Although the odds were stacked staggeringly against us, health professionals at Health Sciences North (HSN) in Sudbury have voted to join ONA over the Ontario Public Service Employees Union (OPSEU) in a Public Sector Labour Relations Transition Act (PSLRTA) vote.

Following a strong campaign by ONA, including numerous information sessions, visits by members of the Board of Directors, a dedicated website, phone banks, and email blasts, along with a plethora of material showing the superiority of our services, the final vote, held on May 15-17, was 370 for ONA and 358 for OPSEU.

It’s V for Victory and smiles all around for the ONA Team – Region 2 Vice-President Cathryn Hoy (standing, second from left) and CEO/CAO/Chief Negotiator Marie Kelly (kneeling, third from right), the Bargaining Unit team and staff – who helped make the seemingly insurmountable PSLRTA vote this past May for the health professionals at Health Science North swing in our favour.

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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**
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Labour Relations

**Laurie Brown, RN**
VP Region 4, VM #7753
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Chief Executive Officer / Chief Administrative Officer

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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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Membership Engaged
While 14 ballots remained in dispute, with no consensus on whether those voters should be in or out of the Bargaining Unit, the Ontario Labour Relations Board later determined that ONA was the union for health professionals, confirming our victory.

“More than 85 per cent of the HSN membership were engaged in the democratic voting process to choose their union,” said ONA President Linda Haslam-Stroud. “We’re honoured that the majority of ballots counted were in support of ONA.”

Professional Voice at the Table
ONA already represents 1,300 RNs at HSN, and last year, about 80 non-unionized health professionals approached our union about joining. The employer packed the list with other non-union workers to attempt to defeat us, but we won those workers as well, for a total of 180 new members. Subsequently, OPSEU challenged us through a PSRAT to try and sweep these members, which include technicians, physiotherapists and occupational therapists, into their Bargaining Unit.

“Last year some of us signed union cards and voted to join ONA because we wanted to have a professional voice at the table and be respected by our employer,” said physiotherapist Michelle Beaudry, who is the Bargaining Unit President of ONA’s health professionals at HSN (see story below). “As a united group, we can better advocate for high-quality patient care.”

ONA Services Cannot be Matched
What is particularly remarkable is that OPSEU had significantly more members than ONA heading into the vote, truly making it a David-and-Goliath battle. Through the hard work and dedication of our members at HSN, other Local leaders and members, the Board of Directors and staff — all of whom gave up personal time to work on this campaign — we were able to reach out to all voters.

“These health professionals clearly realized that the stellar services offered by ONA and the benefits of membership simply cannot be matched,” concluded Haslam-Stroud. “We are so pleased to welcome them into our union, and commit to working with all members.”

“A Complete Nail Biter:” Member Shares her Perspective of HSN Vote
Physiotherapist Michelle Beaudry, Bargaining Unit President of ONA’s health professionals at Health Sciences North (HSN), joined ONA last year and played a key role in the recent PSRAT campaign. Here, she shares her experiences on that campaign with Front Lines.

The campaign was a bit of a roller coaster ride for the entire ONA Team.

There were days when I felt we were definitely getting the word out about the many great services ONA provides to our members, the tough negotiator ONA is when it comes to hammering out contracts, and how effective ONA is at making sure employers follow those contracts.

Other days felt like a total uphill climb. We were repeatedly trying to correct misleading information, stop unfounded rumours, and ease the genuine fear that this vote created. Of course the grand finale — the vote count — was a complete nail biter.

The outcome of the vote was initially somewhat bittersweet. I was absolutely thrilled that we won, but disappointed that there was still some uncertainty around the disputed ballots. We were left waiting again, but now the ONA health professional group is anticipating being able to start negotiating our first contract.

For me, ONA was an obvious choice. Once the health professionals at HSN realized we needed support and fairness in our workplace, it didn’t take long to figure out that ONA is the absolute leader in health care. They are the best negotiators and have superior services available to their membership. As a united group, we can better advocate for high-quality patient care.

I personally have found my time with ONA over the past year to be a fantastic learning experience. Every single member and staff that I have had the pleasure to meet and spend time with have been very welcoming and helpful.

In hindsight, we should have sought out ONA years ago!
It’s Summertime. Whew! Lots to Do!

Happy summer, everyone! It’s a wonderful time of the year, and I hope you find time to enjoy your family, friends and the lovely warm weather.

As you will see from the cover story, ONA enters the summer months just off of a Public Sector Labour Relations Transition Act (PSLRTA) victory in Sudbury that has truly put the wind in our sails. While we received more votes than OPSEU, it took a few weeks for the Labour Board to determine ONA was the successful union. We were always confident of a positive outcome.

ONA has also just held a successful June Provincial Coordinators Meeting, including volunteering our time to improve the lives of those in several women’s and children’s shelters in the Niagara Region. As always, the work was very rewarding for those who participated.

In the coming months, your union will be back in bargaining again for our hospital sector members. The new Hospital Central Negotiating Team will be elected this summer – see the insert included in this issue of Front Lines – and will be ready to do their best to negotiate a new collective agreement on your behalf.

We relentlessly continue to lobby for more RNs, appropriate levels of health-care funding, and to include nurses under first responders’ post-traumatic stress disorder (PTSD) presumptive legislation.

I continue to be proud of the work our union is doing on behalf of each and every one of you.

Enjoy your summer!

Enfin l’été! Que de choses à faire!

Bonjour à tous! L’été est enfin arrivé, et j’espère que vous pourrez profiter du beau temps en famille et entre amis.

Comme vous le lirez dans l’article vedette, l’AIIO vient tout juste de remporter à Sudbury une victoire en vertu de la Loi sur les relations de travail liées à la transition dans le secteur public (PSLRTA) qui nous a véritablement mis le vent dans les voiles. Bien que nous ayons récolté plus de votes que le SEFPO, la Commission du travail a attendu quelques semaines avant d’annoncer que l’AIIO était la partie gagnante. Nous avons cependant toujours cru en notre victoire.

L’AIIO vient de tenir l’Assemblée des coordonnatrices provinciales de juin. Nous en avons profité pour faire du bénévolat afin d’améliorer la qualité de vie des pensionnaires de plusieurs refuges pour femmes et enfants de la région de Niagara. Comme toujours, les participants ont trouvé l’expérience très gratifiante.

