When the Smoke Clears:
One year after evacuating patients without incident when a fire broke out in their facility, members "come home"
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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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Cover to Cover
I received my copy of the September/October issue of Front Lines and read it front to back in one sitting. This is the most exciting issue yet!

Painting a Powerful Message (the cover story) especially resonated with me; the ONA bursary story gave me a new heroine (Glenna Roswell); and Practice Matters shining the ONA spotlight on the Women’s College Hospital Family Practice Centre layoffs and the recent triumph in Thunder Bay Public Health demonstrates to our members just how invaluable a union is to its members!

The insert on Clinical Placements blew me away! I currently have a niece in fourth-year nursing about to begin her final placement and she will be receiving this article prior to her first day. My granddaughter is in her first year of nursing and she will also receive a copy. I believe the article to be that honest and real.

No wonder our Front Lines magazine has won so many Apex awards. Can’t wait until the next edition.

LESLIE HEGGART, RN, BScN

From the Heart
I would like to say thank you to ONA for a job well done with my grievance. I’ve been amazed by the unwavering support I received. I strongly believe that ONA is very committed to improving the health and welfare of each member.

Let me tell you my story. I was injured at work in September 1996 and since then, I’ve been struggling to overcome many physical, mental, emotional and financial difficulties. I thought I was alone with these problems. The stress of moving on with my life became an overwhelming task.

I made a call to ONA and Local 43. Since then, I’ve been in contact with so many wonderful and dedicated staff who were willing to help me.

Thank you to everyone at ONA, especially those to whom I communicated all my concerns and problems: (Labour Relations Assistants) Natalie Brunton, Katie Hucker and Shannon Balmer, (Labour Relations Officer) Sandra Bearzot, (Litigator) Sevda Mansour, and Michelle Gibeau, Joan McCollum and Jan Cabangon from Local 43. These people kept me going.

I was really amazed at the ONA Grievance Team. You made my day in court pleasant and not overwhelming. I salute you all for such wonderful care and attention, from the beginning until the end of the hearing.

I am so proud to be a union member. I say with all my heart that ONA is running strong and in the right direction.

AMALIA MERCADO BALBIN

HERE’S TO THE NEXT 45 YEARS!
With ONA’s 45th sapphire anniversary coming to an end, we’d like to take one final moment this year to reflect on what a strong, vibrant union we are.

From leading collective agreements to significant workload settlements to landmark arbitration rulings, ONA has truly been on the forefront of changes throughout our history that make things better not only for our members, but your patients and our health-care system. We have earned the reputation as the voice for nurses in the province. We have the trust of the public. And we have paved the way for others.

As long as our members face challenges from your employers, regulatory bodies and the government, ONA will continue to tirelessly advocate on your behalf – for the next 45 years and beyond! You have come to expect nothing less from us.

Perhaps Florence Nightingale herself said it best: “Were there none who were discontented with what they have, the world would never reach anything better.”

HAVE SOMETHING TO SAY? We’d love to hear from you! Send your comments to Front Lines editor Ruth Featherstone at ruthf@ona.org.
With both my first year as your provincial president and ONA’s 45th anniversary coming to an end, I am feeling particularly reflective.

When 2018 began, I made a commitment that the new Board would come together as a strong united team, making it a priority to meet with as many of you as possible to hear about your issues firsthand and work alongside you – with the support of our talented staff – to address those problems. And looking back, I’m proud to say we have done just that.

We joined you at your information pickets and rallies and, in the case of our brave members from Thunder Bay, walked your picket lines. We met with you in your workplaces across the province. We reached numerous workload settlements that are making a real difference in your ability to provide quality patient care. We shone an even brighter spotlight on your struggles with understaffing and underfunding during the long-term care inquiry. We argued on your behalf against unreasonable vaccinate or mask policies implemented at Ontario hospitals, and won that battle, as we have so many others over the years.

Do we have challenges ahead? I’m afraid we do. We still have 10,000 RN vacancies in our hospitals that need to be filled. Nursing homes central bargaining gets underway in February and we expect a tough round. Public health members continue to struggle to obtain contracts that respect their critical work. Appropriate funding and supports are not in place in our communities. Members from General Motors are facing the closure of their 100-year-old plant. Our blood services group continues to raise the alarm about the safety of our blood supply (you’ll read more about that in the next Front Lines). Workers’ rights have been gutted with the passing of Bill 47, and we don’t know what this government will throw at us next.

But I do know this. Your union is here for you, just as we have been throughout our 45-year history. In fact, we have already put plans in place for additional resources and staff to tackle these serious issues head on and meet your growing needs in 2019 and beyond. Take a look at the insert included with this issue for more.

And so as the New Year begins, I am filled with hope. Hope that the changes we are making will assist you on the front lines. Hope that we will continue to reap successes through our sheer tenacity. And hope that you will continue to work with us to ensure ONA remains a strong, vibrant and respected union.

I wish you health and happiness for the upcoming year.

REPLIE D’ESPOIR POUR LA NOUVELLE ANNÉE

JE SUIS PARTICULIÈREMENT SONGEUSE ALORS QUE prennent fin ma première année à titre de présidente provinciale et l’année du 45e anniversaire de l’AIIO.

