining eight CCACs.
Countdown to Nursing Week!

Nursing Week 2017 is almost upon us and we urge you all to get on board!

ONA’s theme for Nursing Week this year, which runs from Monday, May 8 until Sunday, May 14 is, *We are Ontario’s Nurses. Nurses Know*, which builds on our highly successful multi-media provincial advertising campaign, *Nurses Know* (see cover story). The theme encompasses the things that matter most – being respected for the value nurses provide to the health and well-being of our communities and having enough RNs working in our healthcare system to ensure safe, high quality patient care.

“Despite the current challenges the nursing profession faces, we need to remember why we became nurses in the first place and take time to recognize and celebrate the skills, education and caring that nurses provide,” said ONA President Linda Haslam-Stroud. “And that’s where Nursing Week comes in.”

Keep an eye out for any activity that your Local, Bargaining Unit and/or employer may have planned for Nursing Week, and please take part.

Remember, these special events are meant to celebrate YOU. Also look for ONA’s eye-catching Nursing Week poster in your workplaces this spring. If you want to be inspired even more, a Nursing Week video message from Haslam-Stroud will be available on ONA’s YouTube channel in the near future at www.youtube.ca/ontarionurses. And be sure and visit www.ona.org/nw17 for other Nursing Week news.

ONA Members in Training?

In what must surely be some of our youngest attendees at provincial meetings, Local 19’s Emily Webb brought along her appropriately and adorably-clad infant daughter, JoJo, who happily bounced around in the arms of ONA President Linda Haslam-Stroud at the Biennial Convention last November to the tune of “Let’s Get Loud,” the convention theme (left photo). And not to be outdone in the cuteness department, Local 34 Treasurer Mitzi Lovelie Lim-Park attended the Treasurers Workshop in Toronto this past January with one very special addition: her infant daughter Mikayla, who literally wore her mom’s Local on her sleeves! Now that’s what we call getting them involved in the work of our union early!
No Time Like Present to Get LOUD, Member Urges

An ONA site representative who wishes she became active in our union much sooner is encouraging others to strongly embrace the call at our November Biennial Convention to get loud!

Diane Jolliffe, an RN at the Kincardine site of the Grey Bruce Health Centre, has been an ONA member since 2001, but saw no reason to get involved.

“I was very content just doing my job, blending in and going home at the end of my shift,” she said. “I slept well knowing I did a good job, but had very little exposure to the union. Voting on our contract was about all I did. Looking back, it is actually embarrassing.”

Turning Point
It wasn’t until a year-and-a-half ago, when her daughter, a senior in high school at the time, asked if she should become a nurse, that Jolliffe realized she had reached a turning point.

“Twenty years ago I would have said ‘yes’ without hesitation, but with the health-care system as it stands, I couldn’t. I was experiencing a toxic work environment, our patient workloads were increasing, and we had limited trained staff and resources. I was no longer sleeping well. I would finish my shifts mentally and physically exhausted. I no longer felt like I was making a difference. Nurses kept asking me to become a site rep.”

It’s something that Jolliffe, who has since also become a health and safety rep, wishes she had done earlier.

“If you want to make change happen, it’s important to be an active part of that change,” she said. “I wanted to support my members and ensure they have a safe and healthy workplace. I wanted to once again feel confident in saying that nursing is an incredible career that I would recommend.”

Inspiration
Jolliffe started by visiting ONA’s website and tapping into the wealth of education we offer through online courses and education days. She attended union meetings, and learned from Bargaining Unit President Michelle Kennedy and the rest of Local 4’s “incredibly dedicated” executive.

Despite that, it wasn’t until Jolliffe attended ONA’s Biennial Convention last November for the first time, she realized just how much our union does.

“I had no idea of the accomplishments ONA has made over my 30 years as a nurse,” she said. “I listened to the incredible ONA Board members speak and was blown away. I never understood how hard they were working on my behalf and on behalf of all Ontarians.”

The convention’s theme, Let’s Get Loud resonated so much with Jolliffe, she was inspired to write to her MPP in support of ONA initiatives, and has plans to set up information tables at community events this year. She encourages other members to do the same.

“Members need to get loud right now about RN cuts and how that filters down to patient care, and about RNs not being included in post-traumatic stress disorder legislation,” she said. “Talk to your MPP about it; don’t just send a letter. Take a colleague with you for support.”

If that seems a bit overwhelming at first, Jolliffe recommends other ways members can get involved.

“It can be as simple as wearing a pin or signing a petition, coming to ONA events or membership meetings, and getting to know ONA. Check out the website. Every member should get to the Biennial at least once, earlier rather than later.”

It Takes a Village
Jolliffe added that her role as unit rep is to motivate and cultivate positive relationships with her members, explaining what ONA is doing on their behalf. She also keeps the lines of communications open and asks members to tell her their hot topics.

“It’s not just about what ONA can do for our members,” she concluded. “I ask them to think about what they can do for ONA. The quote, ‘It takes a village to raise a child’ comes to mind. The village is ONA and we need it more today than ever.”
Happy Social Work Week!

ONA extends a very happy National Social Work (SW) Week to our SW members throughout Ontario.

Much like Nursing Week, SW Week, held this year from March 6-12, is set aside to laud the role and contributions of these highly skilled professionals, who enhance health care by helping people of all ages, backgrounds and income levels participate more fully in relationships, work, and home and community life. They also address complex social problems, such as the multiple impact of poverty, the lack of adequate housing and barriers imposed by discrimination.

The theme for this year’s SW Week is Social Workers: Real Expertise. Real Life. Real Impact. chosen to highlight the significant role that social workers play in helping people improve the quality of their lives and achieve their goals. Social workers recognize that people are experts about their own lives, and that the changes they and their communities seek may take many forms.

ONA is proud of our SW members, who work in many sectors and are a component of our allied health group, and acknowledge and celebrate alongside them during SW Work.

