“This is not a Drill”
When the unthinkable happened in Toronto, ONA members did the impossible

“Everyone focused on giving those patients being rushed through our door 110 per cent.”
— Miranda Lamb, Sunnybrook ED Charge Nurse
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ONA is the union representing 65,000 registered nurses and health-care professionals and more than 18,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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That’s a Wrap

Congratulations to ONA on its 45th anniversary!

I just received my copy of Front Lines today and am wondering if there is any thought to eliminating the plastic wrap that accompanies it? I have noted that some publications are wrapped in paper now as an alternative or provide the option of a digital format.

Let’s care for the planet too and do our part to minimize single use plastic where possible.

Sincerely,
CHARLENE ARKO, RN

Editor’s Note: Thank you for your comment, Charlene. Being green is very important to ONA, and we are doing our part to reduce our carbon footprint wherever we can. Our Front Lines wrap, referred to as a polybag in the printing world, is no different. As we use polybags to ensure we can piggyback other material with Front Lines where possible to be more cost-effective and efficient, those polybags are made with material that is 100 percent recyclable. We thank members for being conscientious about our environment and encourage you to put your Front Lines wrap in your blue box.

Good Care Everywhere!

The following letter was sent by one of our site reps (we are keeping her anonymous) to her local MPP on behalf of all emergency departments in rural Ontario that face the same or other unique challenges. A copy was provided to Front Lines.

I am voicing my concerns about the staffing in our rural emergency departments (ED) and the overall functionality. It has been increasingly difficult to manage with the staffing quotas today.

EMS doesn’t want to transfer ED patients for emergency CTs or for admission without having a nurse accompanying them. More often, there is a single nurse left in the department to manage triage, orders and care for all ED patients if her coworker is on a transfer. These transfers can be hours. We are working so hard that we don’t have time for breaks, including for a meal. We might not get a break all day! And if there is a multiple victim vehicle accident or we have more than one critical patient needing one-on-one nursing care?

Residents from our local long-term care facility are paying $200 to return to the residence. They might have needed to come to the ED for assessment. Sometimes they have been left in the ED overnight because they can’t get back, leaving the care for the emergency staff, who are working alone.

Soon our population will triple, yet there is no increase in staffing or funding. I am begging you to help fund all EDs to adequately staff the unit.

MY PRIDE, HOW YOU’VE GROWN!

With Pride events taking place throughout the province this summer and the celebration of another important milestone — ONA’s 45th anniversary — continuing, we took a stroll down memory lane to see just how far we’ve come.

This photo, taken in 1999, shows ONA members Carolyn Edgar, now one of our most active retirees (see page 13), and Linda Grey carrying a plain ONA banner and leading a very small but mighty contingent through the streets of Toronto for the city’s annual Pride Parade.

With ONA’s commitment to diversity and inclusivity growing even stronger over the years and our call for members to participate in Pride events getting louder, it’s no surprise that the Toronto Pride Parade now attracts dozens of ONA members, staff and their supporters in a dazzling display of solidarity and rainbow colours — with more and more members getting involved in their own Pride activities in every corner of the province.

Turn to page 12 to see for yourself!

Read issues online at ona.org/frontlines

HAVE SOMETHING TO SAY?
We’d love to hear from you! Send your comments to Front Lines editor Ruth Featherstone at ruthf@ona.org.
Act, meaning that if an issue arises surrounding sexual harassment in the workplace, there is a mechanism to deal with it. This will go leaps and bounds towards making our workplaces safer.

There’s good news for nursing students too. We secured protection for new grads who are not successful in passing the controversial NCLEX exam. Rather than being terminated, there is now an option to place those grads on unpaid leave until certification can be achieved.

During a special sector meeting, HCNT Chair and ONA First Vice-President Cathryn Hoy, members of the HCNT and I provided hospital leaders with details of the award and the issues that had been agreed during bargaining to take back to their members. As this award is binding, no ratification votes will be conducted; however, Bargaining Unit Presidents will be holding information sessions to explain the outcome to members.

I would like to thank the HCNT for their hard work on your behalf. Despite all the roadblocks at virtually every turn, they remained steadfast and determined to achieve your bargaining objectives. They gave it everything they had – and then some – and because of that, we remain a strong, united and respected union that continues to set the pace for others.

Highlights of the award are included with this issue of Front Lines and more information is available at ona.org/bargaining.

Still have questions? Please speak to your Bargaining Unit President.

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**FRONTLINES**

**• J U LY/A G U 2018**

**ONTARIO NURSES ASSOCIATION**

**ONA.ORG**

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**ARBITRATION AWARD: ONA REMAINS LEADER IN HOSPITAL CONTRACTS**

**IT’S NO SECRET** that this round of negotiations with the Ontario Hospital Association (OHA) for a renewed contract for our 61,000 hospital members was particularly difficult. However, the arbitration award, released as Front Lines headed to press, proves our union is still a leader in Ontario hospital contracts.

As our current hospital agreement expired on March 31, 2018, ONA’s Hospital Central Negotiating Team (HCNT) began bargaining with the OHA last January. Although the team’s goal was to reach a settlement at the table, talks broke down after 10 consecutive days of negotiations, immediately followed by three days in mediation, prompting a hearing before the William Kaplan Board of Arbitration.

At that hearing, the OHA put forward almost nothing for our members in terms of wages and benefits, and, in fact, argued for a number of regressive concessions. ONA expertly provided a full response, along with a supplementary submission after the province announced additional investments in hospital operating funding for the 2018-2019 fiscal year. As a result, we were successful in staving off concessions, particularly to premiums, and our benefits continue to lead other unions in this sector.

The award, released on July 31, provides wage increases of 1.4 per cent retroactive to April 1, 2018 and 1.75 per cent on April 1, 2019 (we agreed to a two-year contract, which expires on March 31, 2020). While not nearly or accurately reflecting our value, those increases are significantly more than the original increases tabled by the OHA.

I am pleased to report that we did make headway on benefits. Recognizing there is no health care without mental health care, we obtained coverage of $800 annually for mental health services. Paramedics will also receive the same vacation entitlements as our RNs, a huge win for them.

With violence one of our members’ key concerns, ONA clarified that the obligation to keep a workplace free from violence includes domestic violence. The new collective agreement also captures the full meaning of workplace harassment and sexual harassment as defined by the Occupational Health and Safety
WE HAVE A NEW PROVINCIAL GOVERNMENT, SO NOW WHAT?

FOR THE FIRST TIME IN 15 YEARS, we went to sleep on June 7 with the knowledge that ONA will now be working with a new government.

And while we have no clear indication what direction that new government will take our province – our pre-election call for a fully costed PC health-care platform, including where it plans to find its so-called “efficiencies,” may have been picked up extensively by the media, but it was met only with silence by our new premier – I can assure you that ONA will be relentless in our efforts to advocate for your working conditions and ability to provide safe quality patient care. Just as we have with all previous governments.

We are already in the process of setting up meetings with key government officials, including Premier Ford, the newly named Minister of Health and Long-Term Care Christine Elliott and Minister of Labour Laurie Scott, who is an RN. Welcome letters will be sent to new MPPs to introduce ourselves and let them know they will be hearing from us further – and that we won’t be going anywhere.