Au début de 2018, j’ai pris l’engagement que le nouveau conseil d’administration formerait une équipe solide et unie, en me fixant comme priorité de rencontrer le plus grand nombre possible d’entre vous pour prendre connaissance directement de vos problèmes et pour travailler avec vous – avec l’appui de notre personnel talentueux – pour y remédier. Avec le recul, je suis fière de dire que c’est exactement ce que nous avons fait.

Nous nous sommes joints à votre piquetage d’information et à vos rassemblements et, dans le cas de nos intrépides membres de Thunder Bay, nous étions aux piquets de grève avec vous. Nous vous avons rencontrés dans vos milieux de travail, partout dans la province. Nous avons conclu de
From ONA First Vice-President
Chronique de la première vice-présidente, AIIO
CATHRYN HOY, RN

LET’S SHAPE OUR FUTURE TOGETHER

THE ONE THING WE KNOW AS MEMBERS of this dynamic union is that our allies make us strong. Stronger than we are alone. After all, solidarity is the basic tenet of unionism.

So when it comes to fighting back against policies and initiatives we deem harmful to our patients, working Ontarians and ourselves – whether from the government or our employers – we must apply the same concept.

That’s why ONA is a proud member of the Ontario Health Coalition (OHC), whose primary goal of protecting and improving our health-care system mirrors that of our own.

And, it’s why we are committed to standing alongside them at their media conferences and rallies, and participating in their campaigns. You’ll read about one such event inside this issue.

This collaboration also extends to the development of an action plan each fall, a blueprint of the actions the OHC and its allies, including ONA, will embark upon in the upcoming year. The 2019 Action Plan lists dozens of recommendations under 10 broad categories.

With the Ford government tossing around phrases such as “finding efficiencies” and “operating more effectively” when discussing our health-care system, cutting planned increases to mental health, rolling back the expansion of OHIP+, and halving the special funding for extra hospital beds to offset overcrowding, the 2019 plan focuses heavily on escalating actions across the province in response to the major health-care service privatization we anticipate will be heading our way.

Other actions include a campaign for improved care in long-term care; another mass rally at Queen’s Park; recommendations for progressive reform of Local Health Integration Networks and home care; a campaign to restore and expand public hospital services; tools to help people educate others and inspire them to action; and

the determination of health-care key issues in the lead-up to the federal election. If that sounds like lofty goals, I need only remind you of the OHC’s past successes, made possible because we joined forces towards a common goal.

I am imploring each of you to help bring the action plan to life in any way you can, including joining activities of your own local health coalitions. In today’s fragile political climate, I don’t think it’s an exaggeration to say that the very future of our health-care system, the care we provide, our profession, and perhaps even our union is at stake.

OHC Executive Director Natalie Mehra (left) is one of ONA’s closet allies

FAÇONNONS NOTRE AVENIR ENSEMBLE

LA SEULE CHOSE QUE NOUS SAVONS EN TANT QUE membres de ce syndicat dynamique, c’est que nos alliés nous donnent de la force. L’union fait la force. Après tout, la solidarité est le principe de base du syndicalisme.

Ainsi, lorsqu’il s’agit de lutter contre les politiques et les initiatives que nous jugeons néfastes pour nos patientes et patients, pour les travailleuses et travailleurs ontariens et pour nous-mêmes – qu’elles proviennent du gouvernement ou de nos employeurs – nous devons appliquer le même concept.

C’est la raison pour laquelle l’AIIO est fière d’être membre de la Coalition ontarienne de la santé (COS), dont l’objectif premier, comme le nôtre, est de protéger et d’améliorer le système de soins de santé. Et c’est pourquoi nous nous engageons à l’accompagner au cours de ses conférences de presse et de ses rassemblements, et à participer à ses campagnes.

Vous trouverez dans ce numéro des informations sur l’une de ces activités.

Cette collaboration s’étend
MEMBERS GET LOUD!

STRIKE MADE US FAMILY, THUNDER BAY PUBLIC HEALTH NURSE SAYS

For our 58 members from the Thunder Bay District Health Unit, their recent five-week strike was a true bonding experience.

“When we started this journey, we weren’t really a cohesive group, but we came together very quickly as a union, as members and as a family – and that’s because of the support that ONA provided,” said Rebecca Bridgman, who had only been the health unit’s Bargaining Unit President for three months when her members were forced on the picket lines on October 16 after three days of negotiations, two days of conciliation and one day of mediation failed to reach a settlement with the employer.

“It was surreal,” she said. “When we voted 85 per cent to strike, I almost fainted. I didn’t even know where we were going to go from there, and we were striking the next day.”

But she and her team, with the assistance of the Board of Directors, staff and other members, quickly learned, coming up with a number of creative ways to keep up the pressure with the employer while promoting their critical roles to their community.

This included several media releases, advisories and letters to the editor of the Thunder Bay Chronicle Journal; an online campaign to send letters to the Board of Health; a picket outside of the pulp and paper mill where Premier Doug Ford was visiting in the hopes he would stop to hear their concerns (he didn’t); a community event where members donated supplies and prepared a meal for 175 people at Shelter House; and four radio ads featuring several public health members.

