“ONA was my advocate when I could no longer advocate for myself.”
- Jessica Szmiertt, Crisis Intervention Nurse

“My Union Saved Me”
In her darkest hours, member finds support she didn’t expect

Shining a Spotlight on Violence in the Workplace P.23
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ONA MAIL

Keeping the Celebration Going

ONA members continue to flood our inboxes with heartfelt comments about what they are celebrating in this, ONA's 45th anniversary year. Here are just a few more. The year is only half over, so please keep those emails coming!

I am celebrating our voice as respected professionals, and the improvement in our wages, benefits and working conditions! I am also celebrating a good pension.

LINDA MARY

Editor’s Note: Speaking of a good pension, turn to page 22 to see how well your pension plans are continuing to perform so that you can enjoy your golden years without financial worry.

Happy 45th, ONA! I am celebrating the huge strides we, collectively as a union, have made towards better working conditions in a healthy, safe environment. We still have lots to do, but we can do so together, united and strong.

In solidarity from Local 83.

ANDREA CASHMAN

Love all Around!

I love the new format and layout of Front Lines. I also loved my Nursing Week gift; it’s on my phone and is so useful. Great choice!

ANNE CLARK, Former Region 2 Vice-President

SOME THINGS NEVER CHANGE

In honour of Nursing Week 2018 and ONA’s 45th sapphire anniversary, we took a look through our archives – and we found some true gems!

But this ad, circa 1987, really caught our eye. Featuring a group of serious-looking members, it poses the question: Can You Imagine a Health-Care System without Nurses? Neither Can We. Noting that RNs assess vital needs, make critical decisions, have extensive education, continually upgrade their clinical skills, and work in a more demanding health-care system than ever, the ad was included in Nursing Week promotional kits for use by each Bargaining Unit.

While the nursing caps and ‘80s style may be long gone, and our Nursing Week materials now reflect the diversity of our members and the various sectors in which you work, we were struck by the familiarity of the message, which is as relevant today as it was back then.

Another thing that has remained unchanged over the past three decades? The dedication our members show to your patients, profession and union each and every day despite the challenges you continue to face. And we hope you were able to celebrate that during this past Nursing Week.

Turn to pages 8-10 for our extensive coverage of Nursing Week activities in all five regions.

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

Read issues online at ona.org/frontlines
THE TIME FOR TALKING ABOUT MORE RNs IS OVER!

LAST PLACE. THAT’S US.

For the second year in a row, Ontario maintains the dubious distinction of having the lowest RN-to-population ratio in Canada: 703 RNs per 100,000 population versus 839 in the rest of the country. Considering the number of employed RNs fell in 2017 by 654, the majority of which are full-time positions, and we are seeing our lowest RN levels since 2004, this shouldn't come as a shock. And yet it still does.

After all, we know there is a direct correlation between the number of RNs at the bedside and the rates of patient morbidity and mortality. We know that RNs save the health system overall by reducing hospital readmissions and incidences of patient complications, including pressure ulcers, pneumonia, cardiac arrests, falls, sepsis, infections and medication errors. The research supporting these facts is extensive and clear, and ONA has been sounding the alarm about the province’s RN shortage for years. So why is the message still not being heard?

We don’t know, but we do know we are going to keep repeating it until it does. This spring we launched the latest phase of our Nurses know campaign, which combines our powerful message that Ontario needs to hire 10,000 more RNs in the next four years, with a feel-good tagline to promote the exceptional care and key role RNs provide to the system: RN Proud.

Through a series of transit, radio and print ads, along with a strong social media component, the RN Proud campaign urges the government, whatever government that may be post-election, to commit to exceptional patient care by prioritizing RN employment and ensuring the right care provided by the right care provider at the right time, as defined by the College of Nurses of Ontario’s three factor framework. This is something that my colleagues at the Registered Nurses’ Association of Ontario and I reiterated at a joint media conference to launch Nursing Week.

This issue of Front Lines contains a special feature section on our Nurses know campaign, which I encourage you to read. I provided copies of a similar document in meetings with Premier Kathleen Wynne, Minister of Health and Long-Term Care Dr. Helena Jaczek and representatives from the PC and NDP parties in the lead-up to the provincial election to highlight our key asks.

But like all our campaigns, it is only successful when our members get involved. Share our key messages on your social media accounts, talk to your family, friends and neighbours about what too few RNs really means to their health care, write letters to the editor of your local newspapers, and fill out a short survey on our Nurses know website. Together we can let the government know the time for talking is over. The time for action is now!

See more at nursesknow.ona.org

Follow Vicki at twitter.com/vickim_RN

LE TEMPS DE DEMANDER PLUS D’IA EST RÉVOLU!

EN DERNIÈRE PLACE. C’EST NOUS.

Pour la deuxième année consécutive, l’Ontario maintient la discutable distinction du pire rapport infirmières-population au Canada : 703 IA pour une population de 100 000 personnes par rapport à 839 ailleurs au pays. Puisque le nombre d’emplois des IA a diminué de 654 en 2017, parmi lesquels la majorité sont des emplois à plein temps, et que nous faisons face aux niveaux les plus faibles d’IA depuis, cela ne devrait pas nous surprendre. Et pourtant, cela nous surprend toujours.

Nous savons qu’il y a une corrélation directe entre le nombre d’IA au chevet des malades et le taux de morbidité et de mortalité parmi les patientes et patients. Nous savons que les IA assurent la survie de l’ensemble du régime de soins de santé en réduisant les réadmissions à l’hôpital et les cas de complications des patientes et patients, notamment les escarres de décubitus, les pneumonies, les arrêts cardiaques, les chutes, la sepsie, les infections et les erreurs dans l’administration de médicaments. La recherche qui soutient ces faits est vaste et claire, et l’AIIO sonne l’alarme depuis deux ans à propos des pénuries d’IA dans la province. Alors pourquoi n’a-t-on toujours pas compris le message?

Follow Vicki at twitter.com/vickim_RN
ROOM FOR ALL NURSES IN SYSTEM

NURSING WEEK 2018 brought some very good news to ONA. A few months ago, when former Minister of Health and Long-Term Care Dr. Eric Hoskins sent a letter to the College of Nurses of Ontario (CNO) to consider allowing RPNs to extend their scope of practice into four key areas of the RN scope without any consultation with our union, ONA President Vicki McKenna and I, along with the entire Board, made it our priority to secure a commitment from the government to step back from those plans. And we have done it!

On May 7, the Minister of Health and Long-Term Care Dr. Helena Jaczek sent a letter to the CNO, directing it to immediately halt any consideration of an expanded scope and to instead set up a thorough consultation process “with the goal of achieving consensus among key nursing organizations,” including ONA, the Registered Nurses’ Association of Ontario and the Registered Practical Nurses Association of Ontario.

