It's Their Time Now: ONA President Linda Haslam-Stroud announces retirement to focus on family

“I have PTSD:” Member shares harrowing story P.8
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ONA is the union representing 65,000 registered nurses and health-care 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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The Ties that Bind

With ONA’s donation of $7,500 this year for the Workers Arts and Heritage Centre (WAHC), you helped more WAHC visitors explore, in the words of one, “the shared culture that binds ordinary people together.”

You helped remind workers who came to an exhibition, workshop, concert or film screening that the culture and history of workers and the unions who support them is “just as real and important as the canvasses that hang in the galleries [of other museums].”

What’s more, ONA’s support has also created daily opportunities for visitors to engage with labour history and the arts, and in this way, to connect more meaningfully with their own history too.

Thank you for being an essential part of this work!

KATHERINE ROY
Development Coordinator, WAHC

Editor’s Note: In April, the ONA Board of Directors passed a motion to continue to support the WAHC, which aims to preserve the honour and promote the culture and history of all working people, in the amount of $7,500 per year for 2017, 2018 and 2019.

Different Faces

Just wanted to share a feel-good from one of my members, who was surprised to see a photo of the endo nurses at Thunder Bay Regional Health Sciences Centre in the July/August issue. Having different faces in our Front Lines magazine counts and impacts members in the Local.

DONNA WHEAL
Local 73 Coordinator

NEW LOOK FOR FRONT LINES!

If you’re picking up this publication and thinking, what is this?, well, we’re hoping that’s a good thing!

Front Lines has undergone an exciting transformation and we hope you love it as much as we do! You’ll still find all the features you’ve come to expect in your union magazine – from key happenings at Queen’s Park to pertinent health and safety news to the inspiring work of our members on the front lines – but in a fresh, updated design that’s more in keeping with the times and ONA’s overall look.

We know you are busy professionals and union members and we hope the shift to larger images and font, along with a more open layout, will help you learn everything you need to know in a more efficient manner. As usual, your stories and photos remain a priority to us and we encourage you to continue to send them in (see pg. 10).

We’d also love to know what you think of the new Front Lines. Drop editor Ruth Featherstone a line at ruthf@ona.org and tell us your thoughts!

HAVE SOMETHING TO SAY?
We’d love to hear from you! Send your comments to Front Lines editor Ruth Featherstone at ruthf@ona.org.
ONE LAST TIME: NEVER, NEVER, NEVER GIVE UP!

IT IS SURREAL that this is the last President’s message I will ever write for *Front Lines*.

At the end of December, I am leaving ONA’s Board of Directors to spend time with my children and six wonderful grandchildren, as well as my very patient husband, Murray.

As President, I have always tried hard to set the bar high, to win for you the very best working conditions that I possibly could.

Beginning way back (almost 40 years), I learned first-hand the value of belonging to a strong, united, professional union. I have never wavered in my devotion to furthering the lives of our now 65,000-strong registered nurses and health-care professionals.

As President, I have used every available tool to improve your work lives, and those of your patients. After all, I am an RN myself, and patient care comes first.

Through the years, we have faced rounds of budget cuts, nursing cuts and misguided policies. We have fought for proper protective equipment during the SARS outbreak and subsequent Ebola virus scare.

I was stunned and horrified when ONA member Lori Dupont, RN, was brutally murdered in her workplace, and ONA’s ensuing fight on your behalf for safer workplaces has had an impact. I led central hospital negotiations for 30 years and am proud of the significant gains we achieved for our members. I tried my best to join as many of our community care access centre members on the picket lines during that bitterly cold, 17-day strike and keep spirits up, while fighting for a respectful contract for members. We won that battle, just as we have with many of the challenges we faced over the years.

Thank you to ONA’s leaders, staff and management for their extraordinary work over the years. ONA has a sterling reputation thanks to their tireless efforts. Thank you also to my fellow Board members for your support through the years, and to my sidekick and dear friend, your incoming President, Vicki McKenna, RN.

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I cannot thank my family enough for their patience and understanding, as ONA has taken me away from them for most of my almost 40-year career. Everything I have done for you, I have done for them, as users of our health-care system, as well.

Most of all, I want to thank each and every one of you for entrusting me to be your voice with government, employers, the public and the media. I am honoured and grateful that you trusted me to lead this union for the past 14 years, and for the support I received for the 26 years prior to that as a member and Bargaining Unit/Local leader.

While I will miss being your President, I know that ONA will continue to be the professional voice for our members. And I will continue to advocate for you as a retired member. You may even see me on a picket line or at the occasional provincial meeting! So, in that sense, this is not good bye.

You are in good hands with Vicki. You are in good hands with ONA.

And please allow me to say one more time: never, never, never give up!
THE FUTURE LOOKS BRIGHT!

AT THIS TIME OF YEAR, with the holidays just around the corner, I often use my Front Lines column to reflect on the past few months, and the many successes we always have. But this time, it seems a lot more fitting to look to the year ahead.

In September, I was acclaimed ONA President-elect after serving as your First Vice-President for the past 12 years and Local 100 Coordinator for too many years before that to count! I am honoured, excited – and, yes, a little terrified! – to be leading our union for the next two years, beginning in January. But with the retirement of current President Linda Haslam-Stroud from the Board of Directors at the end of this year, I also acknowledge I have enormous shoes to fill.

But it is those very shoes that will help me walk my own course. Linda has been a tremendous role model, mentor and friend to me over the years and her dedication and sheer determination, even when the challenges seemed insurmountable, will continue to serve as an inspiration and guide going forward.

While Linda and I – and many others – often joke that we are the polar opposites in personality, we have always jelled tremendously as a team. After all, we both have the same goal in mind: to serve ONA members to the very best of our abilities, so you can provide quality care to your patients. It is my promise to you today to continue that critical work.

Thank you for supporting me as your First Vice-President all these years and for entrusting me to be your President. I won’t let you down. With your new First Vice-President-elect Cathryn Hoy by my side and with the support of the entire Board of Directors and staff, I will continue to turn to you for support to move our issues forward because our successes are only possible when we come together as a united, strong team. The future looks bright!

I know you join with me in sincerely thanking Linda for her commitment to our union, not just during her years as ONA President but throughout her entire nursing career, and wishing her a healthy and happy – and much-deserved – retirement with her growing family. She will be deeply missed.

Follow Vicki at twitter.com/vickim_RN

L’AVENIR EST PROMETTEUR

À CETTE PÉRIODE DE L’ANNÉE, avec les fêtes qui approchent à grands pas, j’utilise souvent ma rubrique de Front Lines pour me pencher sur les mois qui viennent de s’écouler et sur les nombreux succès que nous ne cessons de remporter. Mais cette fois-ci, il semble beaucoup plus approprié de viser l’année prochaine.

En septembre, j’ai été élue présidente de l’AIIO par acclamation après avoir été première vice-présidente pendant 12 ans et, auparavant, coordonnatrice de la section locale 100 pendant trop d’années pour les compter!

Je suis honorée, enthousiasmée et, bien entendu, un peu terrifiée à l’idée de diriger notre syndicat pour les deux prochaines années à compter de janvier. Mais avec la retraite de la présidente Linda Haslam-Stroud à la fin de l’année, je reconnais également que j’ai d’énormes chaussures à remplir.