We will be reiterating our call for 10,000 RNs to be hired over the next four years to help fill hospital vacancies, made all the more urgent by recent statistics from the Canadian Institute for Health Information showing Ontario now has the worst RN-to-population ratio in the country for the third year in a row. While I am buoyed by the news that one of the premier’s first orders of business – calling for an immediate hiring freeze for public sector workers – does not include nurses, we must hold his feet to the fire to make sure that stands.

We will also talk about the need to appropriately fund our hospitals after years of starvation; improvements to the minimum standards of care in long-term care; the continuing struggles of our public nurses, who are bearing the brunt of ongoing funding freezes; the changeover of community care access centres into the new supersized Local Health Integration Networks and their ability to deliver the care our patients need; and the troubling practice of replacing RNs with unskilled donor associates to screen blood donors. We will be discussing the issues of all members in all classifications and all sectors.

While we are committed to building relationships at the cabinet level, we are asking members to help spread our key messages on the ground by meeting with your MPPs. Over the summer, we developed toolkits so this important work can be rolled out when the legislature resumes in the fall. I fully appreciate this may be outside your comfort zone, but I hope you will be inspired by the story on page 6 about the impressive political action work of members just like you, who turned their initial apprehension into something quite remarkable.

We are the advocates for and guardians of our publicly funded health-care system, and if we don’t get out there and spread our stories about the shortcomings we see firsthand, no one else will. Just imagine how much power 65,000 members engaging in political action 365 days of the years could wield!

NOUS AVONS UN NOUVEAU GOUVERNEMENT PROVINCIAL, ALORS QUE FAIRE MAINTENANT?

POUR LA PREMIÈRE FOIS EN 15 ANS, nous nous sommes endormis le 7 juin en sachant que l’AIIO travaillerait maintenant avec un nouveau gouvernement.

Et bien que nous n’ayons aucune indication claire de l’orientation que prendra le nouveau gouvernement dans notre province – notre revendication préélectorale pour un programme électoral complet sur les soins de santé et la planification des coûts du PC, notamment dans quels secteurs il prévoyait trouver ses soi-disant « efficiencies », a peut-être fait couler beaucoup d’encre dans les médias, mais s’est heurté au silence de notre nouveau premier ministre – je peux vous assurer que l’AIIO sera implacable dans ses efforts en vue de défendre vos conditions de travail et votre capacité à fournir des soins de qualité et sûrs aux patientes et aux patients. Comme nous l’avons fait avec tous les gouvernements précédents.
MEMBERS GET LOUD!

**MEMBERS PLAY PROMINENT ROLE IN ONA’S PROVINCIAL ELECTION WORK**

If there’s one thing ONA members who worked on our provincial election campaign have in common it was their incredible ability to turn initial nervousness into empowerment.

This spring, ONA launched the campaign, *Nurses Know, Nurses Vote*, to mobilize and empower our members to have a meaningful outcome in the provincial election. Any and all interested members were invited to participate and five activists in each region – Kristy Johnston (Region 1), Jenny Briscoe (Region 2), Catherine Tran (Region 3), Dawn Gordon (Region 4) and Marg Van Puymbroeck (Region 5) – were seconded to lead this work with staff, most notably our phone banks in all regions (see sidebar below for a list of our accomplishments).

The campaign’s goal was to communicate to members the effects each of the three party platforms had on our ability to provide patient care, access good and secure work and practice nursing in a safe and supported environment, focusing on the impact that nurses’ professional and experiential knowledge could have on voting. While no party was held up as presenting the solution to health care, we did highlight any platform that addressed the key issues our members face, including understaffing, minimum RN hours in long-term care, and a lack of hospital funding.

“I am extremely thankful and proud of our members for the amazing work they did to push the vote for health care and nursing, and to move outside of their comfort zones to discuss the political process,” said ONA President Vicki McKenna. “I know it wasn't easy, but I also know they came away with a true sense of accomplishment.”

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**BY THE NUMBERS: WHAT WE ACCOMPLISHED TOGETHER**

- **4** phone banks a week in **5** regions x **3** weeks = **60** phone banks
- **100** ONA members and their families, staff and nursing students volunteered **3** hours to make calls
- **16,000** calls were placed, totalling **120** hours
- Cell phone numbers that were texted: **20,000**
- **45,000** robocalls delivered ONA President Vicki McKenna’s message
- Members who received our email blast: **40,000**
- **20,000** letters were mailed
- **1** ONA postcard outlined **3** party platforms
- **1** dedicated website served as a one-stop resource
- **ONA’s open letter** to Premier Doug Ford asking for a fully costed platform was shared **1,100** times on Facebook
For the five activists, that might be an understatement.

“There were so many challenges going in,” said Van Puymbroek. “We were nervous about talking to members on the phone and if we had enough political knowledge to speak competently to them. We were worried about the technology. But we overcame it all.”

“We learned so much as well,” added Briscoe. “We were initially nervous, but I encourage every member to take that step. Nothing ventured, nothing gained!”

Johnston agreed, adding it ended up being both an empowering and bonding experience that will last a lifetime. “I am so proud of ONA for stepping up and doing this. If we can do it, all ONA members can.”

Tran noted that “this experience taught me that as a nurse, I have the power to advocate for my patients and community beyond the bedside.”

And Gordon said she also gained something else: the courage to speak out at a Hamilton Health Coalition event, where she and others relayed what it’s like being a nurse in today’s environment to the astonishment of the crowd. “I asked a Steelworker what would happen if he went to work and didn’t have a hammer to do his job and he said he wouldn’t do it. There’s the difference; we still have to do our jobs.”

“I’ve never done anything like this before”

When Marshall Gowland Manor Bargaining Unit President Julie Sexton saw on Facebook that NDP leader Andrea Horwath would be making a pre-election stop at a Sarnia coffee shop, she knew she couldn’t let that opportunity slip through her fingers.

“I arrived at the event and worked my way up to the front,” she said. “After the woman beside me asked Andrea a few questions, I made eye contact with her, shook her hand and introduced myself as an RN in long-term care (LTC). I expressed my concerns with the lack of staffing, even though the acuity of our residents is increasing; the changes I’ve seen over 20 years are not improvements to the quality of care for our residents. Andrea told me she was going to increase staffing to four hours of direct care per resident per day. She also spoke about the struggles that would be revealed in the LTC inquiry, and increasing the number of LTC beds.”

While Sexton clearly articulated her views to Horwath, she said she was extremely nervous.

“I’ve never done anything like before. I’m not a good public speaker and was worried I wouldn’t be able to make my point. But it was important for me to ask Andrea because LTC is suffering. I thought if she met a LTC nurse who faced the challenges every shift, my voice could be a tiny part of good things to come.”
JUNE COMMUNITY ENGAGEMENT PROJECTS: “WHY WE CARE”

While the June Provincial Coordinators Meeting (PCM) is always a wonderful opportunity for Local leaders and members to receive updates on the important work of the union and share initiatives in their own workplaces, it has evolved into so much more the past two years.

When the PCM was held in Sault Ste. Marie in 2016, ONA decided to incorporate an afternoon of community engagement onto the agenda, encouraging delegates to participate in one of several opportunities to give back to the host community. It was so overwhelmingly popular with our members, and deeply appreciated by the recipients, that we have continued this activity at each June PCM since.

For the most recent PCM, hosted by Region 2 in Ottawa on June 12-13, delegates painted, assembled playsets and beautified gardens at three women’s and children’s shelters, assisted at a Habitat for Humanity build, and put together baskets of much-needed items for women transitioning out of shelters.

