what has become the mantra for our union, ONA leaders got loud about the issues affecting ONA members and our patients, and came up with potential solutions to help address them at our recent dynamic Joint Sector Meeting.

The meeting, held on March 21-22 in downtown Toronto, was the result of a decision made at the November Biennial Convention to replace our standard Provincial Coordinators Meeting held each March with a Joint Sector Meeting, which would allow more Bargaining Unit leaders to attend and engage in the work of our union.

Included with this Issue:
Work of the Union: Spring 2017 Update

Special Pull-Out Feature:
ONA Lobbying to Include RNs in PTSD Legislation
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
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

Front Lines can be accessed on our website at www.ona.org/frontlines

ONAlines can be accessed on our website at www.ona.org/frontlines

ONA is the union representing 64,000 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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Members Get Loud at Joint Sector Meeting

Supporting Our Members
“The ONA Board and leaders identified that Bargaining Unit Presidents need information and networking opportunities with peers to put gas in their tanks so they can support the socio-economic lives of our members, which is our number one priority,” ONA President Linda Haslam-Stroud said in kicking off the meeting. “We need you to let members know there is hope, and that each and every one of you is there to support and advocate for them.”

Through breakout education sessions on subjects such as new privacy legislation, addiction issues, return to work/accommodation, long-term care law, scheduling, and nursing resource teams, Local leaders were given the tools to do precisely that.

Networking
But perhaps the most important component of the meeting was the ability of delegates to break into their sectors to share experiences and stories. While there are challenges unique to each sector, during a report back to the entire plenary, it was clear that many issues are the same, most notably staffing and workload. Delegates also discussed potential solutions.

Part of that is spreading our key messages in your Locals so our communities understand the realities of today’s health-care system and how they can help us turn things around. During a particularly engaging session, delegates brainstormed ideas on how they intend to do that this year (see First Vice-President’s message on pg. 5).

“If you have a plan at the beginning of the year, it will get done,” noted Local 73 Coordinator Donna Wheal, whose Local has been extremely politically active in the past, blanketing Thunder Bay with posters and banners “for everything!”

Delegates were also encouraged to let us know about the key issues in their Bargaining Units and why they are proud to be an ONA member in a special Nurses Know and Tell video booth during breaks – and dozens did!

Fighting Together
Continuing with the get loud theme, Canadian Federation of Nurses Unions President Linda Silas brought additional energy to the room, urging members to lobby for our jobs, an end to workplace violence, a national Pharmacare program and increased federal health transfers, while renowned journalist and author Linda McQuaig told delegates that nurses must fight against private health care and for the continuation of equality and fairness in stark contrast to what we are seeing south of the border.

When all was said and done, it was clear we had met our objectives of the Joint Sector Meeting – and then some – with Local leaders raving about the ammunition they had been given to fulfil their roles.

“What a fabulous idea this meeting was, and I have learned more sitting in these sessions than I could have any other way,” said Stevenson Memorial Hospital Bargaining Unit President Trish Doran. “There was so much information provided and hearing real life stories was invaluable. I’m going to continue getting loud!”

To view our Joint Sector Summary video from the meeting, visit ONA’s Youtube channel at www.youtube.com/OntarioNurses.

FEBRUARY BOARD MEETING HIGHLIGHTS
The following are key highlights from the first Board of Directors Meeting of 2017, held from January 31 to February 2 at ONA’s provincial office.

- Nursing student affiliate members from York University joined components of the meeting to see the running of our union firsthand.
- The nomination and voting procedures for the 2016 Local and Bargaining Unit elections, including what worked well and what could be improved for future elections, was reviewed.
- The Board approved the support of a proposal for a research project on RN workforce planning and forecasting by Linda McGillis Hall, a recognized leader in nursing health services and systems research, pending review of the final proposal.

You will find a copy of the February issue of Board Highlights on our website (www.ona.org). The subsequent Board meeting took place from April 3-6 and highlights will appear in the next issue of Front Lines.
May 8 to 14 is Nursing Week, a time that I am always buoyed by the pride I feel knowing that Ontario’s nurses are the best in the world!

As your elected President, I am in the unique position of being able to hear your stories, and see first-hand your accomplishments and the quality of care you bring to your patients each and every day.

ONa has chosen the theme, We are Ontario’s nurses. Nurses know for Nursing Week 2017. As I like to remind you, the work we do as front-line RNs, NPs and RPNs is vital, and I know just how much our patients not only rely on our care, but value and appreciate it.

For those of you who are active ONA members, who take precious time out of your day to make the working lives of our members better, I cannot thank you enough. I know during Nursing Week, our members join me in thanking you for your representation and for working to improve our wages, benefits and working conditions.

We also need to acknowledge our ONA allied members that are an integral part of our team! We are professional, we are strong and we are united. We know what our patients need and we know that they are depending on us to be their advocates. Nurses know!

Despite the challenges, there is much hope for our future. So let’s be proud of the vital work we do, and be proud to celebrate being a nurse!

Soyons tous et toutes fiers de notre profession : Célébrons la Semaine des soins infirmiers et soutenons nos collègues!

Du 8 au 14 mai se tient la Semaine des soins infirmiers, une période qui me remplit toujours de la fierté que je ressens de savoir que les infirmiers et infirmières de l’Ontario sont les meilleurs au monde!

À titre de présidente élue, je me trouve dans une position pour entendre vos histoires et voir personnellement vos réalisations et la qualité des soins que vous prodiguez à vos patients, jour après jour.

L’AIIO a choisi le thème Nous sommes les infirmières et infirmiers de l’Ontario. Nous savons ce qu’il vous faut pour la Semaine des soins infirmiers 2017. Comme j’aime à vous le rappeler, le travail que nous faisons en tant que IA, IAA et IP de première ligne est vital, et je sais à quel point les patients non seulement dépendent de nos soins, mais en comprennent la valeur et les apprécient.

À ceux et celles d’entre vous qui sont des membres actifs de l’AIIO, qui consacrent un temps précieux de leur journée à s’efforcer d’améliorer les conditions de travail de nos membres, je ne saurai vous remercier assez. Je sais que durant la Semaine des soins infirmiers, nos membres se joignent à moi pour vous remercier de nous représenter et de travailler pour améliorer nos salaires, nos avantages sociaux et nos conditions de travail.