Mais ces énormes chaussures sont précisément celles qui m’aideront à faire ma propre trace. Linda a été pour moi, au fil des années, un modèle, un mentor et une amie extraordinaires, et son dévouement et sa détermination, même lorsque les défis semblaient insurmontables, continueront de m’inspirer et de...
MEMBERS GET LOUD!

TAKING ONE FOR THE TEAM!

You'll forgive two of our Locals for taking the term “Team ONA” quite literally!

When it came time to use their ONA Policy 26.11 funding, which provides Locals with $1,000 per year for political action work in their communities, Locals 12 and 46 didn’t have to look very far.

“Sault Ste. Marie is a soccer and hockey town, and we made sure ONA was very visible this summer,” Local 46 Coordinator Glenda Hubley said about the Locals’ joint idea to sponsor soccer t-shirts and hockey jerseys.

“We have nurses who play hockey and whose kids play soccer, and we wanted to support those teams to get our messages out there,” added Local 12 Coordinator Sue Berger.

And they certainly did, as many nurses reported their children’s teams were sporting the latest in ONA sports-wear! But “the best,” noted Hubley, “was when our Chief Nursing Executive told me her son had the ONA logo t-shirt team. I loved that one!”

HIGH PRAISE FOR ONA MEMBERS AT LABOUR DAY EVENT

For Local 7 Coordinator Melanie Holjak (pictured), getting loud on Labour Day is, like the annual event she always attends, a tradition that never gets old.

At Brantford’s soap box derby and community barbecue, now in its 61st year, Local 7 once again handed out ONA promotional items and information on our Nurses Know campaign, while also bringing attention to an issue close to their hearts.

“Ontario’s Pharmacare program for residents under age 24 is a good start, but members of the community were vocal in expressing their thoughts: Pharmacare for all,” Holjak said of the main focus of the derby, one of many Labour Day events members participated in across the province. “While unions fight hard to negotiate health insurance for members, too many Canadians can’t afford to fill their prescriptions. Residents shared their stories and praised ONA members for the care we provide, and we had good discussions about the work and advocacy of our union to improve health outcomes and to increase service and access for clients in the community.”
HELPING TO SAVE A LEADER’S LIFE

ONA members get loud on behalf of patients every single day, but when that patient is also your Local leader, colleague and friend, it becomes even more meaningful.

When members of Local 68 learned that Humber River Hospital Bargaining Unit President and Local 68 Coordinator Micheal Howell, who has been fighting pancreatic cancer (featured in the May/June issue of Front Lines), was a candidate for potential life-saving nanoknife IRE treatment, they decided to make sure that the cost of this expensive procedure, which is not currently available in Ontario or funded by out-of-country OHIP, should not factor into his decision on how to fight this battle.

“While continuing to fight for the rights of ONA members, Mike still has a battle of his own,” said Local 68 Treasurer Nancy Popp, revealing, with Howell’s blessing, that he successfully underwent the procedure in Germany on September 20 and is recovering in Italy where his wife’s family has a condo, as he is not allowed to fly for several weeks. “We developed a fundraising campaign to help with the financial burden of Mike’s fight to save his life, and if every ONA member gave even just a toonie, it would go a long way to relieving the financial burden of this procedure and showing support to this amazing leader.”

Visit youcaring.com/mikehowell-943873

GETTING LOUD ABOUT RURAL HEALTH CARE!

Now that’s what we call marketing the ONA message!

Local 4 once again took advantage of a popular summer activity by staffing a booth at Keady’s Farmers’ Market where they handed out approximately 1,200 bright blue bags stuffed with information, postcards and buttons about ONA’s powerful Nurses Know campaign.

“Local 4 got loud about rural health care!” exclaimed Local 4 Vice-Coordinator Linda Dow-Sitch, pictured (second from right) with fellow Bargaining Unit Presidents Michelle Kennedy and Pam Lobsinger, Local 4 Coordinator Vicky Myers, and Region 5 Vice-President Karen Bertrand.

“Keady Market works well as it attracts local folks and tourists in a relaxed fun atmosphere. Because we were giving out free bags to shoppers, they approached us and it was a great opportunity to talk with them about how changes being made could impact their future health care, such as operating room closures in smaller hospital sites, the movement of nursing home beds from one community to another, and the erosion of our positons.”
found a time when she could take lunch and was reporting off to her colleagues at the main nursing station when she heard a blood-curdling scream, followed by another. Assuming it came from triage, she raced to the blue double doors – one was uncharacteristically open – and immediately saw a police officer, weapon drawn.

“I saw a man coming towards the officer with blood on him and holding something. This person did not stop when the police officer repeatedly yelled at him to do so. Then I heard loud popping sounds and he fell to the ground. I got another nurse and started CPR, even though she knew he was dead. I remember saying, ‘he’s not dead until he’s pronounced dead.’” And he was a few moments later.

Pushing her feelings aside, Cox immediately switched into “charge mode” and devised a plan to keep the now chaotic ED running, including calling in extra staff, organizing police officers, setting up a new triage area, moving admitted patients, and arranging for Psychiatry to speak with patients in triage. But it was a maintenance worker innocently asking if she needed anything that was her “undoing.

“I suddenly started to cry and couldn’t stop. I went to my director and told her I thought I was done and she sent me to our lounge. But there were too many eyes on me there, so I went into a stairwell, sat down and kept crying. I felt numb and couldn’t stop my hands from shaking.”

STILL SUFFERING
And now, all this time later, Cox believes she is still suffering from the events of that horrific day.

“It is incredible to me that everything is as clear in my head now as it was then. I have guilt that I made a nurse do CPR on a patient who had already passed away, and she remembers what that felt and looked like. I feel anxiety being unprepared for the next time.”

Even now, two-and-a-half years after police shot and killed a patient who attacked a stranger in the emergency department (ED) of Guelph General Hospital, Bargaining Unit President Janice Cox still shakes when she sees the blue double doors that lead to triage.

“I was off work for a couple weeks following the incident and when it was time to return, I kept thinking about those blue doors,” said Cox, an ED Resource Nurse. “I don’t know what about them was causing me so much angst, but I was struggling. I thought about having to be there triaging someone and all I could see was the mom from that day covering her son with her own body and hiding behind a wall, and the girl the patient tried to attack saying to me, ‘Why would he do that? I don’t even know him!’ And as soon as I saw those blue doors again, I started to cry. It took everything in me to keep walking into triage.”

LOUD POPPING
May 20, 2015 was, like it usually is, a very busy day in the ED. Cox had just
WHAT IS PTSD?

Post-traumatic stress disorder (PTSD) is a mental health condition caused by witnessing or experiencing actual or threatened death, serious injury or violence. Being affected by these events is normal, but if the thoughts or memories seriously affect a person long afterwards, she or he could be experiencing PTSD.

See pshsa.ca/products/ptsd-awareness-nurses

And then there are those blue double doors. Cox still has a flutter in her chest when she opens them to call a patient into the department. It is for those reasons that she was “shocked and then angry” when nurses were excluded from post-traumatic stress disorder legislation.