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ONA Advocates for Patients and Our Members in 2017 Ontario Budget Submission

Hospital base operating funding must be improved to at least cover the costs of inflation and population growth, ONA President Linda Haslam-Stroud has told the Standing Committee on Finance and Economic Affairs during its 2017 pre-budget consultations at Queen’s Park in Toronto.

“This funding would ensure our hospitals have the resources to properly staff for safe, quality care in all our communities,” Haslam-Stroud said. “Along with this, we need a moratorium on any further erosion of RN positions and the establishment of a clear vision for RNs in Ontario hospitals.”

Other key ONA recommendations include:

- Funding and development of a multi-year nursing human resources plan, for implementation and tracking by Local Health Integration Networks (LHINs), to reduce the significant gap in the RN to population ratio between Ontario and the rest of Canada (Ontario now has the worst RN to population ratio in the country).
- Increased funding for expanded capacity in home care and the movement towards a fully integrated public home-care system that integrates the delivery of home-care services and care coordination in LHINs.
- Funding and enforcement of a daily four-hour staffing standard to meet the increased care requirements of residents in long-term care homes, including 48 minutes of daily RN care.
- For the government to take action on ONA’s recommendations to the Workplace Violence Prevention in Health Care Leadership Table and to fund a health care Action Plan for Workplace Violence Prevention.

Accompanied by Region 2 Vice-President Cathryn Hoy and Anne Clark (not pictured), who retired from the ONA Board at the end of December, and ONA Government Relations Officer Lawrence Walter (left), ONA President Linda Haslam-Stroud informs the Standing Committee on Finance and Economic Affairs on December 8 that “nurses know the strong evidence for RN care is compelling.”

“Ontario’s health-care system is falling short,” concluded Haslam-Stroud. “We have set out a course of action for the government so that our patients receive the best possible care.”

To read ONA’s entire submission, log onto www.ona.org/submissions.

Eight Members Disciplined

At the February 2017 Board of Directors meeting, the Board endorsed eight mediated settlements reached under ONA Policy 16.16: Member Discipline. These settlements resolved complaints that these community care access centre (CCAC) members were guilty of conduct detrimental to the advancement of the purposes of or reflecting discredit upon the union contrary to Article 9 of the Constitution.

The members acknowledged that crossing a picket line is contrary and detrimental to the welfare and best interests of the union. They agreed to pay a fine and have their membership privileges suspended.

Such suspensions mean these members cannot hold union office either at the Local or provincial level, and cannot attend ONA meetings either at the Local or provincial level. As a member of the Bargaining Unit, they are permitted to vote on their contract.

The affected Local Executives have been notified of these decisions.

Local and Bargaining Unit leaders are reminded that when conducting elections and/or appointing for vacant positions to contact ONA to confirm the entitlement status of the members involved.
ONA Celebrates Black History Month

In February, ONA celebrated Black History Month, honouring black Canadians, past and present, whose achievements have shaped our country.

In December 1995, the Parliament of Canada officially recognized February as Black History Month, following a motion introduced by the first black Canadian woman elected to Parliament, the Honourable Jean Augustine. The motion was carried unanimously.

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

“Today the legacies of these nursing pioneers live on and are reflected in the diversity of our members,” said ONA President Linda Haslam-Stroud. “Black History Month serves to remind ONA and the entire labour movement of the rich contributions from all our sisters and brothers of African and Caribbean decent in the struggle for equity and social justice.”

For more information about black history in Ontario, visit the Ontario Black History Society at www.blackhistorysociety.ca.
ONA Says Farewell – and Thank You – to Long-Standing Director, Chief Negotiator

If you’ve ever received a fair and equitable collective agreement or are looking forward to retiring with dignity, you can thank this man.

After an incredible 45 years with our union, ONA Senior Director and Chief Negotiator Dan Anderson is walking away from the bargaining table to enjoy a well-deserved retirement. But what a journey it’s been!

Embarking on Fate

While Anderson didn’t intend to go into labour relations as a career, fate was on his—and ONA’s—side back in 1971 when a university professor approached him about applying for a research analyst job with a “small nurses’ union that was just starting out, but had unlimited potential.”

In actual fact, it was the Registered Nurses’ Association of Ontario (RNAO); ONA was created after the government denied the RNAO’s request for legislation to make it the bargaining agent for all RNs because it included management but not graduate nurses, ruling that nurses must organize under the Labour Relations Act. While 100 independent nurses’ associations existed, nothing bound them together.

ONA’s First CEO, the late Anne Gribben, took a chance on Anderson, even though he joked her main concern at his interview was whether he would stay!

Throughout the next four-plus decades Anderson did just that, serving in a variety of roles at ONA, the most significant being Chief Negotiator, where he was largely responsible for the substantial advancements we have made in pay equity and during central negotiations in our hospital, community care access centre and nursing home sectors, ensuring nurses received the best possible wages and benefits.

Working Together

“Back in the day, many employers and their counsel were out to crush unions,” Anderson said. “Thankfully, there came the recognition that unions were not going away and collective bargaining became a little more civilized—not to be confused with easy. So while we can ‘fight’ across the table, we have learned to respect one another and work together when we find mutual interests.”

A founding member of the Board of Trustees for the Healthcare of Ontario Pension Plan (HOOPP) and Chair of the Board for 10 years, Anderson was also vigilant in the fight to ensure ONA members’ defined benefit pension plans were maintained to the highest degree.

But it’s not just ONA and our members who have benefitted. Anderson was often tapped into for his bargaining, pay equity and pension expertise by our colleagues from labour organizations across the province and country, many of whom have put his strategies into practice. On the international front, the ONA Board of Directors could not have completed their work for various presentations at conferences on key topics without his ongoing support and invaluable input.