Au cours des prochains mois, l’AIIO sera de retour à la table des négociations pour nos membres du secteur hospitalier. La nouvelle Équipe de négociation centrale du secteur hospitalier sera élue cet été (vous trouverez à ce sujet un encart dans le présent numéro de Front Lines) et mettra tout en œuvre pour négocier une nouvelle convention collective en votre nom.

Nous poursuivons sans relâche nos activités de lobbying en vue d’accroître le nombre d’IA, d’obtenir un financement adéquat des soins de santé et d’inclure les infirmiers et infirmières dans la nouvelle présomption législative d’état de stress post-traumatique (ÉSPT) des premiers répondants.

Je suis toujours fier du travail que mène notre syndicat au nom de chacun de ses membres. Nous RÉUSSIRONS à stopper la réduction du nombre d’IA qui nuit à l’accès aux soins. Nous RÉUSSIRONS à inclure les infirmiers et les infirmières dans la présomption législative d’ÉSPT. Nous RÉUSSIRONS, car nous sommes plus forts quand nous sommes unis, et que nous ne baissons JAMAIS les bras!

Bon été!
Latest RN Figures Heading in the Wrong Direction

When it comes to the number of RNs employed in our province, the situation has gone from bad to worse to even worse.

That's the only way I can describe the latest RN figures from the Canadian Institute for Health Information. They show that for the second year in a row, Ontario is at the very bottom of the country when it comes to the RN-to-population ratio. Last place!

But that's not the only part that troubles me. The statistics reveal the ratio was actually worse in 2016 than it was the year before, with just 703 RNs per 100,000 people, well below the average of 839 RNs per 100,000 people in Canada. By comparison, Newfoundland and Labrador employs 1,141 RNs per 100,000 residents. For Ontario just to reach the average of the rest of the country, it would now require adding 19,126 RNs, versus 17,920 in 2015 and 16,659 in 2014. This is clearly not the direction we want to be heading.

It is shameful that Ontario, the richest province in the country, continues to risk the care of our patients by not adequately staffing health-care facilities with RNs. In the face of overwhelming evidence of the benefits of RN staffing, there is simply no fathomable excuse for our province to be in this unenviable position.

The latest evidence comes from the Registered Nurses’ Association of Ontario (RNAO), which reviewed 70 years of health-care research to create the comprehensive 70 Years of RN Effectiveness database. Of the 626 research studies identified, more than 95 percent show RNs have a positive impact on a wide variety of health outcomes, including reduced mortality, increased quality of care, increased patient satisfaction, and cost savings.

It’s what ONA has been saying for years and must continue to get loud about! I urge you to demand your MPP pulls Ontario out of the bottom of the barrel and ensures appropriate RN care for the patients of this province. After all, no one knows better than you how invaluable that care is.

Plus récentes données sur les IA : des chiffres inquiétants

Le nombre d’IA dans la province a encore reculé pour atteindre des niveaux alarmants.

C’est ce que je retiens des plus récentes données publiées par l’Institut canadien d’information sur la santé (ICIS). Pour la deuxième année consécutive, l’Ontario arrive au tout dernier rang au pays en ce qui a trait au ratio d’IA par habitant. Au dernier rang!

Il ne s’agit pas du seul élément troublant. Les statistiques de l’ICIS montrent que le ratio de 2016 est encore plus faible que celui de l’année précédente. Il est de 703 IA par 100 000 habitants, soit bien en deçà de la moyenne canadienne de 839 IA par 100 000 habitants. À titre comparatif, Terre-Neuve-et-Labrador compte 1 141 IA par 100 000 habitants. Pour que l’Ontario rejoigne la moyenne nationale, il faudrait procéder à l’embauche de 19 126 IA, contre 17 920 en 2015 et 16 659 en 2014. Nous n’allons décidément pas dans la bonne direction.

Je trouve honteux que l’Ontario, la province la plus riche au pays, continue de mettre à risque les soins aux patients en n’employant pas suffisamment d’IA dans les établissements de santé. Les avantages découlant de la présence d’IA ont été maintes et maintes fois démontrés, et rien ne peut excuser la position peu enjaulable de l’Ontario.

Les plus récentes données probantes proviennent de l’Association des infirmières et infirmiers autorisés de l’Ontario, qui a passé en revue 70 ans d’études sur les soins de santé pour créer une base de données complète sur l’efficacité des IA, baptisée 70 Years of RN Effectiveness. Des 626 études examinées, plus de 95 pour cent montrent que les IA influent positivement sur un grand éventail de résultats pour la santé. Leur présence est en effet associée à une réduction de la mortalité, à une amélioration de la qualité des soins, à une satisfaction accrue des patients et à une réduction des coûts.

C’est ce que l’AIIO soutient depuis des années, et il faut continuer de l’exprimer haut et fort! Je vous encourage à demander à vos députés de tirer l’Ontario de sa fâcheuse position en assurant des effectifs d’IA adéquats dans la province. Après tout, vous êtes mieux placés que quiconque pour apprécier l’importance des soins prodigués par les IA.
National Day of Mourning: “It’s Not Just the Injury You’re Battling”

As ONA members throughout the province paused on National Day of Mourning and Remembrance on April 28 to think about those who have been made ill, been injured or died on the job, for Local 237 Coordinator Mandeep Sangha, it also brought to the surface her own struggles.

“I am here today to support nurses and other workers on the front lines because workplace incidents and injuries happen all the time – it happened to me,” said Sangha, who was injured at work nine years ago while lifting a patient. “These injuries affect everyone. They change your life and the lives of your family. It has changed my life.”

While ONA is a leader in advocating for improvements in workplace health and safety, each year, statistics show that workplace injuries and violence harm nurses and other health-care workers at a frightening rate.

“You go to work, you get injured and then you get mistreated by the WSIB, your employer and sometimes the College of Nurses of Ontario,” noted Sangha. “You’re not just fighting the injury and trying to get better, you’re fighting all that too. This has to stop.”

Still, Sangha considers herself one of the “lucky” ones, as tragically some workers never come home again, including three ONA members: Nelia Larosa and Tecla Lin, who died of SARS while caring for patients, and Lori Dupont, who was murdered by a colleague while working at Windsor’s Hotel-Dieu Grace Hospital.

