"Stay Strong and Bring it on!"

A formerly inactive member helps turn the tide in her Bargaining Unit

Changes to the Regulated Health Professions Act: What you need to know  P.22

"I now have a better understanding of ONA dues in action."
— Gretchen Sangster, public health nurse
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FRONTLINES

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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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Here, There and Everywhere

This is a message of support for all hard-working nurses.

I recently had a quadruple bypass and spent a week in Sunnybrook Hospital in Toronto. All the nurses that helped me during that time were absolutely great.

Thank you to them and to all hard-working nurses everywhere.

TOM BROWNE, Schomberg

The Gift that Keeps Giving

I wanted to share the many ways ONA’s support has shaped visitors’ experiences at the Workers Arts and Heritage Centre (WAHC) in Hamilton.

Through your generous donation of $7,500, you helped us offer year-round programming that celebrated the stories of Canada’s workers and the unions who support them. Your support was crucial to WAHC’s ability to engage visitors and create opportunities for learning and discussion.

As we look back (on 2017), the WAHC Board and staff would like to thank ONA for helping us reach almost 8,000 visitors and providing more than 1,200 hours of programming that explored the heritage, culture and diversity of workers. We were able to open our doors to free exhibitions, film screenings, concerts, theatre and dance performances, art workshops, labour history walking tours, and children and youth workshops.

Your support makes the work we do possible, and enables us to keep workers’ history accessible to all.

FLORENCIA BERINSTEIN
Executive Director, Workers Arts and Heritage Centre

A Year for Celebrating Our Union!

In the last issue of Front Lines, we asked you what you are celebrating about our union in this, our 45th anniversary year. Here is a sampling of some of the comments we received. Please keep them coming!

I am thankful that ONA gave nurses a voice and has our backs. I am thankful for ONA education and networking. I started nursing without ONA in 1965 and was so grateful when their support became real.

DOROTHY STERLING
Former Local 43 member and past Board member

I am celebrating all the hard work my union is doing for my human rights. I know ONA has my back and this helps me focus on getting better!

DENISE BEAULIEU DUCKETT

I am celebrating 45 years with the current nature of inclusiveness of all health-care professionals that ONA has embraced. We as multi-professionals treat the whole person – and we are strongest as one body and one voice.

CARSON MICHAEL CONTRERAS GALAVIZ

Happy 45th, ONA! I am celebrating that our union is strong, respected, diverse and represents all members equally. In solidarity from Local 10, Region 1.

MARCELLA LAWLOR-PAQUETTE

THE YEAR THAT STARTED IT ALL – AND THE MEMBER WHO WAS THERE

It was 45 years ago when Ontario nurses held that fateful meeting establishing ONA as their union, and Local 8 member Sandy Kravets remembers that time well.

“The first year I started working as an RN when I was 19, I demonstrated on my lunch break on the sidewalk in front of my hospital to form our nurses’ union,” she said. “I have been active ever since and am proud to belong to such a respected and powerful union!”

Just one year after that meeting in 1974, ONA achieved trade union status at the Ontario Labour Relations Board. All independent nurses’ associations across Ontario merged with ONA to become the largest free-standing union for nurses in Canada.

Today Kravets echoes the sentiment of thousands of members when she says, “Thank you, ONA, for all you do for all of us!”

HAVE SOMETHING TO SAY?
We’d love to hear from you! Send your comments to Front Lines editor Ruth Featherstone at ruthf@ona.org.
LET’S STAY STRONG TOGETHER!

IT ISN’T THE NEWS I was hoping to relay in this column, but ONA is not defeated!

After 10 intense days of negotiations with the Ontario Hospital Association (OHA) with little meaningful progress, along with three days of mediation with William Kaplan, talks for a renewed contract for our 61,000 hospital members broke down in early February.

Your Hospital Central Negotiating Team was strong in our resolve to reach a settlement at the bargaining table based on the top priorities identified in the Have a Say questionnaire filled out by thousands of our members last summer, including job security, workload and quality of worklife.

But we were met by roadblocks at every turn, with the OHA steadfastly refusing to back away from regressive proposals that your team found unacceptable, disrespectful and, quite frankly, disheartening.

Despite the loss of RN positions throughout the province, increased overtime, agency use and unfilled vacancies in your workplaces, which results in many of you working short-staffed, along with the continuing introduction of inappropriate skill mix changes, the OHA proposals show they have no interest in maintaining the integrity of the RN position and do not accept there is a serious nursing shortage in Ontario. They clearly don’t think wages and working conditions should be improved to attract additional nurses. But statistics don’t lie! Ontario has the worst RN-to-population ratio in the country, and numerous studies show that for every extra patient added to a nurse’s workload, the rates of morbidity and mortality increase by 7 per cent.

Armed with those irrefutable facts, your team made it very clear from day one that we were not prepared to have hospitals balance their budgets on the backs of our members and at the expense of the quality of care you provide. The government’s austerity push is over and we have played our part. The erosion of RN positions must come to an end. You are entitled to safe and healthy workplaces, work-life balance and compensation that reflects your professional contributions to our health-care system. We are not interested in anything less.

It is with that fortitude your team continued to fight this battle at arbitration during the last week of February, expertly arguing for proper wage increases and normative improvements to premiums and benefits, and standardizing the wage grid for nurse practitioners. We expect Arbitrator Kaplan’s decision in late spring or early summer. I encourage you to check ona.org/bargaining for updates.

I can assure you that your team remains strong and united in achieving a collective agreement that demonstrates respect for our members in the hospital sector. I know you support us in that goal. Let’s stay strong together!

Follow Vicki at twitter.com/vickim_RN

RESTONS FORTS ET UNIS!

CE NE SONT PAS LES NOUVELLES que je souhaitais transmettre dans cette chronique, mais l’AIIO ne baisse pas les bras !

Au bout de dix journées intenses de négociations avec l’Association des hôpitaux de l’Ontario (OHA), qui ont apporté peu de progrès significatifs, et trois journées de médiation avec William Kaplan, les pourparlers en vue du renouvellement de la convention collective pour nos 61 000 membres du secteur hospitalier ont achoppé au début du mois de février.

Votre équipe de négociation centrale du secteur hospitalier s’est montrée déterminée à la table de négociation dans le but de parvenir à une entente basée sur les principales priorités identifiées dans le questionnaire Have a Say (Exprimez-vous) rempli par des milliers de nos membres l’été dernier, y compris la sécurité d’emploi, la charge de travail et la qualité de vie au travail.
YOUR VOTE COUNTS!

IN JUST A FEW SHORT WEEKS, Ontario will be in the midst of a provincial election campaign, and the stakes couldn’t be higher.

As a non-partisan union, ONA does not endorse any particular political party or specific candidate, but we will inform our members about any regressive anti-nursing or health-care policies from any of the political parties that will negatively affect your worklife and your ability to provide quality patient care.

Provincially, ONA will work with our allies, such as the Ontario Health Coalition (OHC), on winning clear promises from the candidates on our key issues, including the need to stop the erosion of RN positions so Ontario no longer has the worst RN-to-population ratio in the country and to fund hospitals and long-term care appropriately (at press time, the Ontario budget, expected to heavily focus on health care had not been released).

At its Health Action and Assembly last fall, the OHC produced an action plan of activities it will embark on leading up to the election and beyond, including planning all-candidates’ meetings and preparing questions for those candidates, which ONA fully supports. See ontariohealthcoalition.ca for more.

Our elected representatives in the provincial legislature control funding for hospitals and health care in general and the decisions they make directly impact whether our employers have enough money to adequately staff our units, etc. That is why it is crucial each and every one of us thinks very carefully about the candidates who will support health care the most.

And how do we make that determination? Read up on the party platforms when they are released. Talk to your candidates when they come to your door about what commitments they are prepared to make to our health-care system. Attend all-candidates’ meetings and ask those tough questions – we can help! Check our website at ona.org in the weeks to come for provincial election information and tips.

While there are new rules around advertising as a result of amendments to the Election Finances Act, you are permitted – and we encourage you – to wear buttons from ONA’s campaigns; leaflet; write letters to the editor of your local newspapers; talk to your colleagues, families, friends and neighbours about what this election means for their future health care; and post these political views on your personal social media accounts.

But the most important thing you can do is vote. Don’t ever feel that your one ballot won’t make a difference. It absolutely will. Think about the health-care system you want to see post-election, who can best deliver it, and have your democratic say on June 7.