Anderson acknowledged that this has only been possible because of “the combination of the best members and the best staff. They are the reason why we are recognized leaders in Ontario, why we don’t lose Public Sector Labour Relations Transitions Act votes and why we continue to grow. I learned very early on that you can’t do any of this by yourself—you need a committed, capable and dedicated team with support from top to bottom. I have been fortunate to have had that. We only succeed when we all work together—and we have succeeded for sure!”

“Living the Dream”

Anderson, who received an honorary ONA membership at the Biennial Convention last November, will continue to serve as an advisor to our union, and will remain HOOPP Co-chair. He also plans to attend “some ONA events to watch from the floor” and continue one of his favourite tasks: handing out meeting material to delegates!

“I do believe I have lived the dream at ONA,” Anderson concluded. “And in living that dream I have had the most incredible experiences along the way. ONA is the best union the world!”
Kevin Empey has been appointed by the province as supervisor for the Brockville General Hospital to address the organizational challenges identified by the South East Local Health Integration Network (SE LHIN) Board. Empey, who served as President and Chief Executive Officer of Lakeridge Health from 2008 to 2016, will take the necessary steps to improve the functioning of the hospital, which includes re-establishing a board. As well, the SE LHIN commissioned a report from the Hay Group in August 2016 that makes recommendations on restructuring services in the LHIN’s group of hospitals, including Brockville General. ONA will be monitoring developments.

Minister of Health and Long-Term Care Dr. Eric Hoskins announced an additional $140 million in new funding for hospitals as part of the 2016 Ontario Economic Outlook and Fiscal Review. The new funding is in addition to the funding for hospitals announced in the 2016 Ontario Budget. The government said this means all public hospitals in the province have received, at a minimum, a 2 per cent increase to their base funding this year; additional funding has been provided to hospitals to support population growth and changing health care needs in their communities. ONA believes the government must provide sufficient funding to hospitals to account for the increased demands from population growth, an aging population that requires more care, inflation, and increased utilization rates as patients enter hospital for higher levels of care.

Ontario has introduced legislation that would, if passed, further strengthen and reinforce its zero tolerance policy on sexual abuse of patients by any regulated health professional. The Protecting Patients Act, 2016 includes legislative amendments that would, if passed:

- Expand the list of acts of sexual abuse that will result in the mandatory revocation of a regulated health professional’s license.
- Remove the ability of a regulated health professional to continue to practice on patients of a specific gender after an allegation or finding of sexual abuse.
- Increase access to patient therapy and counseling as soon as a complaint of sexual abuse by a regulated health professional is filed.
- Ensure that all relevant information about regulated health professionals’ current and past conduct is available to the public in an easy-to-access and transparent way.

Additional amendments contained in the Act would make it easier and more convenient for people to be reimbursed for certain prescriptions that are written by nurse practitioners. ONA will be following this bill as it works through the legislative process.

Action will be taken where long-term care home operators are not in compliance with provincial rules and regulations. Ontario intends to strengthen its quality and safety inspection program with new enforcement tools to ensure that all home operators are addressing quality and safety concerns promptly. These proposed new tools include:

- Financial penalties that would be applied to those operators who repeatedly do not comply with the requirements of the Long-Term Care Homes Act, 2007, as recommended by the Auditor General in her 2015 Annual Report. Any financial penalties would not negatively impact patient care.
- Provisions to enable the Minister to provide direction to long-term care homes to support improvements in care (e.g. directing all long-term care homes to use a new skin and wound care best practice protocol).
- Establishing new offences that would provide additional protections for residents, if needed, such as an offence for failing to protect residents.
- Minister and director’s authority to suspend an operator’s licence and order interim management.
- Improvements to the transparency of the inspection process, including publicly posting directives to long-term care homes.

The province intends to introduce these proposed changes, which require legislative and regulatory amendments, early this year. ONA will participate in the legislative process when these legislative and regulatory changes are introduced.

Up to $451 million is being provided to build the approximately 350,000-square-foot Peel Memorial Centre for Integrated Health and Wellness to serve residents of Brampton and surrounding communities. The facility has reached substantial completion, meaning the building is ready to be occupied. Services are moving into the new hospital over the next few weeks before it fully opens its doors to the community in April.
Many ONA collective agreements contain language for personal leave of absence, and that language varies. Some of these leave days may be paid or unpaid. Take the following collective agreements, for example:

**Hospital Central Collective Agreement**
11.01 Written requests for a personal leave of absence without pay will be considered on an individual basis by the Chief Nursing Executive, Supervisor or designate. Such requests are to be given as far in advance as possible and a written reply will be given within fourteen (14) days; except in cases of emergency, in which case a reply will be given as soon as possible. Such leave shall not be unreasonably withheld.

**Nursing Homes Central Collective Agreement**
11.01 Personal Leave of Absence
The Administrator may grant a request for leave of absence for personal reasons without pay provided that he receives at least one (1) month’s clear notice, in writing, unless impossible, and provided that such leave may be arranged without undue inconvenience to the normal operations of the Nursing Home. Employees, when applying for such leave, shall indicate the proposed date of departure and return. Such leave shall not be unreasonably withheld.

**South West CCAC Collective Agreement**
13.02 Personal Leaves of Absence
The Employer may grant a request for leave of absence for personal reasons without pay provided that they receive reasonable notice, in writing, subject to the operational requirements of the Employer. Employees, when applying for such leave, shall indicate the proposed date of departure, the reason for the leave, and the date of return. Such requests will not be unreasonably denied.

Full-time employees may be granted up to twenty-eight (28) hours annually of time off with pay for personal reasons.

**Other Types of Leaves**
Collective agreements also contain language for other leaves such as bereavement or sick leave. Some may contain leaves as set out in legislation (e.g. emergency family leave, family caregiver leave, family medical leave, critically ill child care leave, and crime-related child death or disappearance leave).

The language in the collective agreement and legislated leaves interact and provide some additional benefits to ONA members.

