All for You! New Board comes together to support ONA members
Feedback from the Front Lines on the Redesigned Front Lines!

Since the new and improved Front Lines hit the “newsstands” late last year, we have received many positive accolades from our members.

Many of you have reached out and said you love the new design and bright colours. The front cover really “pops” and makes you want to open the page and read more.

One member told us the new Front Lines made her think about the way ONA supports members and gave her ideas about how to better engage her own members.

From new eye-catching graphics and photos that accompany the articles to key asks and messages, you told us the redesigned Front Lines is an excellent union publication that inspires members to take action.

Thank you for your comments, and please keep them coming!

CLARIFICATION
The photos used in the LEAP feature section (such as the one below), which accompanied the September/October 2017 issue of Front Lines, were general photos of ONA members and not specific examples of members who have required LEAP services. We apologize for any confusion.

IT’S ONA’S 45TH!
WHAT ARE YOU CELEBRATING?

This isn’t just any year for ONA. It’s our 45th sapphire anniversary of being – pardon our bias – the most vibrant, trusted and respected union for nurses and health-care professionals!

Throughout the year, we’ll be taking you down memory lane and sharing our favourite old photos and significant milestones with you. But we’d also love to hear about your most memorable events as well. Please send your stories and photos to Front Lines editor Ruth Featherstone at ruthf@ona.org. Let’s celebrate together!
THE DAWN OF A NEW DAY

A VERY HAPPY New Year, ONA members!

As your brand-new ONA President, I am excited – and, yes, a little apprehensive – about the sheer volume of activities in the year ahead. It’s the dawn of a new day for all of us, but I know good things are in store.

It feels like we just wrapped up a successful Biennial Convention, which you can read about with this issue, and the holidays certainly flew past us. I hope you managed to find some time to rest, enjoy special moments with friends and family, and feel energized for the year ahead. We will need your help!

In the short-term, your bargaining committee is hard at work in hospital central negotiations. We are looking to achieve a respectful and fair contract for our hospital-sector nurses and health-care professionals. The financial crisis was a full decade ago, and it’s well past time to bid farewell to a provincial austerity push. We will await the provincial government’s final budget with a view to how health-care funding will be handled.

As your new President, I am committed to the priorities of ONA members. The focus is on you! I am very determined to achieve results and I have the full support of your new First Vice-President Cathryn Hoy, the Board of Directors and a very capable ONA staff. Please read more about the priorities of the 2018-2019 Board beginning on page 14.

ONA will again be holding a Joint Sector Meeting in March, and I hope to see many of you there. Our leaders at the Bargaining Unit and Local levels raved about the first such meeting last year and how the information they gathered is helping them better serve members. We know the same will be true with the upcoming meeting.

Let’s work together and achieve our goals in 2018, because as our clever ad campaign says, “Better care starts here!”

L’AUBE D’UN NOUVEAU JOUR

BONNE ANNÉE à tous les membres de l’AIIO!

En tant que votre nouvelle présidente de l’AIIO, je suis très enthousiaste – et un peu inquiète – en songeant au nombre impressionnant d’activités qui se dérouleront au cours de l’année à venir. C’est l’aube d’un nouveau jour pour nous toutes et tous, mais je sais que l’avenir nous réserve de bonnes choses.

J’ai l’impression que nous venons de conclure un congrès biennal couronné de succès, dont vous pouvez prendre connaissance en lisant ce numéro, et que les vacances nous ont filé entre les doigts. J’espère que vous avez réussi à trouver du temps pour vous reposer, pour profiter de moments privilégiés avec vos amis et votre famille et que vous déborderez d’énergie pour l’année à venir. Nous aurons besoin de votre aide!

À court terme, votre comité de négociation travaille d’arrache-pied dans les négociations centrales des hôpitaux. Nous cherchons à obtenir un contrat respectueux et équitable pour nos infirmières et infirmiers du secteur hospitalier ainsi que pour nos professionnelles et professionnels de la santé.

La crise financière a eu lieu il y a dix ans, et il est grand temps de faire nos adieux à l’offensive d’austérité provinciale. Nous attendrons le budget final du gouvernement provincial pour voir comment le financement des soins de santé sera géré.

Follow Vicki at twitter.com/vickim_RN
From ONA First Vice-President  
Chronique de la première vice-présidente, AIIO  
CATHRYN HOY, RN

FIGHTING FOR THE THINGS THAT MATTER MOST

I AM SO HONOURED to have been elected your First Vice-President this past fall. Thank you for putting your trust in me to lead our union alongside ONA President Vicki McKenna and the rest of the Board for the next two years. I take that responsibility very seriously.

The position of First Vice-President comes with the portfolio of political action and professional issues – two key areas for our members. In fact, time and time again you tell us that workload is one of your top priorities. And understandably so. You are run off your feet trying to provide quality care in very challenging situations, yet still feel you haven’t done enough. So, how do we bring about meaningful changes? By lobbying the government and our employers for our positions, and advocating for improved working conditions with our employers.

As Local 99 Coordinator and Kingston General Hospital Bargaining Unit President for many years, I saw how we effected change when the two areas of my new portfolio collided. Two of note – the professional responsibility complaint settlement for our emergency department and the Independent Assessment Committee recommendations for our critical care program – resulted in dramatic improvements to our members’ workload and the care we are able to provide. Our employer knew we weren’t backing down. We informed the media. The public was on our side.

As First Vice-President, it is my goal to inspire you to do the same – and to assist every step of the way. So, please fill out your workload forms when something feels off. Get involved in the political action work of your Local. From attending rallies to leafletting our key messages to wearing an ONA campaign button, it all counts. And it’s all another piece in the puzzle towards building a health-care system we can all be proud to work in.

I look forward to meeting many of you as we work together to fight for the things that matter most.

SE BATTRE POUR CE QUI COMPTE LE PLUS

JE SUIS TRÈS HONORÉE d’avoir été élue première vice-présidente cet automne. Merci de m’avoir fait confiance pour diriger notre syndicat aux côtés de la présidente de l’AIIO, Vicki McKenna, et des autres membres du conseil d’administration, pour les deux prochaines années. Je prends cette responsabilité très au sérieux.

Le poste de première vice-présidente s’accompagne d’un portefeuille d’actions politiques et d’enjeux professionnels – deux domaines clés pour nos membres. En réalité, vous nous dites sans cesse que la surcharge de travail est votre principal problème. Et c’est compréhensible. Vous vous dépassez pour donner des soins de qualité dans des situations très difficiles, mais vous avez toujours l’impression de ne pas en avoir fait assez. Alors, comment pouvons-nous apporter des changements importants? En faisant pression auprès du gouvernement et de nos employeurs pour défendre notre position et en revendiquant de meilleures conditions de travail auprès de nos employeurs.