VOTRE VOTE COMPTE!

DANS QUELQUES SEMAINES à peine, l’Ontario sera en pleine campagne électorale provinciale et les enjeux ne pourraient pas être plus importants.

Étant un syndicat non partisan, l’AIIO n’appuie pas de parti politique ni de candidat en particulier, mais nous tiendrons nos membres au courant de toute politique régressive en matière de soins de la santé ou de soins infirmiers, peu importe le parti politique, qui aurait un effet négatif sur votre vie au travail et votre capacité à fournir des soins de qualité aux patients.

Au niveau provincial, l’AIIO travaillera avec nos alliés, tels que l’Ontario Health Coalition (OHC), dans le but d’obtenir des promesses claires de la part des candidats en ce qui concerne nos enjeux principaux, y compris la nécessité de mettre un frein à l’érosion des postes d’IA afin que l’Ontario n’ait plus le pire ratio d’IA par habitant du pays et de financer adéquatement les hôpitaux et les établissements de soins de longue durée (au moment de mettre sous pression, le budget...
HAPPY NURSING WEEK!

Whether you are letting your creativity flow at a painting party (as Local 81, pictured, did last year) or unleashing some pent-up stress during an exhilarating game of axe throwing (Local 19, we’re looking at you!), we hope you take a few minutes to celebrate all that you do for your patients during Nursing Week 2018.

Under the theme, Better care starts here, which builds on our provincial campaign, Nursing Week is a time to recognize the year-round dedication and achievements of nurses, and to increase awareness of your contributions to the well-being of Canadians. This year, Nursing Week is even more meaningful as ONA celebrates our 45th anniversary.

As a small token of our appreciation for your commitment and dedication, we are enclosing a special Nursing Week gift with this issue of Front Lines, which we hope will remind you that your union is always with you – even when you’re on the phone! (If you did not receive your gift or if it is in any way damaged, contact Communications and Government Relations Team intake at cgrintake@ona.org).

Check your bulletin board for any events planned for Nursing Week in your Bargaining Unit and please participate so you know how much you are valued and appreciated.

An inspiring Nursing Week video message from ONA President Vicki McKenna will soon be available on our website and ONA’s Youtube channel at youtube.com/OntarioNurses.

HOW DID YOU CELEBRATE?

First celebrate Nursing Week 2018 and then tell us what you did!

We love seeing your Nursing Week photos and reading your stories, and sharing them on our website and in Front Lines. Please send your submissions to cgrintake@ona.org.

HOW TO PLAN A GREAT NURSING WEEK!

1. Assign someone from your Local or Bargaining Unit to organize events and line up your volunteers.
2. Brainstorm ideas.
3. Connect with other organizations that may be willing to support Nursing Week, such as police or fire services, service organizations or local businesses.
4. Team up with other Locals/Bargaining Units on joint events.
5. Ask your manager/Human Resources if they are willing to help.
6. Use social media to promote your events and to share your activities.
“WE ARE HERE FOR THOSE WHO CAN’T BE,” MEMBERS SAY AT LTC RALLY

With legislation to improve care in the long-term care (LTC) sector gone with the proroguing of the legislature, ONA members joined a lunch-time rally at Queen’s Park to relay an important message: The residents of this province and those who care for them deserve better.

Every day across Ontario, many LTC homes are working short-staffed without enough care to meet the increasingly complex needs of their vulnerable residents. Bill 33, The Time to Care Act provides for four hours of daily nursing (RN and RPN) and personal care (personal support worker) for each resident in LTC homes as a minimum standard – something for which ONA and our allies have long lobbied. While MPPs passed Bill 33 at second reading, it was stalled at the committee level before the legislature was prorogued. At press time, the NDP was poised to reintroduce this private member’s bill.

To help get the ball rolling again, the Ontario Health Coalition and the Ontario Federation of Labour sponsored A Time to Care Rally on February 27, bussing in dozens of supporters from across the province to urge the premier to Make Time to Care the law in Ontario.

For Local 6 Coordinator Jane Penciner, coming to the rally was “an opportunity to show ONA support for this very important issue,” a sentiment echoed by the other members in attendance, along with ONA President Vicki McKenna, Region 4 Vice-President Laurie Brown and staff, who carried ONA flags and brightly-coloured signs with our key messages.

Huron Perth Healthcare Alliance Bargaining Unit President Halde Wicke was one of those bussed in, having just worked a night shift, because “the residents of Ontario need hands-on care. They need someone to touch them and listen to their concerns. The LEAN Process can go somewhere else!”

“Social workers work in many sectors and are a component of ONA’s health-care professionals group,” said ONA President Vicki McKenna. “ONA is incredibly proud of the significant role they play in helping people improve their quality of lives and achieve their goals.”

ONA PAYS RECOGNITION TO SOCIAL WORKERS

ONA has joined with our social workers in acknowledging the unique skills they bring to our health-care system.

Much like Nursing Week, Social Work Week, held this year from March 5-11 under the theme Social Workers on the Front Lines of Real Issues, is set aside to laud the role and contributions of these highly skilled professionals, who enhance health care by helping people of all ages, backgrounds and income levels participate more fully in relationships, work, home and community life. They also address complex social problems, such as the multiple impact of poverty, the lack of adequate housing, and barriers imposed by discrimination.

“Social workers work in many sectors and are a component of ONA’s health-care professionals group,” said ONA President Vicki McKenna. “ONA is incredibly proud of the significant role they play in helping people improve their quality of lives and achieve their goals.”
ONE BILLBOARD OUTSIDE PEMBROKE, ONTARIO

It may not quite be getting the attention of the Academy Award nominated movie about prominent billboards, but it’s definitely making a statement in rural Ontario!

After attending the political action session at last year’s Joint Sector Meeting, the Local 49 executive began brainstorming about how they could raise awareness about issues that are affecting their community, using their political action funds. Under ONA Policy 26.11, each Local can apply for $1,000/year to be used for promoting ONA’s key messages in their communities.

“Our team had several great ideas, but things seemed to fall into place when we started to look into developing a billboard,” said Local 49 Coordinator Jenny Briscoe. “It started with an empty billboard space with a phone number. When I called to inquire, it turned out that it belonged to a local real estate agent, Tony Donnelly, who happens to have a sister who is a nurse. He was happy to support ONA by providing us with the space at a discounted rate!”

With the space secured (on Highway 17 between Pembroke and Cobden), the Local contacted ONA’s Communications and Government Relations Team (CGRT), which was able to provide several images and messages.

“Our Local decided on one that best suited the needs of our community and reflected an issue that is seen across our multi-sector Local,” added Briscoe, who forwarded the electronic link from CGRT to a local sign company for a quote. That’s when the Local hit a bit of a snag.

“We learned the project would cost more than $1,000. That’s when we enlisted the assistance of other Locals in our Region, which still had political action funds available. Several Locals – 31, 137, 99, 67, 42, 214 – volunteered those funds towards our project, and the billboard went up.”

And it appears to be money well spent for the Locals.

“We’ve received positive feedback on the billboard, especially in terms of the message, Seniors need skilled care, which speaks to the need for more nurses in nursing homes, hospitals, health units and our community,” noted Briscoe.
QUEEN’S PARK UPDATE

MINISTER OF HEALTH RESIGNS TO LEAD PHARMACARE COUNCIL
Minister of Health and Long-Term Care Dr. Eric Hoskins resigned both his cabinet position and seat in the provincial legislature on February 26 to chair a federal government advisory council with the goal of creating a national pharmacare plan, expected to be implemented in next year’s budget. Dr. Helena Jaczek, MPP for Oak Ridges-Markham and chair of the Cabinet, was immediately named as his replacement. “ONA has been a passionate advocate for a federal pharmacare program and we look forward to Dr. Hoskins’ leadership in creating and implementing such a program at the national level,” said ONA President Vicki McKenna. “I also plan to meet with Minister Jaczek as soon as possible to open dialogue on many of the critical issues that we are facing with our health-care system.”

RNS CAN NOW COMPLETE ALL SECTIONS OF DISABILITY FORMS
The Ministry of Community and Social Services has announced that effective January 15, 2018, RNs can complete all sections of forms used to determine eligibility for the Ontario Disability Support Program, as well as medical review forms. Previously, RNs could only complete one section of these forms while other health-care professionals completed the rest. For those who have challenges accessing a health-care professional, this change will make it easier to apply for the program.