Nous nous devons également de remercier les professionnels paramédicaux membres de l’AIIO qui font partie intégrante de notre équipe! Nous sommes des professionnels, nous sommes forts et nous sommes unis. Nous savons ce dont nos patients ont besoin, et nous savons qu’ils se fient à nous pour parler en leurs noms. Nous savons ce qu’il vous faut!

En dépit des défis, notre avenir est rempli d’espoir. Soyons tous et toutes fiers du travail indispensable que nous effectuons, et fiers de célébrer notre profession!
Helping You Make a Difference in Your Communities

As I write this column, ONA has just wrapped up our overwhelmingly successful March Joint Sector Meeting (JSM), and I’m so excited about the political action work our Locals will be leading in your communities this year.

ONA advocates for our members and your patients provincially every single day, I don’t have to tell you that, but we also know that we wouldn’t have had successes over the years without the incredible initiatives and Local campaigns launched by our members. That really is the meat and potatoes of our union.

Locals are eligible to receive $1,000 annually from ONA to support external political action, under Policy 26.11. In the past, we have seen that money being used very creatively, from eye-catching billboard ads about the role of nurses to well-attended town hall meetings to leaflets detailing what cuts to RNs mean for a particular community.

I can tell you that some truly impressive ideas for political action were generated by our Locals. And while funding is a big part of a Local campaign, ONA is also here to provide the tools and support needed to bring those campaigns to fruition, such as media releases and letters to the editor.

But the rest really is up to you. Local campaigns only work when our front-line members get involved. So please, when you learn of a rally or leafleting event in your community, participate. If you see an ONA ad, show it to others. If you do, I am confident we will continue to have significant successes right where you live and work this year and beyond.

Some truly impressive ideas for political action were generated by our Locals.

www.ona.org

Nous vous aidons à faire une différence au sein de vos communautés

A mon moment où j’écris cette chronique, l’AIIO vient de clore notre réunion conjointe des branches de mars, qui s’est avérée être un succès retentissant, et je suis très heureuse des actions politiques que nos sections locales mèneront au sein de vos communautés cette année.

L’AIIO défend les intérêts de nos membres et de vos patients au niveau des provinces jour après jour, je n’ai pas besoin de vous le rappeler, mais nous savons aussi que nous n’aurions pas eu ce succès au fil des ans sans les initiatives incroyables et les campagnes des sections locales menées par nos membres. C’est véritablement le pain quotidien de notre syndicat.

Les sections locales sont admissibles à 1 000 dollars par an de la part de l’AIIO en soutien aux actions politiques externes, conformément à la Politique 26.11. Par le passé, nous avons vu ces sommes être utilisées de façon très créative, depuis des panneaux publicitaires accrocheurs sur le rôle des infirmiers et des infirmières jusqu’à des assemblées à fort taux de participation, en passant par des tracts décrivant en détail ce que les compressions dans les fonds des IA signifient pour une communauté particulière.

Au cours de la réunion conjointe des branches, nous nous sommes attardés sur le sujet des fonds, en demandant aux sections locales d’élaborer des plans, avec l’aide du personnel de l’AIIO et un « plan d’action » incroyablement convivial, préparé par notre équipe des communications et des relations avec le gouvernement gonflée à bloc avec des idées – sur la manière dont elles pourraient utiliser ces fonds pour soutenir nos membres et la qualité des soins aux patients.

En examinant et en approuvant chaque demande de fonds 26.11, je peux vous dire que nos sections locales ont émis des idées d’actions politiques réellement impressionnantes. Et tout en sachant que le financement est une partie importante des campagnes des sections locales, l’AIIO est également là pour offrir les outils et le soutien nécessaires pour mener ses campagnes à terme, par exemple avec des communiqués de presse ou des lettres aux rédacteurs en chef.

Mais pour le reste, c’est à vous de jouer. Les campagnes des sections locales ne fonctionnent que lorsque les membres de première ligne s’impliquent. Alors je vous le demande, si vous apprenez qu’il y a une manifestation ou une distribution de prospectus dans votre communauté, participez. Si vous voyez une publicité de l’AIIO, montrez-la autour de vous. Si vous le faites, je suis certaine que nous continuerons à avoir un succès important là où vous vivez et travaillez, cette année et dans les années à venir.

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Front Lines

May/June 2017
On behalf of the ONA Board of Directors, we wish you a very happy Nursing Week 2017!

This year, Nursing Week runs from Monday, May 8 to Sunday, May 14, under the simple, but effective theme, We are Ontario’s nurses. Nurses know, which builds on our provincial advertising campaign message (see Nursing Week poster on the back of this issue).

As a small token of our appreciation for all that you do for the patients/clients/residents of this province, we are enclosing a special Nursing Week gift with this issue of Front Lines: a handy badge reel, which we hope you will use with pride as a reminder that your union is always with you.

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

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

An inspiring Nursing Week video message from ONA President Linda Haslam-Stroud is also now available on ONA’s YouTube channel at www.youtube.com/OntarioNurses.

How did You Celebrate Nursing Week?
Send Us Your Stories and Photos!

First celebrate Nursing Week 2017 and then consider telling us about it! ONA is looking for your Nursing Week photos to post on our website and for our Nursing Week coverage in the next issue of Front Lines. Your stories may also be featured in an upcoming issue.

Please send your submissions to cgrintake@ona.org.

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Putting Pain to Paper

An ONA member who was disheartened by changes made at her place of employment has dealt with her frustrations in a very creative way.

Janet Probst, a family practice nurse, composed the poem, “RN overload” after learning her employer is actively deleting RN positions.

“I wrote the poem over several weeks, starting with the first part when I was upset one day at work,” she said.

Members at her clinic are preparing for an Independent Assessment Committee hearing, the final step in the process to resolve serious workload complaints, with the assistance of ONA staff.

“That is where the poem came from,” added Probst. “I dedicate it to all of them for their hard work and the support they have given not just us, but ultimately our patients. It has been very good for me to turn a bad situation into something positive and creative.”

RN overload

One day, you will need me.
Someone to care.
Patient load too heavy
To bear –
Will I be there?

Budget cuts.
Good for care?
A cheaper way?
I sit and stare.
Will I be there?

You go first, they say –
So unfair!
Heart is broken, for you
Forgot how to repair.
Will I be there?

I speak up and out, for you.
I dare –
Courage, tenacity, passion
So rare –
I enter the lion’s lair.
Will I be there?