As First Vice-President, it is my goal to inspire you to do the same – and to assist every step of the way. So, please fill out your workload forms when something feels off. Get involved in the political action work of your Local. From attending rallies to leafletting our key messages to wearing an ONA campaign button, it all counts. And it’s all another piece in the puzzle towards building a health-care system we can all be proud to work in.

I look forward to meeting many of you as we work together to fight for the things that matter most.
**MEMBERS GET LOUD!**

**“WE WANTED THE BEST, STRONGEST UNION,”** **NEWLY ORGANIZED MEMBER SAYS**

When RNs and RPNs working for Paramed Home Health Care in Oshawa were looking for a union to help them deal with the daily struggles of their increasingly complex positions, they knew exactly where to turn.

“There was no questioning our choice of union,” said Paramed Home Health Care RN and new member Amelia Bond. “We wanted the best, the strongest and the one that understands our profession and our needs the most. That was ONA.”

For the nurses, the daily struggles had become too much. Long gone are the days of visiting nurses going out for simple wound care, vital sign monitoring and IVs, Bond said, noting they now provide the whole spectrum of specialties, including chemotherapy, palliative care, dialysis, and complex chronic care and complex wound care.

**LOST OUR VOICES**

“As new technology continuously evolves, home-care nurses are expected to adapt and respond to the emerging needs of our clients. We are broadening our skills and responsibilities with limited education resources in a far more complicated environment than ever before seen in the community. Despite the evolution of our role, we felt we were lagging behind our peers in other settings in all aspects. Some of our nurses haven’t seen wage increases of more than a dollar or two for decades, and there was no long-term security in our contracts or hours.”

But what troubled the group the most was that there was no one to fight for them when they worked extreme overtime or were pushed beyond their limits.

“We had reached a place where we had lost our voices, not only as individuals, but as nurses,” revealed Bond. “We lost many of our highly-skilled nurses. We were tired, frustrated, and nervous about our future and the future of community care. And, most importantly, we were constantly concerned for the well-being of our clients.”

**GAINED SOME HOPE**

Within a month of reaching out to ONA, the Oshawa nurses had gathered enough signed cards to put the union move into action. But the employer threw in a curve ball by adding the nurses from the Lindsay branch into the vote for a combined total of 109 RNs and RPNs.

They realized. Second, ONA worked tirelessly and quickly to meet with our Lindsay nurses to ensure they were well informed and to advocate for accessibility in the vote. And third, the Lindsay nurses are just as tired, frustrated and undervalued as we are. We achieved victory in overwhelming numbers. We joined together and gained some hope.”

Considering the nurses complete day-to-day visits over a vast geographical area and don’t often get together, Bond noted that they are a true team and joining ONA has both enforced those ties and brought them close together. The next step is negotiating a first collective agreement.

“We are eagerly looking forward to working closely with ONA to improve our working conditions and our futures. It’s been a whirlwind of a journey, but I strongly believe that for the first time in a very long time, our unified voices will be heard as we seek a fair contract and long-term security.”
THIS TREAT IS NO TRICK: LOCALS SHARE SCARY MESSAGES

You could say that handing out Halloween candy to children with an important message for their parents was a real “treat” for our Locals.

“Local 35 has been trying to engage with our community in a positive way,” said Local 35 Coordinator Janice McFadden. “In the past, we have handed out water at the Terry Fox runs and participated in the Christmas parade.”

But this year, the Local took their community activism even further after one of their own suggested they hand out Halloween candy at their local Safety Village, a miniature town that provides hands-on information to school children on fire safety, road safety, etc.

“They have a day for Halloween with all sorts of activities and games,” McFadden said, noting representatives from local businesses and community/labour groups wear costumes and hand out candy. “It is a safe environment for kids to trick or treat with no cars, plus we know where the candy is coming from. So when we learned that ONA had prepared Halloween cards for our Locals to hand out with their candy” – which drew attention to hospital overcrowding and resident care using clever Halloween analogies – “we thought they were perfect!

“We dressed up, and dug out our nursing caps. Kids loved the candy we put into a silicone glove (see photo).

Parents were receptive to our cards. We didn’t receive any negative feedback. We were prepared for 800 kids, which was wonderful exposure. We are facing layoffs at our hospital and restructuring with the Local Health Integration Network. Our other Bargaining Units include nursing homes, a public health unit and a retirement home. This was a good opportunity to put a face to our message.”

Local 34 Vice-Coordinator and Trillium Health Partners Bargaining Unit President Ann Scott echoed that sentiment.

“Our Local was able to distribute 3,000 cards the Saturday alone before Halloween and people were extremely receptive to them.”

MEMBERS PROTEST SUBSTANTIAL RN CUTS AT ROYAL OTTAWA

When members at the Royal Ottawa Health Care Group learned their employer was cutting 19 front-line RNs from its Integrated Forensic and Mood Crisis programs, they weren’t about to take the news lying down.

Joined by ONA First Vice-President Cathryn Hoy and Canadian Federation of Nurses Unions President Linda Silas, whose office is located in Ottawa, a group of Local 74 members took to the streets outside of the facility on a snowy and cold December 12 to raise public awareness on the serious impact the cuts will have.

“Slashing six full-time and 13 part-time RNs equates to a whopping 25,600 hours of RN care lost per year,” said Hoy. “There is no way these substantial layoffs will not affect the high-quality specialized care our nurses are able to deliver to the patients of their community.”

During the rally, our members held brightly-coloured signs reflecting the powerful message Minister of Health and Long-Term Care Dr. Eric Hoskins delivered to ONA’s December Biennial Convention about the need for “more RNs in our entire health-care system,” which clearly contradicts the announcement of these cuts.
RETURNING THE FAVOUR: “WE SURE KNOW HOW IT FEELS”

With the 2015 community care access centre (CCAC) strike in their thoughts, Local 21 members were only too happy to lend their support to striking College faculty workers.

Equipped with colourful signs of support, a group of 15 care coordinators from the Southwest Local Health Integration Network (SW LHIN – part of the implementation of the Excellent Care for All Act, introduced last year, involves changing the administrative names of CCACs to LHINs) – and some of their spouses – joined the picket line of London’s Fanshawe College faculty on November 1, the 17th day of the strike, which was, coincidentally, the length of their own strike.

“We sure know how it feels,” said SW LHIN Bargaining Unit President Andrea Fagan. “We remember day 17 for us and wanted to support other union members at this difficult time. So we arranged to walk the picket line with them, and bring some food and drinks. We were loud and proud and it felt good all around!”