“The Day of Mourning is also a chance to renew our commitment to improving workplace safety for all, so that nurses, health professionals and every working person is safer on the job,” added ONA First Vice-President Vicki McKenna. “We are continuing to push for more stringent occupational health and safety laws, and for accountability for workplace safety from employers, CEOs, directors, officers and supervisors. ONA calls on the Ministry of Labour to hold these decision-makers accountable for the safety of their employees.”
We’re Fighting the Same Fight, Member Says of CLC Convention

For Local 3 Coordinator Louise Flaherty, being part of the 28th convention of the Canadian Labour Congress (CLC) filled her with a tremendous sense of pride in the labour movement while reaffirming what she wants to do with the rest of her life.

“It has been wonderful seeing all these people coming together and fighting the same fight,” she said of the convention, held from May 8-12 in downtown Toronto. “You don’t feel like you’re alone.”

A combination of rousing guest speakers, electrifying panel presentations, and heated debates on issues such as a greener economy, better protections for equity-seeking members, the creation of more good jobs, and the fight to implement a $15 minimum wage (which came to fruition less than a month later), the convention brought together approximately 3,000 people representing unions from across Canada, including a contingent of ONA members.

Delegates also supported a resolution that the CLC will work with affiliates and allies to protect, strengthen and expand universal public health care, and campaign for a national Pharmacare Plan.

“As a union leader for ONA and an RN, I feel it is very important to speak up for all Canadians to ensure we have access to quality health care, long-term care, jobs with a fair wage, pensions and benefits,” said Local 75 Coordinator Angela Spiler, another convention attendee. “Our children need to know that they will have a good future in Canada, with good paying jobs and an awareness of what the union movement has done and continues to do for everyone.”

A highlight of the week for many was a lunchtime “street party” where delegates marched to Toronto’s financial sector, stopping traffic and attracting plenty of attention along the way, to champion for the same important causes discussed during the meeting.

“The convention helped re-energize my union and political activism, and I was proud to hold the ONA flag as we marched,” noted Spiler. It’s a sentiment echoed by Flaherty, who is already very active in her local health coalition – and has no plans to slow down anytime soon.

“This convention reaffirmed what I want to do when I retire,” she said pointing to the enthusiastic street rally crowd around her. “I want to continue being politically active.”

Eager to return the support shown to them during the community care access centre (CCAC) strike of 2015, ONA members from the North East CCAC joined the Sudbury and Sault Ste. Marie picket lines of CUPE Local 2073, whose members were on strike against the Canadian Hearing Society from March 6 to May 15. “We felt it was important to show our support for these striking CUPE members,” said NECCAC Bargaining Unit President Louise McNeil. “Having gone through our own strike at CCAC, we know how good it felt when other unions showed up at our lines to show solidarity and provide encouragement and support. I would urge all Bargaining Units to pay a visit to picket lines, even if it’s just for a short period. You cannot underestimate how beneficial it is for those members.”
We are Ontario’s Nurses. Nurses Know.

See more photos at wwwONA.org/nw17
When it came time to plan for Nursing Week 2017, held from May 8-14, Local 55 Coordinator Brenda Pugh had three goals in mind: it had to be fun, it had to unite members, and it had to help showcase ONA’s Wear White on Wednesdays campaign.

“At Cambridge Memorial Hospital (CMH), we have had a lot of layoffs so morale is low, and I needed a way to bring the group together,” said Pugh, who is also CMH Bargaining Unit President. “I came up with the idea of giving a $10 gift card to Tim Horton’s for anyone who took a selfie or group selfie of them wearing white during Nursing Week and emailed or texted it to me.”

The response to her nod to ONA’s Wear White campaign, which encourages RNs to stand up for their patients and stand out from the crowd of health providers by wearing white, was overwhelming. More than 75 RNs at each St. Mary’s General Hospital (who made white caps) and CMH participated, for a total of 150 members in white, Pugh reported, adding that a highlight was when the last RN working at CMH from the 1965 class wore her uniform and cap!

“What was surprising was how this idea started a conversation about ONA’s Wear White campaign, being proud to wear white and protecting our jobs,” Pugh said. “It was well worth the money and a huge success.”

On these two pages, you will find a region by region pictorial of ONA RNs, nurse practitioners and practical nurses, along with your colleagues and friends, enjoying Nursing Week 2017.
Latest Phase of Nurses Know Campaign Celebrates Profession

The most recent phase of ONA’s powerful Nurses Know campaign has focused on a feel-good message to acknowledge all that nurses do for their patients.

The campaign, which brings attention to hospital and health-care funding, the continuing erosion of RN positions throughout the province and increased violence in the workplace, has mainly focused on social media to continue ONA’s presence and profile on Facebook.

The upbeat campaign theme of Celebrating the Profession echoes the celebration and acknowledgement messages of Nursing Week in early May (see back cover). Shareables on Facebook included taglines such as “A lifetime of compassion,” “It takes dedication” and “Nursing is a calling.” An additional print ad ran in the Nursing Week supplement of Hospital News.

“We thank those of you who shared our important but positive messages with your Facebook followers and hope you will continue to do so as the campaign moves into the next phase,” said ONA First Vice-President Vicki McKenna. “We cannot stop bringing attention to these serious concerns until we cure what ails our health-care system.”

For more information on our Nurses Know campaign, including background information, member stories and how you can get involved, log onto nursesknow.ona.org/.

And Now for Something Completely Different…

Embracing the changing times and the different ways to communicate with our members and the public, ONA has embarked on a series of podcasts, hosted by none other than ONA President Linda Haslam-Stroud, seen here in her Toronto office with podcast moderator/interviewer Donna Papacosta. So far, the podcasts have covered such topics as the life-changing event that first spurred Haslam-Stroud to become active in ONA, her reasons for getting loud, why Nursing Week is so important, and how nurses’ roles are changing as a result of recent announcements by the Ontario government. See box (left) for details on how to listen in. We also welcome your feedback on our podcasts at getloudwithlinda@ona.org.

Get LOUD with Linda!

Hear what Linda has to say about what’s happening at ONA, in the labour community and how we all need to GET LOUD!

www.ona.org/podcast
ONA Cautiously Optimistic about Provincial Budget

While the health-care funding increase announced in the recent Ontario budget is a good start to improving quality patient care, ONA is concerned it is not enough to keep pace with population growth, an aging population and utilization rates.