My voice not heard, for you.
I cry out in despair!
What was and could have been,
No longer there?
Could it be the end of quality care?

I stand with others now,
More than one pair.
Workload forms filled out, for you.
Documentation – nothing to spare.
A stronger voice for RN care.
We will be there.

Union speaks up and out, for you.
They dare.
Courage, tenacity, passion.
So rare.
Together, we enter the lion’s lair.
We will be there.

Giving time and effort – allowing nurses
to do what we do best – care!
Heart is stronger,
Starting to repair.
No longer despair.
We will be there!
Local Leader Continues to Fight for Members

If you think a life-threatening illness is going to keep one of ONA’s longest standing Local leaders from doing what he does best – serving his members – you don’t know Micheal Howell.

After suffering severe back pain and issues with his diabetes last year, Howell, Local 68 Coordinator since 2003 and Humber River Hospital Bargaining Unit President, received a shocking and devastating diagnosis just before Labour Day: a large inoperable tumour on his pancreas.

Two Weeks
When pressed, one of the top surgeons in North America could only guarantee him two weeks. His oncologist gave him two choices: go home to live out the rest of his days or take up the fight for his life. For Howell, there was no option.

“My wife Carla, who is also a nurse, and I spend time in Italy and finally got to the point in our lives when things were coming together for our retirement,” he said. “It was like someone shattered it all with a hammer.

After receiving the news, we went away for the weekend and spent some time trying to digest what had just been delivered to us. By the end of the first day, it was Carla who said, ‘OK, what are we doing?’ She doesn’t believe in sitting around feeling sorry for yourself and neither do I. By the time we left, we had a plan.”

That attitude would serve him well. Within three weeks, Howell, who agreed to take part in clinical studies, which he felt “moved things along quicker,” underwent a biopsy, the insertion of a portacath to protect his veins, and his first round of the strongest possible dose of chemotherapy.

While Howell, who has three daughters and three grandchildren, reluctantly took time off from the daily demands of a Local leader last September to focus on his “grueling” treatments and “to deal with the psychological demons of fighting a life-threatening disease,” his very capable executive and Labour Relations Officer “kept things on track and kept me abreast of everything.” He also made sure his employer knew he was serving as a watchdog in the background.

Keen to keep his mind preoccupied, Howell also ran for another two-year term as Local Coordinator and Bargaining Unit President in the fall elections, and was acclaimed.

Good News
After the sixth dose of chemotherapy, Howell, who made the trek from his home in Barrie to downtown Toronto’s Princess Margaret Hospital for treatments, received some good news right before the holidays. His latest CT scan showed that not only had his tumour stopped growing, it was shrinking. His doctors were elated and he physically felt better. The crushing pain from the tumour had completely disappeared, he gained back all his weight, regrew his hair and was able to walk without a cane. That’s when he jokes he told his doctor that he was going back to work full-time, and it was “non-negotiable.

“To be honest I was surprised I was still alive at that point,” he said. “I had been setting small goals: making it to my grandson’s birthday, Thanksgiving and Christmas and...
While Fighting for His Own Life

so on. I was scared my career was over and I wouldn’t be there to support the members, who are very important to me. Work plays a huge part in my life. It’s also part of my healing because the union is my family. It gives me strength and when I stopped doing that work, it was like someone cut a piece out of me. There was a huge void.”

Howell returned full-time in January to a warm reception from not only ONA members and staff, but managers, noting, “the employer has supported my return and needs while at the workplace. The week of treatments, I do a fair bit of teleconferencing and arrange meetings around my care.”

A Warrior
ONA has had a number of labour relations and professional practice challenges at Humber over the years – we called three Independent Assessment Committee hearings for the emergency department, endoscopy and the hemodialysis unit – but Howell said that these challenges actually prepared him for his greatest personal battle.

“Howber and I have fought respectfully, which made me a warrior, and ONA gave me the skills and tools to use. It taught me how to channel all that energy in the right direction. Even though I don’t know what tomorrow will bring, I want to ensure that those who come into the ONA Bargaining Unit to fight for our members enter a place with a good solid foundation and have the respect of the employer because we have been nothing but professional with them.”

Understandably, Howell has days when he gets a little short of breath and tired at work, but he can do a good day’s work, noting, “I just continue to adjust.

“Three simple words are important to me: improvise, adapt and overcome. You improvise to the situation you have, adapt to the resources at hand, and overcome the task. That has got me where I am today.”

While Howell is realistic about his illness, he has chosen to focus on the positive instead of the negative, and does not listen to statistics. If he continues to respond well to treatment, he is hopeful he may be a candidate for new innovative procedures, which have saved the lives of some pancreatic cancer patients.

“I watch the news and see how children and good people are dying all over the world, and I’m no more special,” he concluded. “If my time is going to come, it’s going to come. I just want to do the best with what I have left. If I overcome this disease, bonus. I can take what I’ve learned to my family and colleagues. And if I don’t, at least they saw me fighting because that’s what I’m all about. There were so many times when I thought, I just can’t do this, but then I looked at my family and my ONA family and that kept me going. I’ve still got things to offer them and a lot more to do in life.”

First Four CCACs Ratify Contract

In the last issue of Front Lines, we told you that the first two of our eight community care access centres had begun bargaining with their employers and had voted overwhelmingly in favour of a strike.

We are pleased to report that both of those CCACs – North East and South West – have now ratified a negotiated settlement, which, as was our goal from the get-go, shows these members the respect they so richly deserve for the value they bring to our health-care system. Since that time, the South East CCAC and the Waterloo Wellington CCAC also settled a contract.

“These dedicated, highly skilled, highly educated nurses and allied health professionals are vital to the communities they serve, and are elated they won’t be forced to withdraw their services,” said ONA First Vice-President Vicki McKenna. “They came to the bargaining table in a show of solidarity and refused to give up. I couldn’t be more proud.”

Attention all Hospital Members!

The next round of bargaining in the hospital sector is fast approaching, but first we need a new Hospital Central Negotiating Team.

If you are interested in being part of this dynamic group, log onto our website at www.ona.org for nomination forms and details (available May 15). **The call for nominations is open from May 15 to June 12, 2017.** Ticket of nominations will be sent out on July 10 and the voting deadline is August 10. Results will be communicated on August 11.