LEGISLATION ENHANCES QUALITY OF CARE ACROSS SECTORS
The Strengthening Quality and Accountability for Patients Act, 2017 has been passed to enhance transparency, accountability and quality of care across the health-care sector, including greater oversight of long-term care homes and pharmaceutical companies. Key highlights include:
• Making Ontario the first province or territory in Canada to require the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health-care professionals and organizations, as well as other recipients.
• Strengthening Ontario’s quality and safety inspection program for long-term care homes with new enforcement tools, including financial penalties and new provincial offences for non-compliance.
• Enabling paramedics to provide appropriate, safe and effective care for patients by providing timely on-scene care and/or transportation to another facility that best meets their needs.
• Prohibiting the creation of new private hospitals in Ontario and enabling existing private hospitals to be designated as community health facilities or other facilities at a later date, so there is greater quality oversight through more detailed reporting and consistency in delivering quality care.

OHIP+ LAUNCHED
Effective January 1, 2018, more than 4,400 prescription medications are now free for children and youth age 24 and under, as the province launches OHIP+.

GOVERNMENT TACKLES OPIOID CRISIS
Over the next three years, Ontario is investing more than $222 million to combat the opioid crisis, including expanding harm reduction services, hiring more front-line staff and improving access to addictions supports. Police and fire services will be provided with life-saving naloxone, a medication used to block the effects of opioids, especially in overdose. New Rapid Access Addiction Medicine (RAAM) clinics, which provide people with immediate help and short-term addictions treatment, as well as counselling until they can be connected to longer-term holistic support in their communities, will open while the services and hours of operation of existing ones will expand. An Opioid Emergency Task Force of front-line workers and people with lived experience will help strengthen the province’s coordinated response to the opioid crisis. The government has also committed to invest $20 million annually in Ontario’s Chronic Pain Network.

PATIENTS WITH MUSCULOSKELETAL CONDITIONS TO ACCESS CARE QUICKER
More than $37 million in funding over the next three years, including $17 million in 2017-18, will help expand Rapid Access Clinics so patients with musculoskeletal conditions can access the right care quicker. The new clinics will help people with pain in their muscles or bones receive
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First Link Program expands for people with dementia
Every person diagnosed with dementia will be connected with a patient navigator through the expansion of the First Link program. The program will receive $8.15 million over three years to enhance dementia care coordination in local Alzheimer societies across the province. Community dementia programs, including respite care services, will be expanded with a $37.5 million investment. Through its dementia strategy, Ontario is providing $100 million over three years to improve the lives of people living with the disease and their families.

Funding will help treat diabetic foot ulcers
Ontario is providing more than $8 million over three years to provide three types of foot casts, also referred to as offloading devices, to treat diabetic foot ulcers. These devices include removable, non-removable and total contact foot casts, which can cost between $150 and $620. The funding followed Ontario’s acceptance of the Ontario Health Technology Advisory Committee’s recommendations to fund three types of offloading devices. The province is also investing more than $50,000 this year to support 14 health-care specialists across the province to attend the Wounds Canada Conference for hands-on training and education. The funding is part of the larger wound care strategy.
KNOW YOUR RIGHTS

THE PEOPLE THAT YOU MEET WHEN YOU’RE MARCHING DOWN THE STREET!

You just never know who you’ll bump into at the international Women’s March! That has certainly been the experience of ONA’s Legal Expense Assistance Plan Team Leader Sheila Riddell (right), who came across former Governor General Adrienne Clarkson and renowned author Margaret Atwood, who were only too happy to pose for a picture, at last year’s march. This year, Riddell, known for her stand-out signs, spotted Federal NDP leader Jagmeet Singh at Toronto’s Nathan Phillips Square on January 20 and "quite shamelessly thought it was a good photo op." Turns out, he thought so too! The annual Women’s March, initiated the day after Donald Trump was inaugurated as U.S. President last year and held in cities throughout the world, advocates for legislation and policies regarding human rights and other critical issues, including women’s rights and immigration reform.

HAVE YOU TAKEN PREGNANCY OR PARENTAL LEAVE SINCE 2013? MAKE SURE YOU WEREN’T SHORT-CHANGED

If you recently went on pregnancy or parental leave, you may want to make sure you received your maximum Employment Insurance (EI) and supplementary unemployment benefit (SUB) amount while you were off work.

“There have been some cases where employers have made problematic submissions on the Record of Employment (ROE) to Service Canada, which has resulted in miscalculations in some of our members’ EI and SUB benefits,” said ONA President Vicki McKenna. “This led to some members not being properly compensated while they were on pregnancy or parental leave. ONA notified these employers of the underpayment and we are working with them to ensure there are corrections to these payments.”

The underpayment was most likely caused beginning in 2013, when Service Canada changed the way EI benefits were to be calculated going forward. Service Canada now calculates the EI benefit based on a person’s “best weeks” of employment during the qualifying period (usually 52 weeks prior) rather than the most recent weeks.

Part-time Members Mostly Affected

While employers have primarily paid full-time members the correct amount, it is part-time members with sporadic work patterns who have been most affected by an underpayment.

If a part-time employee’s annual income fell below the annual maximum insurable earnings amount (it was $51,300 in 2017), her/his income would be understated for EI purposes as a result of the change to the “best weeks” approach in EI calculations.

During the top-up period (27 weeks in most ONA collective agreements), any miscalculation by the employer who is paying the top-up to our members during that time would have resulted in a member collecting EI benefits and supplementary unemployment benefits at a rate lower than what she/he should have received.

“It’s a complex issue, so I would suggest that if any member thinks you might have not received the proper EI and supplementary unemployment benefits while off on leave, to contact your Bargaining Unit President, who will liaise with your Labour Relations Officer,” added McKenna.
NEW EMPLOYMENT STANDARDS ACT PROVIDES INCREASED, ADDITIONAL LEAVES FOR ALL EMPLOYEES

Many ONA members have asked us what implications the recently passed Bill 148, Fair Workplaces, Better Jobs Act may have on you at your workplace.

One of the many changes Bill 148 made to the current Employment Standards Act (ESA) was to increase some existing job-protected leave entitlements and introduce two new leaves. These changes took effect on January 1, 2018 and apply to anyone seeking to take these leaves now.

It is important to note that while service and seniority accrue during all ESA leaves, the vast majority are unpaid.

To help you navigate the changes and provide a refresher on ESA leaves, we are including a handy reference chart below outlining the types of leaves. Any available employer-paid days are indicated.

**TYPE OF LEAVE** | **PURPOSE OF LEAVE** | **LENGTH OF LEAVE**
--- | --- | ---
Pregnancy Leave, s. 46 | To provide care or support to an employee who is pregnant | Maximum 17 weeks
Parental Leave, s. 48 | To provide care or support to a family member or individual if a qualified health practitioner issues a certificate stating the individual has a serious medical condition with a significant risk of death within 26 weeks or less | 61 weeks if you took pregnancy leave; 63 weeks otherwise
Family Medical Leave, s. 49.1 | To provide care or support to a family member or individual if a qualified health practitioner issues a certificate stating the individual has a serious medical condition with a significant risk of death within 26 weeks or less | Maximum 28 weeks in a 52-week period
Organ Donor Leave, s. 49.2 | Where an employee undergoes surgery for the purpose of organ donation | Maximum 13 weeks
Family Caregiver Leave, s. 49.3 | To provide care or support to an individual if a qualified health practitioner issues a certificate stating the individual has a serious medical condition | Maximum eight weeks
Critical Illness Leave, s. 49.4 | To provide care or support to a critically ill minor child or adult who is a family member of the employee if a qualified health practitioner issues a certificate that: (a) states the family member requires the care or support of one or more family members; and (b) sets out the period during which the family member requires the care or support | Maximum 37 weeks for a child and 17 weeks for an adult; or 52 weeks if the certificate sets out that the individual requires care for 52 weeks or more
Child Death Leave, s. 49.5 | If an employee’s child dies for any reason, other than if the employee is charged with a crime involving the death or the child was a party to a crime in relation to her/his death | Maximum 104 weeks
Crime-Related Child Disappearance Leave, s. 49.6 | If a child of the employee disappears and it is probable, considering the circumstances, that the child disappeared as a result of a crime. Again, with the exception if the parent or child is a party to a crime | Maximum 104 weeks
Domestic or Sexual Violence Leave, s. 49.7 | If the employee or a child of the employee experiences domestic or sexual violence, or the threat of domestic or sexual violence, and the leave of absence is taken for any of the purposes | Up to 10 days and up to 15 weeks, the first five days of which are paid
Personal Emergency Leave, s. 50 | Can be taken for: (a) a personal illness, injury or medical emergency; (b) the death, illness, injury or medical emergency of an individual; (c) an urgent matter that concerns an individual | Maximum 10 days in a calendar year. First two days are paid, remaining eight days are unpaid
Emergency Leave, Declared Emergencies, s. 50.1 | Employee will not be performing the duties of her/his position because of an emergency declared under section 7.0.1 of the Emergency Management and Civil Protection Act and: (a) because of an order that applies to her/him made under section 7.0.2 of the same Act; (b) because of an order that applies to her/him made under the Health Protection and Promotion Act; (c) because she/he is needed to provide care or assistance to an individual referred to in subsection (8); or (d) because of such other reasons as may be prescribed | For as long as the employee is not performing the duties of her/his position because of the declared emergency. The entitlement ends on the day the emergency is terminated or disallowed
Reservist Leave, s. 50.2 | The employee is a reservist and will not be performing the duties of her/his position because: (a) the employee is deployed to a Canadian Forces operation outside Canada; (b) the employee is deployed to a Canadian Forces operation inside Canada assisting with an emergency; or (c) the prescribed circumstances apply | For the prescribed period or for as long as the employee is deployed
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ONAGROWS FOR PROGRESS AT IWD MARCH