While days on the picket line can be long, cold and frustrating, morale was bolstered by messages of support from ONA Locals, members, staff, other unions in Ontario, across Canada and the United States, along with monetary
donations and gift cards. The Board of Directors, fellow members, staff, other unions, local residents, and Canadian Federation of Nurses Unions President Linda Silas, who called it the longest nurses’ strike in Canada’s history, also walked with them.

“It’s amazing that this little group came together and got their employer to turn around,” Silas said after a settlement was finally reached on November 16. “They deserve our applause.”

While Bridgman hadn’t even received training for her leadership role when the strike began, joking “but I can strike and negotiate like nobody’s business,” she said “great things” came out of this experience.

“We worked closely with staff, and ONA was so wonderful. Every one of our members feels like part of our union now. They want to have a say. ONA has allowed us to find our voices and not be disrespected in our workplace anymore. We are forever indebted. The support of our community was also overwhelming.”

“I am so proud of the resilience and determination of these members,” said ONA President Vicki McKenna. “Our public health nurses right across the province have met the biggest resistance in bargaining, which is shocking to me. They are the foundation of our health-care system, keep our communities safe and are often in the background. We must continue to promote their important work.”

Just as our Thunder Bay District Health Unit members were in the midst of their strike, 31 public health nurses from Peterborough Public Health (PPH) were preparing for the possibility of one of their own.

“This round of bargaining was particularly difficult,” said PPH Bargaining Unit President Diane Lockman, noting a key issue was being allowed to continue in the roles in which they are best educated and suited. “We knew this in advance and using ONA’s Job Action Manual, we started to prepare for a possible strike about six months before. I have amazing members who were very motivated and committed. We were a very united group.”

That might be an understatement. In the lead-up to mediation talks on November 26, the group arranged two well-attended information pickets – outside a Peterborough Pete’s hockey game and in front of the Board of Health office – to bring public attention to their important work and put pressure on the employer. They placed an ad in their local newspaper, created an email writing campaign, posted signs around the workplace, and produced a clever video of themselves talking about how they assist their community.

“The employer knew we were serious and were not going to back down,” added Lockman. “I received great support from ONA’s provincial office and my Labour Relations Officer – they were available at every step for advice and support. Local 3 was also very supportive, and many of the Executive joined us for the information pickets.”

All that hard work paid off, with a settlement being reached during mediation just a day before their strike deadline.

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In the lead-up to their strike deadline, members from the Peterborough Health Unit, who had been working without a contract for more than a year, staged an information picket outside the Board of Health on November 14, demanding a fair contract.
MEMBERS GET LOUD!

“HANDS OFF OUR HEALTH CARE!” MEMBERS CHANT AT RALLY

When Local 51 member Gwen Breen lent her support to the Ontario Health Coalition’s (OHC) Stand up for Health Care rally at Queen’s Park on October 23, she wasn’t only there for her patients and colleagues.

“My eldest daughter entered nursing and I want to make the health-care system better for her,” noted Breen, who was attending a workshop at ONA’s provincial office just down the street and “the rally was an added bonus.”

Before introducing a long and illustrious lineup of speakers, including ONA President Vicki McKenna and leaders of all political parties, except Premier Doug Ford, who declined to attend or send anyone else in his place, OHC Executive Director Natalie Mehra told the crowd that “in the short time since the provincial election, Doug Ford has cut OHIP+ and mental health funding, and has released a major report calling for means testing, user fees and privatization of health care and other services. This is intolerable. Ontarians are demanding that he live up to his promises and expand and restore services, not privatize them. This rally is for everyone because the health-care system is for everyone.”

And it seems as if just about everyone attended! Both Locals 70 and 100 brought sizeable contingents and there were many members from other Locals, helping to make the rally the largest at the Ontario Legislature since the PCs formed a majority government in June.

“We came to show support for public health care and for an end to hallway care,” said Local 100 Coordinator James Murray, amongst the chants of hands off our health care!

Deb McKellar from Local 70 echoed that sentiment, calling “hallway care unacceptable. Why should people spend the rest of their lives in a hallway? They deserve privacy and dignity.”

And when it was all said and done – and despite the pouring rain – Breen, who was attending her first rally, could only sing its praises.

“This rally has been a wonderful experience,” she said. “I like to see the solidarity, all the flags flying. The union is for the people and it does matter.”

ONA SUPPORTS GM WORKERS

With the devastating news that General Motors (GM) is closing its Oshawa assembly plant in 2019, laying off thousands of workers after a century of production, ONA is offering our support to our members who work there.

“We want you to know that we are here for you and will do whatever we can to help you through this process,” ONA President Vicki McKenna told the members, who are a part of our industry sector. “The closure will have a big impact on that side of the Greater Toronto Area as well, as we have members who have spouses and family members who are plant workers. We will do everything in our power to fight for you all.”

GM members provide emergency care, first aid and episodic treatment of occupational injuries and illnesses. We are deeply saddened by this announcement.
PUBLIC HEALTH NURSE’S COMMUNITY COLLABORATION LEADS TO SMOKE-FREE SUCCESS

Durham Region Health Department Bargaining Unit President Cynthia Rogers, a public health nurse, was recently honoured by the Mississaugas of Scugog Island First Nation (MSIFN) for her ongoing work with the community on smoke-free initiatives.