**Leave Notice**
In an ideal world, every employee would be able to provide the employer with weeks of notice for a day off work, but emergencies happen. Normally in collective agreements that provide for personal leave, an employee would be expected to try to book the day off as personal leave, a lieu day for a paid holiday or overtime, or a vacation day; however, in an emergency, notice may be impossible.

Where an employee needs to take emergency leave under the Employment Standards Act ([www.labour.gov.on.ca/english/es/pubs/guide/emergency.php](http://www.labour.gov.on.ca/english/es/pubs/guide/emergency.php)), she/he should advise her/his employer she/he is using that type of leave, and try and provide as much notice as possible. The employer can ask for the reason for emergency leave.

Employees who take personal emergency leave are entitled to the same rights as employees who take pregnancy or parental leave. This means an employee does not lose seniority or service credits.

If you require assistance on this topic, your union representative is there to help and ensure you have representation when you need it.

**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.**
Royal Ottawa Hospital Ordered to Improve Safety, Yet Cuts RNs

Over the past few years, the Royal Ottawa Health Care Group has been plagued with many incidents of workplace violence. Registered nurses have been assaulted and harassed weekly.

After one very severe incident in September 2015 in which a health-care worker was seriously injured, ONA and the Royal Ottawa Health Care Group, which encompasses the Royal Ottawa Health Care Centre and Brockville Mental Health, agreed to settle some issues related to workplace violence prevention. The agreement was reached in December. Among the terms:

- The hospital will provide specialized training to all workers, managers and supervisors working on the recovery inpatient unit to meet patients’ and workers’ needs. Training will include defence from sharp-edged weapons and specialized safe holds, and self-defence techniques.
- Hospital representatives, including members of the Hospital Association Committee, will receive intensive training facilitated by ONA on the professional responsibility process and review environment issues including those that impact patient care and concerns, and related worker safety concerns.
- The hospital will review and revise its flagging procedure to ensure that an “early” warning system is in place to provide information regarding violence risks from patients.
- A “daily safety huddle” will be launched to ensure that all staff within the unit are aware of all safety concerns and are monitored appropriately.

Health and Safety Win Bittersweet

Unfortunately, this significant health and safety win for our patients and members is very bittersweet.

On the very same day this agreement was signed, the Royal Ottawa Health Care Group announced cuts to RNs.

“The very units on which RNs have been critically injured in assaults are now going to have fewer RNs working on them,” noted ONA President Linda Haslam-Stroud. “It’s outrageous to think that this employer is cutting more than 15 RN positions in its forensic treatment unit, which is a loss of more than 25,000 hours a year of high-quality RN care. Undoubtedly, these cuts will lead to a greater risk of violence for both our patients and the remaining RNs.”

The news about the RN cuts is particularly outrageous as ONA has been calling for increased RN staffing as one tool to prevent workplace violence.

“Our patients in the Royal Ottawa Health Care Group deserve the best care possible,” added Haslam-Stroud. “Cutting RN positions will surely result in increased workplace violence, which is truly frustrating and not the result we want given the positive health and safety agreement.”

To learn more about what ONA is doing regarding workplace violence prevention, visit http://violence.ona.org.

Nurses Suffering Injuries at “Staggering Rate,” ONA Tells Rally

Region 3 Vice-President Andy Summers (inset) brings attention to the toll workplace violence is having on the physical and mental health of Ontario’s nurses at the annual Injured Workers’ demo outside the Workplace Safety and Insurance Board (WSIB) headquarters in downtown Toronto last December. The demo, which brought together injured workers, their supporters and a strong showing from labour, as well as an appearance by WSIB President and CEO Tom Teahen, highlighted key concerns about workers’ compensation coverage, the Board’s chronic mental stress policy, denial of time to heal, and disregard of treating doctors’ opinions. Summers repeated ONA’s call for nurses to be included in presumptive post-traumatic stress disorder legislation, adding, “ONA also won’t sit by while this government’s legislation and policies continue to discriminate against nurses facing physical and mental stress injuries.” Noting the WSIB’s new return to work philosophy for injured workers is equally problematic because it will result in more denials as workers are pushed back to work prematurely, putting them at risk of harm, Summers urged the crowd “to take a firm stand and make some noise so the government hears us!”
Pringle Brings Message of Hope to ONA Members

While stigma remains the elephant in the room when it comes to mental health, renowned Canadian journalist Valerie Pringle has told ONA’s Human Rights and Equity Caucus she is hopeful attitudes will soon change.

She knows of what she speaks. Pringle and her daughter Catherine have been very open about Catherine’s struggle with depression and panic disorder, which began in childhood and was diagnosed years later in university.

“As parents, my husband and I were pretty clueless,” Pringle told ONA delegates of the Caucus last November. “We thought Catherine would get through these episodes, which we assumed were just nerves – and she always would. It wasn’t until one Sunday when she was shaking in her bed in a fetal position that we realized this isn’t what nerves look like. She’s sick, and she needs help.”

And so began Pringle’s crusade to bring mental health issues to the forefront by speaking out at every opportunity and being featured in a powerful Centre for Addiction and Mental Health ad with Catherine, which she said made a huge impact. When her son went into a depression at age 30 after finishing his degree, she recognized and responded to it much quicker. But sadly, it’s not that way for everyone.

“Up to two-thirds of people with depression and 90 per cent with addiction do not seek help,” Pringle said. “I met a woman who doesn’t tell her family where she is when she’s getting help because she’s ashamed. And half of Canadians said they would hide a family member’s mental health illness. But the single most distressing fact to me is that while 70 per cent of mental health issues materialize in teenage years and one in seven people under the age of 19 suffers from a mental health illness, only one in five of them get the care they need. The rest suffer in silence. They are in their rooms struggling and they are dying of suicide.”