With the #MeToo and #TimesUp movements exploding across the globe, as women are speaking out and being heard like never before, International Women’s Day (IWD) was even more meaningful for ONA this year.

An enthusiastic contingent of members and staff, led by Region 4 Vice-President Laurie Brown and Region 3 Vice-President Andy Summers, joined the IWD march in Toronto on March 3 under the international theme, #PressforProgress, which is a call to action to press forward and progress gender parity. With the World Economic Forum’s 2017 Global Gender Gap Report showing that gender parity is more than 200 years away, this call is more important than ever.

“We recognize the achievements – and honour the struggles – of all women on this special day, and we are proud of the growing international movement of advocacy and support,” said ONA President Vicki McKenna. “Nurses and health-care workers are leading the way and tackling women’s issues head on, whether they are fighting for pay equity or trying to end violence and harassment in the workplace. Their knowledge, compassion and determination make them fierce advocates for their patients, as well as strong role models for all girls and women.”

Gender parity is more than 200 years away.
— 2017 Global Gender Gap Report

See ona.org/iwd18

JUNE 24
TORONTO PRIDE PARADE

One of the most eagerly anticipated events of the summer will soon be here – and you’re invited!

The Toronto Pride Parade wraps up Pride Week on Sunday, June 24. As per usual, members of the ONA Board, members and staff will march alongside our attention-grabbing float through downtown streets. Details on where and when to meet will be posted on our website in the weeks to come. Check often!

If you are interested in helping plan this fun event, including the theme and decorations, why not join our organizing committee and be part of something really meaningful. Not in Toronto? Not a problem! You can participate in meetings via teleconference. To learn more, email Human Rights and Equity Team Project Manager Sheila Riddell at sheilar@ona.org.

Toronto may be the biggest, but it’s not the only parade. Pride events take place all summer long in communities throughout the province. Visit our website for the most up-to-date information, and come out and show your pride!

See ona.org/pride18

KNOW YOUR RIGHTS
Talk about a 180!

Long-time public health nurse Gretchen Sangster couldn’t ever see herself getting heavily involved in the work of our union, but after a potential strike last year tested her very commitment, she wonders why she waited so long.

Sat on the Fence

Sangster, who has worked at the Region of Waterloo Public Health since 1988, said that while she once dabbled in union involvement, serving as the ONA rep on her workplace Joint Health and Safety Committee in the early 1990s, she has largely been inactive throughout her 37-year nursing career.

“I sat on the fence about the degree of involvement I would commit to, as I struggled with both the public perception and my own beliefs about ‘unions,’” she admitted. “I was raised in a small booming mining town where the union was very strong and vocal about the rights of workers. I felt there was always this them vs us mentality, and I have never been comfortable with that.”

But she couldn’t have been more wrong. And during the last round of negotiations, when her employer tabled a contract that was completely unacceptable, Sangster knew she couldn’t sit idly by and let others take over. Keen to learn more about the bargaining process before she left her nursing career anyway, she unexpectedly joined her negotiations committee during a “very emotionally charged strike mandate” when a colleague decided to retire early, freeing up a spot on the committee.

“From that point forward, I began a wild ride into the ONA job action process,” she said. “To prepare, I met with our Bargaining Unit President to understand what had transpired with negotiations, and then completed many ONA eLearning negotiation courses. But I didn’t know the extent of commitment until the conciliation meeting resulted in a ‘No Board’ report. It quickly

I strongly feel that relationship-building among all nurses in our Local, including those who are not active, as well as our employer, is essential to any job action strategy.
became apparent that this new role would be a substantial volunteer commitment, requiring my full attention and active participation. Thankfully, I shared this responsibility and the leadership role with our incredible negotiation team members – Dia Fox, Marie DeBrun and Muriel Vandepol – who are very seasoned nurses and active ONA members.”

Never this Close to Job Action
Even so, preparing for a potential strike was a new experience for all of them, with Sangster noting that in the 29 years she has been with this employer, “we have never come this close to job action.”

With the help of the ONA Board of Directors, others members and staff, the Bargaining Unit immediately sprang into action to pressure the employer to return to the bargaining table with a respectful offer, holding regular membership meetings, staging information pickets, handing out materials to the public, instigating an online letter writing campaign to the Regional Municipality of Waterloo, talking to the media, and writing letters to the editor. In addition, they adopted the motto, “Stay Strong. Bring it on!” to help raise awareness about their issues and inspire and motivate members. When the going got particularly tough, Sangster said that motto helped lighten the weight.

“It was an intense process that involved strong leadership and a high-level commitment by a key group of people,” she said. “It took extensive planning and organization skills, and a clear and consistent communications strategy.”

ONA Machine in Action
That extensive planning paid off as the employer, realizing that our members were serious in their resolve, backed away from regressive concessions and provided a much-improved offer, narrowly avoiding a strike, which members overwhelmingly accepted.

At the ratification meeting, Sangster, who also prepared a video about their job action that was shown at ONA’s June Provincial Coordinators Meeting, spoke about the ONA machine in action.

“This experience made us all better leaders, better co-workers, better communicators, and stronger and even more committed nurses.”

After a very long, but successful day of bargaining, the Bargaining Unit negotiating team (from left: Marie Debrun, Dia Fox, Muriel Vandepol and Grechen Sangster) finally had something to smile about.

A Family Affair: “This was the first time I have been involved in political action, and it was wonderful that my husband Doug and daughter Katie surprised me by coming to support us,” Sangster said.

“I saw ONA in a new light,” she said. “I saw how it supports Bargaining Units at the ground level. Every resource available was offered to help with our job action process: a job action manual, communications support in the form of media releases, development of messages, and signage, buttons, flags and handouts, as well pens, lanyards and stickers to recognize our members at our meetings. What was most enlightening for me was that we got to know ONA staff on a more personal level. I had seen their names in Front Lines over the years, but now they became ‘real.’ They walked beside us during the entire process, demonstrating interest, support and commitment. It was clear they cared. Without this experience, I would have finished my nursing career thinking ONA was there for legal advice, communications and training. But now I have a better understanding of our union dues in action!”

And it isn’t just Sangster who feels that way, as she said the experience “has made us all better leaders, better co-workers, better communicators, and stronger and even more committed nurses. An important takeaway is knowing that deep down, we all have the strength, drive, commitment and attitude to do what it takes when we are put in situations that are very difficult, intense and exhausting, yet very exhilarating at the same time!”
**Future Working Relationships**

With this tremendous experience under her belt, does Sangster have any wisdom she would like to impart on fellow ONA members facing a similar situation?

“Engaging membership is vital to the success of any job action strategy, as they drive the process,” she revealed. “Our amazing members consistently demonstrated their support through strong turnouts at special meetings and sharing words of encouragement throughout the job action process. They also demonstrated their commitment through overwhelming attendance at our information pickets and volunteering for various committees. Job action is a stressful process, but what it does for member morale and cohesiveness is immeasurable and priceless!”