To prepare for bargaining, the new team will be orientated from November 6-10.
Defending Our Hours and Positions: One Local’s Story

When Haldimand-Norfolk Health Unit Bargaining Unit President Melanie Holjak learned that the only nurse practitioner (NP) was being let go, she knew there was only one choice: to get loud!

“We had been meeting with my employer for years discussing unmanageable workloads on two nursing teams,” she said. “The NP has been a strong advocate for her patients and for improving services. I was horrified that the employer, knowing that the need for this service was so great, decided it was in the ‘best interests of the community’ to cut all prenatal/postnatal services to priority populations who rely on the NP for primary medical care. The most affected members of the community are also the most vulnerable with the fewest resources to speak out against the cut themselves.”

The “Greatest Union”

Campaign Launch
On the very day she learned of the layoff – even before the NP knew herself – Holjak sprung into action, contacting ONA’s Communications and Government Relations Team (CGRT) to ask for help developing a Local campaign that would inform the public about the loss of this nursing service and the serious ramifications once the layoff was public. CGRT developed a powerful media release, an eye-catching leaflet, added a Local campaign link to the ONA website (www.ona.org/hnhu) and assisted with a letter to the editor. Holjak’s very supportive Labour Relations Officer also wrote to the Board of Health advocating for the continuation of NP services.

“It was important for the decision-makers to be held accountable for this cut and so the ‘ask’ we added to the leaflet and the website was for the community to contact their local Council members who make up the governing Board of Health and the local MPP,” Holjak said.

Buy-in from Members, Media and the Public
Getting buy-in from her members, who were forced to strike for 12 days in 2012, was very easy.

“My members are strong advocates for the best patient care possible and have seen positions lost through attrition and the gapping of positions for months, which left nursing teams short-staffed. They became angry: Angry that further cuts to the NP hours would leave patients without primary care services, angry that the loss of another nurse would increase the workload for others, angry that management teams continue to grow and their wages increase, and angry that a friend and respected colleague was now without a job. These frustrations built up and they were more than willing to take action.”

That action included leafletting in the two largest towns they service, submitting additional letters to the editor, conducting radio and other media interviews, and staging both an information picket and rally, attended by fellow unions, community and nursing groups.

The “Greatest Union”

“We increased community awareness and the public became angry as well,” Holjak said. “When we held our first information picket, the honks of support were overwhelming and the ‘thumbs up’ from members of the community reinforced what we already knew: The public was in support of our campaign and more nurses – not fewer. Media coverage has also been very sympathetic.”

While it is important to continue conversations and engagement with the community, Holjak concedes the most difficult part is accepting the campaign may not be successful.
Defending Our Hours and Positions: One Local’s Story

Donna Dillon (far right), ONA site rep at The Ottawa Hospital, discusses nurses’ concerns with (from left) Hon. Carolyn Bennett, MP for Toronto-St. Paul’s and Minister of Indigenous and Northern Affairs, Carl Gannon, President of the Union of Veterans’ Affairs Employees and Hon. Kyle Peterson, MP for Newmarket-Aurora, during the Canadian Health Coalition’s Lobby Day on Parliament Hill on January 31. During the event, timed to occur during National Medicare Week, approximately 125 advocates and more than 100 MPs got together to call for the creation of a national Pharmacare plan. Our current system leaves one in 10 Canadians unable to fill their prescription because the cost is prohibitive, resulting in a patchwork system of coverage where medicine accessibility and affordability varies across the country. “We need to work together, the federal government with the provinces, to build a Canadian universal health-care system,” said Dillon. “This must include equal access to a prescription drug plan.”

How to Get Loud!

Haldimand-Norfolk Health Unit Bargaining Unit President Melanie Holjak provides the following tips for advocating for our members, patients and health-care system:

- Speak to your Labour Relations Officer (LRO) about contacting ONA’s Communications and Government Relations Team (CGRT) to discuss issues/concerns at your Bargaining Unit. Also connect with ONA President Linda Haslam-Stroud, First Vice-President Vicki McKenna and your Regional Vice-President.
- Develop a leaflet or signs to raise public awareness. CGRT can help! Consider how you will distribute them and recruit members to assist. Ask each of those members to find one person to help as well.
- Contact your Local Coordinator and Regional Vice-President to help you plan for an information rally/picket.
- Use the media to share your messages widely. If you are not comfortable speaking to the media, ask your Local Coordinator and Regional Vice-President for assistance. CGRT can prepare media releases.
- Ask CGRT to develop a Local email campaign on the ONA website, which can be shared on social media sites, including Facebook and Twitter.
- Write letters to the editor of local newspapers. If you are concerned about reprisal, ask your LRO or an ONA representative to submit the letter under her/his name. CGRT can help with the writing.
- Keep finding new ways to bring the issues to the attention of the public and decision-makers. Visit your MPP to share your concerns from a patient care perspective. Ask members to keep a sign in their car and display on their windshield when parked in the community.
- Share your experiences and photos with CGRT (cgrintake@ona.org).

TO LEND YOUR SUPPORT, LOG ONTO www.ona.org/hnhu

in having the layoff rescinded. Still, she pointed to other successes from the members’ efforts, including that the community is more aware of the work nurses do, and that their employer knows it will never be “easy” to lay off a nurse at their Bargaining Unit.

“We need to fiercely defend every hour of nursing work and every position as if it was our own,” concluded Holjak. “There comes a time when we all must stand up, get loud, and say enough is enough! We must not be complacent. We have a professional responsibility to advocate for our patients and those who are unable to advocate for themselves. I ask all my union brothers and sisters to continue the fight, knowing you will be supported by the greatest union to ever organize!”
ONA members from the Region of Waterloo Public Health Unit, who had been working without a contract since June 30, 2016, were not about to roll over when renewed talks ended on February 28 after their employer tabled unacceptable concessions and refused to listen to their proposals. Instead they got loud! The 131 members – public health nurses, RNs, RPNs, NPs and nurse specialist RNs, who serve 575,000 residents of the Region of Waterloo – launched a campaign to alert the public about the benefits of their services, which include promoting healthy living strategies and delivering programs in schools, workplaces and the community, and lobby their employer and regional councillors for a collective agreement that values and respects their integral role. The members held three information pickets in March – two outside of their employer (main photo) and one outside regional headquarters (inset photo). Fellow ONA members offered support by sending a template letter demanding fairness for these public health nurses to the commissioner/medical officer of health, regional chair and councillors through the ONA website. It paid off, as when Front Lines went to press, a settlement had been reached.