The letter also stated the consultation will include other nursing experts before proceeding with any change in RPNs’ scope of practice, and will be comprehensive, informed by best available evidence, including peer-reviewed research and advice from clinicians and experts.

I want to be very clear: ONA strongly believes there is room for RNs, RPNs, NPs and PSWs in our health-care system. This is not, and never has been the concern. The real issue is making sure the appropriate skilled nurse is caring for patients based on their needs.

We know RNs can work in any setting and with any type of patients. They can care for those with any complexity of needs in unpredictable situations, whether it be intensive care, surgical units, emergency departments, long-term care or home care. They have the education, competencies and skills these patients need.

We also know that RPNs are more appropriately used for the care of patients with less complex needs and stable and predictable outcomes. Forcing these nurses to care for unstable patients with unpredictable outcomes puts both the patient and the nurse’s licence to practice at risk. And that’s just not acceptable for either.

So while we appreciate the important role played by RPNs, we believe the RN role must equally be recognized, valued and preserved. We simply cannot allow our employers’ monetary decisions to be the driving force in reducing RN hours of care and pushing through inappropriate skill mix changes.

Throughout the consultation process, I can assure you ONA will be the voice of reason, experience and expertise. We will be the voice of nurses – all nurses.

DE LA PLACE POUR TOUTES LES INfirmières ET TOUS LES INFIRMIERS DANS LE RÉGIME

LA SEMAINE DES SOINS INFIRMIERS DE 2018 a apporté de très bonnes nouvelles pour l’AIIO.

Il y a quelques mois, lorsque l’ancien ministre de la Santé et des Soins de longue durée, le Dr Eric Hoskins, a envoyé une lettre à l’Ordre des infirmières et infirmiers de l’Ontario (OIIO) afin qu’il envisage de permettre aux IAA d’élargir le champ de leur pratique dans quatre domaines clés du champ de pratique des IA sans avoir consulté notre syndicat, la présidente de l’AIIO, Vicki McKenna, et moi, appuyées par le conseil d’administration, nous sommes donné la priorité d’obtenir du gouvernement un engagement à abandonner ces plans. Et nous avons réussi!

Le 7 mai, nous avons reçu la copie d’une lettre de la nouvelle ministre de la Santé et des Soins de longue durée, la Dre Helena Jaczek, à l’OIIO, lui ordonnant de freiner immédiatement tout plan en vue d’élargir le champ d’application et d’organiser plutôt un processus de consultation approfondie « afin d’obtenir le consensus parmi les principales organisations de soins...
MEMBERS GET LOUD!

MEMBER FIRST ONTARIO MENTAL HEALTH RN TO EARN PRESTIGIOUS DESIGNATION

When Hotel-Dieu Grace Hospital Bargaining Unit President Jo-Dee Brown decided to obtain a prestigious designation after recognizing the gaps in services for mental health patients who require end of life care, she had no idea she would be marking a significant milestone herself.

Brown, a 40-year mental health nurse before moving to telemedicine in 2014, is only the 30th RN in Ontario to receive a nursing designation from Toronto’s de Souza Institute, which provides highly-regarded continuing education in oncology and palliative care, and the first mental health RN.

“In my time working in mental health, I had long-term patients who became terminally ill, but because of their psychiatric illness, they required the mental health backup,” she said. “Sometimes when they went to the palliative unit, they ended up back in psych. But they require quiet, the gentle touch. It really bothered me to see them dying without these supports, and I wanted to make sure their journey ended the way it should. And if that means they are on the palliative unit and I need to be there to coach that hands-on care, that’s fine.”

A similar thought struck Brown in 2011 while taking a certificate course in faith community nursing from Western Kentucky University.

“Although it wasn’t earth shattering, I learned that many people faced with life-threatening illnesses turn to religiosity or spirituality as their comfort. I thought if I’m going to do parish nursing on my downtime, I needed to learn more about life threatening diseases to assist people who are facing them.”

With that in mind, Brown attended a Nursing Week information symposium in 2011, held by the de Souza Institute and her local hospice, where she was intrigued by the courses the institute offered online, many, at that time, at no cost. Less than a year later, she had registered and began her first course. It took her until October 2017 – there is no time limit – and “a lot of hard work” to complete the 14 courses required for de Souza designation.

Because Brown doesn’t work directly in cancer care, she qualified as a de Souza Nurse Associate.

“I then had to apply for designation as you don’t automatically receive it. I had to write an essay. My manager had to submit that my employer was supporting my endeavours. My application went to a committee for review, and last December, I was granted designation. I discovered I’m the only mental health nurse in Ontario to have ever achieved that. I was floored!”

And now, a few months later, Brown is putting that hard work to good use.

“As part of my telemedicine work, I have clinic appointments with palliative patients. Some patients aren’t palliative, but are in cancer treatment and often have metastatic bones that fracture, which is how I encounter them: Orthopedic and follow-up cancer clinic work. Now I understand what the doctor is saying to them for the most part. When they have questions, they ask me rather than wait until they see someone else. I’m better able to support the family and the patients in terms of the emotional impact of the information they’ve received. I can provide coping and relaxation strategies, and validate their concerns. Receiving this designation has enhanced my practice. It’s something else in my toolkit to provide more focused care.”

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
NURSES ARE BURNING OUT DUE TO CUTS, ARNPRIOR HOSPITAL MEMBER WARNS

The public needs to know. That was the main motivation behind Local 49’s rally this past March over serious staffing cuts at Arnprior and District Memorial Hospital that are impeding RNs’ ability to provide quality patient care.

Members from ONA, the Ontario Public Service Employees Union and the Canadian Union of Public Employees joined forces to march from the town’s Royal Canadian Legion to the sidewalk in front of the hospital to protest their employer’s decision to slash three full-time RNs from the inpatient unit over the past year, leaving serious staff shortages and devastating gaps in the nursing schedule.

Bargaining Unit President Blaine Davidson, who has been with the hospital for 14 years, said he has seen a steady decline of patient care since the cuts were announced.

“Some RNs have left their full-time positions and gone elsewhere, and those positions have yet to be filled. Those who remain are burning out due to excessive overtime. We are working short many shifts. Sick time is through the roof, and morale is very poor. I want the public to know that nurses need more support and staff so we can provide the care they deserve.”

When Region 2 Vice-President Bernie Robinson told the demonstrators the hospital must rescind the RN cuts immediately, they responded with a resounding, “Bring them back!”

“Hire enough full-time nurses and come to the table to meet with all three unions that represent the front-line staff to resolve these problems,” she shouted into the megaphone. “Rallies like this should not happen. Safe staffing levels are the first things we think about!”

ONA is grieving the layoffs.

Chanting “cuts don’t heal,” ONA members from Local 49 join colleagues represented by CUPE and OPSEU for a noon-time rally outside Arnprior and District Memorial Hospital on March 20 to protest RN cuts that will negatively affect remaining RNs and their patients.