“As a union of caring professionals, there is a natural link between the types of support we provide in our day-to-day work and the principles of volunteerism,” said Local 7 Coordinator (Haldimand) Melanie Holjak. “It’s important for ONA to seek out and engage in community service projects to demonstrate that members are trusted, compassionate, and willing to help in any way we can.”

Local 21 Coordinator (Grey-Bruce) John Lowe couldn’t agree more, noting community engagement “shows the public and our own members our sense of social responsibility and us working on a different ‘front line.’”

— Local 6 Coordinator (Toronto) Jane Penciner
MEMBERS GET LOUD!

It’s one thing to know of those in need, but truly heart warming to extend our helping hands beyond health care.

— Local 70 Coordinator (Hamilton)
Maureen Williamson

ONA APP A HUGE SUCCESS WITH MEMBERS!

Members are using the ONA app with great fanfare and enthusiasm!

Launched late in 2017, more than 2,500 users are very active on the app and the feedback has been A-1! We asked a few members and here is what they had to say:

• I love having the collective agreements – in text format – easily accessible. Searching for specific articles within my contract is a breeze, too! It’s all on screen and easy to read.
• I think I’m one of the first members to have my ONA membership card on the app. I can go into provincial meetings with it. It’s a great piece to have as part of the app!
• Contacting ONA has never been easier with the “Contact Us” tab. I needed to call one of the regional offices and it was easy to find the phone number.

Members are now asking, “What’s next for the app?!” There are a few more enhancements in the works, and much more to come, we promise!

Have a question or feedback about the app? Email appfeedback@ona.org.

To download the ONA app, go to the App Store or Google Play. Search Ontario Nurses’ Association.
MEMBERS ACKNOWLEDGE EPIC ONA WIN BY DECLARING HEALTH-CARE PROFESSIONALS DAY

In honour of the one-year anniversary of ONA overcoming enormous odds to win the right to represent health-care professionals at Sudbury’s Health Sciences North (HSN), the Bargaining Unit has made an official declaration.

“Because we have 82 various job classifications within our Bargaining Unit and couldn’t recognize each group individually, we decided to deem June 14 as ‘Health-care Professionals Day,’” said Local 13 Vice-Coordinator Christine Spence, who, along with HSN (Health-care Professionals) Bargaining Unit President Michelle Beaudry, jumped on the idea suggested by ONA CEO/CAO Marie Kelly. “That is actually the day ONA took over as the official bargaining agent, so it seemed like a fitting and neutral date for everyone.”

The David-and-Goliath story began in 2016, when 80 health-care professionals approached ONA, which already represents 1,300 RNs at HSN, about joining. The employer packed the list with other non-union workers to attempt to defeat us, but we won those workers as well, for a total of 180 new members. Subsequently, the Ontario Public Service Employees Union (OPSEU) challenged us through a Public Sector Labour Relations Transition Act vote to try and sweep those members into their Bargaining Unit. But following a strong campaign, ONA won the final vote, particularly remarkable because OPSEU had significantly more members.

To celebrate this milestone event, Spence and Beaudry provided each new member with a thank you letter from ONA President Vicki McKenna, and “with the help and support of our amazing floor reps,” distributed power banks engraved with the ONA logo as a small token of appreciation. Photos were also taken with members from as many of the classifications as possible (some of those photos are shown here).

“The message we are trying to relay is that the patients, families and the union value all their hard work,” said Beaudry. “If we work together, persevere, stay positive and get active in our union, collectively we can make HSN a better place to work.”

And it appears that message hit the mark. Members overwhelmingly expressed that the recognition was a pleasant and deeply appreciated surprise, with comments such as “it feels good to be recognized;” “it’s wonderful to have something positive happen during these tougher times;” “it’s nice knowing we have a strong union to support us;” and “what a great idea to celebrate everyone together!”

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

Send your stories and photos to Front Lines editor Ruth Featherstone at ruthf@ona.org.
QUEEN’S PARK UPDATE

SYSTEM FOR DONATED TISSUE EXPANDED
The province’s system for preparing, storing and distributing donated tissue is being expanded to better serve patients who need skin, heart valve, bone and connective tissue transplants. Through its donation and transplant agency, Trillium Gift of Life Network, Ontario is partnering with the non-profit Lake Superior Centre for Regenerative Medicine (RegenMed) to expand the tissue processing system. RegenMed will handle the preparation, storage and distribution of all donated tissue to be used for transplants. To accommodate the new system, RegenMed will create 27 new jobs in northern Ontario and three in Toronto, with roles in processing, quality assurance, distribution and innovation. Their current office in Thunder Bay will be expanded and renovated.

NEW LTC BEDS FOR INDIGENOUS COMMUNITY
Through collaboration and continuous engagement between the province and Indigenous partners, nearly 500 new long-term care beds are being created for Indigenous community members across the province. These beds will deliver culturally appropriate care for Indigenous peoples, reduce wait times, and meet the demands of an aging population.

INTERPROVINCIAL HEALTH COVERAGE TO ADDRESS SERVICE GAPS
Ontario is proposing to expand interprovincial health coverage to address gaps by including home and community care to ensure residents can access the services they need when they are in another province/territory or moving to Ontario. Currently, people who are temporarily in or moving to another province/territory are covered for physician and hospital services, but must pay or rely on private insurance for other health-care services. By expanding interprovincial coverage, Ontario patients in other parts of Canada will have home and community care services paid for by the province. The province is also proposing to remove the interprovincial waiting period and provide immediate OHIP coverage for people moving to Ontario from another province/territory when they need access to home-care services so they can be with their families and support networks here. This would also apply to people needing palliative care.

ONA PROVIDES SUBMISSION ON MEPPs
ONA has provided a submission on the Proposed Funding Framework – Target Benefit Multi-Employer Pension Plans (MEPPs). We recommend the Ministry of Finance abandon its proposed new funding rules for MEPPs and instead work with the MEPP industry to develop a framework that will ensure the long-term viability of target benefit MEPPs, so they can continue to provide meaningful pensions to the hundreds of thousands of Ontarians who participate in them.

FUNDING TO IMPROVE MICHAEL GARRON HOSPITAL
Up to $436.2 million is being invested in the Michael Garron Hospital redevelopment project, which includes renovations to the current structure, a connecting three-storey building, and a new eight-storey patient care tower. When the project is complete, expected in fall 2023, patients in east Toronto will benefit from larger, safer inpatient beds, including 15 new beds; more single-patient rooms; redeveloped mental health inpatient units; new renal, cardiac and chest care clinics; increased use of natural light; state-of-the-art equipment; and a new four-level parking lot.

BETTER ACCESS TO MIDWIFERY SERVICES IN OTTAWA
Access to midwifery services in the Ottawa area is being increased, with 17 additional midwives. The Community Midwives of Ottawa will also introduce pregnancy and newborn care to shelters, group homes, methadone clinics, and hospitals under a new midwifery care model. Funding for an innovative physician-midwifery model will provide outreach care to meet clinical needs as well as address substance use, mental illness and poverty. The province is also supporting the Ottawa Birth and Wellness Centre with $1.48 million in funding this year to increase access to midwifery births, ensure retention and recruitment of qualified staff, and support high quality services. Up to $166 million is being invested in midwifery care this year.

MENTAL HEALTH AND ADDICTIONS HOUSING PROGRAM COMING TO HAMILTON
Ontario is providing support for a 57-bed mental health and addictions housing program in Hamilton at Indwell’s Parkdale Landing property, which will help residents thrive through a team that includes housing and peer support workers, an occupational therapist, and an addictions counsellor.