Local 21 members donated $150 towards gift cards for the picketers, some of that money from those who were unable to join the picket line, “but knew how important it was to support them,” Fagan said.

Their efforts were greatly appreciated with Fagan sharing a note she received from one of the picketers who wrote, “A special thank you to members of the Ontario Nurses’ Association Local 21 for joining our picket line tonight and sharing amazing encouragement and motivation, along with warm coffee and cocoa!”

Local 75 members, including Vice-Coordinator Sherri Ludlow and Jamie Forde, also marched in solidarity with striking faculty workers at Hamilton’s Mohawk College, who are members of OPSEU Local 240, this past fall.

WHAT ARE YOU GETTING LOUD ABOUT ON THE FRONT LINES OR IN YOUR COMMUNITY? SHARE IT WITH US!

Send your stories and photos to Front Lines editor Ruth Featherstone at ruthf@ona.org.
MEMBERS GET LOUD!

“I WANT ALL MEMBERS TO FEEL APPRECIATED,”
NURSING WEEK TEAM REP SAYS

For ONA member Jennifer Landers, Nursing Week is all about appreciation.

Landers, an ONA rep at Timmins and District Hospital, joined the Nursing Week 2018 Advisory Team this year as our representative from Region 1.

“I wanted to be part of the team because I am really proud to be a nurse and I want to ensure all nurses, and health-care professionals feel valued and appreciated,” she said.

With the ideas the team began generating about Nursing Week 2018 at its November meeting, that’s sure to happen! For starters, the team discussed possible slogans for this year’s Nursing Week theme. Stay tuned for more!

Nursing Week gives us a wonderful opportunity to acknowledge and celebrate our caring profession, and we encourage you to set up a Nursing Week Committee right now and begin planning the best week ever! You will find our streamlined Nursing Week Guide, chock full of tips and ideas for staging special events in your Bargaining Units, on our website in the weeks to come.

“RRT and MRT members are an important component of our health-care professionals group, and ONA is proud of their exemplary contributions to our health-care system,” said ONA President Vicki McKenna. “We were excited to celebrate with them during their special recognition.”

CELEBRATING OUR HEALTH-CARE PROFESSIONALS

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

National Respiratory Therapy Week ran from October 22-28, under the theme Protecting Patients One Breath at a Time to recognize the work and dedication of these invaluable health-care professionals who assess, monitor and treat individuals’ respiratory and cardiorespiratory disorders; test and measure lung function; administer inhaled medical drugs and gases; and provide tools and support for smoking cessation programs. RRTs are a vital part of the front-line care team in many areas, including intensive care units, emergency departments, operating rooms, neonatal nurseries and outpatient clinics.

A couple weeks later, from November 5-11, MRT Week was observed to laud the contributions these highly skilled professionals make to our health-care system. MRTs, which comprise several disciplines, use hands-on diagnostics, therapy and technology to ensure quality cancer care, and treat many benign diseases. MRTs make an enormous difference to patients in hospitals and clinics and play an important role in the promotion of medical radiation safety for patients.

Taking a short break from Nursing Week planning on November 13 are members of the Nursing Week 2018 Advisory Team (from left): Angela Otvos (Region 4), Angel Paniagua Perez (Region 2), Region 4 Vice-President and Chair Laurie Brown, Shelley Spencer (Region 5), Jennifer Landers (Region 1), and (standing) Lisa Marie Romano (Region 3). As Otvos is retiring, her position will be assumed by Anna Sorrenti-Sorbara.
ADDITIONAL BEDS, HOME CARE TO ADDRESS DEMAND
Ontario is providing $140 million to fund 1,200 hospital beds and enhance home care services, including $100 million for hospitals to address increased demands for care, and $40 million for post-hospital and preventative care at home. An additional $21 million will fund 22 projects for short-term, transitional care, while $3 million will help seniors in hospital who are homeless or at risk of becoming homeless with permanent housing and community support. ONA has met with the government concerning the implementation of this funding.

PROVINCIAL AVERAGE FOR DIRECT CARE TO RESIDENTS INCREASED
Four hours of direct care per resident per day will be provided to ensure that residents in Ontario’s long-term care homes receive the highest quality care, the government announced. This means an additional 15 million hours of nursing, personal support and therapeutic care for long-term care residents. The provincial average will be phased in over four years, which includes paid hours that are not direct care and other classifications than those funded in the nursing and personal care envelope. ONA advocates for four daily hours of nursing and personal care, which includes 20 per cent RN care. This is needed now, not in four years.

PSW REGISTRY LAUNCHED
A new mandatory registry of personal support workers (PSWs) with easy-to-access information for patients and their families has been launched. The registry includes information such as education and training credentials, and adherence to a code of conduct. The Michener Institute at the University Health Network, a leading educational facility in the training of health professionals, is leading the development and implementation of the new registry. The new registry has been phased in, beginning this past January, to incorporate PSWs working in different health sectors, including home and community care and long-term care. ONA will be meeting with the government to provide input into the new registry.

PSYCHOTHERAPY PROGRAMS RECEIVE FUNDING BOOST
Additional funding of $72.6 million over the next three years will support proven psychotherapy programs to treat mental health conditions, such as anxiety and depression, including:
- In-person individual and group psychotherapy counselling programs coordinated through Ontario’s four speciality mental health hospitals – the Centre for Addiction and Mental Health, Ontario Shores Centre for Mental Health Sciences, Royal Ottawa Health Care Group and Waypoint Centre for Mental Health Care – in partnership with community-based providers.
- Bounce Back, a coaching program managed by the Canadian Mental Health Association Ontario, which includes telephone support and instructional workbooks that teach skills to address problems related to moderate depression and anxiety.
- Online mental health self-management tools coordinated by the Ontario Telemedicine Network.

MORE MONEY FOR HOME CARE SUPPORTS
The province has announced an additional $100 million in home care supports and services and $18 million for community supports, such as meals on wheels, day programs, caregiver supports and assisted living services in 2017-2018. The funding will support approximately 390,000 additional hours of nursing care, which includes one-on-one care for services such as palliative care, wound care and dressing changes.
HOSPITAL BARGAINING BEGINS

The upcoming round of bargaining for our 55,000 members in the hospital sector is upon us and your elected team is well prepared.

ONA’s Hospital Central Negotiating Team, chaired by First Vice-President Cathryn Hoy, received orientation in November – reviewing the current contract and the results of our online Have a Say survey (see box) to determine our bargaining priorities – and came together for further preparation in the beginning of the year. There were many similar and consistent themes in Have a Say, which the team is addressing in bargaining. The Memorandum of Conditions for Joint Bargaining with the Participating Hospitals was also ratified by the team and the Ontario Hospital Association (OHA) in the fall.