We are working like crazy to maintain this level of care and we are burning out.

—Arnprior and District Memorial Hospital Bargaining Unit President Blaine Davidson

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

Nursing Week 2018: Better Care Starts Here

It’s tough being a nurse. No one knows that better than your union. And that’s why we look so forward to Nursing Week each year. It’s a little respite from all the challenges you face. It’s a much-needed pat on the back for the tireless work you do. And it’s a time to cut loose and have some fun celebrating your caring profession! We think you’ll see just what we mean in this region by region pictorial of some of your most memorial Nursing Week events, many of which the ONA Board of Director was pleased to attend. Thank you for sharing your photos. And thank you for being a nurse.
MEMBERS GET LOUD!

Care Starts Here

ONA members from Lake of the Woods Hospital in Kenora and Muskoka Algonquin Health Care let their creativity flow this Nursing Week, producing fabulous videos about the important work nurses do. Watch both at youtube.com/OntarioNurses.
MEMBERS GET LOUD!

This poem was written by member Heather Jones, an invitee to the WCH Nursing Week reunion dinner, and is dedicated to anyone who gave birth or assisted with a birth at the hospital.

If These Walls
If these walls could talk
What stories would they tell?
We remember all the happy
But all the sad as well.
If these walls could talk
What memories would they share?
I think the thing remembered most
Would be the way we care.
If these walls could talk
I know what they would say
I see the sadness in your eyes
As you leave these walls today.

Nursing Week Event Brings Together Nurses Past and Present

When ONA member Beth Gherson came up with the idea of bringing together nurses who worked on the labour and delivery unit at Women's College Hospital (WCH) over the past 50 years, she had no idea how overwhelming the response would be.

“What started out as a casual dinner for a few people turned into around 50 women, all nurses who worked together at WCH from the late 1960s until the transfer to Sunnybrook in 2000,” she said. “It illustrates the strong bond that nurses have when they work in a stressful but rewarding environment. It supports teamwork at its finest. And it shows the longevity of friendships and a great career.”

During the dinner, held on May 8, members caught up with each other’s lives and shared wonderful stories and memories. Some stated they hadn’t worked with a group that felt more like a family, while others noted their bond to one another resulted in better care for their patients.

“We were a tight group of nurses, all ages, with a variety of experiences and training,” said former WCH nurse Paula Greenwood. “We supported each other during tough times…babies who died. We delighted in the undiagnosed twins and the healthy babies born. It has been almost 30 years since I’ve seen some of these nurses, but it still felt like going home.”

Added another former WCH nurse, Rose-Anne Hickey: “To work among these women was a privilege that I hold dear to this day, almost 28 years later. I have never worked with stronger or more committed colleagues. I never doubted they had my back.”

This poem was written by member Heather Jones, an invitee to the WCH Nursing Week reunion dinner, and is dedicated to anyone who gave birth or assisted with a birth at the hospital.

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QUEEN’S PARK UPDATE

ONGOING SUPPORT FOR HOSPITALS
An additional $822 million will be invested in Ontario hospitals in 2018-19 – an increase of 4.6 per cent, which is on top of the 3.2 per cent provided last year. Specific details on funding for each hospital has not been announced. In 2017, the province funded hospitals to open an additional 1,200 beds, and is providing $187 million in 2018-19 to make more beds available across Ontario.

NEW LTC BEDS ANNOUNCED
Ontario has committed to creating 5,000 long-term care (LTC) beds over the next four years and more than 30,000 over the next decade. The province is now inviting existing or new LTC organizations to apply for new beds in their communities. New beds have already been announced for several communities, including Havelock, Hamilton, Barry’s Bay, Midland, Sault Ste. Marie, Huntsville and Virgil.

OHIP+ EXPANDED TO SENIORS
An expansion of OHIP+ means that more than 4,400 prescription drugs will be available free of charge to seniors. Starting August 1, 2019, anyone aged 65 or older will no longer have to pay a deductible or co-payment and can present their eligible prescription and OHIP number at any Ontario pharmacy to receive their medication for free.

MORE MENTAL HEALTH FUNDING
An additional $2.1 billion is being directed to mental health and addictions care over the next four years. The funding will make it easier to access services through a local school, family doctor’s office or community-based organization.

GRANTS AWARDED FOR HEALTH-BASED TECHNOLOGIES
Grants for 12 new projects are being provided by the province through the Health Technologies Fund, which supports the development of Ontario-based health technologies that improve care for people, boost the impact of investments in health innovation, and grow health innovation companies. Twelve grants were awarded ranging from about $294,000 to $500,000 each, totalling $5.5 million, including:

- A platform that allows people with upper body mobility injuries to access smart devices, computers, wheelchair driving controls, and more.
- A portable device that detects brain bleeds in traumatic brain injury patients.
- A new digital tool that will shorten the time patients need to spend in the hospital following heart surgery by providing high-quality monitoring from home.

SUPPORTIVE HOUSING TO HELP HOMELESS
Ontario is funding 244 new permanent supportive housing units across Toronto for people living with mental illness and addictions, especially those who are homeless or at risk of becoming homeless. This collaboration between Ontario and the City of Toronto will begin with five new shelters across the city that will provide more than 300 beds to vulnerable people who often have complex health needs.

MONEY INVESTED IN CARDIAC INTERVENTION UNIT
Ontario is providing up to $6.2 million in capital funding for the new cardiac intervention unit, and increasing operational funding by $6.7 million for Royal Victoria Regional Health Centre (RVHC). RVHC’s cardiac intervention unit began providing diagnostic heart procedures on January 9, and more advanced heart procedures will start in September. Over the next five years, the unit will have a full range of cardiac services for patients, including heart procedures, diagnostic tests, inpatient care, intensive care, rehabilitation and an urgent cardiology clinic.

BOWMANVILLE HOSPITAL EXPANDED
Ontario is supporting the redevelopment and expansion of Lakeridge Health’s Bowmanville Hospital, which will replace the old north wing of the hospital with a new patient tower. Facilities will also be expanded for a variety of programs and services, including a new emergency department, new surgical services, a critical care unit and inpatient units, as well as diagnostic imaging.

BRANTFORD GENERAL HOSPITAL REDEVELOPED
Brantford General Hospital will be redeveloped, expanded and renovated. As part of the plan, the emergency department will be enhanced to include new entrances, and renovations will improve visibility for patients and staff and ensure patient privacy and confidentiality. Renovations of the hospital’s inpatient mental health unit will provide a safe physical space for patients and their families, and existing inpatient areas will be upgraded.

Read ONA submissions at ona.org/submissions
KNOW YOUR RIGHTS

BLACK HISTORY TOUR “EYE-OPENING,” HRE TEAM MEMBER SAYS

A steady downpour of rain couldn’t dampen the spirits of members of ONA’s Human Rights and Equity Team, who planned a special activity to coincide with their spring meeting.