Along with acknowledging that every member has her/his own stance on the issues and her/his own beliefs about job action, it was essential to ensure that all members were respected to avoid divisiveness, Sangster said, adding the same consideration must be given to the employer.

“We need to ensure we stand up for the issues being raised by our members while recognizing the same is true for the employer. Our collective challenge is not to let the process become personal. We need to deal with issues that arise in a professional and respectful manner. We need to negotiate in a way that ensures our relationships are not damaged when we go back to work post-job action. Entering any negotiation process with this type of attitude can go a long way towards building future working relationships. And I do believe that our Bargaining Unit met this challenge head on!”

**SUPPORT**

**Region of Waterloo Public Health Nurses**

- The 135 Ontario Nurses’ Association (ONA) members who work for Region of Waterloo Public Health have been seeking a new contract since last June.
- Their employer is demanding more unacceptable cuts to health benefits.
- These professionals deserve benefits equal to their colleagues’, and respect for the integral role they play in keeping the community healthy and safe.

Ask Regional Chair Ken Seiling and Commissioner of Health Dr. Liana Nolan to value nurses’ work with a fair contract. Call or email:

- kseiling@regionofwaterloo.ca
- lnolan@regionofwaterloo.ca

**Public Health Nurses**

- Provide chronic disease and injury prevention services in our schools, workplaces and communities.
- They run smoking cessation and vaccination clinics.
- Nurses provide program delivery, monitoring, investigating, and controlling infectious disease outbreaks such as influenza, meningitis, whooping cough.
- In sexual health clinics nurses provide counseling and health education to youth.
- They provide blood-borne infection testing and monitoring for such diseases as HIV/AIDS, Hepatitis C, and Tuberculosis.
- Public Health Nurses provide prenatal support, home visits for vulnerable families, breast feeding clinics, and partner with many community agencies.

**“OUR COLLECTIVE ACTION CAN BRING ABOUT CHANGE:” HOW BECOMING ACTIVE REAPS REWARDS**

While Sangster wishes it hadn’t taken a potential strike to shake her complacency, she said becoming active in ONA has afforded her many opportunities – and can for you too! – including:

- Gaining an enhanced personal understanding about your union and the local issues affecting other nurses in your workplace.
- Developing leadership skills.
- Working with management in a new capacity to increase awareness of union-related issues from both sides of the table.
- Working with other nurses in your workplaces in a different capacity.
- Contributing to meaningful and progressive change in your workplace.
- Enhancing bargaining momentum through collective action.
- Being a part of something that can contribute to the future of public health nursing, as the issues dealt with today can have a lasting effect on the new generation of nurses.

Interested in getting more involved with ONA? Contact your union rep or Bargaining Unit President at ona.org/bup
WE ATTRACT THE BEST!

AS AN AVID READER of your union publication, you know about the critical work we do on behalf of members to improve your working conditions and the care you are able to provide to your patients. In my new column, I hope to convey some of the activities that go on behind the scenes to keep the ONA machine running effectively and efficiently.

As Chief Executive Officer, I work in tandem with the Board of Directors to ensure the strategic direction of our union – determined by the Board based on the priorities of our members – is put into action by our staff. Let me give you just a few key examples.

In bargaining, we go to the table fully prepared with every piece of research to help our case. In professional practice, we hired additional specialists and placed them in our regional offices, right where you work, so they are easily accessible to assist with your workload concerns. And in retention and recruitment, we are proactive and strategic in organizing potential members, who want to join the ONA family because they understand that our stellar services are unparalleled.

I am incredibly proud of the staff who serve you. They are dedicated experts who truly believe in the vision and mandate of our union. We attract the best because we are the best. Long before I joined ONA, I was fully aware of the respect ONA commands and how it paves the way for other unions. It’s why I too wanted to join.

To ensure these staff continue to meet your ever-changing needs, we provide them with relevant and groundbreaking education. And we are continuing with our popular member secondment program, which is resulting in many members joining our ranks, upping our complement of RN staff – something you have told us is very important.

As Chief Administrative Officer, it is also my responsibility to manage our resources – human, financial and bricks and mortars – wisely and in the right places to ensure we have a healthy war-chest for the constant battles we face.

It is my absolute honour and pleasure to serve as your CEO/CAO and to watch firsthand the amazing things we can accomplish when the Board, members and staff come together as the Great ONA Team!

L’EXCELLENCE ATTIRE L’EXCELLENCE !

EN TANT QUE LECTRICE ET LECTEUR ASSIDUS de la publication de votre syndicat, vous connaissez le travail essentiel que nous faisons pour nos membres afin d’améliorer vos conditions de travail et les soins que vous êtes en mesure de fournir à vos patients. Dans ma nouvelle chronique, j’espère vous communiquer quelques-unes des activités qui se déroulent dans les coulisses afin que la machine de l’AIIO puisse fonctionner de manière efficace.

En tant que directrice générale, je travaille en tandem avec le conseil d’administration afin de veiller à ce que l’orientation stratégique de notre syndicat, qui est déterminée par le conseil selon les priorités de nos membres, soit mise en œuvre par notre personnel. Permettez-moi de vous donner quelques exemples importants.

Dans le cadre de négociations, nous allons à la table bien préparés et équipés de tous les résultats de recherche qui pourraient nous servir. Dans le cadre de l’exercice professionnel, nous avons engagé des spécialistes supplémentaires pour nos bureaux régionaux, là où vous travaillez, afin qu’ils puissent facilement vous venir en aide avec vos questions de charge de travail. Et puis, dans le cadre de la conservation et du recrutement, nous avons une approche proactive et stratégique afin de syndiquer de potentiels membres qui désirent se joindre à la famille de l’AIIO parce qu’ils savent que nos excellents services sont inégalables.

Je suis incroyablement fière du personnel à votre service. Ce sont des experts dévoués qui croient vraiment à la vision et au mandat de notre syndicat. L’excellence attire l’excellence. Bien avant de me joindre à l’AIIO, j’étais entièrement consciente du respect qu’inspirait l’AIIO et de la manière dont celle-ci ouvrait la voie aux autres syndicats. C’est pour ces raisons que j’ai voulu me joindre à l’équipe, moi aussi.

Afin que le personnel puisse continuer de répondre à vos besoins en constante évolution, nous offrons des formations pertinentes et innovatrices. Nous poursuivons également notre programme de détachement des membres qui est très apprécié et qui attire beaucoup de nouveaux membres, augmentant donc nos effectifs d’IA, chose que vous trouvez très importante.

En tant que directrice de l’administration, je suis également responsable de la gestion, sage et réfléchie, de nos ressources afin que nous ayons une caisse spéciale bien approvisionnée pour les luttes perpétuelles auxquelles nous faisons face.

Cela a été et continuera pour moi d’être un grand honneur et plaisir de vous servir en tant que directrice générale et directrice de l’administration et de témoigner de première main des choses extraordinaires que nous pouvons réaliser lorsque le conseil, les membres et le personnel se rassemblent pour former la brillante équipe de l’AIIO !
ONA LOBBYING PAYS OFF FOR MEMBERS IN PRIMARY CARE

ONA has long lobbied the government on behalf of our members working in primary care to receive competitive wages and benefits – and those efforts have been successful! These members have received their second wage and/or benefit enhancements while some are now enrolled in the Healthcare of Ontario Pension Plan. A third increase is on its way in early 2018.

The Ontario Budget 2016 committed to investing $85-million over three years to enable primary-care organizations to begin to effectively recruit and retain qualified staff. The 2017 Budget allocated $146.3-million in additional funding over three years towards recruitment and retention in interprofessional primary care teams.

The incremental funding increases related to the recruitment and retention investments are as follows:

- 2016/17: $22.2 million.
- 2017/18: $34.1 million.

The funding is allocated to 445 primary care organizations, including 184 family health teams, 75 community health centres, 25 nurse practitioner (NP)-led clinics and 10 Aboriginal health access centres. The remainder includes nursing stations, Sault Group Health and independent practitioners, such as nurse practitioners (NPs). The funding is not only for NPs, but includes approximately 5,000 clinical staff and 2,000 administrative staff. See chart for examples of members who have benefited from these funds.