The budget, released on April 27, increased public hospital funding by the rate of inflation (2 to 3 per cent) for the 2016 year for the first time since 2006, after the longest stretch of real-dollar hospital cuts in Ontario's history.

“Our hospitals have been starved of funding for years, and our patients have paid the price as hospitals slashed more than 1,600 RN positions to dangerously low levels,” said ONA President Linda Haslam-Stroud. “We need multi-year, stable funding for our hospitals, and the RN cuts need to be halted now, with new funding invested for a multi-year nursing human resources plan to bring Ontario’s RN-to-population ratio up to the average of the rest of the country.”

ONA also urges the government to correct its oversight that excludes RNs from post-traumatic stress disorder presumptive legislation and to address workplace violence in a meaningful way by taking action arising out of the recommendations of the Workplace Violence Prevention in Health Care Leadership Table.

“We are pleased at the government’s announcement of a Pharmacare Plan for Ontarians aged 24 years and younger,” added Haslam-Stroud. “But we also need to see investments in home care, community care and long-term care to improve care for our patients. Each long-term care resident also needs and deserves a minimum of four hours of care per day, including RN care. We will continue to lobby until our recommendations become a reality.”

To read ONA’s pre-budget submission to the Standing Committee on Finance and Economic Affairs, log onto www.ona.org/submissions.

ONA.org Named Best Website Redesign

We’ve heard from many of our members that our new ona.org website is easier to navigate – and now it is winning awards too!

At the recent Canadian Association of Labour Media (CALM) Awards, ona.org was named the Best Website Redesign, with the judges calling it “bright, and bold, clean and airy, and easy to use. It also puts the spotlight where it should be – on the members.”

They go on to note the website showcases the many faces of nursing in Ontario, and is packed with easily accessible and useful information, including the inaugural Get Loud with Linda podcast featuring an interview with ONA President Linda Haslam-Stroud” (see pg. 10 for more).

But the awards don’t end there. The Front Lines feature section, ONA Members and Patient Privacy: Be Aware and Beware, which appeared with the January 2016 issue, received a CALM Honourable Mention in the Ed Finn Award for excellence in writing category.

Congratulations to our Communications and Government Relations Team!
ONA President Given Lifetime Achievement Award for Being “Champion” for Patients, Profession

ONA President Linda Haslam-Stroud has received a distinguished award from her nursing peers for her steadfast work to improve the socio-economic lives of nurses and the care they are able to provide to their patients.

This spring, Haslam-Stroud was named the 2017 recipient of the Registered Nurses’ Association of Ontario’s (RNAO) Lifetime Achievement Award, given to long-standing members of the RNAO who exemplify outstanding contributions to the profession of nursing in the areas of practice, education, administration or research, at the provincial, national and/or international levels. This includes activities that promote the association among nursing colleagues, the government and other health-care partners.

She certainly fits that bill. The RNAO noted that in her 14 years as ONA President, Haslam-Stroud has made “great strides to act as a champion for the profession and patients,” singling out the award-winning Nurses Know campaign she spearheaded, our innovative human rights and equity caucuses, and her advocacy around workplace violence and pay equity for nurses. Haslam-Stroud has also worked with the RNAO on several important issues, including nursing shortages across the province and full-time employment for nurses.

“ONA and the RNAO are two very strong organizations with different mandates. But we have a common interest to improve the worklife of nurses and ensure RNs and NPs are appropriately respected and utilized in the health-care system so our patients can receive the high-quality care they so richly deserve,” said Haslam-Stroud, an RNAO member since 2002. “I am beyond humbled and honoured to be recognized by my peers in this manner.”

Another Honour for Our President!

ONA members have yet another reason to be proud of our President! Linda Haslam-Stroud has recently been named a Mohawk College Distinguished Fellow for 2017, the highest honour the college bestows on individuals. The award is in recognition of the “invaluable contributions” Haslam-Stroud, a Mohawk College nursing graduate, has made to her community and her “outstanding professional achievement.” Haslam-Stroud is seen here receiving the honour at Mohawk College on June 14.
APRIL BOARD MEETING HIGHLIGHTS

The following are key highlights from the spring Board of Directors meeting, held from April 3-6 at ONA’s provincial office.

- A presentation was provided on the latest public poll by Vector Research on areas such as violence in the workplace and nurses’ exclusion from post-traumatic stress disorder (PTSD) legislation. The poll shows the public is more aware of patient violence against nurses, with the majority also believing PTSD is common in nurses.

- A motion was passed to continue supporting the Workers Arts and Heritage Centre in Hamilton in the amount of $7,500 per year for 2017, 2018 and 2019. The centre aims to preserve, honour and promote the culture and history of all working people.

- STRIKEBREAKER: An additional mediated settlement was reached under ONA Policy 16.16: Member Discipline for a community care access centre (CCAC) strikebreaker. At the February Board meeting, the Board endorsed eight mediated settlements, which resolved complaints that CCAC members were guilty of conduct detrimental to the advancement of the purpose of or reflecting discredit upon the union by crossing a picket line (see the March/April 2017 issue of Front Lines, pg. 10). They agreed to pay a fine and have their membership privileges suspended.

You will find a copy of the April issue of Board Highlights on our website (www.ona.org). The subsequent Board meeting took place from June 19-22 and highlights will appear in the next issue of Front Lines.

Mobile CFNU App Allows Members to “Speak Up” on Health Care Issues

The Canadian Federation of Nurses Unions’ (CFNU) has introduced a mobile app to help nurses across Canada speak directly to elected officials with the click of a button.

Canada’s nurses continue to speak out on the issues that we, as nurses, see firsthand: the lack of access to affordable prescription drugs, and the need for a health human resources plan, seniors’ strategy, and stable federal funding to reach 25 per cent of health care costs by 2025. To assist, the CFNU has developed a mobile accessible advocacy and action app for Apple and Android devices, called “Speak Up.” This app is exclusively for members of the CFNU, including ONA members, and will focus on issues that matter most to nurses.

“As nurses, we are the most trusted spokespersons in health care, and must use our powerful voice to influence legislators on the issues that matter,” said CFNU President Linda Silas. “Speak Up unifies and empowers nurses from coast to coast to coast.”