The stigma is so deep-seated, Pringle, who calls it a grave social injustice, cited a recent study showing that even psychiatrists wouldn’t admit to having a mental health issue, along with a recent British study calling stigma the number one barrier to getting help.

“People just assume that if that’s what’s happening, they can just deal with it,” she said. “But it’s not like that. And we have to realize that the disability is in the brain. It doesn’t go away. It doesn’t go away.”

ONA Advocates for Changes to WSIB Policy to Stop Discrimination

ONA President Linda Haslam-Stroud has written to the Minister of Labour to request that the government amend Ontario worker’s compensation legislation and policy to fall in line with a 2014 decision of the Workplace Safety and Insurance Appeals Tribunal (WSIAT). That WSIAT decision found portions of the worker’s compensation legislation and policy to be discriminatory on the basis of mental disability.

The landmark 2014 decision involved an RN represented by ONA counsel at the WSIAT. Our member had faced years of personal harassment at the workplace until she was no longer able to work. The WSIAT found that her injury was work-related and she would have been eligible for Workplace Safety and Insurance Board (WSIB) benefits but for sections of the legislation and the WSIB’s Traumatic Mental Stress (TMS) policy.

These restrict benefits to workers whose mental stress injuries arose from a sudden and unexpected traumatic event at work. The TMS policy defines a “traumatic” event as an incident such as “being the object of a hostage-taking.”

ONA challenged these restrictions on behalf of our member as being contrary to the equality guarantee of section 15 of the Canadian Charter of Rights and Freedoms. This constitutional challenge took years to complete and required retaining an expert witness. The WSIAT found the restrictions imposed an unjustified and unconstitutional burden on the basis of mental disability and refused to apply the relevant portions of the policy or legislation.

However, because the WSIAT is an administrative tribunal, not a court, its decisions are not binding in other circumstances and it does not possess the jurisdiction to strike down legislation as unconstitutional. It can only refrain from applying unconstitutional law on a case-by-case basis. While two subsequent WSIAT decisions have similarly found the legislation and TMS policy unconstitutional, the government has not amended the law or policy. Unless injured workers are aware of these legal cases, they may not know that their injury is eligible for WSIB benefits. If they are aware of these cases, they still have to raise a Charter challenge each time to obtain benefits.

In her letter to the Minister of Labour, Haslam-Stroud requested immediate action to rectify this state of affairs and properly remove unconstitutional barriers for our members and all working Ontarians who have suffered injuries from work.
Pringle’s Mental Health Messages

Pringle says her four key messages regarding mental health are “ridiculously simple, but have to be said:”

- There is no shame in having a mental health illness or knowing someone who does.
- If you need help, you must get help. It is everyone’s right to demand it.
- Everyone is affected by mental health. It touches us all.
- There is no health without mental health.

ter access to care,” she said. “People get exceptional care for physical ailments, but only 7 per cent of the health care budget goes to mental health. Yet, one in five will experience mental health or addiction, which costs our economy a staggering $51 billion a year! Employers also need to be more proactive in terms of mental illness.”

Noting there was a time when we wouldn’t talk about cancer, especially colon cancer, and people were “blamed” for having AIDS – attitudes that have completely changed – Pringle said mental health and addictions are “harder” because they have been hidden since the beginning of time, and are seen as scary, unknown and undesirable, which drives the impulse to hide or blame. But she is hopeful that with ongoing dialogue, that will change.

“Like every problem rooted in ignorance or fear, we need to shine a light on it until it’s gone,” she said. “We also need to intervene when people need help because it ties us together as a society. Intervention and treatment made the difference for Catherine. She didn’t have to scale back her hopes and dreams. Her story is a happy one, and everyone deserves that. I would like to think that if my two-year-old granddaughter had a psychiatrist’s appointment in the future, it would be no different than having a doctor’s appointment.”

Leadership Conference Back by Popular Demand!

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

Back by popular demand, ONA’s 2017 Leadership Conference will take place from September 18-22 at the Oakwood Resort in Grand Bend. As last year, the conference will focus on three streams: activists, novice and advanced.

Activists Program
The Activists Program is designed specifically to engage and motivate our members at the grassroots level. The program, dubbed ONA’s Activist Camp, is geared towards our front-line members who have an interest in ONA, particularly those who have had little to no engagement in the past. The program promises to ignite your passion and empower you with the knowledge and skills you need as union activists. Participants will be introduced to our union, learn how to build relationships, motivate supporters to take action, build strong teams and become confident in speaking out on union issues. Full costs are covered by ONA.

Novice Program
The Novice Program is aimed at new Bargaining Unit Presidents, ONA representatives and potential new ONA leaders/representatives who want to build their capacity to deliver services to ONA members. Areas of focus include ONA’s structure and communications framework, the power of the union, return to work and accommodations, the Professional Responsibility Complaint process and negotiations. Meals and accommodations are provided.

Advanced Program
The Advanced Program is designed for more experienced ONA leaders who want to build and strengthen their Bargaining Unit and/or Local union from the ground up. Sessions include motivating and engaging members, building effective teams to strengthen our union, and recruiting and retaining volunteers. Meals and accommodations are provided.

Interested in Signing Up?
Throughout the week, participants in all three streams will be treated to a series of guest speakers, including members of the ONA Board of Directors, solidarity-building activities, and enjoyable evening events sure to help them unwind from the days’ hard work. Participants will also come together for all meals and activities so they can share stories and best practices from the conference.

Space is limited to a maximum of 25 participants for each stream. Additional information, including an expression of interest form to apply for the conference, will be available on the education section of our website at www.ona.org in the weeks to come. Successful candidates will be notified well in advance of the conference.
Nursing in Ontario is one profession with two categories: RNs, which includes the extended class (nurse practitioners), and RPNs. ONA strongly believes both categories play an important role in providing quality care, taking into consideration their responsibilities and legal obligations to make safe and ethical decisions when practicing. But it is crucial to know the most appropriate caregiver in any given environment.