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

Carrying a massive ONA banner and signs reading, “Nurses rights are women’s rights” and “Stop violence against nurses,” Local leaders, members and staff enthusiastically participated in Toronto’s IWD rally, parade and fair on March 11.

“Now more than ever we need to champion women’s rights,” said ONA First Vice-President Vicki McKenna. “With all of the rhetoric we are hearing as a result of the U.S. election and events around the world, we need to step up and get loud for women’s equality.”

This year’s international IWD theme of Be Bold for Change is a call to step up and make this a more gender inclusive world for everyone. While worldwide, women continue to contribute to social, economic, cultural and political achievements, progress towards gender parity has slowed. In fact, the World Economic Forum predicted the gender gap wouldn’t close entirely until 2186. For more information on IWD, log onto www.ona.org/news-posts/iwd-2017/ and www.internationalwomensday.com.
The Joint Sector Meeting, held from March 21-22 in Toronto (see cover story), was filled with many special moments. Here are just a few.

Scenes from the Sector Meeting!
When it comes to reaching our members right where you work, there’s nothing that stands in our way! To attend the February ratification vote for a new contract for our members who work for the Weeneebayko Area Health Authority (WAHA), we took the road less travelled – the James Bay Winter Road, an ice road that runs along the James Bay Coast from Moosonee to Attawapiskat. WAHA encompasses the Attawapiskat Hospital, Fort Albany Hospital, Moosonee Health Centre and Weeneebayko General Hospital in Moose Factory. Areas north of Moosonee are accessible only by plane in the summer months, so the ice road is considered a real boon to local residents.

ONA Helps Stephen Lewis Foundation Continue Important Work

ONA President Linda Haslam-Stroud (left) presents a cheque for more than $7,000 to Stephen Lewis Foundation (SLF) Executive Director Illana Landsberg-Lewis during the December 2016 ONA Board of Directors meeting at our provincial office in Toronto. The money was raised by member and staff participation in a raffle for several prizes donated by ONA Locals at our Biennial Convention last November. A few weeks later, ONA announced that we are teaming up with the Canadian Federation of Nurses Union and our provincial nursing union counterparts to support the work of SLF with a commitment of $135,000 in each of three years for two projects with a particular focus on health care and health human resources: The Panzi Hospital Mobile Outreach Clinic and Blood Bank in the Democratic Republic of Congo and the Swaziland Nurses Association’s mobile clinic. ONA is a long-time supporter of the SLF, which 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.
Oh, the Places You Can Go (online):
Website Bits and Bytes

So, let’s cut to the chase: The flood of information you receive each day in your email and online could be described as a sticky mess of information overload.

With the redesign of the ona.org website, we’ve tried to cut down on the “noise” and give you what you’re seeking immediately. Here’s what’s trending and what’s new on ona.org:

• **Your Local Collective Agreement.** Found at www.ona.org/ca, a lot of hospital Local agreements have been ratified with a new expiry date of March 2018. With a Nursing Home template agreement expiring in June 2019, several Local agreements have been updated to reflect this. Find your Local agreement at www.ona.org/ca.

• **ONA Local Websites.** More than half of ONA Locals have their own websites, which provide tailored, specific information for Local members. Keep up-to-date on Local meetings, community events and find out how you can contact your Local reps. Visit www.ona.org/about-ona/local-websites/ to see a list of Local websites and visit yours today!

• **Know Your Contract.** There are many articles in our collective agreements – hard-fought wins – that may not be well-known to you. We have summarized these articles in plain language so you know your rights under your collective agreement. Visit www.ona.org/your-contracts-rights/know-your-contract/ to see the posters that highlight these articles.

We are always looking for new ideas for the ONA website. Please email Communications Officer Katherine Russo at katheriner@ona.org with your suggestions.
Ontario announced funding to support faster access to mental health and addictions services across the province, including more access to therapy to assist people living with conditions such as anxiety and depression; nine hubs where young people aged 12 to 25 can receive walk-in, one-stop access to mental health and addictions services; and up to 1,150 additional supportive housing units across Ontario for people living with mental illness and addictions. Ontario is providing $140 million in funding over three years to support these initiatives, which will be followed by funding of $50 million annually.

Dr. Tim Rutledge has been appointed as an investigator for the Brant Community Healthcare System (BCHS) to review the hospital’s operations and examine and review issues concerning the management and governance of BCHS. Dr. Rutledge has been President and CEO of North York General Hospital since 2010. During his tenure as an investigator, all operations and patient services will continue. Brantford General Hospital and The Willett Hospital in Paris became partners under one corporation in 1991, known as BCHS. Dr. Rutledge will carry out his work over the next several months and will submit a final report to the Health Minister.

The province is expanding clinics for people living with rare diseases. The Health Minister announced the opening of a new Ehlers-Danlos Syndrome (EDS) clinic at the Toronto General Hospital site and the expansion of inherited metabolic disorders and red blood cell disorders clinics. Initial funding of $991,000 will support the start-up and operation of the EDS clinic and funding of $622,500 will expand the University Health Network’s inherited metabolic disorders and red blood cell disorders clinics.

Two new beds are being funded at the Residential Hospice of Grey Bruce to help up to 34 additional patients and their families receive local high quality palliative and end-of-life care services each year. The province is contributing $210,000 to support the new beds, which brings its annual investment in the hospice to $840,000. Ontario is investing an additional $75 million in hospice and palliative care over the next three years to support 20 additional hospices across the province. This additional spending is on top of the $80 million already invested in hospice and palliative care, bringing the total to $155 million from April 2016 to April 2019.

Ontario is providing funding of up to $8.75 million to redevelop the emergency department at Carleton Place and District Memorial Hospital. The hospital will contribute the remaining $1.24 million, for a total cost estimated at $9.99 million.
CFNU Denounces Billions Wasted by Lack of Pharmacare

Canada is wasting more than $20 million per day because we are the only country with universal public health care that lacks a national Pharmacare program, the Canadian Federation of Nurses Unions’ (CFNU) annual parliamentary breakfast has heard.