On April 11, the team, which has a mandate to enhance and promote the equal treatment of workers and freedom from discrimination and harassment in the workplace, participated in a fascinating three-hour Black History walking tour of downtown Toronto, led by PhD student Jacqueline Scott.

“Scott provided a wealth of information, dating all the way back to Mathieu DaCosta, the first African who set foot in Canada back in the 1600s,” said Human Rights and Equity Team Project Manager Sheila Riddell. “The team heard that Toronto was a haven for slaves escaping the United States in the 1800s, but also learned that Canada had its own slave trade, albeit on a smaller scale than the U.S.”

One of the team’s many stops was St. Lawrence Hall, where anti-slavery activists and fugitives from American slavery gathered during the American Civil War to strategize about what to do should the South win the war.

The team’s LGBTQ+ equity group representative Angel Paniagua Perez said the tour was thoroughly enjoyable and extremely informative.

“Even though I knew Canada’s history included slavery, it was an eye-opener to hear that it was our geography that helped avoid a more widespread expansion of slavery into Canada,” he explained.

Scott can customize tours for groups of all sizes.

ONA MODERNIZES HRE LANGUAGE

To bring our language up to date, the Board of Directors passed a motion at its April meeting that the term “Aboriginal” will be replaced with “Indigenous” in all ONA documents and communications, including Front Lines, our website and social media pages.

“Indigenous” is more current and inclusive, with many First Nations communities in Ontario expressing preference for that term. In addition, the federal government is changing National Aboriginal Day to National Indigenous Peoples Day.

Off they go! Members of ONA’s Human Rights and Equity Team stop for a quick photo on the steps of ONA’s provincial office in Toronto before heading out on an intriguing Black History Tour of the city. Pictured are (back row, left to right): Celine Messier (Francophone equity group rep), team Project Manager Sheila Riddell, Emmanuel (Manny) Ajayi (Racialized equity group rep); (middle row, left to right): Grace Pierias (Disabilities equity group rep), Angel Paniagua Perez (LGBTQ+ equity group rep); (first row, left to right): Region 1 Vice-President Pam Mancuso, who holds the human rights and equity portfolio, tour guide Jacqueline Scott. Susan Archibald, the team’s Indigenous equity group rep, was unable to attend.
KNOW YOUR RIGHTS

WHAT HAPPENS IF AN INSURANCE COMPANY DENIES A BENEFIT?

Over time, as medicine and dental science change, so too should benefit plans. But some ONA members have been denied coverage for a drug, an intrauterine device (IUD/IUS) or dental implants on the basis of outdated insurance policies/practices and/or the call of a case manager in an insurance company. Do not accept the denial as correct.

NOT ALL RULES INVOKED BY EMPLOYERS APPROPRIATE

ONA recently settled grievances where a hospital instituted a policy that required all employees, including our members, to provide a medical certificate for any illness on the last scheduled shift before or the first shift back from a paid holiday to be paid sick time and holiday pay.

The grievances were settled on the basis that the policy would no longer apply to ONA members. It was also agreed that the hospital has the discretion to request medical certificates only in individual circumstances when there are reasonable grounds to do so, consistent with case law and the collective agreement. The hospital agreed that in circumstances where it does exercise that discretion, it will provide the ONA member with the reasons for doing so.

Not all rules and policies invoked by employers are appropriate. Where your employer implements policies or rules that are in violation of the collective agreement or seem arbitrary, contact your Bargaining Unit President at ona.org/bup.

Consider this example. A member was denied coverage for an IUD/IUS such as Mirena or Jayess. While the insurance policy didn’t specifically cover these new devices, it didn’t explicitly cover IUDs/IUSs. If issues are raised with your Bargaining Unit President in a timely manner, ONA can file grievances in some cases and fight on your behalf (and ultimately other ONA members) to ensure new products are covered.

These kinds of devices could save costs in the long term. An IUD/IUS such as Mirena costs between $350 and $500 upfront, but comes with a five-year life span, which averages to a maximum of $8.33 per month. Whereas, a traditional oral contraceptive in the form of the combined pill costs between $20 and $60 per month depending on the brand or type of pill. Interestingly, IUD/IUS coverage is provided by the Ontario Drug Benefit Program.

ONA members should not assume the determination by an insurance company is correct. Ask your employer questions, and if the employer will not reverse the decision of the insurance company, contact your Bargaining Unit President for assistance at ona.org/bup.
Bluestwater Health Crisis Intervention Nurse Jessica Szmiett thought she was over the worst of it when she escaped unthinkable childhood abuse. But when a devastating event brought suppressed memories flooding to the surface, it was ONA that navigated her through.

“I desperately needed the support of ONA due to a traumatic history and post-traumatic stress disorder (PTSD),” she said. “I have been through it all, from figuring out what I was going through to asking for help and dealing with stigma to nearly losing my job after erroneously being deemed ‘too damaged’ to be a crisis nurse to denial of long-term disability (LTD) benefits and heart-wrenching meetings. My ONA team was amazing and did everything they could. It’s fair to say my union saved me.”

Traumatic Childhood
Szmiett’s story began more than 30 years ago as a child growing in Sarnia. “Back to the formation of first memories to the age of 15, I endured physical, sexual and emotional abuse by my stepfather and mother. Needless to say, I was out on my own quite early, by the age of 16. I was a lost kid, but really smart. I had a very supportive grandmother, who guided me and I really listened to her. She told me I needed to get an education, and so I finished high school and went to Lambton College.”

Attending nursing school was an obvious fit for Szmiett, who was married with a young daughter at the time, as she knew from a young age she wanted to work in mental health to help those who might have fallen through the cracks. “I lived in a rough neighbourhood, so even as a kid, I would make sure that the homeless had food and the alcoholics on the streets were in recovery positions before they fell asleep for the night. I had that mindset early on.”

Throughout nursing school, Szmiett suppressed the majority of her memories of abuse and “ran on perfectionism. I always thought if I do the best I can, my stepfather isn’t going to win.”

After graduating and landing a part-time nursing job at the Sarnia Jail – and when her daughter was about the same age Szmiett was when her abuse began – she made the brave decision to press charges against her stepfather, who had long since separated from her mother. It took the police six months to locate him, and because he was brought to the very jail where she worked, Szmiett was
It was while her stepfather was serving his 11-year sentence that Szmiett found work as a full-time telemedicine coordinator at Bluewater Health. When that position shifted to part-time, she moved into a full-time position as a Crisis Intervention Nurse, where she had always wanted to work.

“Anyone who comes to the emergency department with psychological distress, severe mental illness or any of kind of psychosocial, financial or housing issues falls under our umbrella of care,” she said. “We do an entire psychosocial, psychological assessment and come up with a care plan with community supports and give it to the doctor to approve, or recommend that person be admitted into the hospital right away.”