Rogers began working with the MSIFN community at their health centre in 2015, alongside the community’s nurse Sue Palfrey. Rogers and Palfrey recognized that the community lacked smoking cessation supports and began discussing the possibility of implementing a STOP (Smoking Treatment for Ontario Patients) program at the MSIFN health centre.

In May 2017, these discussions became a reality, and for the first time the community had access to free nicotine replacement therapy, provided for both one-on-one counselling and group sessions. After the first workshop, an ongoing support group was established to better meet the needs of those who wanted to quit smoking. This support group has been meeting since June 2017 and is co-facilitated by Rogers and Palfrey.

With the help of this program, members of the community have been successful in becoming smoke-free. In fact, one member of the support group recently completed a full year of being smoke-free after 41 years of smoking. This member has been a champion of the program and has been encouraging new community members who want to quit smoking to join the group.

Throughout this process, Rogers has worked very hard to gain knowledge to allow her to provide more culturally-specific support to the MSIFN. She took additional smoking cessation training, including a specialty course in Tobacco Interventions for First Nations, Inuit and Métis through the Training Enhancement in Applied Cessation Counseling and Health Program. Rogers also attended a History of MSIFN workshop and Indigenous Cultural Training through the Region of Durham, which included hands-on exercises that helped her gain further insight and understanding of the community.

This past July, Rogers was gifted with a smudging kit that consisted of a turkey feather, an abalone shell from Vancouver Island and a traditional herb for her service and commitment to the community. Rogers is the first person outside of the MSIFN community to receive this honour from the nursing program.

“This has been a highlight of my 24 years as a nurse,” said Rogers. “I am so honoured to see the community succeed with the help of our collaboration.”

The above story and photo were provided by the Durham Region Health Department.

LOCAL HAS IT IN THE BAG!

What better way to reach a large group of local residents and tourists with ONA’s key messages than a busy farmers’ market in the height of summer! That was the thinking behind Local 4’s decision to continue their annual tradition of staffing a booth at the Keady Market in Tara. “We had a busy morning, giving out 2,000 reusable bags with Nurses know and Better Care Starts Here on them,” said Local 4 Vice-Coordinator Linda Dow-Sitch, “In each bag, we put ONA’s RN Advantage pamphlet and Nurses know button.” As in past years, the popular bags, which also promoted the Nurses know website, proved to be very effective conversation starters. “We had lots of great discussions with the market shoppers about health care and the issues that nurses are dealing with,” added Dow-Sitch. “We also received lots of positive feedback about how much they appreciate nurses.” Pictured are (left to right): Grey Bruce Health Services Bargaining Unit President Pam Lobsinger, Linda Dow-Sitch, Amelia Kennedy (daughter of South Bruce Grey Health Centre Bargaining Unit President Michelle Kennedy), County of Grey Bargaining Unit President Andrea Watson, retired Local leader Julia Lobsinger, Michelle Kennedy.
QUEEN’S PARK UPDATE

BILL 47 RECEIVES ROYAL ASSENT

Bill 47, Making Ontario Open for Business Act, 2018, received Royal Assent on November 21.

The bill cancels the minimum wage increase of $15 as of January 1, freezing it at $14 until 2020 when it will increase annually by the rate of inflation. As well, many aspects of the previous government’s Bill 148 have been repealed or rolled back. Workers will no longer be entitled to two paid sick days and eight unpaid emergency leave days. Instead, they will receive three sick days, three personal days and two bereavement days – all unpaid under the Employment Standards Act.

Under Bill 47, workers on strike or locked out for more than six months will no longer have the right to get their job back when the dispute is resolved. Protections, which give workers up to 15 weeks of protected leave in the case of sexual or domestic violence, will stay in place. Also remaining are provisions allowing three weeks of holidays to workers with five years’ service at the same company. Provisions regarding scheduling, equal pay for equal work, independent contractors, higher fines and other improved enforcement mechanisms have been repealed.

ONA is disappointed the government repealed the section allowing for card-check organizing without votes in the home-care sector. The government did make an amendment to Bill 47 so that Section 15.1 of the Act, which addresses the circumstances in which the Ontario Labour Relations Board may review the structure of Bargaining Units and the types of orders that it may make in respect of the structure of Bargaining Units, has been repealed.

LONG-TERM BEDS ANNOUNCED

Premier Doug Ford and Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care, announced that the government is moving forward with building 6,000 new long-term care beds across Ontario. The additional $90 million will create more than 640 new beds and spaces and continue funding beds and spaces already operating in the hospital and community sectors for the surge during the flu season, including: Sinai Health System – Bridgepoint; North Bay Regional Health Centre; Thunder Bay Regional Health Sciences Centre and Hogarth Riverview Manor; Pine Villa; Bayshore; Cooksville Care Centre; and Humber River Hospital – Church Street site

FALL ECONOMIC STATEMENT DELIVERED

The Minister of Finance delivered the Fall Economic Statement on November 15, projecting a 2018-19 deficit of $14.5 billion – a reduction of $0.5 billion.

The government is reducing program spending by $3.2 billion by not proceeding with the previous government’s $308 million in planned tax increases on the wealthy, cancelling the cap-and-trade carbon program and other government programs. These measures reduce revenue by $2.7 billion, which accounts for the reduction in the deficit.