During the breakfast – held on February 7 for senators, MPs and health-care stakeholders from across Canada and attended by ONA provincial and Local leaders – the CFNU presented research from its latest report, Down the Drain: How Canada has Wasted $62 Billion Health Care Dollars without Pharmacare, where noted economist Hugh Mackenzie calculates the extent of the inefficiency from 2006 to 2015, estimating $62.3 billion in wasted retail prescription drug spending.

“We believe that the very substantial waste numbers outlined in this paper and presented to parliamentarians at this breakfast represents real resources which could assist with the increasing cost of acute care, support our aging population with more home care and community care, add more front-line workers, free resources for mental health, and contribute to a needed focus on Indigenous health – all of which mean better overall health-care outcomes for patients,” said CFNU President Linda Silas.

To read the full summary of the parliamentary breakfast, along with a link to the Down the Drain report, see www.ona.org/about-ona/ona-supports-allies-and-labour-partners/.

Nurses Show Their Heart

ONA President Linda Haslam-Stroud has joined with leaders of the Canadian Federation of Nurses Unions (CFNU) and other provincial nursing unions to sign a special valentine for Have a Heart Day on February 7 in support of First Nations children across Canada.

This child- and youth-led campaign, put on by the First Nations Child and Family Caring Society of Canada, brings together compassionate Canadians to help ensure First Nations children have the services they need to grow up safely at home, receive a good education, and be healthy and proud of who they are. The campaign asks supporters to send a valentine or template letter to the Prime Minister or their MPs.

Pictured are (left to right): Nova Scotia Nurses’ Union President Janet Hazelton, United Nurses of Alberta (UNA) First Vice-President Jane Sustrik, UNA President Heather Smith, Prince Edward Island Nurses’ Union President Mona O’Shea, CFNU President Linda Silas, CFNU Secretary-Treasurer Pauline Worsfold, Saskatchewan Union of Nurses President Tracy Zambory, Ashley Ahuja from the Canadian Nursing Students’ Association, Haslam-Stroud, Manitoba Nurses Union President Sandi Mowat, New Brunswick Nurses Union President Paula Doucet. For more about the Have a Heart campaign, see www.fncairingsociety.com/have-a-heart.
Workplace Violence Never-ending: Members Kicked, Punched, Scratched

The cold, hard truth is that health-care workers are 68 more times likely to experience workplace violence than those who work in construction.

ONA has received countless heart-wrenching stories from our members about their personal experiences with violence in the workplace. And, although we are working with government stakeholders and some employers on workplace violence prevention strategies, there’s much work to do.

We highlight some of our members’ tragic workplace stories below.

Nurse punched in the nose; finishes shift with an ice pack
“Two nurses, a security guard and I went to give a patient her medicine. She refused to take the oral medication and we all went to leave her room. The patient jumped up and punched me in the nose. The patient then clawed at my colleague’s arm and drew blood and kicked us all repeatedly. Additional security arrived and assisted us. My nose was not broken, but I finished my shift with an ice pack applied to my nose for the rest of the night.”

RN beaten; colleague tries to help
“The police had brought a man to the emergency department. The police put him in a private room and, as soon as the police left, the man wandered out of his room into the area where my colleague and I were working. We both asked him to return to his room.

The man ran at me with a clenched fist. I was punched and kicked many times in the head and neck. My colleague tried to help and we all ended up on the floor. The man had a tight grip on my hair and, once on the ground, he continued to kneel on me, head, chest and legs. When security arrived, I was finally able to break free.

I received a concussion and multiple bruises and contusions all over my body, and I am still finding new ones. I am thankful for the quick-thinking and bravery of my colleague. Had it not been for her, my injuries would have been much worse.”

To read more workplace violence stories, visit http://violence.ona.org.

If you have experienced workplace violence or harassment, tell us at http://violence.ona.org

PENSIONS

Your Future in Good Hands: HOOPP Remains Fully Funded

The Healthcare of Ontario Pension Plan (HOOPP), the pension plan for the majority of our members, has announced that its funded position was 122 per cent at the end of 2016. That means for every dollar of current or future pensions that HOOPP owes to its members, there is $1.22 on hand.

“We consider the true measure of our success to be our funded status as this demonstrates our ability to meet our current and future pension obligations,” HOOPP President and CEO Jim Keohane stated at a media conference to announce the pension plan’s annual results on March 9. “The important value of a defined benefit pension plan is certainly for our members, knowing they won’t outlive their retirement income.” In fact, he noted that the oldest HOOPP recipient is 106 years!

Keohane announced that the rate of return on HOOPP’s investments was 10.35 per cent in 2016, with net assets growing to a record $70.4 billion, up from $63.9 billion in 2015. The plan’s 10-year annualized return stands at 9.08 per cent and the 20-year return is 9.12 per cent.
ONA Lobbies CNO over “Negative Label” Posted on Website

ONA has written to the College of Nurses of Ontario (CNO) to express our concerns about a new requirement under proposed changes to regulations and by-laws to enable nurse practitioners (NPs) in Ontario to prescribe controlled substances.

ONA approves of the proposed amendment to extend to NPs the authority to prescribe controlled substances, provided they have successfully completed education approved by the CNO Council, as it will improve access to health care for thousands of patients. We also understand and support the requirement for Council-approved education, provided it is affordable and accessible to NPs across the province.

However, ONA strongly opposes the proposal that an NP who has not completed the required education will have a notation on the CNO’s public registry, Find a Nurse, stating that the member is “entitled to practice with restrictions” because she/he has not met the educational requirement.

“ONA acknowledges it is important for members of the public to be able to see whether an NP has the authority to prescribe controlled substances, however it is not a mandatory part of an NP’s scope of practice,” the letter from ONA President Linda Haslam-Stroud states (www.ona.org/np). “An NP can choose not to engage in this activity for any number of reasons and should be able to make that decision without attracting a negative label…and should not be punished or stigmatized.”

ONA instead proposes that the “Results” page on Find a Nurse, which currently lists the headings “name,” “facility,” “city,” “type” and “practice information,” includes another one: “authority to prescribe controlled substances.” Under this heading, the CNO could clearly indicate if an NP has met the educational requirements and has the authority to prescribe controlled substances.