How it Works

The “Speak Up” app is made of three main components: Issue Alerts, Legislators and Reports:

- **Issue Alerts:** This feature explains different health-care issues. Each page offers a brief outline of actions from the CFNU and provincial nurses’ unions.

- **Legislators:** This feature allows users to look up government officials by name, geographic location or postal code.

- **Reports:** This feature allows users to keep track of what has been said and done on the issues profiled or of interest to CFNU members.

For more information, visit nursesunions.ca.

The above was provided by CFNU Communications Officer Emily Doer.

ONA Members: Take Action Now!

Sign the e-petition to the Government of Canada calling for the implementation of:

1. A Pan-Canadian Universal Pharmacare Plan in this 42nd Parliament.
2. A National Formulary for medically necessary drugs, including a drug monitoring agency providing regulations and oversight to protect Canadians.


For more information on the benefits of a Pharmacare Plan, visit https://canadians.org/pharmacare

Are You a Registered Nurse?

**ONA WANTS YOU!**

Empower yourself by empowering others. Come join the Ontario Nurses’ Association’s growing team!

Visit us at: www.ona.org/careers
email: recruitment@ona.org
What if you were suddenly diagnosed with a critical illness?

Being diagnosed with a critical illness can detour your life. But, it doesn’t have to be that way.

A Critical Illness Survivor Plan from Johnson Insurance can provide you with the support and comfort you need. Mitigate the financial burden, so you can focus on what’s most important; your road to recovery.

For more information, contact your ONA Benefit Program Administrator.

905.764.4959
1.800.461.4155
www.johnson.ca/criticalillness

A new Ontario Caregivers Tax Credit will help family caregivers caring for a relative with dementia or another complex health condition hire a personal support worker to provide respite services. The announcement included an additional $20 million in 2017 that should provide 1.2 million hours of respite care. The province will also provide new training programs for unpaid caregivers. The non-refundable tax credit will replace the current caregiver and interim dependent tax credits starting in the 2017 tax year.

The province is proceeding with a three-year basic income pilot project with plans to launch pilots in Hamilton and Thunder Bay in late spring and in Lindsay this fall. The pilots will provide 4,000 people with nearly $17,000 per year basic income, or $24,000 for a couple. A person with a disability will receive an additional $6,000 per year. Participants will be able to keep 50 per cent of any income they earn. A basic income supports people to begin or continue working, or to further their education. The three-year study will test how a basic income might expand opportunities and job prospects.

Ontario is expanding the mental health program at the Queensway Carleton Hospital through the renovation of two floors and the construction of a new two-storey addition, increasing access to care and reducing wait times for people with mental illness in the Ottawa area. The Queensway Carleton Hospital mental health project involves the renovation of two existing floors and the construction of a new 7,000 square foot addition. Construction is planned to start in 2018 and be completed by 2019. The expanded mental health program will include new inpatient beds and more emergency and outpatient mental health services.

Minister of Health and Long-Term Care Eric Hoskins announced Ontario is improving patient care through cutting-edge health technology by committing to provide grants for 15 new projects that will improve people’s care at home and in their communities. Projects include:

- A new mobile device to help patients who have undergone cardiac and vascular surgery receive continuous vital sign monitoring in the hospital and at home to prevent serious post-surgery complications and readmission to hospital.
- New software to provide breast cancer patients with easy-to-access information about upcoming tests, appointments and treatment recommendations, while connecting family doctors with specialists for follow-up care.
- New software to provide self-care tools to youth with mental health challenges, including a platform to support education, collaboration, engagement, intervention and goal-focused coaching.

The grants are part of Ontario’s Health Technologies Fund, which supports the development of Ontario-based health technologies.
Always Review Your Pay Stub!

Regardless of your sector or workplace, you should always review your pay stub to ensure you are paid correctly. After all, you work hard for your wages.

What to Look for

Do not count on your employer’s accuracy. Small errors can add up over a year and a career. As most ONA members are paid electronically, we recommend downloading your electronic pay stub and looking for the following:

1. Start with your hourly earnings. Are you being paid the correct hourly rate? If you are not at the top of the wage grid, you should move up an increment on the pay grid on your anniversary date.

2. Have you been paid for the correct number of hours worked? If you are full-time in the hospital or nursing home sectors, this is normally 75 hours biweekly.

3. Has your employer paid you for all the premiums you are entitled to, including:
   - Shift (evening and/or night) or weekend premium: Were you paid for the correct number of hours worked during premium hours or on a weekend? Did the employer pay you the correct premium? In the hospital sector, evening and night premiums and weekend premium should have increased on April 1.
   - Responsibility premium: If you were “in charge,” did you receive payment for the correct number of hours worked? Did the employer pay you the correct premium?

4. If you work in a workplace with a pension, has the employer calculated your pensionable earnings correctly?
   - If you are in the pension plan, did the employer deduct pension for all pensionable earnings and contribute its share of those earnings?
   - If you are not in the pension plan, did the employer notify you that you are eligible to commence participation? (If you are not in the pension plan and could be, consider joining the plan and maximizing your earnings. For example, where you are eligible for the Healthcare of Ontario Pension Plan, your employer contributes $1.26 for every dollar you contribute).

5. Has your vacation or vacation pay been credited or paid correctly?
   - Is your vacation accruing at the correct rate (e.g. four, five, six, seven weeks per year)?
   - If you are part-time, is your vacation pay at the correct rate (e.g. eight or 10 per cent, etc.)?

6. If you worked on a statutory holiday, such as Victoria Day, were you paid the correct premium rate?

7. If you worked overtime, were you paid the premium rate?

8. Depending on your collective agreement, there may be other instances you were entitled to the premium rate for working. For example, in many hospitals or long-term care homes, working consecutive weekends can attract premium pay. Working evenings and returning to work the day shift the next day may also require payment.

9. Depending on your collective agreement, you may be entitled to an education allowance. If so, has this been paid?

10. Depending on your collective agreement, you may be entitled to reimbursement for some expenses, such as mileage or meal allowance. Were you correctly reimbursed for those expenses?

11. If you were off sick, have you been paid properly for your sick time?

12. Check your deductions:
   - The Canada Pension Plan and Employment Insurance have maximum rates. The employer commences deducting both at the beginning of the calendar year until the maximum rate is reached.
   - Are your benefit premiums being deducted properly (e.g. health, dental or long-term disability)?