“There are people who say, ‘Well, you did sign up for this.’ But that same statement can be made about police officers, firefighters and paramedics, and they were included. Nurses help families every day. We tell them they will never be able to hold their child or loved one again. We listen to their cries after they receive devastating news. We patch up mangled legs that get caught in farm equipment. We sit and listen and hold hands, offering what little comfort we can in horrible situations. How can that not take a toll?”

MEMBERS GET LOUD!

It is not right for nurses to be excluded from PTSD legislation.

“NURSES ARE FIRST RESPONDERS,” Member Says

As ONA provincial leaders continue our push to have nurses included in post-traumatic stress disorder (PTSD) legislation, members on the front lines are getting loud in any way they can.

In September, members Kristina Quilang, Ingrid Garrick, Margaret Buis, Christina Buco and Leslie Codsi listened in as the NDP private member’s bill (Bill 151 – Workplace Safety and Insurance Amendment Act (PTSD Benefits), 2017), which would expand entitlement to WSIB benefits for PTSD to nurses and other professionals, received second reading in the Legislature. The group then met and had their photo taken with MPPs Taras Natyshak (Essex), Jennifer K. French (Oshawa), and Cindy Forster (Welland), who is a former ONA Labour Relations Officer.

“Nurses are first responders, as we are on the front lines delivering direct care to our patients, and I wanted to show my support to nurses who are currently dealing with PTSD and need access to WSIB coverage,” said Quilang, who works in a busy emergency department and has frequently been the first on hand for a Code White (potential violent person), placing her in a vulnerable position while waiting for assistance. “Hopefully, I will never need it, but it would be a tremendous relief to know that I too will have rights and access to PTSD coverage in case I ever do.”
“STAND BEHIND WHAT YOU BELIEVE AND ONA WILL HELP”

If you ever think getting loud is just too overwhelming, one of our public health leaders has an important message: You don’t have to do it on your own!

Regional Municipality of Niagara Public Health Bargaining Unit President Kim Pilot certainly knows of what she speaks after a difficult round of negotiations with her team and the employer earlier this year culminated in a final employer offer – well, make that three – during the first day of conciliation.

“All three offers provided different options below the industry standards and we were asked to pick one,” said Pilot, shown here (middle) with Niagara Public Health nurses Leslie O’Hagan and Linda Veehuis-Webb. “But they were all equally unfair, and we couldn’t recommend ratification. After we invited the employer to speak with us about the offers and they refused, things went south very quickly and it was time to get loud!”

“Within one week of the final offers, an email blast was sent out by ONA and an online campaign was set up on the ONA website where members, family and friends, colleagues and Niagara residents could send a templated letter to the Region and MPPs,” Pilot revealed. Members shared messages on Facebook and everything spiraled from there.

“We received support from local MPPs and a university professor, urging the region to negotiate a fair collective agreement. Members wore ONA lanyards and buttons and demonstrated their support in so many ways!”

Thanks to that strong advocacy, a deal was soon reached, readily ratified by members.

“The offer was what we wanted, we didn’t agree to any concessions!” Pilot said. “Our team and members wanted to ensure that our employer knew we expected to work respectfully together and be provided a fair contract. Hopefully, this has set the stage for future negotiations."

But what Pilot learned the most through this experience is the tremendous support of ONA.

“If you’re thinking you shouldn’t do Local political action because it’s a lot of work, that’s so untrue. You just need to stand behind what you believe is fair, stay strong and united, and ONA will be there to help every step of the way.”
**CHAIR CHOSEN FOR PATIENT AND FAMILY ADVISORY COUNCIL**
Ontario has selected Julie Drury as chair of the new Minister’s Patient and Family Advisory Council, which will advise government on health policy priorities that have an impact on patient care and the patient experience. Drury has worked as a senior policy advisor and director with Health Canada, and was the former chair of the Family Forum patient advisory council for the Children’s Hospital of Eastern Ontario.


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**EXPANDING SCOPE OF PRACTICE**
The province is moving forward on assessing requests for the expansion of specific roles and responsibilities of nurses (including NPs, RNs and RPNs), chiropractors, dietitians, midwives, pharmacists and physiotherapists, as well as other health-care providers. This assessment will build on work already underway to expand the scopes of practice for some health professionals. Most recently, the government had taken steps to expand the scope of practice of RNs so that they can independently prescribe some medications to patients.

**BRANT SUPERVISOR APPOINTED**
Bonnie Adamson has been appointed supervisor for the Brant Community Healthcare System to address management and governance concerns and improve hospital operations. In her new role, Adamson will have the authority to exercise all of the powers of the hospital board, the corporation, its officers and employees. She will start her work immediately and report directly to the Minister of Health and Long-Term Care.

**ACCESS TO STEM CELL TRANSPLANTS INCREASED**
Ontario is increasing access to stem cell transplants for people who have complex blood cancers, with new state-of-the-art hospital units in Toronto and London. Princess Margaret Cancer Centre will have 15 new inpatient beds and an outpatient clinic that will support up to eight new stem cell therapy physicians. London Health Sciences Centre will have seven new inpatient beds, a renovated and larger outpatient treatment clinic, and a new outpatient and chemotherapy pharmacy.

**FUNDING FOR HOSPITAL UPGRADES**
The province is investing $175 million in repairs and upgrades to hospitals this year through the Health Infrastructure Renewal Fund, which was established in 1999 to assist hospitals in renewing their facilities.
BIG WIN FOR NPS! “RESTRICTIONS” LABEL TO BE REMOVED

Getting loud gets results!

Thanks to ONA’s advocacy, nurse practitioners (NPs) in Ontario who choose not to prescribe controlled substances will no longer be labelled as having “restrictions” on their license by the College of Nurses of Ontario (CNO).

The regulations under the Nursing Act changed last the spring, allowing NPs with CNO-approved training to prescribe controlled substances. ONA supported this change because it will improve access to health care for thousands of patients. However, we did not support the CNO’s decision to label all NPs who chose not to receive the required education and expand their practice as being “entitled to practice with restrictions.”

An NP can choose not to engage in prescribing controlled substances for any number of reasons and should be able to make that decision without attracting such a negative label. ONA repeatedly raised this issue with the Ministry of Health and Long-Term Care and the CNO, and countless ONA members sent letters and emails and posted comments on social media.

The Ministry has now confirmed the CNO has been informed that labelling NPs with “restrictions” is not acceptable, and they must find another way to convey this information.

“This is a huge victory for NPs in Ontario! It clears the way for commending the positive step NPs have taken in expanding their practice, while not stigmatizing those who choose not to do so,” said ONA President Linda Haslam-Stroud. “It is also encouraging for RNs, as this negative labelling of ‘restrictions’ will not be part of the RN prescribing when this piece rolls out in the new year.”

YOU CAN’T “UNSAID” IT: POLICE AND PERSONAL HEALTH INFO

Unfortunately, it is all too common for nurses to be the victims of violence or witnesses to crimes. But privacy legislation does not permit most nurses to disclose personal health information (PHI) to police.

PHI is governed by the Personal Health Information Protection Act (PHIPA). Health Information Custodians (HIC) are ultimately responsible for the security of PHI. In hospitals and long-term care homes, the HIC is the individual who operates the facility. In those circumstances, nurses are agents.