Apart from repealing Bill 148 (see bullet above), Ontario is reducing protections, which give workers up to 15 weeks of protected leave in the case of sexual or domestic violence, will stay in place. Also remaining are provisions allowing three weeks of holidays to workers with five years’ service at the same company. Provisions regarding scheduling, equal pay for equal work, independent contractors, higher fines and other improved enforcement mechanisms have been repealed.

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will increase the amount of payroll that is exempt from the Employer Health Tax for eligible employers.

A task force to lead a comprehensive review of Ontario’s provincial agencies has also been assembled.

The government said it is committed to working with public-sector employers and bargaining agents to ensure negotiated agreements support service transformation and drive productivity improvements. As an initial step, provincial agencies with collective agreements that expire on or after December 31, 2018, will be required to obtain approval of their bargaining mandates and ratification of collective agreements. The government is also exploring additional opportunities to expand collective bargaining oversight to other areas of the broader public sector. We expect this may affect provincial agencies where ONA has members: public health unit boards, district boards of management for homes for the aged, and boards for Local Health Integration Networks.

All pending broader public-sector executive compensation increases have also been suspended while the government works to complete a full regulatory review by June 7, 2019. These restrictions apply to more than 300 designated employers under the Broader Public Sector Executive Compensation Act, 2014, including colleges, hospitals, provincial agencies, school boards and universities.

Read ONA submissions at ona.org/submissions
MEMBERS APPLAUD ONA’S ADDED EMPHASIS ON BLACK HISTORY MONTH

The Board of Directors’ recent decision to designate Black History Month as one of ONA’s key observances has been met with elation from many members who say their struggles and contributions will finally be brought to the forefront.

“It means a lot to me,” said Jane Powell from Sunnybrook Health Sciences Centre. “I have longed to hear this story coming from ONA. It makes me feel so proud and teary. Others can learn about our struggle. It has been real and it is still real, and I applaud ONA for taking this step.”

The announcement means that Black History Month, celebrated each February, joins Pride, Labour Day, International Women’s Day, National Day of Mourning, International Day for the Elimination of Racial Discrimination, National Indigenous Peoples Day and National Day of Remembrance and Action on Violence Against Women as our seventh major human rights and equity observance. As such, we will place additional emphasis on the month, including creating a poster and shareables, and posting a list of provincial events on our website.

“We will put up that new poster in our workplace,” promised Paulette Pitter from Scarborough Health Network. “I am proud to be a black nurse and to be acknowledged, and I am proud of those who have made it possible for me by paving the way.”

And they certainly did. In fact, black nurses played a pivotal role in the history of nursing in Canada. During World War I, black women formed the Black Cross Nurses to aid wounded soldiers and work in the black community. And in 1948, Ruth Bailey and Gwennyth Barton became the first African Canadians to earn their diploma from a Canadian school of nursing, which may not be common knowledge to many.

“For lots of people, Black History Month doesn’t mean much and it’s not something that has been celebrated in nursing in the workplace,” said Sandra Spencer from Scarborough Health Network. “But it’s a different time. We have more black nurse managers. It’s still a hard road. Nurses are more vocal about what we want, and when we have ONA backing, we can persevere.”

Sunnybrook’s Maureen Thomas agreed, noting that while she, her colleagues, family and friends have celebrated Black History Month “amongst and within ourselves, it has never been brought forward in our workplaces to say we should pay tribute. It’s great to hear that finally we are at the forefront, and with it being acknowledged more by ONA, others can also recognize that we are instrumental in health care.”

Her colleague Rosemary Irish, who called the announcement a “significant milestone that needs to be shouted,” added that ONA can play a big role in helping members promote this special event.

“We don’t acknowledge Black History Month as much as we like and this is where ONA can help. We have a lot of black nurses at Sunnybrook and we need to applaud them. We need to let it be known that we have our struggles and have suffered. While I would like to see even more, it’s a great start. This process is always a slow one, but hopefully we’ll get there. Maybe not in my lifetime, but the next generation.”
KNOW YOUR RIGHTS

WHY DOES ONA NEGOTIATE SHORT-TERM DISABILITY OR WEEKLY INDEMNITY SICK LEAVE PLANS INSTEAD OF SICK DAY BANKS?

Many years ago at a Biennial Convention, ONA leadership directed the Board of Directors to change the sick leave plans in place in many of our employers and negotiate short-term disability (STD) or weekly indemnity (WI) plans instead of accumulating sick day banks.

Historically (and today in some employers), ONA members accumulated sick days one by one, (e.g. 1.25 days per month). In some cases, there was a cap on the number of sick days a member could accumulate; in others, the banks could continue to build. These plans were effective and sufficient for nurses who were rarely ill and those who did not have a chronic or catastrophic illness.

Unfortunately, a serious/chronic illness or prolonged absence could drain an accumulated sick leave bank to zero, forcing a member to apply for Employment Insurance (EI) Sick Benefits or go without any income. Another illness or injury could financially devastate a member who had exhausted her/his accumulated sick leave bank.