If You Find an Error

Remember, all collective agreements vary, and full-time and part-time are paid differently. If you find errors on any of the above, notify your employer immediately to correct it. Often pay errors are just that: errors. The first few times you review your pay stub, it may take a little bit of time. But if you find a mistake, it will be worth it.

Grievances can be filed if the employer does not correct an error. These must be filed in a timely manner to ensure you are repaid all of the money owing.

If you have any questions, contact your Bargaining Unit President and/or your employer.

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.
Your Stories Helped Shape Violence Prevention Progress Report:
Thank You

There was one story about a pregnant RN who was kicked in the stomach by her patient. And another of a nurse who was punched in the nose and finished her shift with an ice pack. Or the health-care professional whose teeth were broken when a resident threw a food tray at him.

These are a small sample of the horrifying stories that helped to shape the long-awaited progress report from the province’s Workplace Violence Prevention Roundtable. Launched about 18 months ago, the roundtable is a joint initiative of the Ministries of Health and Long-Term Care and Labour that focused on preventing workplace violence in health care.

“Our members have the right to work in an environment that is free from all forms and sources of violence and harassment, and employers must strive to eliminate the risks. I look forward to the continued development of practical solutions to ensure Ontario health-care workers and patients are safe,” said ONA President Linda Haslam-Stroud, one of four members of the Executive Committee that provided strategic direction for the leadership group.

ONA will be working with the government and stakeholders to help implement 23 recommendations in the report, and will advocate to:

• Ensure all health-care workers have personal panic alarms.
• Strengthen the provincial enforcement initiative.
• Include workplace violence leading indicators in hospital quality improvement plans.
• Address staffing shortages that impact worker safety.

“Our brave members told ONA their workplace violence and harassment stories,” added Haslam-Stroud, who shared the anonymized stories with government officials. “These harrowing events provided much needed context, detail and clarity about how serious this issue is.”

The roundtable continues its important work for the next two years:

• Year Two: Implementation of the recommendations and development of products that the working groups could not complete in year one.
• Year Three: Development of strategies targeting prevention efforts in the long-term care and community sectors.

To read ONA’s response or the report itself, visit www.ona.org/ohs. To read first-hand stories from our members, visit http://violence.ona.org.

Brockville Court Decision Leaves Nurses Unprotected From Violence: ONA

ONA is disgusted at a recent court decision that found the Royal Ottawa Mental Health Centre guilty of only one of five charges in a case where an RN was stabbed numerous times in the head and neck by a patient.

Since the 2014 incident, ONA has successfully appealed the non-issuance of orders written by the Ministry of Labour and successfully fought an attempt by the hospital to quash orders to take measures to keep forensic unit nursing staff safe (several serious violent incidents have occurred in the same forensics
Supervisory Competency – or Lack of it – Hot Topic at Health and Safety Caucuses

True story: A patient tried to harm a nurse by pinning her up to a wall and choking her. Two colleagues came to her rescue and the nurse was able to break free. Thankfully, she wasn’t physically injured.

Her supervisor told the nurse that she didn’t need to fill out any incident forms because the nurse “wasn’t hurt.” The workplace’s Joint Health and Safety Committee worker rep – an ONA member – set the record straight and told the supervisor that a form must be completed. After several discussions, the supervisor took action and submitted the form. The good news is that since this incident, the supervisor went to supervisor training and now knows when the forms and subsequent actions need to be done.

At ONA’s spring Health and Safety Caucuses, which were attended by more than 250 members across the province, attendees told many stories and shared information about supervisor incompetency in their workplaces.

Meaning of “Supervisor” Under the Act
The term “supervisor” has a distinct meaning under the Occupational Health and Safety Act (OHSA). At the Region 4 Health and Safety Caucus, a panel of experts noted that it doesn’t matter whether you’re technically a supervisor in your job description: if you assume a role that places you in charge of a workplace or with authority over a worker, then you may be considered a “supervisor” under the Act.

“The caucuses are important for members to learn from one another from their past successes and how they can address issues they haven’t had any movement on,” said Region 4 Vice-President Laurie Brown, who also holds the health and safety portfolio. “We want to make sure our members have the knowledge and resources available to push to have competent supervisors under the Act in their workplaces.”

So what makes a supervisor competent under the OHSA? ONA Health and Safety/Workers’ Compensation Specialist Erna Bujna suggested the following:

• Know the OHSA and its regulations that apply to the work and be able to fully comply with what is needed to help prevent injury and illnesses and protect workers’ health and safety.
• Identify, respond and protect workers from potential and actual workplace hazards.
• When a supervisor becomes aware of a hazard/risk, not only does she/he need to advise workers of the hazard/risks, she/ he actually needs to find a way to protect workers from those hazards and risks.
• Make sure workers are provided with and use personal protective equipment (PPE) properly.
• Ensure workers know how to do their work safely and are trained in all measures and procedures.

Health-Care Supervisor Training Versus the Mining Sector
“If supervisors have this knowledge, they’re one step ahead of keeping workers safe,” noted Bujna. “But this is the tip of the iceberg. Training is offered for health-care supervisors which spans two days, and even this is very difficult to get in most of our workplaces. However, it would be most beneficial if health-care supervisor training could mirror that in the mining sector. Supervisors there receive 20 days of in-classroom training. Imagine how much of a positive difference that would make in health-care workplaces.”

Visit www.ona.org/ohs for more information about how ONA supports health and safety.
Changes to Privacy Law: What it Means to You

This summer, the Ontario government will pass a new privacy law, the Health Information Protection Act (HIPA), and we want you to be prepared.

The new law includes tougher safeguards, reporting obligations and penalties, making it more important than ever for health-care workers to maintain patient confidentiality. HIPA makes it clear that a privacy breach includes not only improperly disclosing Personal Health Information (PHI), but also improperly viewing it.

Health-care providers should never access the medical records of a patient unless they are currently in the “circle of care” for that patient and there is a clinical reason for doing so. For example, a health-care provider cannot access the record of a patient she/he cared for even a few days ago unless there is a clinical reason to access it today. In addition, health-care providers cannot release health information to any third parties such as family members, insurers, employers or police without consent or a court order. The best course of action is to refer third party requests to a supervisor or the health records department.