There are situations in which an HIC may disclose PHI to police, including for the purposes of an investigation. But those provisions do not necessarily apply to agents, which means if the police ask a nurse about a crime in which she or he has been a witness or a victim, it is likely a breach of privacy to tell the police about PHI.

In normal situations, for example during an investigation, there is no obligation for a person to speak to police.

Every situation is unique, and there is no harm in getting legal advice.

There is virtually no situation in which you have to speak to police before consulting with a lawyer. So, if you are a victim of crime or a witness, be careful what you say. Call ONA’s Legal Expense Assistance Plan (LEAP) Team to obtain legal advice – you can’t take back something you have already said.

The best way to address this is to obtain explicit authorization from the HIC to disclose PHI to police, but don’t do that before you get some legal advice. Breaches of privacy can lead to employment discipline, proceedings at the CNO, as well as prosecutions under PHIPA itself.

How to Contact LEAP
Call: (416) 964-8833 or (toll-free) 1-800-387-5580 and ask for “LEAP Intake.” Email: leapintake@ona.org
KNOW YOUR RIGHTS

SENIORITY AND SERVICE AT TWO SEPARATE EMPLOYERS: WHAT’S THE DEAL?

Many ONA members work for more than one employer, and ONA collective agreements are separate for each. That means seniority and service only apply to a single employer and a single collective agreement. Employees only move up the wage grid and vacation entitlement at each employer based on the number of hours worked at that workplace.

At the time of hire, most collective agreements provide for the provision of credit for related experience at a member’s new employer based on the following formula: 1,500 hours of work equals one year of service. Credit for related experience only applies to placement on the wage grid, not for any other service-based entitlements such as vacation.

ONA members who sever employment with an employer should obtain a letter setting out their work experience, and maintain that documentation throughout their career. Employers are only legally required to maintain employment records for seven years.

Speak to your Bargaining Unit President if you have any questions.

“I’M GOING TO TAKE WHAT I LEARNED AND BECOME MORE POLITICALLY ACTIVE”

For the five members of ONA’s Human Rights and Equity Team, a recent trip to Queen’s Park was an eye-opening experience that has sparked a fire within them.

In early summer, the group, joined by Region 2 Vice-President and First Vice-President-elect Cathryn Hoy, Human Rights and Equity Team Project Manager Sheila Riddell (right) and Government Relations Officer Lawrence Walter, attended a private meeting with NDP Health Critic France Gelinas, followed by Question Period, where nursing and human rights questions were put to the government, and finally the reading of ONA’s petition about funding cuts.

“I was excited to go because I am very interested in the mechanics of how government works,” said Melissa Grenier (second from right). “I wanted to understand the process of how bills get introduced and passed.”

“I wanted to tell France about nurses’ issues and the long-term care system, and how we are so strapped,” added Colleen Taylor (left). And for close to an hour, that’s precisely what the team did, with Jackie Chesterman (middle, front) commenting that she came away “energized” because “I felt like she was really listening.”

But once in the Legislature, it was a different story, as Susan Archibald (second from left) noted she was somewhat shocked by the lack of respect from the floor. But still, “I learned that everyone has a say, whether or not (the government) hears it.”

That sentiment was echoed by France O’Connell (middle, back), who concluded, “It was both an eye-opener and a positive experience. I am going to take what I learned and become more politically active.”

Seniority and service apply to a single employer and a single collective agreement.
It’s Their Time Now: ONA President announces retirement to focus on family

It’s a story ONA President Linda Haslam-Stroud has jokingly told many times over the years.

Fighting her employer’s refusal to let her take her wedding day off – with a year’s notice, no less! – is what sparked a lifelong commitment to activism in Haslam-Stroud, born into a deeply Conservative family and whose only exposure to unions growing up was seeing the Steelworkers’ Local 1005 office across the street from her father’s clothing store in Hamilton and wondering what went on inside.

So it seems only fitting that after almost 40 years with our union, 14 at the helm, it is her husband Murray (yes, ONA secured her wedding day off!) and the remainder of her family, which now includes two married daughters and six grandchildren, along with a brother and sister to whom she is particularly close, who are the driving factor in Haslam-Stroud’s decision to retire from the ONA Board of Directors at the end of this year.

“I couldn’t have done any of this without them,” she reflected on her typically 16-hour days conducting union business. “They have lived and breathed ONA along with me, getting me to wherever I had to be, making sure I have everything I need, spending every single car ride listening to me on the phone, and allowing me to take over our dining room as my ONA office. They have given up 39 years for me. And now it’s time for me to give back to them.”

“BIT OF A CHALLENGE”

Ironically, this is a life Haslam-Stroud never imagined – or initially wanted. After all, it was a total fluke – though some might call it fate – that she was offered a permanent RN position at St. Joseph’s Healthcare Hamilton after leaving an album of photos from her last day on the unit where she trained, which also contained her contact information, at a good bye party for the nursing students.

“St. Joe’s offered me a job without an interview based on the recommendations of the nurses,” she mused. “They wanted me to start on September 15, but my sister just had a baby and I wanted to spend time with my new nephew, so I had enough nerve at age 18, when there were no jobs in Canada for the nursing class of 1977, to ask if I could delay that by a month – and they agreed. They should have known then I was a bit of a challenge.”

I go to sleep with the weight of 65,000 members on my shoulders. They depend on ONA and their issues need to be addressed appropriately. I take that very seriously.
That resilience would serve Haslam-Stroud well in the months to come as she was “absolutely shocked” to discover the poor quality of working life for nurses on her 80-bed surgical unit and, empowered by the success of her wedding day grievance, saw opportunities to make improvements.

“I saw gaps in the collective agreement, particularly with scheduling, which was a big issue even back then.” That inspired her to run for the Constitution and Resolutions Committee, then elected at annual meetings. She still has her campaign poster, a photo of her three-year-old self in her Sunday best, overwhelmed by an enormous chair, with the clever slogan, “Haslam-Stroud can fill the seat.”

She most definitely filled that seat and many, many more at the Bargaining Unit and Local level over the next three decades, from secretary to joint health and safety chair to chair of the grievance committee – “really, every committee you could think of” – before becoming St. Joseph’s Bargaining Unit President and (what is now called) Local 75 Coordinator. Provincially, she served as chair of the Hospital Central Negotiating Team for many rounds of bargaining, securing groundbreaking gains, including mentorship premium, student supervision premium and weekend premium, which paved the way for other unions.

“MAKING A DIFFERENCE EVERY DAY”

But being Provincial President was never on Haslam-Stroud’s radar. In fact, when she was first approached about running in 2003, her immediate response was an unequivocal “no,” she had enough on her plate. But it was Murray who convinced her to give it go, noting the workload couldn’t possibly be any heavier than it already was. With those words of encouragement, she successfully ran for president and has won every election ever since by “never resting on my laurels or getting too comfortable in my ways. It was about making a difference every day.” And that difference began as soon as her first term started on January 1, 2004, by expanding the role of the Board.