Subject to their terms, STD or WI sick leave plans provide benefits for more extended and/or weekly periods of time. STD coverage typically provides benefits for up to a specific period of time (e.g. in the hospital sector, up to 15 weeks) while a member is sick or injured and totally disabled from her/his own job. These plans are sometimes self-funded by an employer or managed through an insurance carrier.

There are variations of these plans, as some incorporate EI benefits to help reduce costs and/or to extend the time between the start of paid sick leave and the commencement of long-term disability (where an employer provides this coverage).

These plans are designed for salary continuation during sick leaves. They were never designed to be banks of pay for employees to use prior to retirement. ONA’s goal is to provide protection to members when they are sick, ill or injured.

Your employer should be able to provide information about the type of sick leave plan in your workplace that applies to you. If you have any additional concerns or questions, contact your Bargaining Unit President for assistance at ona.org/bup.

NURSING HOMES CENTRAL NEGOTIATING TEAM CHOSEN

The results are in!

Following an election this fall for members in the nursing homes sector, ONA’s new Nursing Homes Central Negotiating Team has been determined and will be bargaining, based on your priorities as determined in our Have-a-Say survey, in the upcoming round:

- **Region 1**: Judith Wright, Southbridge Lakehead (acclaimed).
- **Region 2**: Shelley Vandenberg, Pleasant Meadow Manor (elected).
- **Region 3**: Mary Clarke, Sienna Living (acclaimed).
- **Region 4**: Jean Kuehl, Forest Heights LTC (acclaimed).
- **Region 5**: Sandra Kravets, Brouillette Manor Ltd. (acclaimed).

Congratulations to the successful candidates and thank you to those who let your names stand.

Orientation for the new team takes place at the end of January, with bargaining getting under way the following month.

Read updates at ona.org/bargaining
KNOW YOUR RIGHTS

MIDWIVES’ LANDMARK PAY EQUITY WIN WILL IMPACT ONA MEMBERS

In a historical win that will have wide-reaching effects for all female-dominated health-care professions, a tribunal has ruled that the government’s failure to proactively monitor and negotiate Ontario midwives’ compensation constitutes discrimination.

The Case
The case, filed at the Human Rights Tribunal of Ontario in 2013 by the Association of Midwives (AOM) on behalf of its more than 800 members, sought compensation retroactive to 1997 from the Ministry of Health (MOH).

Prior to midwives’ regulation in 1994, the AOM negotiated with the government to place midwifery compensation between a community health centre (CHC) family physician and what is now a nurse practitioner, with the parties agreeing the initial compensation levels were “appropriate and fair” and did not give rise to any concerns about gender discrimination.

However, the AOM argued that since that original compensation-setting mechanism was established, the MOH failed to rigorously monitor changes in the work of midwives, as well as their compensation and relevant comparators.

Between midwifery regulation and when the claim was filed, midwives experienced an 11-year pay freeze and minimal increases compared to CHC family physicians. The AOM argued that the erosion of midwifery compensation and the government’s abandonment of the initial compensation-setting mechanism amounted to systemic gender discrimination in violation of the Human Rights Code. In response, the MOH argued the case was about “occupational status, not sex.”

The Decision
In its decision, released on September 24, the Tribunal found there was sufficient evidence to establish that the midwives experienced discrimination between 2005 and 2013 and that “sex was, more likely than not, one of the factors that explains the difference in compensation levels between midwives and CHC physicians.”

The Tribunal further acknowledged that systemic gender discrimination in compensation is an ongoing, pervasive factor affecting the compensation of women in Ontario and that women in sex-segregated professions are especially affected by this, noting “the history of suppression and gender stereotyping that midwives experienced was a significant factor in the development of an autonomous model of practice and funding principles to support that model.”

The midwives also successfully established that an employer has a proactive obligation to prevent discrimination from happening and cannot simply wait until claims are advanced and provide a remedy after the fact. The MOH failed to proactively monitor their compensation using a gender-based analysis to ensure a pay gap did not emerge, the Tribunal determined.

While the MOH also argued that compensation differences were a reflection of differences in bargaining strength, and therefore did not amount to a violation of the Code, the Tribunal dismissed that as well.

“The MOH relies on bargaining strength as a factor in its negotiations with midwives without examining the gender implications of that approach. The bargaining strength of midwives depends in large part on the MOH recognizing the connection between midwifery and gender and being informed about the effects of gender on the compensation of sex-segregated workers.”

ONA Joins Chorus of “Every Child Matters”
Holding eye-catching signs reading, “Every Child Matters,” Region 1 Vice-President Pam Mancuso (back row, third from right) joins other members of the Ontario Federation of Labour’s Aboriginal Circle in acknowledging Orange Shirt Day. Orange Shirt Day is held annually on September 30 to honour the Indigenous children who were sent away to residential schools in Canada and to learn more about the history of those schools.
When the Smoke Clears:
One year after evacuating patients without incident when a fire broke out in their facility, members “come home”

For ONA member Diana Kuipers, there is really only one way to describe how she felt walking back through the front doors of the very community hospital where she evacuated patients the year before as a fire engulfed the roof. “It was like coming home,” she said of returning to Port Perry Hospital after being deployed to the Oshawa site of Lakeridge Health while renovations were being done. “This is a great community with a wonderful sense of community. I enjoyed my time in Oshawa, there were lots of learnings and experiences, but I chose to come back. There was never any doubt.”