HOW FUNDING IS BENEFITING OUR MEMBERS

Here are some examples of ONA members in the primary care sector who have benefited from these increases:

- **Canadian Mental Health Association – Windsor Essex:**
  - Wage increases of 6.62 per cent effective April 1, 2017 and 4.49 per cent effective April 1, 2018.

- **Rapids Family Health Team:**
  - Wage adjustments retroactive to April 1, 2017 as follows:
    - Nurse Practitioner: $46.60 - $52.87, a 9.56 per cent increase.
    - Registered Nurse: $31.02 - $35.20, a 2.62 per cent increase.
    - Registered Practical Nurse: $21.96 - $24.92, a 2.67 per cent increase.
    - Social Worker (Master of Social Work): $32.15 - $36.48, a 2.60 per cent increase.
    - Social Worker (no incumbent): $30.86 - $35.01, a 2.62 per cent increase.
    - Registered Dietician: $30.27 - $34.35, a 4.10 per cent increase.
    - Occupational Therapist: $31.02 - $35.20, a 2.62 per cent increase.
    - Chiropodist: $31.02 - $35.20, a 2.62 per cent increase.
    - Case Manager: $27.54 - $31.26, a 2.62 per cent increase.
    - Lab Technician: $17.33 - $20.15, a 4.07 per cent increase.
    - Receptionist: $17.09 - $19.39, a 2.64 per cent increase.
    - Health Promoter (no incumbent): $28.84 - $32.72, a 2.62 per cent increase.

ONA will continue to lobby to ensure ONA members in all sectors are funded with competitive wages and benefits.
ONTARIO HOSPITALS AT OVERCAPACITY, REPORT FINDS

The number of hospital beds occupied by patients who don’t need to be there and are waiting to receive health care elsewhere could fill 10 large hospitals, a report from the agency that monitors the performance of Ontario’s health-care system reveals.

*Measuring Up 2017* by Health Quality Ontario (HQO) confirms that “hospital capacity” is a significant problem in the province, finding that in 2015-16, an average of 3,961 Ontario hospital beds per day were occupied by patients, most of them elderly, waiting for long-term care, rehabilitation or home care.

The proportion of inpatient days in which hospital beds were occupied by these patients rose to 13.9 per cent, up from 13.7 per cent from the previous year. That equates to an increase of 25,000 in the number of days that hospital beds were occupied by patients who did not need to be there.

### ONA GRANTED STANDING IN LTC INQUIRY

Ontario has launched its Public Inquiry into the Safety and Security of Residents in the Long-Term Care (LTC) Homes System, and ONA is one of a handful of parties granted standing.

Honourable Justice Eileen Gillese, an experienced judge of the Ontario Court of Appeal, will lead the independent public inquiry into the policies, procedures and oversight of LTC homes. In particular, she will inquire into the circumstances and systemic issues that may have contributed to the assault and death of residents who were under the care of Elizabeth Wettlaufer, a former RN in LTC homes in southwestern Ontario. The goal is to help get answers to make sure a tragedy like this never happens again.

The inquiry will review the accountability measures in place to ensure they meet the objectives of the *LTC Homes Act*, and provide recommendations to improve the safety and well-being of residents. A final report, including all recommendations, will be delivered to the Attorney General by July 31, 2019 and will be made available to the public.

### Standing at this inquiry will be important for ONA to provide a clear picture of staffing, skill mix and resident outcomes.

— ONA President Vicki McKenna

Read full report at measuringup.hqontario.ca

**Minutes longer patients spent in the ED this past year before being admitted to inpatient beds**

90

**One in 12 Ontarians who report having trouble paying for expenses not covered by public or private health insurance**
ONA STUDENT SCHOLARSHIP WINNERS

In our continuing series on the 2017 Nursing Student Scholarships, Front Lines is featuring the names and pictures of three additional recipients, along with snippets from their winning essays on “The Importance of the Ontario Nurses’ Association for Nurses.”

ERIKA BROWN:  
Daughter of Alana Brown from Local 3, Central East Local Health Integration Network  
“As a part of ONA, I feel safe entering the profession of nursing because ONA has a strong belief regarding workplace harassment. ONA commits to an environment that promotes self-worth and respect to every individual in a workplace.”

EVAN O’CONNOR:  
Son of Louanna O’Connor from Local 73, Thunder Bay Regional Health Sciences Centre  
“ONA advocates for nurses to ensure the best possible working conditions, striving to make all members feel safe, valued and secure in their jobs. Our frontline health-care providers are assured peace of mind through ONA’s hard work.”

JOSHUA DEL PRADO:  
Son of Gina Gonzales from Local 34, Trillium Health Partners – Mississauga site  
“The organization guarantees that nurses have the right to do what they are passionate about – practice their skills – and do so safely. ONA pushes for fairness among nurses as well as ensuring they are not being overworked, and that they get compensated accordingly.”

DEADLINE FOR 2018 NURSING SCHOLARSHIPS APPROACHING

Do you have an immediate family member in an accredited nursing program who could benefit from a scholarship in the amount of $1,000 to help cover the cost of her/his education? If so, visit our website for information, including eligibility criteria, and application forms for the ONA Scholarship Fund (up to 10 available) and the Canadian Federation of Nurses Unions Scholarship (one available for ONA). The deadline is July 1.
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“LOTS OF GREAT CONVERSATIONS” AT KINGSTON NURSING STUDENT CONFERENCE

Just a couple weeks into her new role, Region 2 Vice-President Bernie Robinson (centre) was proud to be the face of ONA at the table we sponsored during the Kingston Nursing Student Conference.

The conference, held on January 20 at the Delta Kingston Waterfront Hotel, aimed to facilitate “relationships between like-minded students and professionals with a showcase of employment options and advancement in various areas of nursing interest.”

Approximately 150 nursing students participated in the conference, most of them ONA student affiliates (pictured), who were very keen to talk to Robinson.

“The students were eager to learn about ONA,” she said. “I was able to clarify some issues with them regarding the new grad guarantee and ONA’s successful lobbying around the NCLEX entry-to-practice exam, and provide information on ONA Liability insurance. There were lots of great conversations!”

STUDENTS SHARE KEY CONCERNS WITH ONA

For ONA to continue to lobby on behalf of nursing students, we have to keep talking to each other, Region 4 Vice-President Laurie Brown told the gathering at the Ontario-Quebec executive meeting, held just prior to the Canadian Nursing Students’ Association’s (CNSA) National Conference.

“Through our almost 10-year partnership with the CNSA, ONA has worked side by side with you and your predecessors to raise nursing students’ issues at the College of Nurses of Ontario and the highest levels of government,” said Brown. “But we know there are still problems you face and we should work together to fix them.” Those problems include unnecessary restrictions on medication distribution, good placements and a lack of compensation for that work, student loan delays and high tuition fees.

ONA was a gold sponsor of the conference, held from January 23-27, in Nanaimo, British Columbia. Under the theme, Collaborative Health Teams: Enhancing and Promoting the Nursing Role, delegates were treated to an array of workshops critical to their student lives and several guest speakers.

During breaks in the proceedings, Brown and ONA Campaigns Officer Ken Marciniec staffed a very popular booth in the exhibit hall to continue the important dialogue with students, hand out ONA material, and answer questions about our stellar services.

ARE YOU A STUDENT WHO WANTS TO SHARE INFO WITH ONA?

Consider joining our ONA-CNSA teleconnects!

The teleconnects, hosted by ONA President Vicki McKenna and held throughout the year, are a great opportunity to share information and concerns and to figure out a plan for using our collective strength to address these issues.

Contact ONA Campaigns Officer Ken Marciniec at kenm@ona.org to sign up.
CHANGES TO THE REGULATED HEALTH PROFESSIONS ACT: WHAT YOU NEED TO KNOW

The Protecting Patients Act was passed on May 30, 2017, making changes to the Regulated Health Professions Act that will have a significant impact on health professionals in Ontario.

The legislation is part of the provincial government's Patients First: Action Plan for Health Care initiative, which aims to provide greater rights for patients and more transparency on the part of governing bodies such as the College of Nurses of Ontario (CNO).

Changes to the RHPA generally focus on four areas:

1. Additional information about health professionals available to the public.
2. Greater power to suspend members.
4. Greater government scrutiny of and involvement in the regulatory colleges.

Additional Information about Health Professionals Available to the Public

The RHPA already sets out specific information that every regulatory college must include on its public register of members (available on the colleges' websites), such as each member's name, class of registration, terms, conditions and limitations on her/his licence and whether she/he has been suspended or had her/his licence revoked.