“The CEO and staff used to drive the train, and the Board attended four meetings a year and the annual meeting, and chaired regional meetings – and that’s the only time they were seen. It was a ‘we/they’ situation. Under my leadership, accountabilities were created, and the Board now serves as mentors and supporters who understand Local issues and assist Bargaining Unit Presidents in being powerful leaders. As a result, we built credibility with our members and they trust us to make decisions on their behalf. I am very proud of that work.”

That’s just one of many areas of pride for Haslam-Stroud. She points to the time following the SARS Commission – when she held her very first press conference – as changing the face of ONA in terms of working with the government because “they knew we had solutions.” So when Ebola hit a decade later, “who was at the main table? ONA.”

Similarly, she attributes our involvement with the inquiry into the tragic workplace murder of member Lori Dupont as the reason the government is finally making violence against nurses a priority.

While Haslam-Stroud understandably finds it difficult to narrow down the successes that have meant the most to her
over the years, top contenders include the introduction of labour schools, teleconnects and the annual Human Rights and Equity Caucus; welcoming Canadian Nursing Students’ Association students as affiliate members; the expansion of our Legal Expense Assistance Plan (LEAP); our work with the Stephen Lewis Foundation; and, more recently, substantial improvements to HOOPP, the Healthcare of Ontario Pension Plan (see pg. 25). She also acknowledges the growth in membership from 42,000 to 65,000 during her presidency as a significant highlight.

“GAS IN MY TANK”
Still, she notes that while the big wins get the media attention, it’s the small wins that make ONA.

“The biggest wins that stick in my mind aren’t ones that people even know about, such as a successful claim for WSIB we fought hard for or a word change in Local provisions that made a real difference to our members. That’s what puts gas in my tank. We have been able to instill a sense of pride in our members through that advocacy and asking them to come along for the ride.”

And because of her sheer tenacity – she was, after all, the originator of the never, never, never give up! and get loud! mantras – Haslam-Stroud, who has received numerous awards and accolades throughout her career, said “when ONA gets a win, it’s not even dry on the page and I’m already looking for the next one.”

It stands to reason then, that as she prepares to say good bye, one of the things she will miss most is the sheer exhilaration of her position and the energy ONA gives her.

“I will also miss my friends and the absolute intelligence and expertise of staff, who have always made me look so good. But I have a family who can depend on me now, a community who can depend on me” – there is a proposed quarry to fight near the cottage where she will be spending more time – “and I will volunteer more. I will use everything I learned from being a leader in ONA to make good in other ways.”

But, she is quick to point out, she is far from washing her hands of our union and will, in fact, continue to represent ONA on the HOOPP Board.

“I would be very happy to assist anyone that might ask for a bit of guidance or help in any way I can, but I’m not going to be out there trying to lead ONA. That’s for President-elect Vicki McKenna, First Vice-President-elect Cathryn Hoy and the Board to do. ONA needs new thoughts and ideas, but hopefully I’ve laid that foundation. It’s truly like I’ve been married to ONA all these years, and now I get to go back to being married to my husband.”

Good thing she got her wedding day off.

The next issue of Front Lines will profile President-elect Vicki McKenna, RN, First Vice-President-elect Cathryn Hoy, RN, and the new Board of Directors, and what they envision for the future of ONA.
LEADERSHIP SUMMIT 2017: “YOU REALIZE YOU ARE NOT ALONE”

Perhaps one of our health-care professionals said it best: ONA’s annual Leadership Summit and Activist Camp was one well organized event!

The summit, held in Grand Bend from September 18 - 22, brought together 83 ONA members in three streams – Novice, Advanced and Activist – under the inspiring theme of “Get Loud!” Through a series of group work, workshops, storytelling exercises and guest speakers, participants learned the ins and outs of our union to better serve members. And in the spirit of giving, they also created 125 “Build a Bears” to donate to hospitals in their Locals. Reviews from all streams were positively glowing!

“It was such a wonderful, well-planned event,” said Brant County Health Unit Bargaining Unit President Heather Clark, who was part of the Advanced group. “As an allied member, I was so grateful for the opportunity to attend and learn with ONA nurses. I have already set up a membership meeting to share some of the wonderful videos we saw, which will give members an opportunity to see the important messages that were so well portrayed.”

Her fellow health-care professional Christine Spence, who recently joined ONA following our successful Public Sector Labour Relations Transition Act vote at Health Sciences North, had equally positive things to say about the Novice program.

“The best part was hearing everyone else’s challenges and successes. It was a great opportunity to network with people dealing with virtually the same issues. You quickly realize you are not alone and that you have great support all around you!”

The application process for next year’s Leadership Summit and Activist Camp will be announced next spring. Stay tuned!

“I plan on using this knowledge to inspire members to become a part of the union and work towards common goals.”

— Cory Moore, Novice program
GET INVOLVED IN BETTER CARE!

The exciting next phase of ONA’s Nurses Know campaign has officially launched and we need you to get involved!

The campaign, which uses the tagline Better Care Starts Here, highlights three key areas: hospital overcrowding (bed shortages, hallway care, less frontline care and chronic conditions that demand more care), seniors’ care to bring attention to long-term care, and access to home care and care coordination.

Keep an eye out for new television, transit shelter, radio and print ads, and please share our messages on your social media accounts. Two pre-feature ads will also run in cinemas across Ontario with a heartfelt message about the importance of nursing care from the beginning of life to the end. Cinema ads, relatively new to ONA, have proven a very effective way to reach a captive audience.

Our much-visited Nurses Know website (nursesknow.ona.org) has been updated and we encourage you to check it often for background information, member stories, and to find out how you can participate. We need you!

ONA SUMMER INTERN PRESENTS TO THE WORLD!

Our nursing students are really getting out there!

Andy Mok, a fourth-year nursing student at Ryerson University and ONA summer intern, and Betty Wang (BScN) presented at the Inaugural Global Association of Student and Novice Nurses Conference in Barcelona, Spain this past May. As undergraduate student co-investigators with Dr. Margareth Zanchetta, the duo detailed results from their research project, Awakening Undergraduate Nursing Students’ Critical Awareness about Men’s Health and Health Literacy, which aimed to revitalize students’ understanding of the importance of men’s health and their health knowledge and behaviours in Canada.

“This was a remarkable experience,” Mok reported. “I met and listened to influential nurse leaders speak about their vision for global health and the future of nurses. All shared a common goal of advocating for equitable and accessible health care and I want to share this message with my fellow colleagues in my capacity as the Official Delegate for the Ryerson chapter of the Canadian Nursing Students’ Association. Working as an ONA summer intern student taught me to become more vocal and to share my wisdom with other nursing students as we slowly transition into our nursing careers.”

“i’m going to be a proud ONA member in the future!”
PRIMING THE PREMIERS ON MENTAL HEALTH

ONA First Vice-President Vicki McKenna chats with Ontario Premier Kathleen Wynne at a premiers’ breakfast briefing on mental health in Edmonton, Alberta this past July, cohosted by ONA and the Canadian Federation of Nurses Unions. The briefing, held during the Council of the Federation, featured Michael Kirby, former senator and founding chair of Partners for Mental Health and Tazz Norris (aka Big Daddy Tazz), a Canadian mental health motivational speaker. “Fully half of family doctors’ time is spent addressing mental health issues or illness, costing the Canadian economy upwards of $50 billion a year,” McKenna told the gathering. “Nurses know it is crucial that the $5 billion invested by the federal government for mental illness be wisely spent on effective, innovative approaches to improve access to mental health services.”