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

WE’RE ALL THE SAME INSIDE, LOCAL’S PRIDE FLOAT SHOWS

Make no bones about it, when it comes to creating an eye-catching float for the annual Thunder Bay Pride Parade, Local 73 has done it again!

For Thunder Pride, held on June 16, the Local, which has showcased themes such as crayons outside of the box and superheroes in the past, took the concept that love has no labels and we are all the same inside, inspired partially by the 2017 Human Rights and Equity Caucus keynote speaker Dr. Leeno Karumanchery’s discussion on internal bias, and ran with it, creating a life-size x-ray machine-like float with participants dressed in either black or as skeletons.

“We also got the idea from the video for lovehasnolabels.com, and the idea that underneath our skin, we are all made up of bones,” said Local 73 Human Rights and Equity representative Jackie Chesterman. “The video starts with two skeletons behind a machine and when they emerge, they are not what most expect. This is where we need to be aware of our biases.”

During the “fun and energetic” parade, which doubled in size from last year, the Local handed out ONA material and a printout of the lovehasnolabels.com website, and then continued to celebrate Pride with a skeleton dance party! For the first time, the Local used smoke bombs on their float, which also displayed their own Pride flag, for a bigger visual effect.

While Chesterman said the skies held out until the parade was over, they weren’t quite so lucky in Toronto, where the largest Pride parade in the country took place on June 24. Still, the ONA Board of Directors, dozens of members, nursing students and staff didn’t let intermittent rain stop them from celebrating progress while honouring the struggles still faced by the LGBTQ+ community.

Other Pride parades and events are also continuing to gain momentum in places like Ottawa, London, Chatham, Sudbury and Brockville, with a strong ONA presence thanks to our members.

RN PRIDE!

Take a look at the back cover of this issue of Front Lines and you’ll see one of a series of new ONA ads featuring the faces of our LGBTQ+ members.

 Called RN Pride, the ads, which demonstrate ONA’s ongoing commitment to every person’s right to dignity and equity in and outside of the workplace, were placed in prominent Toronto Transit Commission bus and streetcar shelters and Thunder Bay Transit bus shelters throughout June. On July 16, they began showing up in London, and will be displayed in Ottawa starting on August 13.
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Retired ONA member Carolyn Edgar is flanked by Region 1 Vice-President Pam Mancuso and Region 2 Vice-President Bernie Robinson after they woke up extra early to attend a Sunrise Ceremony at Toronto’s Nathan Phillips Square in honour of National Indigenous Peoples Day on June 21 (Region 3 Vice-President Andy Summers was behind the camera). Of great importance to Indigenous peoples, a Sunrise Ceremony is deeply spiritual and personal, performed to mark and welcome the beginning of a new day, as well as to express appreciation and thanks for life and nature.

NOW ACCEPTING APPLICATIONS FOR HRE CAUCUS SUBSIDIES

The 2018 Human Rights and Equity (HRE) Caucus will be held on Tuesday, November 20 at Toronto’s Westin Harbour Castle under the theme of addictions, and we want to make sure as many members who would like to attend are able to do so.

Information about Caucus subsidy applications has been sent to Bargaining Unit Presidents, Local Coordinators and HRE representatives/advocates, and posted on the ONA website. The deadline to submit applications is Friday, September 14. Further questions? Please send an email to HRECaucus@ona.org.

For additional information and application forms, see ona.org/hre

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Ontario Nurses’ Association

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As a charge nurse at Sunnybrook Health Sciences Centre’s emergency department (ED), ONA member Miranda Lamb has seen her share of trauma. So when the worst mass killing in recent Canadian history sent a multitude of patients her way in a very short period of time, she, along with the rest of the team, put every ounce of education and training into practice.

Not since 2012, when six victims of the Danzig St. shooting in Scarborough were taken to Sunnybrook, had the facility seen such a mass casualty as the one that occurred in the early afternoon of April 23, when a white rental van mounted a curb in one of the city’s busiest areas and plowed down pedestrians over a two-kilometre stretch. By the time that day was over, 10 of those pedestrians were dead and 16 others were injured, some critically.

**Code Orange**

Before tragedy struck, that Monday was already turning out to be a very busy day at Sunnybrook, the largest trauma centre in Canada. The ED was already overcapacity, with 12 ICU patients, patients on gurneys in the hallway waiting for inpatient beds, and every bed, including in the resuscitation rooms, full. Lamb had been in discussions with the Duty Officer for Toronto Paramedic Services about how it would affect their ability to take additional patients when they learned the situation was about to become even more serious.

“The Duty Officer told me we needed to prepare for the possibility of mass casualties coming in, which is a Code Orange,” she said. “We learned about the van incident virtually as it was taking place because being a trauma centre, as soon as something like that happens or there’s suspicion that we may become involved, Toronto Police and Toronto Paramedic Services are in contact with us. We work together and keep updated on events so we can respond.”

And with the first patient arriving just 18 minutes later, that response was rapid. As the charge nurse responsible for managing and coordinating flow in the ED, Lamb immediately called for a huddle with the nurses, doctors and others involved to provide them with the information that had been gathered so far.

“We have well-trained, very passionate nurses. It didn’t matter what floor you came from, what training you had, everyone was willing to step up to the plate and do what we needed.”

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“The first thing that had to happen was to create capacity to give those who had been affected by the tragedy the care they needed, and to make sure we had the staff and equipment to do that. Other hospitals were asking what they could do, paramedics were helping, and we operated as one big team.”

Patients who could be discharged were sent home, while others were transferred to other units and nearby hospitals. To free up the operating rooms, elective surgeries were both held and cancelled. It was only then that Lamb, whose goal as a nursing student was always to end up at the Sunnybrook ED, went to her locker to grab a piece of equipment, took a deep breath and said to herself, OK, here we go.

“The majority of my job that day was coordination and directing care. I was not in the trauma room, but I got the people together that needed to be. There were a few things I opted to take on myself once the coordination part was over and things settled a bit. I just felt like it was too much to ask someone else to do. In the moment, out of necessity, I just went into tunnel vision to focus on what was happening inside our environment.”

Passionate Nurses
With 10 victims of the van attack rushed to the Sunnybrook ED in the timespan of just 45 minutes, two of whom were vital signs absent on arrival and pronounced dead, Lamb was in awe at how the multitude of healthcare professionals and other workers involved jumped into their various roles.

“We have well-trained, very passionate nurses at our facility, and it was quite amazing to see them and everyone else, from doctors to environmental services to porters to lab technicians to patient support personnel to x-ray and CT technicians – absolutely everyone – come together with one focus: giving those patients coming through our door 110 per cent. It didn’t matter what floor you came from, what training you had, everyone was more than willing to step up to the plate and do what we needed.”

That is largely because of the hours staff spend in Code Orange training and mock drills to prepare for scenarios just like this one, which Lamb called the worst mass casualty she’s seen in her 13 years at Sunnybrook.

“Code Orange is a city response, so everyone has roles and actions that are laid out. But we would be remiss to think everything is going to go exactly as we’ve seen on paper and in practice. Even a heart attack is not the same for one patient as it is for another. In these intense situations, everything changes all the time and we’re always prepared for that. But as long as you keep that in mind, any sort of practice is beneficial during the real event.”