That’s a sentiment echoed by many of the nurses who worked at sister Lakeridge Health sites during the year the hospital was closed. “When I’m at my sister-in-law’s house, it’s not that I don’t feel at home there, but when I go back to my house, I’m really at home,” likened Susan Brintnell-Palermo, who works on the labour and delivery unit. “Coming back here was very much like that.”

“LUCKY WITH THE TIMING”
By all accounts, Friday, August 25, 2017 started like any other summer day at the Port Perry Hospital: the weather was warm, the skies were clear, and ongoing construction meant the smell of tar and the sound of fire alarms were not uncommon for staff. But when one of the nurses on the day shift noticed smoke billowing from the roof at around 7 p.m. when leaving after her shift, they quickly learned they were dealing with a real fire.

“Right away we started evacuating people,” said Kuipers, noting there was no time for panic to set in. “We did learn from our fire drills, but the urge to get people out took precedence. There were six or seven nurses and we had help from other staff. It didn’t take long to get all the patients out – some were able to walk, some were in wheelchairs or reclining chairs, some in beds. The fire department and police arrived for the last few and helped with the beds.”

Because the black cloud from the fire, caused by construction work, was visible from miles away and social media was all over the developing situation, community members rushed to the front lawn of the hospital where patients were taken, covering them with blankets and helping ease any fears.

“We were actually lucky with the timing of the fire because it was a change of shift – the days were here and the nights were coming in,” said Brintnell-Palermo, while Kuipers, who works on the med-surg unit, added that “the Monday before, we were at 26 census with five or six admissions in the emergency department (ED). On the night of the fire, there were no admits in the ED and our census was down to 19.”

While one labouring woman did deliver in an ambulance soon after the evacuation, the distribution of patients to the Oshawa and Bowmanville sites proceeded quickly and without incident.

Even Scugog Fire Chief Mark Berney gave credit where it
It was a full-time job working through that.”

After completing two additional shifts in the Oshawa ED, which was “a vastly different experience than a rural environment,” Manns opted for a leave of absence, losing her benefits and pension accrual through no fault of her own and initially being denied WSIB (ONA is fighting on her behalf). She soon found an “amazing opportunity” to be the lead nurse at the urgent care centre that opened across the street while the hospital was closed.

Alice Lee, who works in the labour and delivery unit and is also a lactation consultant, found positive experiences of her own at the Oshawa site, noting, “they saw the way we did things and we saw the way they did things. We wouldn’t necessarily cross paths any other way.”

Still, during that year away, top of mind for our members was the patients left behind, most of whom were diverted to the Uxbridge site of Markham Stouffville Hospital.

“I was here when the fire broke out,” said med-surg unit nurse Diana Kuipers. “The hospital staff and front-line workers in all areas rocked. We got patients out pretty darn quickly.”

“YOU DON’T KNOW WHERE THE FORKS ARE”

Closing the hospital for repairs – flames broke through the ceiling in a main mechanical room damaging or destroying many critical systems – also provided an opportunity to do other upgrades, including revamping the
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helping hands (left to right): New site rep Briana Nixon, Local 51 Coordinator Shelley Flack and outgoing site rep Sarah Mooreland assisted members with the challenges they faced during the hospital closure.

washrooms and patient rooms, and putting in new floors. And while Lakeridge officials vowed the hospital would reopen, using a variety of communications tools to keep staff and the community updated, including regular video walkthroughs of the progress by CEO Matthew Anderson, there was concern that it would be shuttered permanently.

“There was talk that maybe we wouldn’t go back because of the Whitby site fire and how many years it took to get staff back,” said Lee. “That was a big threat. It’s the rumour factory that goes around. I did think they’d get us back up and running because we are just too crucial, but you never know.”

Her fears were put to rest when the hospital reopened a year after the fire. Most of the displaced staff returned, but some opted to stay in their new environments or retire, meaning the nurses came back to new teams. And while some tweaks needed to be made – one of the things Brintnell-Palermo noted was that the all-important clock needed to be mounted – the biggest challenge was learning how to operate the new equipment and finding supplies.

“It’s like renovating your kitchen,” said Kuipers, noting that the hospital listened to the feedback she provided during its debrief process. “You love your new kitchen and you’re happy to be back, but you don’t know where your forks are. Your food processor is new, but it’s electronic so you have to learn how it works. You get a couple of hours to play with everything and then you’re told ‘we’re having a business dinner for 50 people and it has to be good.’ You know how to do it, but you still don’t know where the forks are.”

And now that the forks have been found, the community couldn’t be happier to have the hospital up and running.

“I hear ‘thank goodness you guys are back every day,’’” said Manns. “My family and friends depend on this place too. My babies were born here. It’s like my house.”

While labour and delivery nurse Lauren Kindree lives just five minutes from the Oshawa site where she began her career and was dispatched, she couldn’t agree more.

“As soon as I came here, I loved it. It’s smaller, the doctors know your name and the nurses are very close. We’re like a little family.”
NURSING NEWS

BEVERLY MATHERS, RN, NAMED INTERIM ONA CHIEF EXECUTIVE OFFICER

ONA longtime employee and Senior Director of Labour Relations, who has also played a key role on many of our central and local negotiating teams, has assumed the role of interim Chief Executive Officer with our union.