RNPs may soon have similar difficulties regarding what the CNO posts about their scope of practice. Minister of Health and Long-Term Care Eric Hoskins stated the Ministry will amend the Nursing Act and regulations this spring to authorize RNPs to prescribe medications and communicate a diagnosis. We assume RNPs will require additional education to expand their scope of practice in this manner. For RNPs who delay completing this additional education, ONA anticipates the CNO will again want to post that these nurses have “restrictions” on their licence. ONA has alerted the Ministry that we are opposed to posting these “restrictions,” just as we are opposed to posting the same for NPs who choose not to prescribe narcotics.

And an NP Member Offers her Thanks…

I am writing to thank (ONA President Linda Haslam-Stroud) for your advocacy on behalf of nurse practitioners in Ontario.

I recently read your letter to the College of Nurses of Ontario (CNO) regarding the CNO applying “restricted practice” to NPs on the public registry to those who have not taken a course for prescribing narcotic and controlled substances. I know that my NP colleagues agree wholeheartedly with the points in your letter.

I also want you to know that we are appreciative of the support and advances that NPs have made as a result of our involvement with ONA. At my place of employment, we have managed to achieve several improvements that would not have been possible without the support and the power of ONA.

I am continually giving voice to the value of NPs being affiliated with ONA.

Thanks again for all of your work on our behalf.

Sincerely,

Liz Hales, NP

“As a result of the stable funding position, contribution rates made by HOOPP members, including ONA members, and their employers have remained at the same level since 2004, and the HOOPP Board of Trustees has committed to maintaining these rates until 2018,” noted ONA President Linda Haslam-Stroud, who is a Board trustee. “These rates of return are impressive and proof that your future is in good hands!”

For more information on HOOPP’s financial results, view its 2016 Annual Report on hoopp.com.
Student Scholarship Winners Commend ONA

In our continuing series on the successful recipients of the 2016 ONA Nursing Student Scholarship, Front Lines features the essays of Matthew Lozano, son of Cynthia Lozano from Local 3 (Central East Community Care Access Centre) and Simona Rekem, daughter of Ditta Rekem from Local 68 (Villa Colombo), on “The Importance of the Ontario Nurses’ Association for Nurses.”

“I will be represented well with ONA as my union”

The importance of ONA for nurses cannot be over emphasized.

Both of my parents are RNs, and my mom has been with ONA since her graduation from nursing school and her first job in a hospital. My parents have been employed for over 15 years in their respective jobs, with my mom at the Central East CCAC and my dad with Telehealth Ontario. I am privileged to have grown up in a household of hard working parents who are nurses.

I have heard of the importance of a strong union to be able to advocate and fight for good and safe working conditions, and to be able to negotiate a worthy salary for a profession that has its associated risks.

I witnessed my mom during a difficult strike and the big difference ONA made in bargaining a collective agreement for their members. With many challenges to occur with the closure of CCACs, I will be able to see once again the instrumental role ONA will play as this unfolds.

More importantly, ONA is crucial to having different strategies to increase awareness to the public at large about the importance of the nursing profession with RNs that have skills, education, knowledge and experience to look after sick and vulnerable patients. As well, it is also important for ONA to have a voice with the policy makers in ensuring that nursing positions are respected, valued and maintained because of the positive impact they make on patient care.

As a male student nurse, I know I will meet many challenges and obstacles in my nursing profession. I am, however, fortunate that I will be represented well with ONA as my union to provide safe quality patient care once I complete my RN certificate.

—Matthew Lozano

“I already feel like I am part of the nursing family”

Ever since I was in the fifth grade, I wanted to be a nurse.

My mom is an RN and she is the one that initially inspired me to pursue a career in nursing. I was accepted to the Bachelor of Nursing program at Humber College and could not be happier. I received my acceptance letter during Nursing Week. What a coincidence!

We are Ontario’s Nurses. Nurses know. This is the ONA theme for Nursing Week. Nursing Week is a celebration of all nurses and the nursing profession, to appreciate what nurses do and to inform people that they are valuable members in health care. The purpose is for the public to hear about nurses and to be aware of the hard work nurses put into their jobs every day. ONA encourages members to participate in celebrating Nursing Week and to be proud of their profession.

ONA is the voice for nurses, and it plays an important role in job security, human rights and equity, negotiating wages, benefits, health and safety, and working conditions for their members. ONA is a strong organization and it is important for nurses, especially now with government funding cuts that have a severe impact on nursing positions. ONA keeps promoting and advertising the need for nurses on the radio and TV, in newspapers and other media.

Fulfilling my career goal to be an RN (started in) September and I have lots of studying ahead. I know ONA supports nurses and I already feel like I am part of the nursing family.

—Simona Rekem

Deadline for 2017 Nursing Scholarships Approaching

Do you have an immediate family member in an accredited nursing program who could benefit from a scholarship in the amount of $1,000 to help cover the cost of her/his education? If so, visit www.ona.org/bursaries for information, including eligibility criteria, and application forms for the ONA Scholarship Fund (up to 10 available) and the Canadian Federation of Nurses Unions Scholarship (one available for ONA). The deadline is July 1.
ONAs HRE Team: “We all Benefit from Ensuring Those around Us are Treated Fairly”

Chances are you’ve heard of ONA’s Provincial Human Rights and Equity Team, but do you know exactly what they do for you?

The member-driven team is designed to advance equality and human rights for our membership through raising awareness and member engagement. It meets regularly to discuss issues of equity and human rights, receive education on human rights developments, and plan ONA’s human rights and equity teleconnects and our annual Human Rights and Equity Caucus in November.

The team is comprised of five ONA members, who rotate every two years, representing the following designated equity groups: members of Aboriginal descent; members with disabilities; francophone members; lesbian, gay, bisexual, transgender (LGBT) members; and racialized members. Chaired by Region 1 Vice-President Pam Mancuso, who holds the human rights and equity portfolio, the team is also assisted by new Project Manager Sheila Riddell, whom it is proud to welcome, and other ONA staff.

New Project Manager

Prior to joining ONA in 2015 to manage our Legal Expense Assistance Plan (LEAP) Team, Riddell worked for 13 years in private practice as a union-side labour lawyer.

During that time, she gained extensive experience pursuing grievances related to discrimination and harassment. Her cases included representing disabled workers seeking accommodation in the workplace, racialized workers unfairly excluded from job opportunities, and LGBT workers who experienced bullying and harassment on the job. Riddell’s legal background also included writing clear language guides about workers’ rights for low income, ESL (English as a Second Language) communities.