What can’t be practiced though is how workers will mentally respond when faced with such suffering. But Lamb said at no point was there any sense of panic among the nurses, doctors or other staff.

“Those of us in the ED are not new to trauma. We receive many trauma patients a year and oftentimes several in a day or even a shift. What was difficult was the number of traumas that came to us within such a short window of time and the nature of those traumas.”

And while Lamb praised Sunnybrook for its readiness, noting that many hospitals in the city are placing a greater focus on these types of events and having a prepared response in place, she admits she has lost countless hours of sleep over the years knowing that it would only be a matter of time before a tragedy of this scale happened.

“I don’t just mean the nature of this particular event,” she said. “It could have been an ice storm, or a subway crash, or any other mass casualty event. With the number of people who live in our city and the activities...
that take place here, the likelihood of something like this happening is growing and growing.”

**Aftermath**

Now, just a few months after it sounded that Code Orange, Sunnybrook is hoping to learn from it. “We’ve had multiple debriefs on multiple levels, and we will continue to do so,” said Lamb. “We are Torontonians, we are Ontarians, and we are people that were affected by this event as well. So, it’s about making sure first and foremost that staff are OK and feeling supported, and then picking apart the scenario – what worked well, what we could have done better and how we could improve this for next time in each of the units that were involved. And then gathering together to have a discussion on a grander scale on how we can improve our response as an organization, as a city and as a province.”

Not surprisingly, Lamb, who was told when she moved from oncology to the ED in 2008 that she wouldn’t enjoy it because she likes to spend too much time with her patients, has also taken it upon herself to check in with every member of staff who was involved to ask how they are doing because “we all digest it at different speeds and different ways. And people need to know that just because that day is long over doesn’t mean we don’t recognize that we’re not still processing what happened.”

And as for Lamb herself? She’s quick to point out that “when you choose to work in trauma, you expect to see these type of events to a certain extent.” What she wasn’t expecting, however, was the public’s and media’s interest. “I’m a nurse first and foremost and this is just what I do,” she said. “My name has been out there quite a bit in the media, and I asked my chief of emergency, why me when everyone did a great job that day? He said the city needs to have a face to know there is someone to take care of them. But I can’t stress enough that it really was the whole team’s work that made that day what it was. One part couldn’t have worked without the other, and I was just a small component of that.”
MEMBERSHIP SECONDEMENT PROGRAM REAPING BENEFITS

WE HAVE LONG REFERRED TO ONA as the union for nurses by nurses. And our popular Membership Secondment Program is continuing to ensure that’s a reality.

Recognizing the tremendous benefits of having members join our staff ranks — they understand the work we do and can blend their first-hand knowledge and experiences with the expertise we bring from outside our union — ONA initiated the program three years ago and invited members engaged in the labour relations work of their Bargaining Units to apply to gain valuable experience and expand their skills.

Four high-energy, self-motivated candidates are chosen each year to participate in the program, a combination of intensive ONA education on core union services such as negotiations, interest arbitration, grievance handling, rights arbitration and professional practice in an ONA office, with hands-on work back in their Bargaining Units. ONA works with successful candidates and their employers to arrange a leave of absence while keeping salaries and benefits whole.

The hope is that by the time candidates have completed the program, they will have gained additional knowledge to not only assist with the important work of representing members back in their Locals, but can perhaps help in different ways as well. Having more people interested in becoming staff members is also an enormous asset to and opportunity for ONA.

And I am pleased to report that is exactly what is happening. So far, four committed graduates of the program have joined our ranks. They truly bring a wealth of wisdom to the ONA Team and are a welcome addition!

And it appears they are equally smitten. Take former Local 75 Coordinator Sherri Ludlow, for example, who is now a Labour Relations Officer (LRO) in our Dundas office. She said the program “allowed me to explore my career options. I have always loved my executive position and the work of our union. Now I have the opportunity to expand on that passion as staff.”

For recent Baycrest Bargaining Unit President Benjamin Ramirez Jimenez, now a Professional Practice Specialist in Toronto, completing the program was the deciding factor in coming to work for ONA. “I got to see the workings of the union firsthand and how invested staff are in the welfare of our members, and I wanted to be part of that.”

Former Wingham and District Hospital Bargaining Unit President Brigitte Goar, an LRO in our London office, agrees wholeheartedly, adding, “I realized how much work there is to being an LRO and that I wanted to be one. This program helps members see what really happens ‘behind the scenes,’ and the education and learning opportunity is so important for ONA and all members moving forward.”

Lisa Knight, who has shifted from Local 19 Vice-Coordinator to an LRO in our London office, echoes wholeheartedly, adding, “I realized how much work there is to being an LRO and that I wanted to be one. This program helps members see what really happens ‘behind the scenes,’ and the education and learning opportunity is so important for ONA and all members moving forward.”

We hope these glowing reviews have lit a fire under you as well. If so, we strongly encourage you to read more about this exciting program and consider applying next year. We’d love to have you!
ONA WELCOMES CHANCE TO FIX LONG-TERM CARE SYSTEM

ONA is optimistic that the ongoing public inquiry into long-term care (LTC) will issue meaningful recommendations to fix a sector that has long been plagued by significant staffing, funding and systemic challenges.

The purpose of the inquiry, which will continue in St. Thomas for the next several weeks, is to examine conditions that enabled former nurse Elizabeth Wettlaufer to murder eight LTC residents in two for-profit homes – Caressant Care and Meadow Park – over the course of several years, and issue recommendations to prevent future tragedies.

Dozens of people are taking the stand, from administrators to fellow nurses to physicians to ONA staff to others who affect the LTC environment (e.g. Ministry of Health and Long-Term Care, College of Nurses of Ontario, etc.) ONA is one of a handful of parties granted standing in the inquiry, and the only party who represents employees working in this sector.

“We are at the inquiry on behalf of our dedicated long-term care members who do their very best to provide the highest quality care despite understaffed workplaces, crushing workloads, inadequate government funding, and highest-ever resident acuity,” said ONA President Vicki McKenna. “This is a tragic, heartbreaking and extraordinarily rare case that has deeply touched our union, but first and foremost, our hearts go out to the families of the victims.”

Shifting Focus

While the inquiry is not meant to point blame, as the person who committed these crimes has been imprisoned, ONA was very dismayed at how we were portrayed by some media outlets in the early days of the inquiry for representing Wettlaufer – which we are required to do under the Labour Relations Act – when she was fired.

After key testimony emerged that this employer held all the pieces of the puzzle regarding Wettlaufer’s actions, but did not put them together nor share vital information about her performance with our union, focus soon shifted to gaps in the system and the impact of profit on LTC – along with the need for more staff, including RNs, a consistent theme from all those on the stand.

MEMBER SPEAKS OUT: “LTC NURSES ARE BLESSED TO HAVE ONA”

With the initial unmerited media scrutiny of ONA at the LTC inquiry, members, particularly those in that sector, rallied around our union. One such member, Carolyn Turner (pictured), Bargaining Unit President and front-line RN at South Lake Residential Care Village in Newmarket, explained to Front Lines the reality of caring for residents in an increasingly stressful environment, and how ONA supports that work and gives her hope for better days to come.

Drama sells news and the media omits and alters facts to create that drama. Publicly jabbing unions who are required under law to represent dues paying members provokes the public into blaming and pointing fingers and steals their attention from lobbying for crucial issues such as LTC reform and demanding adequate care, comfort and safety for our residents.