STUDENT THANKS ONA FOR OPPORTUNITIES, SUPPORT

As the regular fall Ontario Regional conference of the Canadian Nursing Students’ Association (CNSA), where ONA is the highest-level sponsor, is being held via webcast this year, ONA has found another way to continue our support.

Instead, ONA will fund 10 students to attend the CNSA’s National Conference in Vancouver next January. We will also financially assist CNSA students to attend our Biennial Convention in December. For students, this is welcome news.

“I have worked very closely with the Board and the whole ONA Team, and I always have a great time coming to your events,” said CNSA Ontario Regional Director Kelsey Fallis (pictured), a fourth-year nursing student at York University. “Thank you for providing so many opportunities and so much support for students, and for welcoming me into your profession and union. I am excited to graduate and work with ONA for the rest of my life.”

20% of Canadians will develop mental illness by age 25

43% of Canadians will experience a mental health issue in their life
NURSES TOP POLL OF MOST RESPECTED PROFESSIONALS

For the second year in a row, nurses are the most respected professionals in the country, a Canada-wide Insights West poll has found.

In the survey, 92 per cent of Canadians say they have a positive opinion of nurses, exactly the same proportion as in the 2016 survey. More than four-in-five Canadians outline positive views on doctors (89 per cent), scientists (89 per cent), farmers and veterinarians (88 per cent each), architects (87 per cent) and teachers (85 per cent). At the opposite end of the spectrum, politicians topped the list of negative perceptions (72 per cent), followed by car salespeople (66 per cent).

Results are based on an online study conducted from May 26 to June 2 among a representative sample of 1,257 Canadian adults.

DO YOU HAVE A POSITIVE OR NEGATIVE OPINION OF THE FOLLOWING PROFESSIONS?

<table>
<thead>
<tr>
<th>Profession</th>
<th>Very Positive</th>
<th>Somewhat Positive</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>92%</td>
<td>32%</td>
<td>60%</td>
</tr>
<tr>
<td>Doctors</td>
<td>89%</td>
<td>44%</td>
<td>45%</td>
</tr>
<tr>
<td>Teachers</td>
<td>85%</td>
<td>35%</td>
<td>50%</td>
</tr>
</tbody>
</table>

FINALLY, RESEARCH INTO OUR HEALTH!

ONA is endorsing research into how lifestyle factors during nurses’ 20s, 30s, 40s and 50s can influence their health later in life and the health of their children – and we encourage you to participate!

Investigators at the Harvard TH Chan School of Public Health and Brigham and Women’s Hospital, a Harvard Medical School affiliate, are looking for female and male nurses and nursing students from Canada and United States born on or after January 1, 1965 to participate in the online Nurses’ Health Study 3.

More than 230,000 of our colleagues are already taking part in the first and second phases of the study. Their participation has led to major advances in our understanding of disease prevention over the past 40 years (see one such study on pg. 24), which you can read about at nurseshealthstudy.org.
THE APP IS WHERE IT’S AT!
There’s no question that the rise of digital and mobile use has provided more opportunities for organizations to spread key messages to their audiences. ONA is no exception.
Over the past year, ONA has expanded its content channels to include an exciting new vehicle: the ONA App. New features and information are constantly being added to the App to help members learn about their rights. From ONA news to access to collective agreements and more, the App is where it’s at!
Download the ONA App on your mobile today. Go to the App Store or Google Play, search “Ontario Nurses’ Association” and you’re good to go!

UK NURSES STRETCHED, CARE COMPROMISED, SURVEY SHOWS
A new report from the United Kingdom’s Royal College of Nurses (RCN) paints a disturbing picture of nurses stretched to the limited and compromised patient care.
More than 30,000 member responded to a survey seeking to gain a snapshot of their experience on their last shift. Fifty-five per cent said there were fewer nursing staff than planned and that quality care suffered as a result, while 36 per cent said they had to leave elements of patient care undone due to a lack of time.
In addition to immediate reviews in each care setting, the RCN is calling for new legislation across the UK that guarantees safe and effective nurse staffing.

OF THE

65% of respondents who worked at least an hour over their shift

98% were not paid overtime

50% said no action is taken when staffing concerns are raised

I drove home sobbing, knowing my patients didn’t get a fraction of the care I consider acceptable.
— Survey respondent

To read Safe and Effective Staffing: Nursing Against the Odds, log onto rcn.org.uk/safestaffing

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! ona.org/podcast
ONA members save up to 40% on auto insurance

Plus, in celebration of the 30th anniversary of the partnership between ONA and Johnson, receive a $10 coffee card when you call and get a home or auto quote.

1-855-772-6617
Mention Promo Code: ONA COFFEE

ONA members save up to 40% on auto insurance

Plus, in celebration of the 30th anniversary of the partnership between ONA and Johnson, receive a $10 coffee card when you call and get a home or auto quote.

1-855-772-6617
Mention Promo Code: ONA COFFEE

RN4CAST study needs you!

RN4CAST, the largest study of its kind on nursing care and patient outcomes is underway, and we strongly urge you to take part in this important work!

The study is aimed at creating knowledge to improve nurses’ work environments and the quality of patient care in all settings in which nurses practice. Originated in the U.S., this scientific research has resulted in an international consortium of researchers replicating this work in a number of countries throughout the world.

The study looks at how organizational features of hospital care impact on nurse recruitment, nurse retention and patient outcomes. As a result, organization-based nursing interventions are now more often considered as potential solutions to poor quality and unsafe care.

RN4CAST Canada is starting to recruit provincial nurses. The team of investigators for the Ontario study, led by Professor Linda McGillis-Hall RN, PhD, FAAN, FCAHS, from the Faculty of Nursing, University of Toronto, are asking nurses working in acute-care hospitals in Ontario to complete an online survey now.

You should have received the link to the survey in your email inboxes.

Contact the research team at rn4cast.study@utoronto.ca
INVEST IN VIOLENCE PREVENTION, NOT LEGAL FEES, FINES, ONA SAYS

The province must invest in proactive measures to keep nurses safe, ONA has said in response to the $75,000 fine recently levied against the Royal Ottawa Mental Health Centre after an RN was repeatedly stabbed and critically injured by a patient at its Brockville site in October 2014.

“ONA was deeply disappointed when Justice Richard Knott dismissed three of the four charges against this employer, and while the fine is substantial, it will not change this employer’s behaviour,” said Region 2 Vice-President and First Vice-President-elect Cathryn Hoy. “Let’s stop wasting taxpayers’ money in legal fees and fines where employers fail in their duties, and instead hold them accountable for implementing measures proven to make a difference.”

We believe the Ministry of Health and Long-Term Care should invest in safe staffing levels, training healthcare managers about their safety obligations, and authentic occupational health and safety cultures and systems.

WSIB REDUCES LIABILITY ON BACKS OF INJURED WORKERS

The Workplace Safety and Insurance Board (WSIB) announced to stakeholders at its 2017 Annual General Meeting (AGM) that it is well ahead of its goal to eliminate its unfunded liability (UFL), projecting it will be gone by 2020.