At press time, negotiations with the OHA were scheduled to take place from January 22 – 31, with mediation for outstanding issues taking place before William Kaplan from February 1 – 4. Should we not settle at mediation, we have agreed to proceed to arbitration on February 26 and 27.

WHY ARE HOSPITAL PERMANENT CHARGE NURSES PAID LESS THAN TEMPORARY REPLACEMENTS?

During the September 2016 arbitration to determine the outcome of the current hospital central collective agreement, Arbitrator Albertyn provided an increase of $0.35/hour to $2/hour for group, unit or team leader (Article 19.04 (d)). The unintended consequence of this increase impacted some permanent charge nurses (and like job titles) who did not experience a similar increase.

While some employers did the right thing and negotiated an appropriate increase for their permanent charge nurses, others refused. The collective agreement contains a note following Article 10.04 (d) that if the union and employer had already concluded local issues bargaining at the time of the Albertyn Award, ONA has no remedy unless an employer voluntarily agrees.

The current collective agreement expires on March 31, 2018, and ONA is tabling proposals during the current round of bargaining to rectify this situation.
MEMBER INSPIRES HUMAN RIGHTS AND EQUITY CAUCUS THEME ON STEREOTYPING

Susan Archibald, ONA’s representative for members of Aboriginal backgrounds on our Human Rights and Equity Team, has quite the story to tell.

“SIXTIES SCOOP”
Archibald is a Swampy Cree First Nations woman and proud mother of three beautiful First Nation daughters. Born in Kapuskasing, Archibald was unaware until later in life that she had been a victim of the “Sixties Scoop,” a program that saw Aboriginal children taken away from their birth families and adopted into non-Indigenous communities. She was adopted at two-years-old by her Caucasian family. They lived in South Porcupine, a small town located outside of Timmins.

Following a move to Owen Sound with her adoptive family at the age of 10, Archibald began to recognize feelings of difference, experiencing exclusion and discrimination based on her identity as a Canadian of Indigenous heritage throughout her elementary and high school days.

Being a nurse was initially not on her radar. In fact, Archibald attended Humber College where she obtained a diploma in make-up artistry. After an abusive 12-year relationship, she was able to move forward and establish her self-identity as an independent woman and single mother of one daughter.

CARE LACKING
In 2000, Archibald married and had two more daughters. Her middle child had ongoing health issues that brought them to the local hospital, and Archibald found that due to her previous history with the hospital, the care her daughter received was lacking. That spurred her, at the age of 40, to go back to school and become an RPN. She graduated in 2010 and continued her education, obtaining a BScN with the University of Ontario Institute of Technology through Georgian College in 2014. By doing so, Archibald said she has been able to advocate for better health care for her and her daughter, obtaining a treatment plan for her daughter’s Periodic Fever Syndrome.

Archibald found her calling as a RN at the South West Community Care Access Centre (now the South West Local Health Integration Network), where she continues to work as a Hospital Care Coordinator, Discharge Planning. She has been the ONA site rep for the past year.

PROVIDING A VOICE
Archibald said she joined the Human Rights and Equity Team to actively support and empathize with her co-workers and fellow ONA members. Having faced discrimination herself, she is able to communicate solidarity with others facing oppression and provide a voice for those who are vulnerable.

Archibald shared her personal experiences as an Indigenous woman facing discrimination in the health-care system with the team last year and her story had such an impact it was instrumental in developing the 2017 Human Rights and Equity Caucus theme, *We Need to Talk: Understanding the Reality of Stereotyping.* Archibald also shared her experiences in the broader context of the stereotyping of Canada’s Indigenous peoples to Caucus delegates with her counselor Trish Meekins.

For more on ONA’s HRE Team, visit ona.org/hre

Are You a Registered Nurse? ONA WANTS YOU!
Empower yourself by empowering others. Come join the Ontario Nurses’ Association’s growing team!

ona.org/careers | recruitment@ona.org
KNOW YOUR RIGHTS

WHY ARE JOB INTERVIEWS IMPORTANT?

Many ONA collective agreements contain job posting language similar to the language in the Hospital Central Collective Agreement (Article 10.07 (c), which creates a competition for a job posting based on skill, ability, experience and qualifications. Only when these factors are relatively equal does seniority become the determining factor.

How does an interview fit into the job posting process? Many employers review candidates’ resumes and/or the job posting applications for proof of skill, ability, experience and qualifications. Depending on the number of candidates and type of position, the employer may choose to conduct interviews as part of the evaluation. All candidates should be interviewed by the same people and asked the same questions.

While the interview should not be the only factor in the final determination, it will weigh into the decision-making process. Do not take the interview for granted even if you have decades of experience working in the same or similar work environment. Approach the interview with confidence. Demonstrate your skill and knowledge.

If you have any questions or concerns, contact your Bargaining Unit President.

ACING AN INTERVIEW

Interviews can be intimidating, we know that, but these tips will help make the process go a bit more smoothly:

▲ Prepare in advance: Think about the type of questions you will be asked and how you will answer.
▲ Review any additional job requirements you may not be as familiar with.
▲ Do a practice interview with a friend or family member.
▲ During the interview, answer questions carefully and in detail.

BIENNIAL CONVENTION AMENDMENTS, RESOLUTIONS ON WEBSITE

The Biennial Convention Highlights included with this issue of Front Lines contains a high-level summary of the key Constitutional Amendments and Resolutions made at ONA’s Biennial Convention last December.

If you would like to review these changes in detail, please refer to the document, Constitutional Amendments and Resolutions Passed: Biennial Convention 2017 on our website.

See ona.org/constitution
For new ONA President Vicki McKenna, three words come to mind when describing the 2018-2019 Board of Directors: a true collaboration.

“No one person can do it all, and it’s the same with the Board,” said McKenna, who served as ONA First Vice-President for the past 12 years before being acclaimed as President last fall. “We will work together and solve problems together, and we will rely on each other to support our members and leaders. That’s really it in a nutshell.”

For McKenna, who has held “just about every” Bargaining Unit/Local position in ONA since starting as an RN at London Health Sciences Centre in the early 1980s, that means mentoring new First Vice-President Cathryn Hoy, who noted her dedication to ONA is “insurmountable,” and the five Regional Vice-Presidents, who represent not only the members in their geographic regions, but their specific portfolios (turn the page for more). And she will be looking for them to return the favour.