Alarming News

Just as things were settling down for Szmiett – she and her husband had added a son to their family at this point – she received alarming news: Her stepfather was being released from prison after serving just seven-and-a-half years.

“I didn’t receive many details, so a lot of panic and fear set in, and it brought back very distressing memories,” she said. “I managed my best to work as long as I could. But there was this underlying fear that he was going to show up in the emergency department” – oftentimes, released prisoners are sent straight to the hospital to address any health concerns – “and I was going to react poorly. I was dysregulated and went downhill quickly from there.”

Recognizing that she needed time to deal with these overwhelming emotions, which included severe panic attacks, Szmiett went on medical leave in November 2015. When her family doctor subsequently provided an assessment to the employer, noting that because of her current state, Szmiett could not work with mental health patients as a Crisis Intervention Nurse, but could return to another position elsewhere in the hospital, she sought the help of the union.

“I approached ONA to make sure I had some protection. They were an amazing team and got strongly involved. They were very forthcoming and didn’t beat around the bush, so there were never any surprises. They showed me great compassion and moral support. They reassured me all the time that things were going to be OK. I had never been involved with ONA before, but it was the best decision I made.”

Victory After Victory

Because of her family doctor’s assessment, but not feeling well enough to return to another RN position – “my family doctor felt I just could move to another unit and all my problems would be resolved; it isn’t that simple”

– Szmiett’s biggest concern was that she wouldn’t end up with a job at all.

“My ONA team assured me that I would have a position no matter what. Through an accommodation grievance and many meetings with my employer, they secured me a position on the medical unit. That was our first huge win.”

But it wouldn’t be the last. In February 2016, after Szmiett’s short-term benefits ran out and her long-term disability (LTD) benefits were denied, based on her insurance carrier’s belief that her “own occupation” is that of RN and, just as her family doctor had documented, she
could work elsewhere in the hospital, Szmiett again turned to her union.

ONA challenged the denial of her LTD benefits. The eventual success of Szmiett’s appeal depended on solid medical evidence, which made it clear she would only be able to return to work once she had undergone extensive treatment. Finding a treating specialist who understood her condition and advocated for her in the appeal process was key. As a result of ONA’s expertise and tenacity in fighting this appeal, Szmiett received retroactive LTD benefits in December 2016.

“...Tony worked with my employer to ensure that I was connected to a complex PTSD specialist to make sure my diagnosis and any restrictions associated with it were to a ‘T,’” said Szmiett. “They also encouraged me to seek the psychological help I needed on my own the entire time I was without benefits. A counsellor in town let me run up a bill and I paid her when my LTD came in. The union was deeply concerned about my well-being throughout. They truly went above and beyond.”

With the worst behind her, Szmiett was given the go-ahead to return to work in January 2017, but there was just one problem. While extremely grateful to have a job, she knew her true calling wasn’t on the medical unit, which presented another accommodation challenge for ONA.

“I’ve always worked in mental health and I wanted to go back,” Szmiett said. “Being able to care for people and completely understand where they are coming from is not only beneficial to them, but absolutely therapeutic for me. My union got me fitted into the schedule on my old unit as a temp Crisis Intervention Nurse until another full-time position came up, which I rolled into without any issue. I thought, ‘wow, this is just unheard of!’ My employer was very supportive of that.”

In fact, ONA believes this is one of those rare instances where there was a cooperation and collaboration between the union and a very supportive employer in obtaining both the accommodation and benefits our member desperately needed.

“Happy Ending”

Today, more than a year later, Szmiett said she is doing well and continuing to seek treatment, which she will do for the rest of her life because “you can’t take care of others if you don’t take care of yourself.” She is finishing her BScN and is hoping to enroll in a nurse practitioner program out of Alberta with a focus on mental health and addictions, so she can offer that support to her community. Her daughter, now 18, is heading to nursing school this fall, attributing that decision to her mother’s positive outcome. Szmiett feels safe knowing her stepfather has been deported to America and will not be permitted entry into the country again. And she wants to ramp up her efforts to address the stigma associated with mental health.

“For me, there was a lot of gossip and hearsay about how I can work as a mental health nurse when I have mental health issues. But I never felt ‘too damaged’ to be a Crisis Intervention Nurse. I decided to get back up and prove these people otherwise. I looked at it as an opportunity to educate them because there is such a lack of knowledge and discomfort when it comes to mental illness. For that reason, I have not been shy in my workplace about letting others know about my experiences. It’s all about having those conversations so I can change people’s perceptions.”

And as for the union? Well, Szmiett still can’t say enough.

“I would never hesitate to go to ONA with any issues. I have 100 per cent faith they will back me, and I am more interested in getting involved because of it. My story is a terrible one, but because of ONA, I have a happy ending. It’s onwards and upwards from here.”

WHAT YOU NEED TO KNOW ABOUT LTD DENIALS

1. Be aware that all central hospital LTD denials are arbitrable and must proceed through the grievance process. Depending on the language of the collective agreement, not all denials are arbitrable in other sectors. However, ONA may still be able to appeal in some situations. Contact your Bargaining Unit President.
2. Always contact ONA before seeking external counsel. Contact your Bargaining Unit President right away when you enter LTD or face any difficulties with an insurance carrier.
3. Adhere to timelines.
4. Ensure unsatisfactory or unfriendly insurance carrier LTD decisions are disputed appropriately.
5. Be mindful of colleagues and your support network, as members facing an LTD denial are often in their most vulnerable state and unable to help themselves.
PUBLIC HEALTH NURSES DESERVE BETTER

IT HAS LONG BEEN SAID that public health is the foundation of our health-care system. So why are our dedicated public health nurses having such a tough time lately?

These highly-educated, highly-skilled RNs work diligently to ensure the health and wellbeing of the public by providing a full range of chronic disease and injury prevention services in schools, workplaces and their communities. They work in vaccination clinics; control infectious disease outbreaks; provide pregnancy counselling, along with prenatal, breastfeeding, infant and child development support; run smoking cessation programs; provide outreach services to those impacted by poverty and homelessness; and deliver community-based treatment to those with mental illness and sexual health concerns – the list goes on.

Given that public health is focused on health promotion, shouldn’t our government and employers be bending over backwards to show how much they are valued and respected? Unfortunately, quite the opposite is true.

Bargaining in this right to strike sector has been increasingly challenging, to say the least. Many of our public health nurses are heading to conciliation and sometimes mediation to reach settlements. Some have come very, very close to striking, reaching 11th-hour deals. And you might recall that a few years ago, members at the Haldimand Norfolk Health Unit were forced off the job for 12 long days.

Funding for public health units has been frozen for years. And like other sectors, it seems that when these employers are looking for ways to find savings, nurses are an easy target for them.