The Nursing Act, 1991 contains a scope of practice statement and controlled acts authorized to RNs and RPNs, as well as provisions and regulations specific to the nursing profession. It also includes definitions of the classes of nurse registration, entry-to-practice and title protection regulations.

Various specialized nursing units in Ontario require only RNs to provide all patient care. But due to budgetary reductions, many employers have chosen to force all of the care to RPNs or unregulated care providers.

This trend is echoed in the Registered Nurses’ Association of Ontario's publication, Mind the Safety Gap, which points out the error made by many institutions in thinking that RN and RPN practices are the same, and therefore interchangeable. They are not.

**RN and RPN Practice: The Client, Nurse and Environment**

The College of Nurses of Ontario (CNO) has created this practice guideline (the so-called three factor framework) to help support nurses, employers and others in making safe decisions on which category of nurse should be assigned to meet a patient's needs.

The practice guideline principles state the goal of professional practice is to obtain the best possible outcome for the patient, noting:

- RNs study for a longer period of time, which develops a larger core knowledge in clinical practice, decision-making, critical thinking and leadership skills. The CNO highlights what they recognize as the vast difference in autonomous nursing practice between RNs and RPNs.
- The complexity of the patient's condition influences the nursing knowledge required to provide the level of care the patient needs. The more complex the patient's needs and the less stable the environment creates an increased need to consult with an RN, or for the RPN to transfer care to the RN as she/he can provide the full range required.
- Clear understanding and expectations of each member of the health-care team facilitates appropriate assignment of nurses and leads to improved patient outcomes.

**Professional Responsibility Complaint Process (PRC)**

By using the CNO's three factor framework, nurses can assign the appropriate category of nurse to safely care for their patients' needs. The PRC process in most ONA collective agreements supports advocating on behalf of their patients to ensure this happens.

ONA also supports evidence-based literature stating the ideal category of nurse to be assigned to a patient. We also know that every additional patient added to an RN's workload increases the risk of negative outcomes.

When deciding the most appropriate category of nurse, it's important to keep in mind the following RN facts: RNs can provide all nursing care autonomously to complex patients; RNs can anticipate the patient’s change in care needs without delaying or the need to transfer care; and RNs can...
be assigned to any patient especially when an environment is less stable, such as where there are unclear policies and procedures, no medical directives, not well defined or updated plans of care, high proportion of novice nurses to nursing or the unit, and inadequate consultation support to manage outcomes (i.e. charge nurses having patients assigned to them, or an educator or manager not available on the unit for unpredictable events).

So, how do you know there is an appropriate nursing skill mix on your unit for your shift? You know if the following conditions have been met:

- Your employer has clearly identified and updated policies and procedures for your unit or specialty.
- A high patient turnover rate or sudden change in a patient’s acuity does not require a change in assignment.
- An educator, manager and/or a charge nurse with no assignment is available to support and address nursing concerns.
- The schedule is equally balanced with novice and senior nurses on every shift.
- The nurse/patient ratio is manageable with a process in place to increase staffing if a patient’s condition changes or is unpredictable.

If you cannot answer “yes” to the above, you are accountable for advocating for your patients, escalating your concerns to management, and documenting actions taken on ONA’s Professional Responsibility Workload Report Form.

For more information, see material from ONA’s most recent Professional Practice Teleconnect on RN and RPN Practice at www.ona.org/teleconnects. Members are always invited to participate in these teleconnects to share concerns about your work environment with ONA Professional Practice Specialists and receive possible remedies to take back to your employers.

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Member Questions CNO’s Decision to Eliminate Telephone Support

The following letter was submitted to Front Lines by Windsor Regional Hospital Bargaining Unit President (Local 8) Sue Sommerdyk.

I wanted to express my concerns to my fellow ONA members regarding the College of Nurses of Ontario’s (CNO) new policy that eliminates telephone support for nurses asking practice question (its Practice Line) and instead provides email responses only.

I find this new policy, called “Practice Support,” worrisome for a number of reasons:

- The ability to call and ask a question anonymously is no longer possible.
- The CNO now links your email to your registration, so it will have all your information when you ask a question.
- The response time is appalling, meaning nurses cannot receive immediate advice/assistance. While the CNO says nurses will receive a response within three business days, I have been told by my members that four days – or more – can pass before a response is provided.
- You cannot speak directly to a consultant from your category (i.e. NP, RN, RPN).
- The CNO says the new service will not provide nurses any opinion on a practice scenario. If this service is only sending links to the CNO’s practice standards and guidelines, it is not worthy of being called Practice Support. It is a “librarian,” plain and simple.

While I am told this policy is a trial only, I am troubled about the lack of concrete information surrounding it. I believe it will be a huge deterrent for nurses to ask questions or seek clarification about their practice – and we need to speak up!

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Our President Responds...

Thank you for your letter, Sue. You are spot on with your concerns, and we have heard the same from many nurses.

The CNO says it is committed to enhancing transparency, but ONA believes there is nothing transparent about abruptly closing its Practice Line – although I understand it was not giving out advice, but simply referring callers to a CNO standard anyway. ONA also does not believe the CNO’s new “send a link support” is “an innovative way to support your practice.”

It is clear that the CNO is not willing to address scope and work environment issues, which may lead to nurses not fulfilling our standards of practice. It says “this is political;” I would suggest it is not political when our members are begging for advice/direction and all we receive is an email referring us back to documents we can already read online, which in most cases are very vague.

The CNO’s motto, we are here to protect the public, should mean it is able to support us in our practice so we are safe practitioners and thereby protecting the public.

We need your help. The CNO says it welcomes your feedback on this policy, so let’s tell them what we think! Please contact the College Council at cnocouncil@cnomail.org and ask them to rethink their lack of support for nurses in Ontario by not providing any relevant advice and direction on our practice issues.