“I am thrilled to be taking on the role of project manager for the Human Rights and Equity Team,” said Riddell, who added that since joining ONA, “I have been particularly proud of the LEAP Team’s role in advocating fiercely at the College of Nurses of Ontario to ensure nurses suffering from addictions are treated with dignity and respect and that their personal health information is not broadcast on the College’s website.” (See November 2016 issue of Front Lines, pg. 14.)

Riddell has taken a strong interest in human rights issues since her student days, believing that, “whether or not you belong to one of the equity groups enumerated in the Human Rights Code, we all benefit from ensuring those around us are treated with equal opportunity, respect and fairness.”

With Riddell’s arrival, the team also bids a fond farewell to Kapil Uppal, East District Service Team Manager, who served as project manager for many years, and thanks him for his dedication.

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

Famous Friends!

New Human Rights and Equity Team Project Manager Sheila Riddell (far right) joined millions of participants around the world, including thousands in Toronto, for the international Women’s March on January 21. The marches, held the day after Donald Trump was inaugurated as U.S. president, advocated for legislation and policies regarding human rights and other critical issues, including women’s rights and immigration reform. “I felt it was important to get together with others and take a stand against the shocking events surrounding the U.S. election,” said Riddell, who had a pleasant surprise during the march. After wandering away from the main crowd at Queen’s Park, Riddell spotted renowned Canadian author Margaret Atwood (left) and former Governor General Adrienne Clarkson (middle) strolling arm and arm! While unsure if she should approach, Riddell didn’t get the chance, as Atwood immediately told her she liked her sign! Not one to miss such a fortuitous opportunity, Riddell asked if her husband could take their photo together, which they happily obliged. Turns out he wasn’t the only one snapping, as both Atwood and Clarkson tweeted out the same picture! “That was an exciting moment,” said Riddell. “I was stunned!”

Show Your Pride this Summer!

Pride events will be taking place across Ontario this summer. Be sure and check www.ona.org/pride in the weeks to come to find out about a Pride event near you.
Rights

Nurse terminated after employer alleges three shifts were missed without notification is reinstated

Hospital

(Arbitrator Harris, February 24, 2017)

ONA has won an important arbitration reinstating a nurse whose employment was terminated pursuant to the “deemed termination” provisions of the collective agreement, which provides that if a nurse is absent from scheduled work for three or more consecutive shifts without notifying the hospital and providing a satisfactory reason, the hospital is entitled to terminate her employment.

In this case, the grievor was on an approved sick leave. Her treating physician had initially estimated that she would be off work until at least January 31, 2016. On January 31, 2016, the grievor was hospitalized as she was undergoing surgery.

She provided an updated medical certificate on February 4, 2016, but by then the employer had terminated her employment, arguing that she had failed to provide any explanation for her failure to return to work on January 31, 2016 in advance of that date.

The arbitrator agreed with ONA’s argument that the employer violated the collective agreement in terminating the grievor’s employment. He concluded that the grievor was not scheduled to work on January 31, 2016 and had not missed three scheduled shifts.

In coming to this conclusion, the arbitrator relied on the fact that the employer had not held a return to work meeting with the grievor to determine whether any modifications or graduated return to work was required.

He also found that the employer was aware that the grievor was on sick leave and that it should have contacted her, giving her the opportunity to explain. Finally, he found that she had a satisfactory reason for her absence.

The arbitrator reinstated the grievor to her employment with full compensation.

Importance to ONA: This decision confirms that the circumstances in which an employer can rely upon the “deemed termination” clause to terminate the employment of an ONA member will be narrowly construed.

WSIB

ONA successfully argues for member under WSIB’s new Recurrence Policy

Hospital

(February 16, 2017)

In March 2011, a full-time RN tripped on a cord at work, hit the wall with her shoulder and landed on her knee. She suffered a fracture of the shoulder as a result.

She was off work for two days, then returned in a modified capacity, wearing an immobilizing brace. She was cleared to return to regular duties approximately two months later when an X-ray showed the fracture had healed completely.

In July 2011, while hanging clothes at home, she experienced another onset of shoulder pain described as a “popping” sensation. She saw her orthopedic surgeon who suspected she had developed supraspinatus and tendinosis as a result of the initial fracture. She continued to have shoulder pain and limitation and underwent an MRI in August, which confirmed the tendinosis diagnosis and also revealed subacromial impingement. In September 2011, the worker underwent surgery.

The WSIB denied ongoing entitlement on the grounds that she had a pre-existing degenerative condition (presumably the “post-traumatic” osteoarthritis identified by the MRI), which would have progressed on its own regardless of the work-related injury.

ONA appealed the decision and the case was heard by way of a hearing in writing in December 2016. We argued the WSIB did not properly consider the medical evidence – which we showed was overwhelmingly supportive of ongoing entitlement – or apply Board policy correctly.

The Appeals Resolution Officer (ARO) allowed the case under Recurrence Policy in which, if a significant deterioration “occurs when there is no new incident/exposure” or results from an “insignificant new incident/exposure (work-related or not), a recurrence is considered.” There must be “clinical compatibility” between the significant deterioration and the original injury.

In this case, ONA provided additional evidence and argument that supported the “clinical compatibility” of the initial injury in March, the insignificant incident at home in July, the ongoing shoulder symptoms with the findings of the MRI in August, and the necessity for surgery in September.


Importance to ONA: This decision is useful for dealing with the new Recurrence Policy, as it is short and to the point and illustrates what evidence we have to obtain in future similar cases.
LTD

ONA takes initiative to send member to independent assessment

Hospital

(January 5, 2017)

An ONA hospital member had been absent from work since July of 2013 due to tremors. She was approved for LTD in the own occupation period, but was then denied by the insurer, who suggested that the member could perform alternative occupations.

An initial appeal was filed challenging the occupations that the insurer listed as appropriate while reviewing the medical evidence that supported this position. This appeal was denied.

In response, ONA sent the member for an independent neuropsychological examination and the examiner found that the member had a major neurocognitive disorder and was totally disabled from any occupation. ONA submitted the results of this exam to the insurer as part of a second appeal.

The second appeal was successful, resulting in a retroactive payment of $77,968.50 and $4,405.00 monthly moving forward.

Importance to ONA: Although there was limited evidence on this member’s condition initially, ONA took the initiative to send the member to an independent assessment, which ultimately resulted in her benefits approvals.

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