The fact is unions are consistently voted into LTC facilities by health-care professionals. Some of these employers engage in very poor labour practices and inadequate, unsafe resident environments.

Unionized LTC nurses want realistic jobs that foster well-deserved care, safety and comfort for our residents. We want to end our shift feeling that we have addressed the needs of our residents, hugged them, sat with them, giggled with them, assessed them, advocated for them and saved them. We want to develop relationships with our residents’ families so they feel calm and assured that their loved ones are safe and as happy as possible. We want to feel confident that we deliver timely, competent, excellent care. But the 300 standards of the Ministry of Health and Long-Term Care that apply to every LTC facility in Ontario do nothing to address the rigidity and regulation of the day to day life of our residents.

Ontario LTC nurses are blessed to have the powerful ONA engine behind us. Even non-unionized LTC nurses feel
Considerable evidence also emerged illustrating the lack of training for coroners and budget cuts resulting in fewer coroner investigations, the role of for-profit nursing home owners, the failure of multiple players to pay attention to what front-line nurses are telling them, and the lack of transparency from employers.

“This is exactly what we have been saying for decades,” added McKenna. “We have made countless recommendations at coroners’ inquests, committees and through our annual pre-budget submissions to draw attention to the serious shortcomings in our long-term care system. Government after government has promised to improve the care our most vulnerable residents receive, yet little positive change has happened.”

Positive Changes
But ONA is hoping it now will. We are currently preparing recommendations to the inquiry to improve care and correct the flaws that enabled Wettlaufer to perpetrate her crimes for so long. We remain confident that positive changes will be the ultimate result of this inquiry when its recommendations are released early next summer, and that finally, long-term care will be fixed.

the ripple effect of ONA’s great work. Every ONA LTC works in isolation due to low RN to resident ratios. We are targets for employers because they know how dedicated we are to our residents. ONA guides us by providing our own LTC Professional Responsibility Complaint process, which keeps employers in line and accountable. ONA Labour Relations Officers drive several kilometers to our facilities to support Bargaining Unit Presidents and ensure employers hear our issues during Labour/Management meetings.

ONA is our voice! After a shift of multitasking and trying to maintain those 300 standards, we are fried. We barely have enough left for our families. The ONA Team is tirelessly advocating for our residents and us with the government and the public so we can provide quality care and, at some point, carry on living fulfilling lives after hours rather than living in stress and worry about what happened or what is to come.

FINANCIAL ASSISTANCE AVAILABLE FOR FURTHER STUDIES

In what may be a little known fact to many ONA members, the Registered Nurses’ Foundation of Ontario (RNFOO) provides financial support not only for Ontario nursing students, but RNs and RPNs to help them further their educational studies, conduct nursing and health-care research, and support community health initiatives.

Founded in 1972, RNFOO receives 400 applications annually, and over the past year alone, it distributed more than $105,000 to 86 recipients. As RNFOO is a charitable organization, the awards and scholarships it administers are funded by contributions from individuals, estates, corporations and organizations.

The application process for next year’s scholarship opens in December, with applications due next January.

RNFOO ex-officio Board member, Region 2 Vice-President Bernie Robinson (standing, right) is joined by Region 1 Vice-President Pam Mancuso, Region 5 Vice-President Karen Bertrand, Region 4 Vice-President Laurie Brown and (sitting) Canadian Nursing Students’ Association York University delegate Caitlyn Leung and Ontario Regional Director Daniela Monachino at a fundraising gala on May 2 to recognize the 2018 RNFOO award winners. All proceeds from the event fund RNFOO and its awards program. “This fun evening is a wonderful opportunity to recognize nurses, celebrate our profession as a kick-off to Nursing Week, and raise public awareness of the important role nurses play in the health-care system,” said Robinson.

$1,000,000
Amount of scholarships/awards since RNFOO’s inception in 1972

Learn what’s available and how to apply at rnofoo.org

Learn inquiry updates at ona.org/inquiry
ONA STUDENT SCHOLARSHIP WINNERS

In the final installment of our series on the 2017 Nursing Student Scholarships, Front Lines is featuring the names and pictures of the last recipient of the ONA Nursing Student Scholarship and the ONA recipient of the Canadian Federation of Nurses Unions Nursing Student Scholarship, along with snippets from their winning essays on “The Importance of the Ontario Nurses’ Association for Nurses.”

Read full essays at ona.org/students

TINA DAVOUDBEIGLOO:
Daughter of Fatemeh Davoudbeigloo from Local 6, North York General Hospital (ONA Scholarship)
“It takes immense dedication to endure the education and long hours in the hospital to care and show compassion for patients. Ontario nurses are exceptionally fortunate to have a union that assists members in negotiating with the health-care sector for wages and working conditions and at licensing body hearings, and provides access to education programs, a human rights and equity team, and much more.”

KALEIGH LOPEZ:
Daughter of Carmen Lopez (Proulx) from Local 2, St. Joseph’s General Hospital – Elliot Lake (CFNU Scholarship)
“Since starting the nursing program, I have been exposed to the hospital setting where I get the opportunity to observe, and now be a part of, the special care and treatment of patients provided by nurses. This is possible thanks to the work of ONA, providing the highest quality of work life for nurses. I am looking forward to being a part of such a strong, respected, united and committed union.”

ONA Strengthens Student Advocacy Efforts, Ontario Regional Director Believes

Canadian Nursing Students’ Association (CNSA) Ontario Regional Director Daniela Monachino’s goal of having nursing students’ issues acted upon instead of just talked about is one step closer to reality thanks to the support of ONA.

On April 30, Monachino, a University of Toronto nursing student, along with Caitlyn Leung, the CNSA delegate from York University, accompanied ONA President Vicki McKenna to a meeting with Chief Provincial Nursing Officer Dr. Michelle Acorn, where they identified several barriers nursing students face, including quality and choice of placements, a lack of respect and the need for better support from clinical instructors, a lack of remuneration for work in clinical settings, and the potential for adverse impact on safety of patients.

“We began working towards some change,” she said, noting that Dr. Acorn committed to discuss the issue of consistent evaluation of nursing students across institutions/instructors, review consistent standards for placements, and contact university and college associations to review further strategies.

“I’m excited to continue these discussions throughout my term,” Monachino said. “ONA has been a strong supporter of CNSA and continues to strengthen our advocacy efforts. The support and guidance of the entire ONA Team is so valuable. I am excited to see the ONA-CNSA partnership continue to strengthen and to achieve even more successes for nursing students.”
ONAS eye-catching and user-friendly website has received a Canadian Association of Labour Media (CALM) honourable mention for best website content.

The CALM awards, handed out at its annual conference in Halifax this spring, showcased the very best of union communications. CALM, which provides training, news and online services to a network of union activists and editors, received hundreds of entries from 55 unions in 38 categories.

In explaining their reasoning for the honourable mention, the judges noted that “ONA’s website is professionally produced and serves as an important resource for members and the public.”

We couldn’t agree more!

HOSPITAL CRISIS NEEDS INTERVENTION, OHC WARNS

Just three weeks before Ontarians headed to the polls, the Ontario Health Coalition (OHC) staged a media conference outside Mount Sinai Hospital’s emergency department in Toronto to call for concrete commitments to redress what it calls a crisis in access to care.

OHC Executive Director Natalie Mehra said the group had not used the word “crisis” since the 1990s until just recently when the overcrowding situation in Ontario’s hospitals truly reached crisis proportions.