Unlike our hospitals and nursing homes, which follow a central negotiations process, each public health unit bargains individually, meaning what one is able to achieve, another may not. There are disparities among geographic regions, and while we are having some success addressing that, we have a long way to go.

This past January, new Ontario Public Health Standards, developed by the Ministry of Health and Long-Term Care to identify minimum expectations for public health programs and services from the province’s 36 boards of health, came into effect. The result is that some public health units have started to reorganize and restructure, while some are talking amalgamation, but there is no common plan for them all. While we voiced our concerns with government officials over the standards, we will now have to wait until post-election to see where we go from here.

In the meantime, to our frustrated public health nurses, I say we are with you. We are putting significant resources into fighting your fight. Thank you for keeping our communities safe and healthy and for being so strong in the face of adversity. To the rest of our members, I ask that you please stand with our public health nurses whenever you can, be it by joining one of their information pickets or adding your support to one of their online petitions. After all, where would any of us be without them?
CENTRE CUTS HALF FULL-TIME RNs, MEMBERS NEED YOU!

After years of filing workload reports over staffing and workload issues, members at Women's College Hospital’s (WCH) Family Practice Health Centre have been dealt another serious blow: more than half the full-time RN staff are being cut.

As of July 14, four full-time primary care RNs are being laid off, which will leave just three full-time and four part-time RNs to provide support to the entire health centre. These dedicated members act as team nurses for each of the centre’s four teams, responsible for fundamental primary care, chronic disease management and the coordination of care. Since 2015, the RNs have filled out workload forms as a result of inadequate staffing and replacing the RN as the Team Nurse with RPNs.

“We are deeply concerned about what these RN cuts will mean for the continuity of care, so important to the wellbeing of patients,” said ONA President Vicki McKenna. “Patients and physicians alike have been praising the excellent care these RNs provide, and it’s time the employer recognized their value as well.”

With the assistance of ONA, these members launched a political action campaign as soon as the cuts were announced, but they desperately need your help.

On May 15, RNs from the Family Practice Centre at WCH, along with ONA President Vicki McKenna, First Vice-President Cathryn Hoy, CEO/CAO Marie Kelly, Region 3 Vice-President Andy Summers, Registered Nurses’ Association of Ontario CEO Doris Grinspun, fellow members and colleagues, ONA staff and other supporters, took to the streets outside the centre to bring attention to the fact that four full-time primary care nurses are being laid off this summer.

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Send a message to WCH’s Board of Directors at ona.org/wch

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**70 YEARS**

combined nursing experience of those being laid off
JOINT SECTOR MEETING “INSPIRING,” MEMBERS SAY

If there was one common sentiment about ONA’s second annual Joint Sector Meeting (JSM), it’s that it was even better than the first, attracting 100 more attendees.

The meeting, held in downtown Toronto on March 27-28, is the result of a decision made at the 2016 Biennial Convention to replace our standard spring Provincial Coordinators Meetings with a JSM to allow more Bargaining Unit leaders to attend and engage in the work of our union.

Through full plenary sessions and concurrent education workshops on key labour relations topics such as transforming long-term care, safe home care visits, winning practices to safeguard collective agreements, the duty to accommodate and the grievance process, Local leaders were given the tools to continue their important work supporting and advocating for our members. But perhaps the most anticipated component was sector breakout sessions, which allowed delegates to share experiences and stories.

“While there are challenges unique to each sector, it is clear that many issues are the same, mostly notably staffing and workload,” said ONA President Vicki McKenna, who toured the breakout sessions. “Despite these challenges, participants’ passion, energy and expertise clearly shone through, and a lot of impressive ideas were generated.”

Participants echoed that in their overwhelmingly positive evaluations, with one noting, “There’s a lot to think about and a lot to do to bring the fantastic ideas I learned from colleagues and put them into practice.” “I left with renewed energy and inspiration to tackle the issues and engage my members,” said another. Still another added the meeting provided, “more ammunition to do my job better.” And one delegate summed it up nicely by saying, “Amazing as always, ONA.”

The meeting gave me the courage to keep fighting for our members.
— Delegate
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.”

MELISSA CASTRO: 
Daughter of Kathleen McCully from Local 97, Trillium Health Partners – Mississauga site
“Unfortunately, nurses do not always receive the recognition and respect they deserve. Unequal wages, staff layoffs, disability rights; ONA makes sure that proper action is taken to protect their nurses. As a third generation nurse, I have seen first-hand how ONA fights for them.”

KATHERINE UTTLEY: 
Daughter of Marie-Anne Eibl-Uttley from Local 13, Health Sciences North
“While we are busy being advocates for our patients, ONA is busy being OUR advocates and that is the fundamental reason why nurses need ONA.”

KATRINA MENDOZA: 
Daughter of Carlito Mendoza from Local 75, St. Joseph’s Healthcare Hamilton
“As nurses, my family faces unavoidable struggles day to day. Nevertheless, they find a sense of relief and satisfaction with their union. ONA works tirelessly to advocate for front-line health-care providers as they fight to improve workplace safety and protect the integrity of the profession.”

“I want to thank all the Locals in Region 5 for their financial support of the Nursing Games, which, along with the provincial support, was so appreciated,” said Region 5 Vice-President Karen Bertrand, shown here with Ovina Thomas, a nursing student from Ottawa University, at ONA’s booth at the games’ career fair where she answered student questions, handed out Front Lines and promotional items, and obtained signatures for a Pharmacare petition (see next page). “Our contribution offset the cost of food, and celebration gala and events, and the student leads could not thank us enough. All teams showed great enthusiasm during the games.”
IMPLEMENT PHARMACARE NOW! NURSES SAY

Canadians are dying needlessly because of shortfalls in prescription drug coverage, a first-of-its-kind study from the Canadian Federation of Nurses Unions (CFNU) reveals.

With the recent news the federal government is launching an Advisory Council on the Implementation of National Pharmacare, led by former Ontario Minister of Health and Long-Term Care Dr. Eric Hoskins, the CFNU set out to put numbers to the story of human suffering from cost-related non-adherence (CRNA), the financial barriers that prevent patients from properly following prescription regimens. The CFNU’s Body Count study estimates that every year CRNA causes up to:

- 640 deaths among Canadians with ischemic heart disease.
- 420 deaths among working-age (20-64) Canadians with diabetes.
- 670 deaths among older working-age Canadians (55-64).
- 70,000 Canadians (age 55+) suffering avoidable health status deterioration.
- 12,000 Canadians (age 40+) with cardiovascular disease requiring overnight hospitalization.

“Canada’s nurses are exasperated by the daily suffering of our patients simply because they cannot afford the medications they need,” said CFNU President Linda Silas, noting that Canada remains the only country in the world with universal health care that does not provide universal prescription drug coverage. “Body Count reinforces the need for urgent action to stop these daily tragedies.”