The new privacy law requires Health Information Custodians (in most cases, employers) to conduct regular random audits of their electronic record-keeping systems. If employers find any improper access to PHI, they must:

- Report the privacy breach to patients and explain to patients how to make a complaint to the Information and Privacy Commission (IPC).
- Report the privacy breach to the IPC.
- Report to the health-care professional’s regulatory college (for example, the College of Nurses of Ontario) if that member was terminated or even disciplined for a privacy breach or if she/he resigned because of a privacy investigation.

These new employer obligations will likely increase the number of complaints and investigations by the IPC and regulatory colleges. There is no longer a six-month time limit on when patients can file a complaint with the IPC; now patients can complain at any time, even years after an alleged privacy breach.

In addition, the IPC will have new powers to prosecute these cases through the Attorney General. That means a health-care provider could be charged with an offence and engaged in a quasi-criminal court process. The new act increases the maximum fine for an individual to $100,000.

If you have questions about privacy issues or the new legislation, please contact LEAP Intake at (416) 964-8833 or 1-800-387-5580, or email LEAP at LEAPIntake@ona.org.

Benefits Allowed for Workplace Mental Health Injuries, but do not Go Far Enough: ONA

The Ontario government has introduced legislation to allow worker’s compensation benefits for all mental health injuries arising from workplace events after years of advocacy by ONA, including a significant legal challenge.

In the 1990s, the Harris government amended the Workplace Safety and Insurance Act to exclude “mental stress” injuries or disablement from benefits unless the cause was a sudden and unexpected traumatic event at work, such as witnessing a murder or being kidnapped.

In 2013, on behalf of one of our members, ONA presented the first legal challenge to this exclusion as a violation of the Canadian Charter of Rights and Freedoms and discrimination on the basis of mental disability. In 2014, a panel of the Workplace Safety and Insurance Appeals Tribunal (WSIAT) accepted ONA’s argument and held the exclusion to be unconstitutional.

While a number of other successful legal challenges followed, because the WSIAT is an administrative tribunal, it lacks the power to strike down unconstitutional legislation. The Ontario government did not appeal the WSIAT decisions and left exclusion in the legislation, requiring injured workers to mount a constitutional challenge each time. This also meant that policies and forms of the WSIB still indicated the exclusion.

PRIVACY TIPS TO PROTECT YOUR PRACTICE

- Remember, the definition of health information is very broad.
- Understand and follow your employer’s policies.
- Only access patients’ medical records if you are in the circle of care.
- Always log out! Do not let anyone access under your login.
- Change your password regularly.
- Report to your employer if you accidentally access medical records.
- Do not release Personal Health Information (PHI) to police or other third parties. Refer them to a supervisor or the health records department.
- Use official channels to access family members’ PHI.
- Never forget that employers will audit! Every access can be seen!

Earlier this year, ONA President Linda Haslam-Stroud wrote to the Minister of Labour advocating for the unconstitutional exclusion to be repealed (see March/April 2017 issue of *Front Lines*, pg. 16). On April 27, 2017, the Legislature introduced Bill 127, *Stronger, Healthier Ontario Act (Budget Measures)*, which repeals the exclusion of injuries due to “mental stress” from the Act and the exception for injuries as a result of traumatic events.

While this legislation is expected to pass and would represent a significant advance to the rights of Ontarians with mental disabilities, ONA is concerned that the amendments do not go far enough and is advocating at the Legislature to ensure that when the statute is amended that all our members have equal access to workers’ compensation benefits.
Student Scholarship Winners See Support ONA Gives Members Firsthand

In our continuing series on the successful recipients of the 2016 ONA Nursing Student Scholarship, Front Lines features the essays of Nick Zanet, son of Mary Regan from Local 99 (Kingston General Hospital) and Madison Turner, daughter of Lisa Turner from Local 67 (Southeast Community Care Access Centre), on “The Importance of the Ontario Nurses’ Association for Nurses.”

“ONA has shown its unending support of the nurses of Ontario”

As a student half-way through a Bachelor of Science in Nursing program, I find it a little disheartening when I scroll through the media releases on the ONA website and see the nature of the majority. Headlines reading, “Hospital site cuts 12 full-time, 14 part-time RNs” or “Windsor Regional Hospital in chaos: More RN hours being cut,” can be both alarming and discouraging after finishing yet another round of exams and feeling that much closer to becoming an RN. Despite these daunting headlines, a change in programs is the last thing on my mind.

I have every faith that my choice to pursue a career in nursing is the right one. As the son of a practicing RN for more than 30 years, I have witnessed firsthand the support ONA provides to its members, and I am confident it will continue to do so through the duration of my nursing career.

A concerned student in my position need look no further than ONA’s Nurses Know campaign to see that ONA is taking these cuts very seriously and is going to great lengths to support and serve its members. Through this campaign, ONA is ensuring the public is well aware of the serious implications of these cuts on the health-care system.

Through social media, print and radio, ONA is making the public very aware of the potential complications and longer hospitalizations of patients resulting from cutting RN hours. Through the rigorous work it has put into educating the public, ongoing political lobbying and the monitoring of front-line care, ONA has shown its unending support of the nurses of Ontario, and an aspiring nurse such as myself can’t wait to get started.

—Nick Zanet

“I look forward to being an ONA member: Respected, Strong, United”

What is the importance of ONA for nurses, you may ask? I may not have started my first year in the Bachelor of Science in Nursing program, but I need not look very far to answer this question. You see, my mother is an RN, union leader and proud member of ONA.

Wikipedia defines nursing as “a profession within the health-care sector focused on the care of individuals, families and communities so they may attain, maintain or recover optimal health and quality of life.” So who looks after these dedicated, hardworking nurses to ensure their economic welfare and quality of work life is protected? ONA does and has been for the past 43 years.

My mother has had a prominent influence on my life. I have witnessed firsthand the important role ONA has played in achieving competitive wages, which enabled my mother to raise me on a single income, providing a healthy standard of living, including the ability to travel and participate in competitive sport. The health benefits achieved through negotiations have allowed me access to much needed treatments and preventative health care. Lastly, I am grateful for the memories we have created during my mother’s paid vacation, another hard fought benefit achieved by ONA.

As a Bargaining Unit President for ONA, my mother plays a vital role in her workplace. She helps her members work through grievances, return to work and bargaining, including leading them through the CCAC strike of 2015, always seeking the best possible outcome.