“We have to turn the corner on hospital cuts,” she said. “We should not be talking about efficiencies, or lean, or cutting or restructuring hospitals. After 40 years of mostly cuts from Conservative, Liberal and NDP governments, our hospitals are the lowest funded per capita in Canada.”

The slashing has left hospitals running at or above capacity, leading to hallway medicine, cancelled surgeries, and ambulances being pulled off the road because nurses aren’t available in hospitals for patient offloads, Mehra added.

OHC Asks of Government

1. An immediate funding infusion for Ontario hospitals of 5.3 per year and for that money to go directly to care.
2. A commitment to quickly open 30,000 new long-term care spaces to address serious wait lists.

Read more at ontariohealthcoalition.ca

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ONA LAUNCHES FINAL PUSH TO RESCIND LAYOFFS AT FAMILY PRACTICE CENTRE

Cars honked loudly and passersby clapped profusely in a show of solidarity with ONA members, the Board of Directors, staff and other supporters during a second information picket on June 19 (right photo) to continue to bring attention to the harmful decision of Women's College Hospital (WCH) to lay off four full-time primary care RNs, with a combined 70 years of experience, at its Family Practice Centre, leaving just three full-time and four part-time RNs. “We are with you and we will never give up this fight because it’s the fight of all members in all communities of our province,” ONA President Vicki McKenna told the large crowd outside the centre. The following day, ONA members and staff, including retired WCH member Mary Novak (left photo), distributed leaflets at WCH entrances to demand the hospital Board of Directors immediately rescind the layoffs at their annual general meeting that same day. ONA also gathered more than 1,000 signatures on our petition demanding the cuts be stopped. For years, WCH members have filled out workload forms over staffing and workload issues.

NPs GIVEN AUTHORITY TO PRESCRIBE HIGH-DOSE PAINKILLERS, ORDER ULTRASOUNDS

A change in the scope of practice for nurse practitioners (NPs) in Ontario will allow them to offer greater pain relief to people nearing the end of life, and order ultrasounds without restrictions.

The government has granted NPs trained in palliative care the authority to independently prescribe high-strength, long-acting opioids. Up to February 9, only physicians registered under the Ministry of Health and Long-Term Care’s Palliative Care Facilitated Access (PCFA) program could independently do so. NPs had to consult with a PCFA physician before their patients had access to those drugs.

On January 1, 2018, NPs also gained the authority to apply and order ultrasounds without restrictions. NPs could previously only order specific ultrasounds from a list, but those restrictions have been removed. However, the Health Insurance Act and Independent Health Facilities Act needs to be updated before these changes can fully take effect as under that act only ultrasounds to the abdomen, pelvis and breast are insured. The government is working on the necessary changes to ensure that all ultrasounds NPs order, and the interpretation of those ultrasounds, are insured.
ONA CONTINUES TO PUSH ENVELOPE FOR HEALTH AND SAFETY IMPROVEMENTS

It was a startling thing to witness, but perhaps not very surprising.

At the Region 3 Health and Safety Caucus in May, Region 2 Vice-President Laurie Brown asked the more than 130 attendees, “Can you please stand if you’ve witnessed or experienced workplace violence?” Virtually everyone stood, except for a handful. It seems everyone has a workplace violence story to tell.

Risk Assessments Key

Around the province, pockets of health-care workplaces have made good strides towards building better health and safety programs for workers. And ONA members have been at the forefront of their development. From London Health Sciences Centre to North Bay Regional Health Centre and the Centre for Addiction and Mental Health in Toronto, positive changes to improve the occupational health and safety landscape are occurring.

And there is more work to be done regarding violence prevention. In fact, it never ends.

At the spring Health and Safety Caucuses, held in most regions (along with a web-based option open to all), ONA brought together a host of experts to talk about expert “risk assessments” in workplaces: what they are, the value of engaging an expert to identify risks in workplaces and show parties what to look for themselves in ongoing assessments, and ways to implement results to improve workers’ health and safety.

“Expert risk assessments are an invaluable starting point for providing vital information and instructional examples to workplace parties about how to make changes to improve health and safety,” noted ONA Health and Safety Specialist Nancy Johnson. “Several large workplaces have engaged experts, used the results of risk assessment to not only implement changes, but learn how to move forward doing better risk assessments on their own. We have already seen improvements in safety, and are encouraging employers to share their experiences and results with other employers who can leap frog from their successes.”

Areas of Evaluation

One main strength of an expert risk assessment is the potential for it to be thorough and to demonstrate how to more objectively evaluate levels of risk. Areas of evaluation can include:

- Staffing issues.
- Reports, documents, worker interviews.
- Building, lighting, electronic issues.
- Policy enforcement.
- Security services.

“In addition to ensuring compliance with law, there are many benefits from conducting proper risk assessments,” added Johnson. “It’s best to figure out then purpose and scope, use experts, learn from others, and then build from there.”

Questions about risk assessments or any health and safety issue should be directed to your Bargaining Unit President at ona.org/bup
## Financial Statements for the year ended December 31, 2017

### Balance Sheet

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<tr>
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### Liabilities and Net Assets

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<td><strong>Current</strong></td>
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<td>Accounts payable and accrued liabilities</td>
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<td>Current portion of capital lease obligations</td>
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<tr>
<td><strong>Total</strong></td>
<td>$17,402,242</td>
<td>$16,980,118</td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invested in capital assets</td>
<td>4,930,265</td>
<td>4,933,120</td>
</tr>
<tr>
<td>Invested in ONA Liability Insurance Ltd.</td>
<td>22,821,730</td>
<td>22,997,119</td>
</tr>
<tr>
<td>Internally restricted</td>
<td>23,952,623</td>
<td>19,578,206</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>3,914,654</td>
<td>6,119,221</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$55,619,272</td>
<td>$53,627,666</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Assets</strong></td>
<td>$73,021,514</td>
<td>$70,607,784</td>
</tr>
</tbody>
</table>

The above information is a condensed version of the Association's audited financial statements for year ended December 31, 2016 and December 31, 2017. The complete financial statements, Auditor's Report and accompanying notes, are available at the Association's office.
### Financial Statements for the year ended December 31, 2017

#### Statement of Operations

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$ 60,913,041</td>
<td>$ 58,664,522</td>
</tr>
<tr>
<td>Investment income</td>
<td>759,109</td>
<td>987,398</td>
</tr>
<tr>
<td>Other</td>
<td>743,458</td>
<td>711,290</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62,415,608</td>
<td>60,363,210</td>
</tr>
</tbody>
</table>

#### Expense

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance/External vision</td>
<td>2,271,915</td>
<td>2,236,300</td>
</tr>
<tr>
<td>Membership services</td>
<td>3,702,072</td>
<td>1,626,717</td>
</tr>
<tr>
<td>Service teams</td>
<td>25,861,391</td>
<td>26,286,113</td>
</tr>
<tr>
<td>Support teams</td>
<td>15,195,547</td>
<td>14,546,001</td>
</tr>
<tr>
<td>Fixed costs</td>
<td>5,696,686</td>
<td>5,088,701</td>
</tr>
<tr>
<td>Building operations</td>
<td>961,627</td>
<td>913,999</td>
</tr>
<tr>
<td>Program costs (Security/LEAP/Critical Illness/LTD/Supplementary)</td>
<td>5,706,193</td>
<td>4,882,660</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>59,395,431</td>
<td>55,580,491</td>
</tr>
</tbody>
</table>