“They bring valuable skills and knowledge, not only from their areas of clinical practice, but from their experiences and their beliefs, and I absolutely learn from them. I will be calling on the Regional Vice-Presidents to represent our union when Cathryn and I can’t. The ONA representation will be there, and that means a lot of different faces. I view the Board members as experts, and we are so lucky to have them.”

**KEEPING UP THE PRESSURE**

That expertise will be called upon a great deal over the next two years as our union continues to face challenges in all sectors, McKenna noted.

“The workload issues our members face are a high priority for the Board. We have had some significant successes in professional practice, and we’re changing the way that work is being done internally to further support our leaders and members. And more will come.”

Other priorities for the new Board include the continuing call for additional RNs in all sectors; the need for increased government funding;
hospital bargaining, which began as Front Lines headed to press; legislative changes to the Employment Standards Act and the Labour Relations Act; the changeover of community care access centres to Local Health Integration Networks; new standards for public health; the need for stronger minimum standards of care in long-term care; and violence in the workplace. And the Board is already working on strategies to address them.

“We can’t automatically do what we’ve always done,” explained McKenna. “If something isn’t working, we have to figure out what will. We have to change and evolve. Sometimes the government and employers think we’ll just give up, but we’re not giving up.”

Added Hoy, “Your Board will continue to speak out about what’s happening in health care because our goal is always to achieve success for the collective.”

WORKING WITH AND FOR MEMBERS
But both McKenna and Hoy stress that can only happen with the support of our members.

“Educate yourself about what’s happening out there and what ONA is doing on our members’ behalf, and then get involved in any way you can,” McKenna urged. “After all, ONA exists because of and for our members. While some of the issues we are dealing with may not be specific to you, they could be one day if we don’t stop them.”

She also encourages members to come forward with suggestions and other feedback for the Board – “the good, the bad and the ugly, we want it all” – and to talk about their workplace experiences with their colleagues, Bargaining Unit leadership and employers.

“If something doesn’t feel right in your gut, it most likely isn’t and others probably feel the same,” she said, noting Board members are committed to visiting members in their workplaces to see their realities firsthand. “You do not have to accept any situation that may cause you to feel unsafe or unable to provide quality patient care. So many of our workload issues are being resolved because members are able to have those conversations with their colleagues, develop relationships with their employers over time and solve the problems. After all, you know best what the solutions are.

“We know that if our workplaces are safe, if there are enough staff and enough supplies, if overtime is kept to a minimum – if all of those pieces are in place – then patient care is better. We all have a role to play in lobbying our employers and government for that.”

“BEST JOB EVER”
Noting that working with members “is the best job ever,” McKenna said she is very excited about the next two years and more than ready to face whatever comes her way.

“The union has always been a big part of my world and belief system,” she concluded.” ONA has a great reputation with the government, stakeholders and the public, and I am looking forward to growing and enhancing that. I have developed more skills than I ever dreamed possible thanks to my many years with ONA. It’s provided exposure and a wonderful training ground, and I am very comfortable in this new role. But I will continue to learn. In fact, I can’t imagine a time when I’ll think I’ve got it all.”
Meet Your Regional Vice-Presidents!

While most of them are not new to the Board, they are coming together to lead our union for the next two years. You read about ONA President Vicki McKenna and First Vice-President Cathryn Hoy in the previous two pages, so let’s also get to know the team who will be standing right beside them, making decisions that will navigate our union through the good times, and, more importantly, through the more challenging ones too.

Bernadette (Bernie) Robinson, RN
Region 2 Vice-President (Eastern Ontario)
Portfolio: Education
This is my first year on the ONA Board and I am excited to be representing the members of Region 2 and the portfolio of education. I am proud of the vast array of programs we offer and look forward to working with our talented Membership Education and Events Team to continue to ensure they meet our members’ ever-changing needs.

Karen Bertrand, RN
Region 5 Vice-President (Southwestern Ontario)
Portfolio: Local Finance
I enjoy sharing knowledge, building and developing leaders. This includes our Treasurers, who are a key part of the Local Executive. I believe that with good support, we can instill the confidence they need to meet their accountabilities in this important role. I am determined to work closely with our Treasurers to ensure they always feel that support.

Pam Mancuso, RN
Region 1 Vice-President (Northern Ontario)
Portfolio: Human Rights and Equity
ONA will continue to put a strong focus on human rights and equity so our members can work in environments free of discrimination and harassment. I am excited to be welcoming three new members to the Human Rights and Equity Team for the next two-year term, representing the LGBT+, Racialized and Francophone equity groups. The team already has exciting things planned for all members, and we can’t wait to get this important work underway!

Laurie Brown, RN
Region 4 Vice-President (Southeastern Ontario)
Portfolio: Health and Safety
I am excited about health and safety in 2018-2019 as more employers are stepping up to work with ONA around violence prevention. We can do some proactive work instead of constantly reacting to the next big incident involving a shooting, stabbing or life-threatening injury to our members. The cost to everyone is so much greater if we don’t get on the same page in the same book – the collective we need to put a safety lens on all workplaces. The leadership table will be focusing on long-term care and the community in 2018, and ONA will be heavily involved.

Andy Summers, RN
Region 3 Vice-President (GTA)
Portfolio: Labour Relations
I am passionate about putting in place strategies that directly support the nurse/health-care worker/member directly – making changes that members can see. I look forward to reaching out to members in their work and finding the real workload issues, practice concerns and struggles to providing quality compassionate care, and then working with those affected about how to support them best. Workplace issues do have common themes, but are often local in nature and specific in solution. Seeking engagement to resolve those issues is paramount.

We have very talented people on the Board, who are totally committed to our union and our members.

– ONA President Vicki McKenna
WE DID IT! NURSES NOW INCLUDED IN PTSD LEGISLATION

It was a long, hard fight by ONA and our members, but at the end of the day, we were heard!

At the Biennial Convention in December, Minister of Health and Long-Term Care Dr. Eric Hoskins announced that all front-line nurses who provide direct care will now be included in presumptive post-traumatic stress disorder (PTSD) legislation, making it easier for them to access the treatments and benefits needed to heal.

When the legislation was first passed in 2016 for first responders such as police, firefighters and correctional officers, but not nurses, ONA argued that nurses are also first responders to an array of traumatic incidents on the job, from child assaults and deaths to suicides to life-threatening infectious disease outbreaks – to name but a few.

Our members quickly jumped on the bandwagon, participating in an email campaign to the Minister of Labour and using our PTSD lobby kit, chock full of information and tips, when asking their MPPs for support. As a result of this relentless work, Minister Hoskins announced new legislation would be passed in early spring.