As part of the government's plan to make colleges more transparent, the Protecting Patients Act requires more information to be included on the register, such as:

- Every caution or specified continued education or remediation plan that the Inquiries, Complaints and Reports Committee imposes. This information will remain on the college's register and website indefinitely.
- Each specific allegation a college makes against a member who has been referred to the Discipline Committee.
- Extensive information regarding the outcome of and reasons for the Discipline Committee's decision.
- Even where the Discipline Committee has found there was no professional misconduct, that finding must be posted along with the reasons for the finding (in these cases, the information will be removed after 90 days).

ONA is very concerned that the government has moved too far in favour of public disclosure at the expense of health professionals' rights and privacy interests. Publication of...
information such as unproven allegations creates stigma, affecting members’ reputations even if they are later cleared of wrongdoing.

**Greater Powers to Suspend Health Professionals**

Inquiries, Complaints and Reports Committees now have expanded powers to suspend their members before the college investigation is completed, and in some cases, even before the investigation has begun. That means a health professional can be suspended before the Committee has determined if the allegations are true. Currently, the Committee can suspend a member’s licence to practise simply if, in its opinion, that member’s health or conduct exposes or is likely to expose her/his patients to harm or injury.

Furthermore, the Committee can suspend a member’s licence without notice to the member if the Committee has reasonable and probable grounds to believe that urgent intervention is needed.

The legislation requires the Committee to investigate and resolve the matter as quickly as possible in cases where it imposes an interim suspension. However, the fact remains that members will be suspended from practice for a considerable time. In many cases, this period could end up being longer than any suspension the Discipline Committee or Fitness to Practise Committee may later impose.

**Expanded Sexual Abuse Provisions**

The RHPA previously defined certain acts as sexual abuse, but did not define “patient” for the purpose of the sexual abuse provisions. Although this part of the Act has not yet come into effect, the RHPA will soon define “patient” to prohibit health professionals from engaging in sexual activities with former patients for at least one year following the end of the health professional-patient relationship.

The RHPA lists certain sexual acts that lead to the automatic revocation of a member’s licence to practise. The Protecting Patients Act expands this list to include touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks.

You may know that you are currently required to report any health professional to her/his college if you have reasonable grounds to believe that she/he has sexually abused a patient. It is professional misconduct to fail to do so, with fines increased to a maximum of $50,000, even for a first offence.

If you believe that a colleague may have sexually abused a patient, we urge you to consult our Legal Expense Assistance Plan (LEAP) Team (see box below), as the reporting requirements are quite detailed.

**Greater Government Scrutiny**

Under the Protecting Patients Act, the Minister of Health and Long-Term Care now has the power to examine any regulatory college to determine whether it is fulfilling its duties and carrying out its objectives.

Once other provisions of the Act come into effect, the Minister will also have the power to determine the formation and governance of the various committees that make decisions regarding health professionals’ practice. These new powers will give the government considerable authority over the colleges’ operations and regulation of their members and will allow the government to shape every aspect of the colleges in accordance with its priorities.

It is clear that the government intends to take advantage of these expanded powers. Recently, (then) Minister of Health and Long-Term Care Dr. Eric Hoskins initiated a review of the College of Physicians and Surgeons of Ontario’s (CPSO) 1994 decision to dismiss a sexual abuse complaint against a physician. It appears the Ministry intends to conduct a full examination of the CPSO’s investigation, and it is possible that this may result in a new investigation into these decades-old allegations.

When the Minister can review any investigation no matter how much time has passed, health professionals will no longer have any certainty that a college’s decision regarding a complaint means that the case is closed.

**Questions on any of the above?**

Contact LEAP intake

Tel: (416) 964-8833 or (toll-free) 1-800-387-5580

Email: LEAPintake@ona.org

ONA is very concerned that the government has moved too far in favour of public disclosure at the expense of health professionals’ rights and privacy interests.
One of the most important and core functions of a union leader is to represent and stand up for her/his Bargaining Unit members without fear of reprisal or employer interference. Yet, this basic tenet in labour relations was ignored by an employer who tried to terminate an ONA Bargaining Unit President for doing precisely that.

**Violent Incidents Examined**

With a heightened awareness of workplace violence, Alexandra and Marine Hospital Bargaining Unit President Melissa Wraith was looking into a violent incident on a unit in the Goderich facility that injured an ONA member. Wraith tried to find out about the attack from the hospital’s occupational health department.

“They declined to provide information about the workplace injury, which is required under the Occupational Health and Safety Act,” she explained. “I was entitled to that information as Bargaining Unit President and a member of the Joint Health and Safety Committee (JHSC). Unfortunately, my employer saw it differently and refused to provide me and the JHSC information, which could have helped us to make our jobs safer.”

Wraith brought up the lack of reporting to the hospital’s Labour Management Committee and the hospital administrators continued to refuse to provide basic information about this incident and others. ONA Labour Relations Officer (LRO) David Shepherd called the Ministry of Labour (MOL) and requested a site visit to the hospital to investigate critical injuries and reporting.

**Ministry Issues 14 Orders**

Although it took about 10 days after that initial site visit, an MOL inspector held a joint meeting with management and members of the JHSC. The Ministry issued 14 orders relating to the lack of reporting of critical incidents, including that when a person is disabled from performing her/his usual work or requires medical attention because of an accident, explosion, fire or incident of workplace violence, but no one dies or is critically injured, the employer must, within four days of the occurrence, give written notice of the occurrence containing the prescribed information and particulars to the JHSC and trade union(s).

“We were happy that the Ministry issued the orders,” Wraith said. “However, while the employer was trying to comply with the orders, there was a near strangulation incident that involved an ONA member. Yet again, this event was not reported properly to all parties.”

**Terminated and Reinstated**

While representing members on a different matter at an arbitration, the employer began to investigate Wraith’s communications through the employer email, which were all related to her role as Bargaining Unit President.

After several meetings among her employer and LROs, Wraith was terminated. Immediately, ONA filed grievances and submitted an unfair labour practice with the Ontario Labour Relations Board. The hearing went to an arbitrator who ordered Wraith’s reinstatement with full compensation.

Despite all the stress and uncertainty, Wraith said she would do it all again, as members deserve to work in a safe environment.

“I couldn’t have done all of this without the great support I received from ONA staff, leaders and members.”

**Public Notice**

The hospital was ordered to post a public notice stating that:

**(ONA) has the right to be free from employer interference in its representation of members under the Labour Relations Act, 1995 and the Occupational Health and Safety Act, including the Bargaining Unit President and ONA’s representatives on the JHSC and other committees. The hospital violated (the acts) in terminating ONA’s Bargaining Unit President, Melissa Wraith, and have, by order of Arbitrator Schmidt, reinstated her and compensated her for her losses.
COMPENSATION FOR WORK-RELATED MENTAL STRESS: ARE YOU ELIGIBLE?

On January 1, 2018, amendments passed under Bill 127, the Stronger, Healthier Ontario Act (Budget Measures), 2017 came into effect, allowing workers suffering from work-related chronic mental stress, in addition to traumatic mental stress, to be eligible for compensation under the Workplace Safety and Insurance Act, 1997 (WSIA).

Under the amendments, workers whose mental stress occurred between April 29, 2014 and December 31, 2017, and who did not previously file a claim, have six months – until July 1, 2018 – to file a claim for compensation with the Workplace Safety and Insurance Board (WSIB). April 29, 2014 is the date of the Workplace Safety and Insurance Appeals Tribunal (WSIAT) decision on an ONA case that successfully challenged the existing provisions of the WSIA as discriminatory and contrary to the constitution by excluding workers with chronic mental stress from eligibility for compensation.

In addition to workers who have not previously filed a claim, workers who were previously denied claims and workers with claims that are pending may be eligible to have their claims considered or re-considered under the following transitional rules:

1. Claims that were denied by the WSIB or by the WSIAT before January 1, 2018 cannot be refiled. However, if a worker has a timely claim for mental stress pending before the WSIB on January 1, 2018, the decision will be made based on the new provisions regardless of the date on which the mental stress occurred. “Pending” means the WSIB had not made a decision or final decision on the claim by January 1, 2018.

2. If a worker has a timely claim for mental stress that is pending before the WSIAT on January 1, 2018 (a pending appeal), the WSIAT will send the claim back to the Board to decide entitlement under the new provisions regardless of the date on which the mental stress occurred.