#### Excess of revenue over expenses before undernoted items

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>3,020,177</td>
<td>4,782,719</td>
</tr>
</tbody>
</table>

#### Amortization

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Amortization)</td>
<td>(1,338,059)</td>
<td>(1,243,276)</td>
</tr>
</tbody>
</table>

#### Unrealized gain (loss) on investments

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrealized gain (loss) on investments</td>
<td>68,323</td>
<td>36,455</td>
</tr>
</tbody>
</table>

#### Share of net income of ONA Liability Insurance Ltd.

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share of net income of ONA Liability Insurance Ltd.</td>
<td>574,611</td>
<td>512,325</td>
</tr>
</tbody>
</table>

#### Excess of revenue over expenses

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>$ 2,188,406</td>
<td>$ 4,088,223</td>
</tr>
</tbody>
</table>

The above information is a condensed version of the Association’s audited financial statements for year ended December 31, 2016 and December 31, 2017. The complete financial statements, Auditor’s Report and accompanying notes, are available at the Association’s office.
ONA CHALLENGES INSURERS WHO IGNORE MEDICAL EVIDENCE

ONA has successfully appealed two decisions in the hospital sector where long-term disability (LTD) benefits were denied due to a claim by the insurance carrier that medical evidence did not support total disability.

First Case
At the change of definition date from the own occupation period of LTD to the any occupation period (see sidebar), an insurance carrier terminated benefits for a member who was diagnosed with spinal stenosis and depression.

The member had been absent from work for two years, but at change of definition date, the insurer alleged she could work in alternate occupations. The member, not knowing LTD denials are arbitrable under the collective agreement and can be grieved, sought and retained her own counsel to litigate with the insurer, causing a significant delay.

On review of the denial, ONA discovered the insurer had listed two assessments they denied receiving. We were able to obtain copies, along with a report from a third specialist, all of which supported the any occupation definition of total disability. The insurer failed our member by not listening to their own internal medical consultant who said she was limited to very light sedentary work, and not investigating alternate suitable positions.

ONA’s appeal was successful, resulting in a retroactive payment of approximately $59,670, in addition to $4,590 per month.

Second Case
An insurer terminated benefits at the transition from short term-disability (STD) to the own occupation period of LTD for a member with severe degenerative disc disease and Lumbar spondylosis.

The member was off for the required maximum of 30 weeks of STD and then denied entitlement to LTD benefits in the own occupation period, which ONA unsuccessfully appealed. The member participated in the Medical Appeals Process (MAP) and achieved reinstatement of the own occupation of LTD benefits. However, at the “change of definition date,” the insurer terminated benefits, denying the any occupation period of LTD benefits, alleging the member was capable of sedentary work.

ONA assisted with the appeal. Because the member was involved in MAP, this denial did not require a lot of new medical evidence. As part of MAP, just months before this denial, the member had an Independent Medical Exam (IME), which stated the member had severe limitations, even to sitting. Additionally, the insurer’s own internal medical consultant described the IME results as reliable, recommending they not challenge that the member could not return to gainful employment. The insurer also initiated a rehabilitation program to increase sitting tolerances, so the member could eventually return to work.

ONA successfully challenged the interpretation of the medical evidence in the insurer’s possession, resulting in a retroactive payment of approximately $22,990 and $5,265 per month.

“OWN” VERSUS “ANY” OCCUPATION: WHAT’S THE DIFFERENCE?

LTD claims should always be thought of as a progression. An individual must exhaust short-term disability/sick leave benefits before progressing to the own occupation period of total disability, and exhaust those benefits before moving onto the any occupation period. The definition of total disability during the own occupation period does not automatically qualify an individual for benefits during the any occupation period.

To qualify for LTD benefits during the own occupation period, an individual must be unable to complete a substantial portion of the duties associated with her/his specific position and continue for a maximum of two years following the date of disability. After that, the definition of total disability changes to the stricter any occupation, which states an individual must be unable to engage in any gainful occupation that she/he is reasonably suited to based on education, work experience and other factors such as income or type of position. Should an individual continue to meet the definition of any occupation of total disability, benefits continue to a maximum of age 65.
négocier avec l’AHO en janvier dernier. Bien que l’objectif de l’équipe ait été de conclure une entente à la table, les pourparlers ont échoué après 10 jours consécutifs de négociation, immédiatement suivis de trois jours de médiation, ce qui a suscité une audience devant le conseil d’arbitrage William Kaplan.

Lors de cette audience, l’AHO n’a presque rien proposé pour nos membres sur le plan des salaires et des avantages sociaux, et a même revendiqué un certain nombre de concessions régressives. L’AIIO a fourni une réponse complète ainsi qu’un mémoire supplémentaire après que la province a annoncé des investissements supplémentaires dans le financement de fonctionnement des hôpitaux pour l’exercice financier 2018-2019. Par conséquent, nous avons réussi à éviter les concessions, principalement en ce qui concerne les primes, et nos avantages sociaux continuent de damer le pion aux autres syndicats dans ce secteur.

Cette décision arbitrale, qui a été publiée le 31 juillet, prévoit des hausses salariales de 1,4 pour cent, rétroactives au 1er avril 2018, et de 1,75 pour cent sociaux continuent de damer le pion aux autres syndicats dans ce secteur.

Vous avez d’autres questions? Veuillez vous adresser à la présidente de votre unité de négociation.

Chronique de la présidente, AIIO

VICKI MCKENNA, RN

Nous sommes déjà en voie d’organiser des réunions avec des agents et de faire des débats sur le plan des salaires et des avantages sociaux, pour aider à économiser 10 000 IA au cours des quatre prochaines années afin d’aider à doter les postes vacants dans les hôpitaux, ce qui est d’autant plus urgent que les statistiques récentes de l’Institut canadien d’information sur la santé montrent que l’Ontario a maintenant le pire rapport IA/population du pays, et ce, pour la troisième année consécutive. Bien que je sois encouragée par la nouvelle que l’un des premiers ordres du premier ministre – qui demande un gel immédiat de l’embauche des travailleurs et des travailleuses, et n’inclut pas les infirmières et les infirmiers, nous devons faire pression pour nous assurer qu’en est ainsi.

Nous parlerons aussi de la nécessité de financer adéquatement nos hôpitaux après des années de privations; de l’amélioration des normes minimales en matière de soins de longue durée; de la lutte inlassable de nos infirmières et de nos infirmiers publics, qui subissent tout le poids du gel continu du financement; du passage des centres d’accès aux soins communautaires aux nouveaux réseaux locaux d’intégration des services de santé de grande taille et de leur capacité à fournir les soins dont nos patientes et nos patients ont besoin; ainsi que de la pratique inquiétante de remplacer les infirmières et les infirmiers autorisés par des agents et des agences de collecte non qualifiés pour la sélection des donneurs de sang. Nous discuterons des problèmes de tous les membres de toutes les classifications et de tous les secteurs.

Bien que nous soyons déterminés à créer des relations au niveau du cabinet, nous demandons aux membres d’aider à diffuser nos messages clés sur le terrain en rencontrant vos députés et vos députées provinciaux. Pendant l’été, nous avons créé des troupes d’outils pour que puisse s’effectuer cette tâche importante lors de l’Assemblée législative. Imaginez le pouvoir que pourraient détenir 65 000 membres engagés à l’action politique 365 jours par année!
Celebrating vibrant communities and diversity in nursing. We're proud to walk together.