Following in my mother’s footsteps, I look forward to being an ONA member: Respected, Strong, United.

—Madison Turner
Vaccinate or Mask Case Continues as Report Casts Serious Doubts on Employer Policy

Litigation of the controversial vaccinate-or-mask (VOM) policy introduced at many Ontario hospitals continues, just as a new report finds such policies are based on “flimsy” science that lacks credibility.

The contentious VOM policy forced nurses and other health-care workers to wear a surgical mask for the entire flu season if they chose not to get the influenza vaccine. ONA maintained that receiving the vaccine needed to be a true choice and part of a more comprehensive evidence-based infection control program, launching grievances in 2015 on behalf of members.

**Central Arbitration Process**
ONA negotiated a central arbitration process with the Ontario Hospital Association to address the VOM policies at a number of hospitals throughout the province during the last round of central bargaining (see March 2016 issue of Front Lines, pg. 22).

The lead case was the Sault Area Hospital before arbitrator Jim Hayes. After a lengthy and contentious hearing, the arbitrator agreed with ONA, finding there was scant evidence on masking as a method to prevent transmission of the flu or to justify the policy, which he believed undermined the collective agreement rights of employees.

All the hospitals in the Hayes group have complied with the ruling. While most hospitals agreed to this central arbitration process, several hospitals that form part of the Toronto Academic Health Science Network (TAHSN) did not.

**Second Phase of Litigation**
ONA is now in the second phase of the litigation against the TAHSN group of hospitals, which agreed to another central arbitration process and to be bound by the outcome of a lead case: St. Michael’s Hospital. This case is before arbitrator William Kaplan.

The arbitration hearing at St. Michael’s commenced on August 9, 2016. To date, ONA has called our members to testify about the impact of wearing a mask on the nurse-patient relationship, along with several leading experts in infection control. There were eight additional hearing dates between October 2016 and June 2017.

**New Report Gives Our Case Credibility**
A new article gives additional credibility to our stance. The report, written by national and international influenza experts and published in the peer-reviewed scientific journal *PLOS One*, calls into question whether Canadian health-care workers should have to get the flu vaccine to work in hospitals, clinics and long-term care (LTC) facilities.

Researchers took a closer look at the four studies conducted in LTC facilities, which have been used as evidence in support of vaccinating nurses, to determine if patients benefitted from health-care workers receiving the flu vaccine. They found that all four studies reported “implausibly high benefits to patients” that defied calculations. Even with “optimistic assumptions,” the reduction in patient deaths exceeded expected values tenfold and were “impossible” to attribute to the flu vaccine. Researchers also suggested that fears health-care workers are putting patients at great risk by not getting the flu vaccine are “exaggerated.”

The researchers pointed out the findings do not mean the flu vaccine is not beneficial and do not discount approaches to encourage health-care workers to receive the vaccination, to support voluntary vaccination, or other more broadly protective practices such as staying home when sick. However, the article concludes that VOM policies are not supported by current scientific evidence.

“Through this detailed critique and quantification of the evidence, we conclude that policies of enforced influenza vaccination of health-care workers to reduce patient risk lack a sound empirical basis,” the report concludes. “While health-care workers have an ethical and professional duty not to place their patients at increased risk, so also have advocates for compulsory vaccination a duty to ensure that the evidence they cite is valid and reliable, particularly in the absence of good scientific estimates of patient impact.”
### Financial Statements for the year ended December 31, 2016

#### Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
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<td></td>
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<tr>
<td><strong>Current</strong></td>
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<td>Cash and short-term investments (at market value)</td>
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<td>Dues and other receivables</td>
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<td>Prepaids</td>
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<td>(at net book value)</td>
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<td>(at market value)</td>
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<tr>
<td><strong>Investment in ONA Liability Insurance Ltd.</strong></td>
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<td>23,234,794</td>
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<tr>
<td>(equity method)</td>
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<td><strong>Total Assets</strong></td>
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<td><strong>Liabilities and Net Assets</strong></td>
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<tr>
<td><strong>Current</strong></td>
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<td>Accounts payable and accrued liabilities</td>
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<td>Current portion of capital lease obligations</td>
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<td><strong>Total</strong></td>
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<td>$65,707,934</td>
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The above information is a condensed version of the Association's audited financial statements year ended December 31, 2015 and December 31, 2016. The complete financial statements, Auditor's Report and accompanying notes, are available at the Association's office.
## Statement of Operations

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<th>Year</th>
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<th>2015</th>
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<td><strong>Total Revenue</strong></td>
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<td><strong>Expense</strong></td>
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<td>1,508,100</td>
</tr>
<tr>
<td>Service teams</td>
<td>26,286,113</td>
<td>25,429,497</td>
</tr>
<tr>
<td>Support teams</td>
<td>14,546,001</td>
<td>14,330,511</td>
</tr>
<tr>
<td>Fixed costs</td>
<td>5,088,701</td>
<td>5,433,288</td>
</tr>
<tr>
<td>Building operations</td>
<td>913,999</td>
<td>909,258</td>
</tr>
<tr>
<td>Program costs (Security/LEAP/Critical Illness/LTD/Supplementary)</td>
<td>4,882,660</td>
<td>6,527,878</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>$55,580,491</td>
<td>$56,395,749</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses before undernoted items</strong></td>
<td>4,782,719</td>
<td>1,898,635</td>
</tr>
<tr>
<td>Amortization</td>
<td>(1,243,276)</td>
<td>(1,041,983)</td>
</tr>
<tr>
<td>Unrealized gain (loss) on investments</td>
<td>36,455</td>
<td>(391,886)</td>
</tr>
<tr>
<td>Share of net income of ONA Liability Insurance Ltd.</td>
<td>512,325</td>
<td>1,171,118</td>
</tr>
<tr>
<td><strong>Total Excess of revenue over expenses</strong></td>
<td>$4,088,223</td>
<td>$1,635,884</td>
</tr>
</tbody>
</table>

The above information is a condensed version of the Association's audited financial statements year ended December 31, 2015 and December 31, 2016. The complete financial statements, Auditor's Report and accompanying notes, are available at the Association's office.
Celebrating the profession.

It takes dedication to be a registered nurse. An extensive education. Long hours gaining experience and skills. And a lifetime of compassion. It's not only a profession, it's a calling.

Nurses know.