“Our members spoke out on PTSD legislation like never before – proof that getting loud gets results!” said ONA President Vicki McKenna. “Thanks to all of you for ensuring your voices were heard! We did it!”

ONA CELEBRATES BLACK HISTORY MONTH

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

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

“We have heard you and are committed to taking care of our nurses too, because it is the right thing to do.”

—Minister of Health and Long-Term Care Dr. Eric Hoskins

Visit blackhistorysociety.ca

We have heard you and are committed to taking care of our nurses too, because it is the right thing to do.

—Minister of Health and Long-Term Care Dr. Eric Hoskins

ONa.ORG JANUARY/FEBRUARY 2018 • FRONTLINES
FUND HOSPITALS APPROPRIATELY, ONA URGES IN PRE-BUDGET SUBMISSION

A 5.3 per cent increase in hospital base operating funding is needed to cover the full costs of inflation, population growth and aging, plus increased demand for hospital services, ONA says.

During her presentation to the Standing Committee on Finance and Economic Affairs at Queen’s Park on December 14, ONA First Vice-President Cathryn Hoy (pictured) said that while the 2016 and 2017 Ontario Budgets finally recognized hospitals were starved for funding, two years of modest increases does not make up for 10 years of funding at less than the actual cost pressures hospitals face.

“We were encouraged by the revamping of the Nursing Graduate Program in 2017, so that funding is no longer available to hospitals where there have been nursing reductions, or where nursing reductions are anticipated,” Hoy stated. “We are now looking to the Health Minister to take the same hands-on role in the staffing decisions being made by hospitals to balance their budgets.”

ONA also calls on the Health Minister to issue a directive to all hospitals to ensure they make appropriate evidence-based nurse staffing decisions that do not negatively affect patient care, Hoy said, adding that the role of RNs in the government’s vision for patient-centred care must be defined.

WHAT WE WANT TO SEE IN NEXT ONTARIO BUDGET

1. A 5.3 per cent increase in hospital base operating funding.
2. A moratorium on the further erosion of RN positions and a directive for hospitals to make evidence-based nurse staffing decisions.
3. A four-year plan to reduce the gap in the RN-to-population ratio between Ontario and the rest of Canada.
4. Increased funding for expanded capacity in home care, and a fully integrated public home-care system.
5. A regulated minimum staffing standard of an average of four worked hours of nursing and personal care per resident per day.
6. Implementation of all of recommendations from the Workplace Violence Prevention in Health Care Leadership Table.

STRONG CORRELATION BETWEEN NUMBER OF RNS AND PATIENT SATISFACTION, SURVEY SHOWS

Satisfaction with care in hospitals declines rapidly when patients believe there are not enough RNs at the bedside, a new British study shows, echoing similar research this side of the Atlantic.

Patient Satisfaction with Hospital Care and Nurses in England: An Observational Study, based on the National Health Service’s (NHS) Inpatient Survey and nurse data from the 2010 RN4Cast-England study, reveals that only 60 per cent of the 66,348 patients surveyed reported there were “usually” enough nurses available to provide care. And only 14 per cent of patients who reported too few nurses rated their care as excellent, showing a direct correlation between the two.

“We estimate that the likelihood of patients saying there were always enough nurses to take care of them were about 40 per cent lower in hospitals in which the average nurse took care of 10 patients than in hospitals in which the average nurse took care of six patients,” study authors from the University of Pennsylvania, University of Southampton and King’s College say. “These findings reinforce from patients’ perspectives the importance of adequate hospital RN staffing.”

See bmjopen.bmj.com/
MEMBER GIVES APP THUMBS UP!

One of our members is singing the praises of our App!

Local 43 Secretary/Treasurer Maureen Jessup (pictured) downloaded the app and said she enjoys the easily accessible information.

“I love the ‘Take Action’ component,” she noted. “It allows me to quickly send a message to my MPP to voice my concerns about the ongoing changes in health care.”

In giving the App a big thumb’s up, Jessup added she would definitely recommend it to other ONA members.

“There is so much valuable information available at your fingertips, including contract information, news, events and contact ONA info,” she said.

HUNDREDS DOWNLOAD ONA APP!

It’s official: the ONA App, which has been downloaded by hundreds of members and stakeholders, has been met with positive feedback and some a-ha moments.

“About half of our website visitors access our site through a mobile device such as a cell phone or a tablet,” noted ONA President Vicki McKenna. “Given this, we viewed developing an ONA App as a golden opportunity to improve our online communications and reach more members.”

At ONA’s Biennial Convention in December, members flocked to the App booth to download the App, receive technical support and provide feedback on what features they’d like to see in the future.

Members noted that their favourite features are:

► Direct access to their collective agreements, plus articles that are easily searchable.
► One click to important actions and information.
► Immediate access to ONA resources, including several ONA guides and booklets.

DID YOU KNOW?

All dues-paying ONA members without employer-sponsored Long Term Disability (LTD) income protection are automatically covered for $250/month LTD benefit!

LTD coverage provides the necessary financial protection for your most valuable asset – your ability to earn an income.

Additional voluntary LTD insurance is available when you do not have coverage through your employer. Plus, monthly benefits are tax free!

To learn more, please contact Johnson Inc.

Questions about the App? Email appfeedback@ona.org
ONA STUDENT SCHOLARSHIP WINNERS CHOSEN

ONA has named the successful recipients of our 2017 Nursing Student Scholarship and the Ontario winner of the Canadian Federation of Nurses Unions (CFNU) Scholarship, intended to assist students in accredited nursing programs cover the expenses of their education.

Applicants for both scholarships must be an immediate family member of an ONA member and submit an essay of 300 words on the topic, “The Importance of the Ontario Nurses’ Association for Nurses.” Some of the entries we received show these future nurses really understand the work we do!

Beginning with this issue and continuing with the next few, Front Lines is printing the names and pictures of the recipients, along with snippets from their winning essays.

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

CHRISTIE MCCANN:  
Daughter of Cathy McCann from Local 21, South West LHIN  
“ONA is a union that fights for pay equity, benefits, job security, workplace health and safety, and other work-related issues. The union helps to strengthen nursing leadership and advocates for healthy public policy. ONA is a strong organization that fights for its members, allowing for a positive impact towards patient care.”

EMILY BRENNAN:  
Daughter of Maria Brennan from Local 100, London Health Sciences Centre  
“ONA has a desire for nurses to be surrounded by an environment where education and personal growth are held at a high importance, all while promoting diversity and creativity in patient care.”

EMILY HOGAN:  
Daughter of Kerry-Anne Hogan from Local 84, Queensway Carleton Hospital  
“Despite the demands placed upon nurses, ONA gives me confidence that as a practising nurse, I will be supported in my workplace and in my ability to provide high quality patient care.”