The UFL represents the shortfall between the money needed to be in the WSIB’s insurance fund to pay benefits owing workers and the money actually in that fund.

In 2012, the WSIB committed to the government to eliminate the UFL by 2027, at which time the UFL was approximately $14.2 billion. At its AGM, the WSIB advised that the UFL is now a little more than $2 billion.

While the WSIB denies that injured workers’ benefits were impacted, since the WSIB’s commitment to reduce its UFL, ONA and other injured workers’ advocates have noticed the WSIB is focused on claims minimization initiatives such as pressuring workers to return to work as soon as possible (regardless of the medical information provided), and using “usual healing times” and “pre-existing conditions” to reduce the amount of benefits paid or to deny a claim altogether.

By using these techniques, injured worker advocates strongly believe that the WSIB has reduced its UFL on the backs of injured workers.

2012 WSIB unfunded liability (UFL):
$14.2 billion

2017 UFL:
$2 billion

To learn what this means for ONA members, log onto ona.org/wsib

REVIEW OF WSIAT DECISIONS FINDS PLENTY OF PROBLEMS

IAVGO, a community legal clinic providing free services to injured workers, has undertaken a review of the Workplace Safety and Insurance Appeals Tribunal’s 2016 decisions, identifying systemic problems with the WSIB’s adjudicative practices and inferring these practices have resulted in the WSIB’s dramatic decrease of its unfunded liability.
SUFFERING FROM A WORK-RELATED INJURY? SEE YOUR OWN HEALTH PROVIDER

If you suffer an injury in your workplace, ONA advises you to do the following:

1. Immediately report to your employer.
2. Seek health care as soon as possible with your family doctor, NP, etc. (if unavailable, attend a walk-in clinic or emergency department). The WSIB allows you to initially select your health professional.
3. Your health professional will have a Form 8, which should be completed and sent by her/him to the WSIB.
4. If your employer offers modified work when you report your injury, take the written offer to your health professional for her/his review and a Functional Abilities Form (FAF).
5. If your health professional is of the opinion that your functional abilities are inconsistent with the modified work offer or you are unable to do any work during the acute phase of the injury, have your health professional provide written reasons in a note to the WSIB.
6. Take a completed copy of the FAF to your employer and retain copies of all modified work offers and medical documents for your personal records.
7. Call your Bargaining Unit President or ONA rep for support.

WORKPLACE EXPOSURE? WE HAVE ADVICE FOR THAT TOO

If you are exposed to an infectious, chemical or other substance at work:

1. Immediately report to your employer.
2. If there is no lost time and no immediate illness, complete the WSIB Worker’s Exposure Incident Form 3958A, found on the WSIB website at wsib.on.ca.
3. If there is lost time and/or immediate illness needing medical treatment, complete the Worker’s Report of Injury/Disease (Form 6) found on the WSIB website. Your employer should also complete a Form 7 and your treating health-care practitioner a Form 8.

NURSES AT RISK OF COPD FROM DISINFECTANT USE, STUDY FINDS

Nurses who use disinfectants continually throughout their careers are more likely to develop chronic obstructive pulmonary disease (COPD), an analysis of the health of more than 55,000 nurses in the USA has found.

Recent results of the Nurses’ Health Study II show that tasks involving the use of disinfectants led to exposure to certain chemicals, which can result in a 22 to 32 per cent increased risk of developing COPD.

This study could help policy makers and authorities take into consideration the occupational hazards of health-care workers and appropriately develop guidelines for disinfection and cleaning of health-care settings, including hospitals, the authors noted.

See nurseshealthstudy.org
PENSION PLAN CHANGES MEAN MORE MONEY FOR YOU!

Good news for ONA members enrolled in the Healthcare of Ontario Pension Plan (HOOPP)!

As a result of an ongoing favourably funded position (for every dollar of current and future pensions owed to its members, HOOPP has $1.22 on hand), the HOOPP Board of Trustees, which includes ONA President Linda Haslam-Stroud, CEO/CAO Marie Kelly and former ONA Senior Director Dan Anderson, has approved improvements to your pension, effective January 1, 2018. And that means more money in your pocket when you retire!

You recently received a HOOPP newsletter that provided details about these plan changes. Below is a high-level summary of what those changes mean.

1. **INCREASE TO PENSION FOR YEARS OF SERVICE PRIOR TO 2018**
   
   Your pension is based on a formula that takes into account your earnings and years of service. For each year of contributory service prior to 2018, you will receive 1.75 of your average earnings up to the average year’s maximum pensionable earnings (YMPE), up from 1.5 per cent. The 2 per cent rate on average earnings above YMPE will not change.

2. **INCREASE TO PENSION RESULTING FROM CHANGE IN AVERAGE YMPE CALCULATION**

   Average YMPE is currently based on the 3 calendar years immediately before you retire. That will change to 5 calendar years.

   Since average YMPE will now be lower, more of your pension will be based on the 2 per cent rate applicable to earnings above YMPE.

3. **INCREASE TO SURVIVOR BENEFIT**

   This improvement consists of two parts:
   - An increase to minimum survivor benefits for your qualifying spouse when you pass away in retirement.
   - A new five-year guarantee from your retirement date for survivor benefits for your qualifying spouse.

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Jennifer has an average earning of $85,000.
She has 25 years of contributory service up to December 31, 2017.
She retires at age 65.
Her pension increases by approximately $3,412/year.

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See hoopp.com
ONA IN ACTION

ONA APPEAL RESULTS IN SUBSTANTIAL PAYMENT FOR MEMBER

A recent appeal by ONA on behalf of a member has resulted in the overturning of a long-term disability (LTD) benefits denial by insurance carrier Desjardins and a significant retroactive payment.

The member has been absent from work since June 2016 due osteoarthritis of the knee, a condition which has caused severe mobility limitations requiring a walker that presented a considerable risk to patient safety.

Though there was significant evidence and medical opinion from attending physicians, Desjardins denied benefits during the own occupation phase of total disability, instead requiring the member to begin a gradual return to work program. An appeal was essential to clarifying our member’s significant physical limitations and inability to return to work at the time of denial.

What aided was that the employer formally disputed the denial with the insurer. As this case occurred on the transition from short-term disability to the own occupation phase of total disability (LTD), the employer had already fulfilled its financial obligations tied to sick leave compensation. Yet, they felt obliged to both support and intervene on the member’s behalf.

There were several issues that led to difficulty in the adjudication of this member’s file. Most notably, the Desjardins’ claims specialist had actually approved the initial claim and then inexplicably issued a denial letter shortly thereafter. Fortunately, the specialist kept detailed notes outlining why the file initially was approved, which was brought to light in the appeal, making up the bulk of the argument for benefit reinstatement.

The member has since returned to work in a modified capacity limiting the ongoing insurance entitlement, but the appeal was successful, resulting in a retroactive payment of approximately $25,000.