We need to get loud about our professional practice for the benefit of our patients, clients and residents!

Linda Haslam-Stroud, RN
ONA President

For more information, see material from ONA’s most recent Professional Practice Teleconnect on RN and RPN Practice at www.ona.org/teleconnects. Members are always invited to participate in these teleconnects to share concerns about your work environment with ONA Professional Practice Specialists and receive possible remedies to take back to your employers.
Three-Write Exam Limit Officially Ends Thanks Largely to ONA

We won for our students!

Thanks in large part to ONA’s steadfast lobbying for our nursing student affiliate members, as of January 9, 2017, nursing students in Ontario no longer have to pass the controversial American National Council Licensure Examination for Registered Nurses (NCLEX) in three tries to become an RN.

It is the culmination of a long battle for ONA, which began more than a year ago, as we believed the three-write exam limit was unfair and not consistent with other jurisdictions (not one single jurisdiction in the United States allows only three attempts to pass the NCLEX or requires that a candidate complete a second BScN before being allowed another attempt).

ONA lobbied both the Minister of Health and Long-Term Care, which committed to amending a provincial regulation under The Nursing Act that restricts the number or registration exam rewrites the College of Nurses of Ontario (CNO) may allow, and the CNO itself, which approved the proposed amendments to its registration regulation last summer.

With the official end to the limit, accolades for ONA from grad nurses continue to pour in, with many thanking us for continuing to advocate strongly on their behalf and always having their best interests at heart.

Student Scholarship Winners

In our continuing series on the successful recipients of the 2016 ONA Nursing Student Scholarships, Front Lines features the essays of Joel Bogacki, son of Kathryn Bogacki from Local 73 (Thunder Bay Regional Health Sciences Centre) and Jordan Shantz, daughter of Sherri Shantz from Local 15 (University of Guelph), on “The Importance of the Ontario Nurses’ Association for Nurses.”

“I am happy to be a student affiliate member of ONA”

RNs are a very valuable front-line caregiver in the health-care system. ONA plays a role in the labour relations of RNs, strengthening the reputation of nurses and advocating for high-quality patient care in Ontario.

As part of ONA labour relations, nurses are allowed break periods and proper scheduling, which includes extra pay during overtime, and vacation pay. Not only does labour relations improve nurses’ work environments, but also helps nurses provide optimal care to their patients. These things, along with nursing rights that ONA fought for, go a long way in helping nurses maintain their mental health and providing the best care they possibly can to Ontarians.

ONA has launched a Truth Hurts. Nurses Know campaign, which is trying to enlighten the public about concerns for Ontario patients because of cuts to RN positions, hospital funding and health-care services.

ONA is a great support to RNs. Many issues they bring to light are to support nurses who belong to the association, but also include potential health-care issues that may arrive, negatively affecting patients in Ontario.

ONA has many different committees to support nurses. I have been involved in the Pride parade in Thunder Bay, which involves the Human Rights and Equity Team.

I am happy to be a student affiliate member of ONA, which strives to make Ontario health care the best it can be.

—Joel Bogacki

“I look forward to being part of ONA one day”

The health-care system is arguably one of the most important components of today’s society. In the midst of rising issues such as Canada’s aging population and cuts to health-care funding, there is crucial demand for the skills and protection of health-care professionals. ONA is an excellent example of a proactive, respected union, which helps to achieve just that.

ONA protects Ontario’s RNs and allied health professionals, and ultimately the wellbeing of the public in Ontario, by enabling nurses to provide high-quality health care. ONA helps to better the social, economic and general welfare of nurses in our province. ONA also acts as an intermediary between employers and nurses by negotiating on their behalf.

The importance of ONA is demonstrated by its commitment to establishing a proper work environ-
Ontarians with DB Pensions Expect Better Retirement Income, HOOPP Study Shows

Ontarians are not only concerned for their own retirement, they increasingly believe that poor pension coverage costs taxpayers money and hurts the economy, a recent tracking study conducted for the Healthcare of Ontario Pension Plan (HOOPP) shows.

The study, prepared by the Gandalf Group, shows that since 2008, there has been a 10-point decline in the number of Ontarians with a defined benefit (DB) pension plan, like HOOPP, the pension plan of the majority of ONA members. The proportion of Ontarians saying they are very concerned about having enough money for retirement has increased from 31 per cent to 48 per cent, which continues to be higher among those without workplace pensions.

And among those without workplace pensions, half have saved nothing over the past year and most have never set any money aside for retirement. As a result, two-thirds of those surveyed now strongly agree there is an emerging retirement income crisis.

Not surprisingly, older Ontarians with DB benefits expected to have better retirement income and lifestyle satisfaction than those without any workplace pension, the study reveals.

“This study is further proof of what we have said for many, many years: that the hard-earned money our members put into our exemplary DB pension plans throughout our careers assures we can retire in dignity,” said ONA President Linda Haslam-Stroud. “And that is something ONA strongly believes every working Ontarian deserves.”

ONA Strong Presence at National Student Conference

Showing just how committed our union is to the next generation of nurses, ONA was front and centre at the recent Canadian Nursing Students’ Association (CNSA) National Conference.

Under the theme, Celebrating Diversity: Breaking Barriers through the Exploration of Cultural Safety, the conference, held in Winnipeg, Manitoba from January 25-28, featured an array of practical workshops and several guest speakers highlighting such topics as culturally safe end-of-life care, the experiences of immigrants’ and refugees’ access to health care in Canada, building research capacity for best practice, global health in a local context, and nursing in the north. The conference was also an excellent networking opportunity for the delegates, who will soon be entering the nursing workforce.

On the first day of the conference, ONA President Linda Haslam-Stroud spoke to official delegates and associate delegates at the Ontario/Quebec Regional executive meeting about the important work we have done together, including our huge NCLEX win (see story on pg. 20). Region 4 Vice-President Laurie Brown also attended the session to lend support.