Read full essays and scholarship information at ona.org/students

DEADLINE FOR ONA BURSARIES FAST APPROACHING!

Along with our Nursing Student Scholarship, ONA provides several bursaries to our members, including:  
1 The Glenna Rowsell (Labour Relations) Bursary.  
2 The Human Rights and Equity Education Bursary.  
3 The Occupational Health and Safety Bursary.

These bursaries support members who will use their newfound knowledge to assist with ONA services. Detailed information about the bursaries, including eligibility requirements and an electronic application form, are available on our website. The deadline to apply is March 1.

See ona.org/bursary
STUDENTS GIVE SHOUT-OUT TO ONA DURING THEIR SPECIAL WEEK!

To say ONA had a strong presence during the recent National Nursing Students’ Week, November 20-27, would be a huge understatement!

From providing unique student promotional items to attending special events, ONA made sure our 16,000 nursing student affiliates with the Canadian Nursing Students’ Association (CNSA) felt supported throughout the week, which is aimed at showcasing the contributions of nursing students to their practice settings and celebrating their accomplishments throughout their programs of study. And our efforts were deeply appreciated.

“On behalf of all University of Toronto students, we would like to say a huge thank you to ONA for generously supplying pins and keychain flashlights,” said CNSA delegate Daniela Monachino. “The students really enjoyed them and we are so grateful for your support in celebrating nursing students this week.”

Students went a little bit larger – and we mean that quite literally! – at the University of Windsor, plastering ONA’s Nurses Know campaign slogan on a banner for students to sign (pictured above).

“We chose to create a Nurses Know banner for our National Nursing Students’ Week because we think it’s important for RN students to become involved and understand the issues they’re going to be a part of as the future of nursing,” said CNSA delegate Julia Nauta. “Many students asked questions about the banner and wanted to learn more. It was a great opportunity to educate the students and hopefully empower them to get involved and advocate for better care.”

CFNU LAUNCHES PROJECT TO INCREASE NPs

To celebrate National Nurse Practitioner (NP) Week, this past November 12 – 18, the Canadian Federation of Nurses Unions (CFNU) launched a retention and recruitment project aimed at developing recommendations to grow the number of NPs in Canada.

“NPs are uniquely suited to meet the growing need for primary care in our communities effectively while saving health-care dollars,” said CFNU President Linda Silas. “Governments need a plan to ensure we benefit fully from the value NPs provide to patients and our health-care system.”

The CFNU study will explore the socioeconomic conditions of NPs across the country, including their salary, benefits, employment status, working hours, funding models, roles and settings of employment, and provide clear recommendations to recruit more.

“As our population rapidly ages, the need for community-based care by NPs to manage acute and chronic conditions will only increase,” added Silas. “Now is the time to plan for tomorrow’s health human resources.”

See nursesunions.ca/research/nurse-staffing-more-for-less

5,000 Number of NPs in Canada

3 MILLION Number of Canadians who receive care from an NP
WE CANNOT CONTINUE AT THIS LEVEL, MEMBERS TELL COMMITTEE

Southlake Regional Health Centre Bargaining Unit President DJ Sanderson (pictured) jokes he still gets high fives from members when he walks down the hall after an Independent Assessment Committee (IAC) hearing looking into the emergency department (ED) addressed all eight areas of concern to ONA.

Issues began to escalate about five years ago, with RNs reporting that due to a lack of adequate staffing, it was challenging to meet their professional standards and the standards established by the National Emergency Nurses Association. In the past year alone, more than 100 professional responsibility workload forms were filled out.

“Our ED was only meant for 70,000 visits per year, but we broke 120,000 last year alone,” said Sanderson. “You will find patients in every nook and cranny. It takes highly-skilled, highly-trained nurses to complete the work in this area, but the workload has continued to climb and the banks have broken.”

While the employer agreed to changes to improve RNs’ working conditions after several meetings with ONA – most significantly, adding a phlebotomist to free up nurses from blood work and conducting an independent Infection Control Risk Assessment – many outstanding issues remained, and mem-

ONA SUCCESSFULLY LOBBIES AGAINST POSTING CNO COMMITTEE DECISIONS OF “NO FINDINGS”

ONA’s fight against parts of Bill 87, an omnibus health bill that included proposed changes to the Regulated Health Professions Act, has resulted in significant amendments for our members.

The government proposed a change in the bill that would require regulatory colleges to post on their public registers results of all decisions of the Discipline Committee and Fitness to Practice Committee, including decisions where there were “no findings” (i.e. Discipline Committee decisions that a member was not guilty of misconduct, and decisions of the Fitness to Practice Committee that a member was not incapacitated.)

Through meetings with the Ministry of Health and Long-Term Care and a presentation to the Provincial Standing Committee, ONA President Vicki McKenna argued that posting this type of information would taint members’ reputations because people might believe there is some truth to the allegations, and the only way to avoid that was to have nothing on the register if there was no support for the allegations.

We also argued that, given the stigma around mental illness and addiction, posting a finding that a member was “not incapacitated” violated our members’ human rights with respect to disability.

As a result, the government made some concessions to these “not guilty” findings. The legislation that passed, the Putting Patients First Act, makes two important improvements on what was proposed in Bill 87:

1. When the Discipline Committee makes a ruling that there is “no finding” against a member, that decision will be posted on the register, but removed automatically after 90 days.
2. When the Fitness to Practice Committee makes a ruling that a member is not incapacitated, that decision will not be posted on the register at all.
bers continued to fill out workload forms.

“We identified eight themes that members are dealing with regularly,” said Sanderson. “It wasn’t just a lack of staff and overcrowding, but lack of process, the way the department is designed, and the way the patients flow through.”

When it became evident these serious issues would not be addressed, ONA referred the matter to an IAC, which took place last September. More than 30 nurses attended.

“We heard from the employer that our workload forms are just a snapshot in time, and that they have the real statistics and the real picture of the ED,” said Sanderson. “But we expressed that we are constantly working in crisis mode and cannot continue at this level.”

Within two weeks, the IAC panel issued its report, which contained 28 recommendations, including adding at least five permanent full-time positions to the roster. While we argued for increased RN base-line staffing, the panel was not comfortable recommending significant increases, and instead urged the parties to conduct audits and continue to evaluate.

“Our members were really happy to see that a light is finally being shone on infection control, and one of the biggest achievements was the one-to-one staffing process needed for acutely ill patients,” concluded Sanderson, adding they are working with the employer on next steps. “The nurses were hoping for an all-RN model, but asking for an assessment of the RN/RPN role in the ED and a review of the model of care by an independent party sends a very clear message. There are going to be some big wins here.”