3. If on or after January 1, 2018 a worker files a timely Notice of Appeal to the WSIAT of a final decision of the WSIB made before January 1, 2018, the WSIAT will refer the claim back to the WSIB to be decided under the new provisions, regardless of the date on which the worker’s mental stress occurred.

If you believe you may be eligible for benefits due to work-related mental stress under the new legislation, remember the deadline for claims under any of the above circumstances is July 1, 2018.

Contact the WSIB immediately if you have any questions at (416) 344-1000 or 1-800-387-0750

To celebrate Nursing Week for the month of May 2018 ONA members will be eligible to apply for the following WITHOUT a medical:

- Long Term Disability
- Extended Health with Optional Hospital
- Dental Care
- Life Insurance

You won’t even need to complete a medical questionnaire! Take this opportunity to join the program built for nurses, by nurses... It’s THAT easy!

Contact us to learn more:
1-800-461-4155
johnson.ca/ona
ONA has received a major victory at the Ontario Court of Appeal on the issue of layoff rights, which overturns the judicial review of a decision by Arbitrator Felicity Briggs.

The case began when a hospital, located in a large urban centre, closed 11 beds on one of its units, which reduced the total hours of work available for regular part-time (RPT) nurses. Following the closure, the hospital scheduled all RPT nurses on the unit below their commitment without regard for seniority and without applying the layoff provisions.

The Grievance
ONA grieved that the hospital’s scheduling decisions constituted a layoff, and its failure to lay nurses off in reverse order of seniority and provide layoff options under Article 10 violated the collective agreement.

ONA was successful at arbitration, with the arbitrator concluding that while there was no requirement to schedule RPT nurses up to commitment if there was no work available, in this case, there was work and the hospital had triggered the collective agreement’s layoff provisions by reducing the working hours of its RPT nurses below commitment with no regard for seniority.

The Judicial Review
The hospital judicially reviewed the decision and at the Divisional Court, the arbitrator’s award was set aside. The court determined that the decision was “internally inconsistent” because while the arbitrator found there was no requirement to schedule to commitment if no work was available, she then found that layoffs were triggered if nurses were not scheduled to commitment.

ONA was granted leave to appeal the award on the grounds that the Divisional Court erred in wrongly applying the reasonableness standard of review by substituting its own decision for that of the arbitrator.

The Appeal
On appeal, ONA argued that the arbitrator’s answers to the two questions before her are consistent, as they address different scenarios:

1. Where no work is available.
2. Where there is “less” work to be done.

We further argued that the arbitrator’s decision that where an RPT nurse has been scheduled to commitment and her hours are then reduced on the next posted schedule, a layoff is triggered, is consistent with the terms of the collective agreement. The arbitrator reasonably concluded that the hours for which each RPT nurse has committed to work is a suitable contractual benchmark for applying the layoff provisions of the collective agreement.

The Decision
The Court of Appeal agreed with all of ONA’s positions and held that:

1. The arbitrator’s answers to the two questions before her were internally consistent.
2. The arbitrator’s decision that this reduction in hours triggers a layoff is consistent with the collective agreement.
3. It was reasonable for the arbitrator to conclude that the hours for which each RPT nurse has committed to work is a suitable contractual benchmark for applying the layoff provisions of the collective agreement.
4. It was reasonable for the arbitrator to conclude that the hospital’s uniform reduction of RPT hours contravened Article 10.09(b)(iii)(C) of the collective agreement.

“This is a landmark win for ONA,” said ONA President Vicki McKenna. “The Court of Appeal’s detailed reasons emphasize the importance of layoff rights in the context of the fundamental importance of seniority protections for union members.”
Mais, nous rencontrons constamment des obstacles, l’OHA refusant fermement de renoncer à des propositions régressives que votre équipe jugeait inacceptables, irrespectueuses et, bien franchement, décourageantes.

Malgré la suppression de postes d’IA dans l’ensemble de la province, la hausse des heures supplémentaires, l’utilisation des services d’une agence et les postes à pourvoir dans vos milieux de travail, entraînant un manque de personnel pour plusieurs d’entre vous, ainsi que l’introduction constante de changements inadéquats dans la composition des effectifs, les propositions de l’OHA démontrent qu’ils n’ont aucun intérêt pour le maintien de l’intégrité du poste d’IA et qu’ils ne reconnaissent pas l’existence d’une sérieuse pénurie d’infirmières en Ontario. Ils ne croient pas que les salaires et les conditions de travail devraient être améliorés afin d’attirer d’autres infirmières. Mais, les statistiques ne mentent pas ! L’Ontario a le pire ratio d’infirmières par patient du pays et de nombreuses études démontrent que pour chaque patient supplémentaire ajouté à la charge de travail d’une infirmière, les taux de mortalité et de morbidité augmentent de sept pour cent.

Munie de ces faits irréfutables, votre équipe a bien précisé dès le début que nous n’étions pas prêts à laisser les hôpitaux équilibrer leurs budgets aux dépens de nos membres et au détriment de la qualité des soins que vous fournissez. Les mesures d’austérité du gouvernement sont terminées et nous avons joué notre rôle. L’érosion des postes d’IA doit cesser. Vous avez le droit à des milieux de travail sains et sécuritaires, un bon équilibre travail-vie personnelle et une rémunération qui reflète vos contributions professionnelles à notre système de santé. C’est ce qui nous intéresse par-dessus tout.

C’est avec cette ténacité que votre équipe a continué de lutter pour cette cause en arbitrage lors de la dernière semaine du mois de février, soutenant habilement qu’il fallait augmenter les salaires de manière adéquate, apporter des améliorations normatives aux primes, aux avantages et aux salaires et normaliser les grilles salariales pour les infirmières praticiennes. Nous attendons la décision de l’arbitre Kaplan à la fin du printemps ou au début de l’été. Pour les mises à jour, je vous encourage à visiter l’adresse ona.org/bargaining.

Je vous assure que votre équipe demeure forte et unie afin de parvenir à une convention collective qui témoigne du respect pour nos membres du secteur hospitalier. Je sais que vous nous soutenez dans l’atteinte de cet objectif. Restons forts et unis !

de l’Ontario, qui devrait porter en grande partie sur les soins de santé, n’avait pas encore été publié.

Lors de son Assemblée pour une action en santé à l’automne dernier, l’OHC a conçu un plan d’action comprenant des activités qu’elle entreprendra d’ici les élections et par la suite, y compris la planification en vue des réunions générales des candidats et la préparation de questions pour ceux-ci, ce que l’AIIO soutient pleinement. Pour en savoir davantage, visitez l’adresse onariohealth-coalition.ca.

Nos représentants élus à l’assemblée législative provinciale contrôlent le financement des hôpitaux et des soins de santé en général et les décisions qu’ils prennent déterminent si nos employeurs ont les fonds nécessaires afin de doter adéquatement nos unités en personnel, etc. C’est pourquoi il est essentiel que chacun d’entre nous considère attentivement les candidats qui soutiendront davantage les soins de santé.

Comment faire ce choix ? Étudiez les plateformes électorales des partis lorsqu’elles sont disponibles. Lorsque vos candidats viennent frapper à votre porte, parlez-leur des engagements qu’ils sont prêts à prendre pour notre système de soins de santé. Assistez aux réunions générales des candidats et posez les questions difficiles. Nous pouvons vous aider ! Dans les semaines à venir, visitez notre site Web à l’adresse ona.org pour y trouver de l’information et des conseils au sujet des élections provinciales.

Bien que les modifications apportées à la Loi sur le financement des élections aient entraîné de nouvelles règles relatives à la publicité, vous pouvez et nous vous encourageons à porter les macarons des campagnes de l’AIIO, distribuer des prospectus, écrire des lettres aux rédactrices et rédacteurs en chef de vos journaux locaux, parler à vos collègues, familles, amis et voisins de ce que ces élections signifient pour leurs futurs soins de santé et partager ces tendances politiques par l’entremise de vos comptes personnels de médias sociaux.

Mais, la chose la plus importante à faire est de voter. Ne pensez jamais que votre bulletin de vote ne changera rien. Il compte énormément. Pensez au système de soins de santé que vous désirez voir en place après les élections, à la personne qui serait à la hauteur et exprimez-vous le 7 juin.
Better care starts here.

Nurses know.

Ontario Nurses’ Association Celebrating 45 Years