During breaks in the conference’s proceedings, Haslam-Stroud, Brown and ONA Campaigns Officer Ken Marciniec staffed a very popular booth in the exhibit hall, where we handed out hundreds of ONA material and promotional items, answered questions about our stellar services, and asked students to fill out a form letting us know what issues they need our help with at their campuses.

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

**Rights**

**Probationary nurses entitled to same Human Rights Code protection as long-service employees**

**Hospital** *(Arbitrator Levinson, November 30, 2016)*

ONA has won an arbitration decision challenging a hospital’s decision to terminate the employment of a probationary nurse for theft of narcotics in a situation where the nurse was subsequently diagnosed with a substance dependence that directly caused the misconduct.

The employer found discrepancies in narcotic counts after performing an audit, which was ordered after receiving reports of strange behaviour by the grievor. Although the grievor initially denied taking the narcotics, within hours she disclosed to her union representative that she was suffering from an addiction to narcotics and needed help.

The union representative and grievor advised the employer of this the next morning. Despite that, the employer terminated her employment, having never asked her whether she was addicted to narcotics.

The arbitrator found that the termination was discriminatory and also had elements of arbitrariness. He found that the employer had actual knowledge of her disability and its relationship to her work performance. Alternatively, the arbitrator found that the employer had constructive notice of the grievor’s disability given all the information in its possession at the time of the termination.

**Importance to ONA:** This case confirms that probationary nurses are entitled to the same protection under the Human Rights Code as long-service employees.

**No bar to inclusion of perioperative surgical supervisor in ONA Bargaining Unit Hospital** *(OLRB Vice-Chair McGilvery, December 19, 2016)*

ONA has successfully argued that a perioperative surgical supervisor (PSS) is an employee under the Labour Relations Act.

The employer eliminated a Bargaining Unit position and created the PSS role outside the Bargaining Unit, arguing that the position was managerial in nature. When ONA filed a grievance alleging that the position should be in the Bargaining Unit, the employer filed an application at the Ontario Labour Relations Board (OLRB), arguing that as the position was managerial, it was not an employee and could not be in the Bargaining Unit.

The Board determined that the PSS did not have any real decision-making authority over the economic lives of ONA members such that it would create a conflict of interest to be an employee in the Bargaining Unit. The PSS was not involved with grievances, performance appraisals or discipline other than some minor involvement in coaching employees.

As a result of this decision, there is no bar to the inclusion of the PSS in the ONA Bargaining Unit. The arbitration into whether the PSS works in a nursing capacity is now underway.

**Importance to ONA:** The Labour Board maintained its distinction between the professional role of a nurse and a manager from a labour relations perspective. A position will not be considered managerial if the incumbent does not exercise significant managerial authority, including the power to independently hire and discipline employees.

**WSIB**

**Worker in course of employment when tripping, Appeals Resolution Officer rules CCAC** *(September 6, 2016)*

A full-time nurse, 19 weeks pregnant at the time, injured herself when she was dropped off for work in the fire lane at the renal entrance of the hospital a few minutes before the beginning of her shift on July 3, 2014.

Her community care access centre employer leased an office on the main floor of the hospital, and the closest entrance was the renal entrance. There were no spots available to pull over along the fire lane beside the entrance, so the worker’s boyfriend stopped the car in the fire lane on the exterior side of an island/median with a concrete wall that supported a canopy over the renal entrance. The
island had a narrow sidewalk around it with yellow-painted caution curbing nine inches in height, compared to the normal 5.5 inches.

The worker was attempting to step onto the narrow sidewalk and walk around the island to the renal entrance, which she had done in the past without incident. This time, she misjudged the height of the curb and fell forward onto the concrete wall, fracturing her right arm.

The WSIB denied her claim, finding that although she was using an accepted entrance, she removed herself from being in the course of employment when she used a non-designated drop-off point with higher than usual curbing. The WSIB upheld the decision on reconsideration, finding that the necessary criteria of “place” was not satisfied when the worker chose to get out of her vehicle in an area not designated for doing so.

An appeal hearing in writing was conducted. ONA submitted photographs showing the typical vehicle congestion at the renal entrance and individuals standing on the island/median; a witness statement from a coworker confirming the congestion and drop-off practices; and a news article on new regulations for parking/drop-off at this entrance instituted by the hospital a few weeks after the worker’s accident.

The relevant WSIB Operational Policy (15-03-04), which addresses “boundaries in multi-storey buildings,” provides that the employer’s premises are “all common areas for entering or exiting the building at street level, including outside stairs to public property.” Our evidence demonstrated that the area where the injury occurred was commonly used as a drop-off area and there was no signage prohibiting this practice. We also submitted the entire area around the renal entrance should be considered a common area for entering and exiting the building within the meaning of WSIB policy.

The employer argued that the location of the injury was not a common area for entering or exiting the building within the meaning of the WSIB policy and she was therefore not in the course of her employment, submitting photographs showing nearby pedestrian crosswalks that lead to the renal entrance. It argued the worker put herself in an unsafe situation by choosing to walk in an area where foot traffic was not encouraged.

Initial entitlement was granted for a right distal humeral shaft fracture; the extent and duration of benefits flowing from this decision will be determined by WSIB Operations. The Appeals Resolution Officer (ARO) found that while the exterior median was not necessarily a designated drop-off location, it was a “common area” where employees and visitors routinely were dropped off and picked up. She accepted the worker was in the course of her employment when she tripped and fell just prior to the start of her shift. Furthermore, she accepted that proof of accident had been established in this case.

Importance to ONA: This is an example of an ARO interpreting and applying WSIB Operational Policy broadly to grant initial entitlement. It is encouraging, and reason to keep making arguments that push the boundaries of what constitutes “employer premises” and “in the course of employment.”
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