To read recommendations, see ona.org/iac

PARTICIPATE NOW!

Are you a nurse working in an acute-care setting?

Take the survey!

The study examines nurse staffing and patient outcomes.

More info or to begin: http://tiny.cc/nursesurvey
OTTAWA HOSPITAL POISED TO TURN THE TIDE ON WORKPLACE VIOLENCE

You might say Dr. Jack Kitts, CEO of the Ottawa Hospital (TOH), had a workplace epiphany about three years ago when senior officials from the Ministry of Labour sat him and his leadership team down and bluntly said something to the effect of, “you’re lucky you’re not in jail.”

With this blaring wake-up call about TOH’s deficits related to occupational health and safety, Dr. Kitts realized that TOH, the largest health-care employer and ONA Bargaining Unit in the province, needed to make a fundamental shift to better the workplace for patients and staff.

“TOH leaders, including Dr. Kitts and the Vice-President of Clinical Operations Dr. Debra Bournes, knew that a major culture shift was needed,” said ONA Occupational Health and Safety Specialist Nancy Johnson. “So they began what can now be seen as a breakthrough workplace program when it comes to occupational health and safety.”

Then, as violence issues grew, Dr. Bournes reached out to (then) ONA President Linda Haslam-Stroud in 2016.

“ONA had been very effective in making violence and safety an issue at TOH, with grievances and safety committee actions, and even getting media coverage on health and safety issues,” she said. “So, I contacted Linda to see how we could develop a collaborative project to create a first-class violence prevention program. We were committed to turning things around.”

Local 83 Coordinator Marc Page noted that while ONA had been doing a lot of work in this area at TOH, “we had five different safety committees trying to deal with health and safety issues at five different sites. We drew from those committees to set up an overarching committee that could deal with violence issues on a system level.”

The violence prevention project is happening in five pilot units, has used collaborative union/management action teams to come up with ideas to enhance TOH work already underway, and build on “best practices” from the Michael Garron Hospital and industry.

“If we’re going to create a culture of safety, we have to make sure everyone is trained in safety,” said Dr. Kitts. “We’ve mandated that all leadership, all physicians and residents – everyone – has to take mandatory learning modules for patient and staff safety.”

Added Page, “There is no magic bullet and we’re not doing anything new. Most of the practices have been pulled from other organizations and industries, like mines, manufacturing, etc., and by connecting with ONA.”

“ONA has made it a priority to eliminate workplace violence, but we need commitment from the government, and the CEOs and Chief Nursing Executives of our facilities,” said ONA President Vicki McKenna. “We think TOH is poised to significantly turn the tide on workplace violence and safety in general, with Dr. Kitts taking a very brave and unprecedented in health care leadership role. His leadership and collaborative work with unions is making it better not just for TOH, but for RNs and thousands of other workers at the hospital. And by sharing their best practices with other hospitals, they will impact RNs and health-care workers across the entire province.”
Workplace Violence and Harassment: **NOT** Part of Your Job!

Lost-time Injuries in Health Care in Ontario, 2016:

- **Lost-time injuries caused by workplace violence are UP more than 27% in four years.**

**In 2016 ALONE!**

- **Time lost:** 69 years
- **Benefits paid:** $4.7 million

Health-care workers missed more than 69 years (25,300 days) of work because of workplace violence and harassment. The WSIB paid more than $4.7 million in benefits due to workplace violence.

Report workplace violence or harassment to your supervisor. **It’s the law.**

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**ONA IN ACTION**

**MEMBER RECEIVES SHORT-TERM DISABILITY, THANKS TO ONA ADVOCACY**

ONA has successfully argued that one of our hospital members was entitled to short-term disability benefits.

The member, a nurse, provided the hospital with a medical certificate advising that she was unable to work due to illness. Her family physician documented his assessment on the certificate that she was totally disabled, and listed symptoms she had begun to experience after learning that her husband had been diagnosed with a life-threatening illness. These symptoms included an inability to concentrate and think clearly due to situational crisis and stress.

After granting her short-term disability benefits for an initial two-week period, the hospital then denied benefits, arguing the medical evidence did not establish an illness and questioning her family physician’s assessment of her abilities. They also relied on a comment made by the member to the employer that she was not sick, arguing she was seeking sick benefits because of her husband’s illness, not hers.

ONA called both the member and her physician to testify about her medical condition during the relevant time period.

In his August 29th decision, Arbitrator Levinson was persuaded by ONA’s evidence and argument that the member was indeed ill and entitled to short-term disability benefits. This decision confirms that an employer must consider the medical evidence actually put before them and not make assumptions about the underlying causation of the illness.
En tant que votre nouvelle présidente, je m’engage à respecter les priorités des membres de l’AIIO. Nous mettons l’accent sur vous! Je suis très déterminée à obtenir des résultats et j’ai tout le soutien de votre nouvelle première vice-présidente, Cathryn Hoy, du conseil d’administration et d’un personnel très compétent de l’AIIO. Pour en savoir plus sur les priorités du conseil d’administration de 2018-2019, veuillez vous reporter à la page 14.

L’AIIO tiendra de nouveau une réunion conjointe du secteur en mars, et j’espère vous y voir nombreux. Nos dirigeantes et dirigeants au sein de l’unité de négociation et des sections locales ont fait l’éloge de la première réunion de ce genre l’an dernier et de la façon dont les renseignements qu’ils ont recueillis les aident à mieux servir leurs membres. Nous savons qu’il en sera de même au cours de la prochaine réunion.

Travaillons ensemble et atteignons nos objectifs en 2018, car, comme le dit notre brillante campagne publicitaire : « C’est ici que commencent les meilleurs soins! »

En tant que votre nouvelle présidente, je m’engage à respecter les priorités des membres de l’AIIO. Nous mettons l’accent sur vous!
Gain valuable experience and expand your skills through the ONA Member Secondment Program!

**Program Details**
- Four spots available for high-energy, self-motivated and committed members looking for a new experience
- A nine-month secondment to work with ONA
- ONA works with successful candidates and your employers to arrange a leave of absence while keeping your salaries and benefits whole

**Receive intensive ONA education in:**
- Negotiations
- Rights arbitration
- Interest arbitration
- Professional practice
- Grievance handling
- ...and so much more!

**Are you qualified?**
- ONA is seeking members who have been engaged in the labour relations work of your Bargaining Units
- Successful candidates will be determined by ONA’s Chief Executive Officer/Chief Administrative Officer
- Find out more information and fill out the application form at [www.ona.org/secondment](http://www.ona.org/secondment)