PETITION FOR PHARMACARE

Add your voice to the growing call for prescription drug coverage for all Canadians by signing the petition at aplanforeveryone.ca. If you would like hard copy petitions to distribute, contact cgrintake@ona.org.

$62 BILLION

Health-care dollars Canada has wasted from 2006 to 2015 without Pharmacare

“THEY ARE OUR FUTURE:” LOCALS SUPPORT NURSING GAMES

Recognizing that students need a little downtime in their academically demanding programs, several Locals in Region 5 have financially supported the annual Nursing Games, which was matched by ONA’s provincial office.

The Nursing Games, billed as a friendly competition of academic and athletic ability, was hosted by the University of Windsor from March 23-25. Approximately 200 students from across Ontario, along with 40 volunteers, came together to collaborate, destress and enjoy a weekend of lighthearted activities, with prizes awarded in each.

“Students are our brethren and our future and it was a fun competition for them, as nursing is so serious,” said Local 8 Coordinator Sue Sommerdyk, noting that sponsoring the games is just one component of the Local’s strong commitment to students, which includes inviting them to meetings and Area Coordinators Conferences, and supporting their annual convention.

“We thought it would be nice for the students to participate in the games while taking the financial burden off them.”
YOUR FUTURE LOOKS BRIGHT! HOOPP REMAINS FULLY FUNDED

Great news for ONA members! The Healthcare of Ontario Pension Plan (HOOPP), the pension plan for the majority of you, recently announced that its funded status at the end of 2017 remains at a very strong 122 per cent.

That means for every dollar of current or future pensions that HOOPP owes to its members, there is $1.22 on hand.

The rate of return on HOOPP’s investments was 10.88 per cent in 2017, with net assets growing to a record $77.8 billion, up from $70.4 billion in 2016. The plan’s 10-year annualized return stands at 9.55 per cent and its 20-year return is 9.01 per cent.

After several years of stellar investment performance resulting in funding surpluses, the Board of Trustees, which includes representatives from ONA, approved enhancements to members’ benefits during the past year (see November/December 2017 issue of Front Lines, pg. 25) and committed to maintaining contribution rates at the same level until at least 2019. These rates have remained unchanged since 2004.

“The value of a defined benefit pension plan cannot be overstated, as our members can sleep well at night knowing they won’t outlive their retirement income,” said ONA President Vicki McKenna. “These impressive rates of return prove that your future remains in very good hands!”

OMERS PERFORMING WELL TOO

The Ontario Municipal Employees Retirement System (OMERS) earned an investment return of 11.5 per cent after all expenses last year, topping the 10.3 per cent in 2016.

The defined benefit pension plan for Ontario’s municipal employees, including some ONA members, said all of its major asset classes performed well for the year. Its funded status in 2017 improved to 94 per cent, up from 93.4 per cent in 2016.

After yet another high performing year, the OMERS pension plan is well ahead of schedule to be fully funded by 2025.
LOCAL’S POWERFUL ADS SHINE SPOTLIGHT ON VIOLENCE

One of ONA’s most politically active Locals has done it again, this time bringing awareness to the serious issue of workplace violence in a – literally – very large way.

With an increase in violent incidents and many members still believing it is part of the job, Local 8, which pioneered ONA cinema advertising back in 2016, knew where the focus of their next campaign needed to be.

“I used to have that same mentality because if a confused elderly patient with dementia hits you, what are you supposed to do?” said Local 8 Coordinator Sue Sommerdyk. “But we are trying to change that culture. We hold violence workshops, and I always bring this up, because we need our members to understand that it’s not part of our jobs. No one sends their kids to work at Tim Horton’s and expects them to be hit. Why should we be any different?”

Sommerdyk attributes the upswing in violence to inadequate health care funding, a lack of beds, long wait times for mental health patients, an aging population and staffing issues, which “leads to frustration for patients and their families, who are taking it out on the people they see most – RNs. Our employers and the government aren’t doing enough. Everything is reactive, not proactive.”

To address that, Sommerdyk contacted a local video production company in Windsor-Essex that had produced very effective cinema ads. “They tweaked my ideas, and we ended up with a four-video deal at fall-off-your-chair pricing, which the Local executive approved.”

Because the Local already has a one-year contract with Imagine Cinemas in Windsor, the first of four 30-second ads began playing on April 6. It shows before every feature movie in the 10-theatre cinema, except those geared towards children. The next three ads will be released in three-month increments (a previous ad by the Local received almost 82,000 views in just three months).

Always looking for “opportunities and a good deal,” Sommerdyk ensured the ad was posted on YouTube and Facebook. Images are also showing on 27 digital screens, including the Ministry of Transportation office.

In the first of four ads Local 8 has planned to highlight violence in health care, actors recreate an incident with a nurse being yelled at, grabbed and shoved, ending with the message that violence is not part of the job. Local 8 Coordinator Sue Sommerdyk said the subtle ad “is extremely effective because it leaves the viewer wondering what will happen next.”

View the first ad at https://youtu.be/GjM5_BiFWP8
While Local 124 Coordinator DJ Sanderson is extremely grateful for the award he was given by the Workers Health & Safety Centre and Region 3 for his outstanding service and dedication to improving the work environment, he wants to make one thing clear: it truly is a team effort.

“I came into this job to take care of people and I’m not looking for accolades or a pat on the back, but it’s an honour to be acknowledged, especially by my colleagues and peers,” said Sanderson, who invited the Joint Health and Safety Committee (JHSC) from Southlake Regional Health Centre to the award ceremony last November. “I wanted to make sure that everyone who does the work was recognized. I’m lucky enough with the name tag, but it’s never ever one person.”

While that may sound like something out of a Hollywood action flick, this was reality recently at Southlake. Even more frightening is that the man who walked into the hospital late one evening carrying a duffle bag and posing that startling question, was not only NOT stopped at the information desk, he was directed to the ED, and passed by multiple security guards, who let him continue unaccompanied even after he refused to open his bag, stating he was only joking about the bomb. No codes were called and no areas were cordoned off. It was only when he entered the ED that the charge RN called the police, who diffused the situation quickly.

“This is the type of response you would expect from a ma and pa grocery store, not a multi-million dollar facility charged with the care of people,” said Sanderson. “Because of this incident, we now have a panic button at the information desk. The policy was discussed and revamped. More education was given to certain groups. The employer has allowed us to tell the story to say this is how it should be done. We’re not blaming and pointing fingers; we aren’t going to get very far doing that. But this is something that could have gone horribly wrong, and thank goodness it didn’t. It gave us a spotlight to shine on this serious issue and how far we still need to go.”
“Members were telling us they felt ONA was the only one listening. We started working with the employer and reminding them violence isn’t part of the job and that we know the steps to prevent it. We started a workplace violence committee. We really fine-tuned our JHSC. We used ONA’s workshops and toolkits to educate our members. And we started to see a culture shift.