WHAT YOU CAN LEARN FROM THIS CASE

1. DO NOT SEEK your own counsel. ONA can help!
2. MAINTAIN a relationship of trust with your employer through consistent communication and honest disclosure.
3. KEEP a detailed and organized diary or journal listing dates, meeting summaries, appointments, medical reports and so on.
4. REMEMBER timelines are important in the event of an appeal.

VACCINATE OR MASK ARBITRATION: WHERE DO THINGS STAND?

The second phase of ONA’s litigation of the controversial vaccinate or mask (VOM) policy introduced at the Toronto Academic Health Science Network (TAHSN) hospitals is moving forward, with additional dates announced in 2017 and 2018.

The contentious policy forces nurses and other health-care workers to wear a surgical mask for the entire flu season if they choose not to get the influenza vaccination. ONA maintains receiving the vaccine needs to be a true choice and part of a more comprehensive evidence-based infection control program.

We negotiated a central arbitration process with the Ontario Hospital Association and the TAHSN hospitals before Arbitrator William Kaplan. All hospitals agreed to be bound by the outcome of a lead case, St. Michael’s Hospital.

The hearing between ONA and St. Michael’s Hospital commenced on August 9, 2016, with 13 additional dates between October 2016 and October 2017. To date, ONA has called our members to testify about the impact of wearing a mask on the nurse-patient relationship, along with several renowned experts in infection control, epidemiology and masking.

The next seven hearing dates will take place between December 2017 and May 2018. It is anticipated we will have a decision before the flu season in 2018.
POUR LA DERNIÈRE FOIS : N'ABANDONNEZ JAMAIS, AU GRAND JAMAIS!

IL EST DIFFICILE de croire que c'est le dernier message de la pré-
idente que j'écris pour Front Lines.

À la fin de décembre, je quitterai le conseil d'administration de
l'AIIO pour passer du temps avec mes enfants et mes merveil-
leux petits-enfants, ainsi qu'avec Murray mon très patient mari.

En qualité de présidente, j'ai toujours fait de mon mieux pour
placer la barre très haut, afin de vous procurer les meilleures
conditions de travail possible.

Il y a très longtemps (près de 40 ans), j'ai appris de première
main la valeur de l’appartenance à un syndicat profession-
nel solide et uni. Mon dévouement à améliorer la vie de nos
65 000 infirmières et infirmiers autorisés et professionnelles et
professionnels des soins de santé n’a jamais été ébranlé.

À titre de présidente, j’ai utilisé tous les moyens à ma disposi-
tion pour améliorer votre vie et celle de vos patientes et patients.
Après tout, je suis aussi une IA et les soins aux patientes et
patients passent en premier.

Au fil des ans, nous avons affronté des rondes de réductions
budgétaires, de compressions dans les services infirmiers et de
politiques peu judicieuses. Nous avons lutté pour obtenir de
l’équipement protecteur adéquat pendant l’épidémie du SRAS et
la crainte subséquente du virus Ebola.

J’ai été sidérée et horrifiée lorsque Lori Dupont, AI, et
membre de l’AIIO, a été brutallement assassinée au travail, et
la lutte subséquente de l’AIIO, en votre nom, pour des milieux
de travail plus sûrs a été couronnée de succès. J’ai dirigé les
négociations centrales des hôpitaux pendant 30 ans et je suis
fière des gains importants que nous avons obtenus pour nos
membres. J’ai travaillé d’arrache-pied pour me joindre au plus
grand nombre possible de nos membres dans les Centres d’accès
aux soins communautaires lorsqu’elles et ils ont fait une grève
de 17 jours par un froid glacial pour les aider à garder le moral
tout en luttant pour un contrat respectueux pour nos
patientes et patients. J’ai travaillé d’arrache-pied pour me joindre au plus
grand nombre possible de nos membres dans les Centres d’accès
aux soins communautaires lorsqu’elles et ils ont fait une grève
de 17 jours par un froid glacial pour les aider à garder le moral
tout en luttant pour un contrat respectueux pour nos
membres. Nous avons remporté cette victoire, comme tous les nombreux
defis que nous avons affrontés au fil du temps.

Merci à nos chefs, ainsi qu’à nos membres du personnel
et de l’administration de l’AIIO pour le travail extraordinaire
qu’ils ont accompli pendant de nombreuses années. L’AIIO a
une réputation enflammée en raison de ses efforts constants. Merci
egalement à mes collègues au conseil d’administration qui m’ont
appuyée pendant toutes ces années et à mon acoyote et amie très
chère, votre future présidente, Vicki McKenna, IA.

Je ne peux remercier assez ma famille pour sa patience et
pour sa compréhension, car l’AIIO l’a privée de ma compagnie
pendant les presque 40 années de ma carrière. Tout ce que j’ai
fait pour vous, je l’ai fait aussi pour les membres de ma famille
en tant qu’usagers de notre régime de soins de santé.

Surtout, je tiens à remercier chacune et chacun d’entre vous de m’avoir confié la tâche de vous représenter auprès des
gouvernements, des employeurs, du public et des médias. Je
suis honorée et reconnaissante que vous m’ayez fait confiance
pour diriger ce syndicat au cours des 14 dernières années et que
vous m’ayez appuyée pendant mes 26 ans en tant que dirigeante
syndicale locale.

Même si d’être votre présidente me manquera, je sais que
l’AIIO continuera d’être la voix professionnelle de nos membres.
Et je continuerai de défendre vos droits en qualité de membre
à la retraite. Il se pourrait que vous me voyiez à des piquets de
grève ou à une éventuelle assemblée provinciale! Donc, dans ce
sens, ce n’est pas un adieu.

Vous êtes entre bonnes mains avec Vicki. Vous êtes entre
bonnes mains avec l’AIIO.

Et permettez-moi de répéter une dernière fois : N’abandonnez
jamais, au grand jamais!

L’AVENIR EST PROMETTEUR!

me pousser toujours plus loin.

Bien que Linda et moi, et bien d’autres, fassions souvent
des blagues à propos du fait que nous avons des personnalités
contraires, nous avons toujours formé une équipe très unie.

Après tout, nous avons le même but : servir le mieux pos-
sible les membres de l’AIIO pour que vous puissiez prodiguer à
vos patientes et patients des soins de qualité. Et je vous promets
aujourd’hui que je poursuivrai ce travail critique.

Je vous remercie de m’avoir appuyée dans mon rôle de
première vice-présidente pendant toutes ces années et de bien
vouloir m’accorder votre confiance en tant que présidente. Avec
votre nouvelle première vice-présidente, Cathryn Hoy, à mes
côtés, et avec l’appui de tous les membres du conseil d’adminis-
tration et du personnel, je continuerai de me tourner vers vous
pour obtenir votre soutien afin de faire progresser nos enjeux
parce que nos succès ne sont possibles que lorsque nous nous
unissons comme l’équipe solide que nous sommes. L’avenir est
prometteur!

Je sais que vous vous joignez à moi afin de remercier sin-
cèrement Linda pour son dévouement à notre syndicat, non
seulement pendant les années où elle a été présidente de l’AIIO,
mais pendant toute sa carrière d’infirmière, et de lui souhaiter
une retraite en santé, heureuse et bien méritée avec sa famille.
Elle nous manquera énormément.
Seniors and their families are struggling to find the specialized care they need. But there are solutions. Nurses know.