“We came up with a flagging process to identify and manage patients at risk, and I presented a joint project with our employer at the International Congress on Occupational Health in Ireland last year about our health and safety pendants, the means to summon assistance,” he added.

Sanderson said there is still much to be done, but Southlake is “leaps and bounds” ahead of where it was. And while the employer still receives many incident reports, Sanderson said members are now seeing meaningful action come from those reports, and are talking more about health and safety in general.

“To me, if you’re talking about it, you’re going to start living it,” he said. “There’s only so much room at the JHSC, but we want as many people as we can out there in the hallways, in the units that know what we do. We never really know what’s around the corner, so we try and be at the ready. It’s getting better. Somedays you can see that it’s getting a lot better. And some days, it’s inch by inch. But if I can get that rock pushed uphill, I am going to sleep well at night.”

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ONTARIO NURSES’ ASSOCIATION

ONTARIO REMEMBERS THOSE LOST DURING SOMBER DAY OF MOURNING EVENTS

From Toronto to Hamilton to Windsor – and many places farther afield – ONA members gathered on Day of Mourning to honour those who were not able to do what most of us take for granted: Come home from work.

Day of Mourning, acknowledged on April 28 each year, commemorates workers who have been killed, injured or suffered illness due to workplace related hazards and incidents, including ONA members Nelia Laroza and Tecla Lin, who died after caring for SARS patients (see story below) and Lori Dupont, who was murdered by a physician while working at Hotel-Dieu Grace Hospital in Windsor.

“While remembering the sacrifices of these brave members and other Ontario workers, Day of Mourning also gives us an opportunity to push for more stringent health and safety laws,” said ONA President Vicki McKenna. “Health-care workers have some of the highest rates of injury and illness statistics in the workforce. Yet, many health-care employers, CEOs, directors, officers and supervisors are not being held accountable by the Ministry of Labour or the police for our safety. We will never stop advocating for safer workplaces.”

She may be a recently retired member, but Carolyn Edgar, pictured in left photo with Region 3 Vice-President Andy Summers, said it was important to attend downtown Toronto’s Day of Mourning event “to keep up with what’s happening in the labour movement, especially injuries and deaths in the workplace, to recognize they do exist and people have suffered, and discuss what we can do to prevent them.”

A few kilometres south, Local 70 members, Hamilton Health Sciences Bargaining Unit President Maureen Williamson, Secretary Margaret Sherman-Bell and Health and Safety Rep Denise Werner joined Region 4 Vice-President Laurie Brown to lay a wreath at Hamilton City Hall (middle photo). Chilly temperatures at Coventry Gardens alongside the Detroit River didn’t deter Local 8 members, Political Action/Human Rights and Equity Rep Veronika Pulley and Vice-Coordinator Peter MacLeod, along with Region 5 Vice-President Karen Bertrand, from honouring lost ONA members.

Fifteen years after the second wave of Severe Acute Respiratory Syndrome (SARS) swept through Toronto, ONA is remembering the heroes who risked and lost their lives, while continuing to push for change.

SARS sickened hundreds, quarantined 25,000, including several ONA members, and killed 44 patients. Tragically, ONA members Nelia Laroza and Tecla Lin were among them, becoming ill while caring for infected patients due to poor infection control practices and a lack of proper protective equipment. Many other members were unnecessarily exposed, and became critically ill for months. Some are still suffering from physical impairments and PTSD.

While Justice Campbell’s SARS Commission issued strong recommendations to prevent a future tragedy, Ontario has failed to implement many of them. In fact, his number one recommendation – to adopt the precautionary principle (err on the side of caution instead of waiting for scientific proof) – has yet to be adopted.

“Ontario’s health-care system is chronically overcrowded, underfunded and understaffed,” said ONA President Vicki McKenna. “With a shift from full- to part-time hours, many members are working for more than one employer and in more than one sector, increasing the risk of spreading any infection throughout the health-care system. Public health units have seen their funding fail to keep pace with inflation, and may be amalgamated into far fewer bodies to monitor and prevent infectious disease outbreaks. I fear we are flirting with disaster.”

See downloadable statistics on workplace illness and injuries at ona.org/ohs

“We are Flirting with Disaster:” ONA Acknowledges 15th Anniversary of SARS

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Nous l’ignorons, mais nous savons que nous allons le répéter jusqu’à ce qu’il soit compris. Au printemps, nous avons lancé la dernière phase de notre campagne Les infirmières et infirmiers le savent, laquelle allie notre message puissant voulant que l’Ontario doive embaucher 10 000 IA de plus au cours des quatre prochaines années, à un slogan positif afin de faire la promotion de soins exceptionnels et du rôle essentiel des IA dans le régime de soins de santé: Fierté IA.

Grâce à une série d’annonces dans les transports en commun, à la radio et dans les journaux, accompagnée d’un volet solide dans les médias sociaux, la campagne Fierté IA conseille vivement au gouvernement, quel que soit celui qui sera élu en juin, de s’engager à dispenser des soins exceptionnels aux patientes et patients en accordant la priorité à l’embauche d’IA et en s’assurant que les patientes et patients reçoivent les bons soins, au bon moment, par le bon fournisseur, tel que le définit le cadre à trois facteurs (three factor framework) de l’Ordre des infirmières et infirmiers de l’Ontario. C’est ce que nos collègues de l’Association des infirmières et infirmiers autorisés de l’Ontario et moi avons réitéré lors d’une conférence de presse pour lancer la semaine des soins infirmiers.

Ce numéro d’Entre les lignes contient un volet spécial sur notre campagne Fierté IA, que je vous encourage à lire. J’ai réuni des copies d’un document semblable lors des rencontres avec la première ministre Kathleen Wynne, la ministre de la Santé et des Soins de longue durée, la Dr Helena Jaczek et avec les représentantes et représentants des partis PC et NPD pendant la période précédant les élections provinciales afin de souligner nos tâches principales.

Mais, à l’instar de toutes nos campagnes, elle ne sera couronnée de succès que si nos membres s’impliquent.

Partagez nos messages clés dans vos médias sociaux, parlez à votre famille, à vos amis et à vos voisins des répercussions qu’un nombre trop faible d’IA aurait sur leurs soins de santé, écrivez des lettres à la tribune des lecteurs de vos journaux locaux, et remplissez un court sondage dans notre site Web Les infirmières et infirmiers le savent. Ensemble, nous pouvons faire savoir au gouvernement que le temps de parler est révolu. C’est le moment d’agir!

Pour en savoir davantage, consultez nursesknow.ona.org

**Chronique de la première vice-présidente, AIIO**

**CATHRYN HOY, RN**
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