A registered nurse for more than 35 years, Bev Mathers began at ONA as a “temporary” Labour Relations Officer 24 years ago and has never looked back, holding progressively senior roles on staff, including Manager of the North, West and South District Services Teams.

Prior to joining staff, Mathers was a proud ONA member at Hamilton Health Sciences Centre, serving as Unit Rep, Site Rep, Grievance Chair and Bargaining Unit President.

“I am so excited to be the interim CEO of a union I really consider to be my union because my roots are here,” she said. “I have such a sense of pride coming in and stepping up.”

Mathers’ passion for unionism began at a very young age as she walked the picket line with her father, a salt mine worker in Goderich, as he fought for “a family wage, not just a wage to get by,” and was reignited after her Bargaining Unit President helped her return to work from a back injury.

While it was a serious latex allergy that moved Mathers away from the front-lines, “I took the nurse I was at the bedside and became an advocate for nurses,” she said. And it is that advocacy she brings to her new role.

“My goal as interim CEO is to make sure ONA is sustainable in the future,” Mathers added. “We face continuing challenges with the new government and our members’ working environments, and we must remain a strong and vibrant union. I am committed to the nurses and health-care professionals of this province and will represent you all to the best of my abilities.”

“The Board is ecstatic that Bev agreed to step into this role for us,” said ONA President Vicki McKenna. “She knows our union, our members and our staff. We look forward to working with her on the challenges we face in the months ahead.”

NPs SOLUTION TO HEALTH-CARE SYSTEM WOES, STUDY FINDS

Nurse practitioners (NPs) are the answer to Canada’s long-standing shortage of primary care providers, access and wait time issues, especially within underserved populations, communities and settings, a landmark study from the Canadian Federation of Nurses Unions (CFNU) finds.

Fulfilling Nurse Practitioners’ Untapped Potential in Canada’s Health-Care System, which includes the results of the largest-ever national survey of NPs, reveals that NPs improve access to holistic, cost-effective, high-quality care that reduces wait times and costs throughout the broader health system, and improves outcomes. There is a great potential for NPs to meet Canada’s growing health-care needs, the study states.

“The findings in this report chart a path forward for governments to tap into the potential of NPs and improve access, from primary and long-term care to mental health and acute care,” said CFNU President Linda Silas.

This report was no doubt welcome news to our NPs, with whom we celebrated NP Week this past November 11-18 to increase awareness of the exceptional care they provide.
NOVEMBER PCM SPREADS MESSAGE OF UNITY

If there was one theme that came through loud and clear at the November Provincial Coordinators Meeting (PCM), held at Toronto’s Westin Harbour Castle on November 21-22, it was the power of solidarity and the need to join forces against whatever may come our way in the next few years.

“For the first time in 15 years, the government has changed and that’s a huge transformation for us,” began ONA President Vicki McKenna. “Premier Doug Ford says he loves nurses and that’s great, but we need more than words. Hundreds of positions are being laid off and overtime is astronomical. The premier needs to hear our collective voices.”

It was a comment echoed by Ontario Federation of Labour President Chris Buckley, who noted that as the government has gutted workers’ rights with the passing of Bill 47, “we have a lot of work to do together,” and Canadian Federation of Nurses Unions (CNFU) President Linda Silas, who added “that things are going to hit hard” and we have to be prepared by speaking up and understanding that we are not alone in our fight.

While both thanked ONA members profusely for your daily work, Jerri Clout, the Canadian Nursing Students’ Association’s University of Toronto official delegate, said she was inspired by the Board of Directors and all the leaders in the room who help strengthen students’ advocacy efforts.

But the most touching display of solidarity came from Thunder Bay District Health Unit Bargaining President Rebecca Bridgman and member Shelley Aretz, who relayed how their striking members united “because of the support ONA provided,” and Danforth shooting victim and nursing student Danielle Kane, joined by her boyfriend Jerry Pinksen, who revealed “the hundreds of people who left positive messages of support...helped me in the first few weeks find the strength to push forward.”

Kane, who hopes to continue her nursing studies, is now confined to a wheelchair after she and Pinksen raced to the aid of another shooting victim.

To show their appreciation, PCM delegates donated a bursting bagful of gift cards so our Thunder Bay members can have a happier holiday season and raised almost $3,000 to help Kane with the challenges she faces, which the Board matched (the CFNU also donated $1,000).

PCM week kicked off on November 20 with our annual Human Rights and Equity Caucus under the theme Healing the Caregiver: Helping Members with Addiction, and concluded on November 23 with an in-depth overview of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care (LTC) Homes System. In thanking our LTC members for the resident care they provide, interim CEO Bev Mathers said “we were at the Inquiry because of you, and we will continue to fight to make your working environment the best it can be.”

Both the Caucus and the education session were our highest attended during a PCM week.
ONA NAMES 2018 STUDENT SCHOLARSHIP WINNERS

ONA has named the successful recipients of our 2018 Nursing Student Scholarship and the Ontario winner of the Canadian Federation of Nurses Unions (CFNU) Scholarship, intended to assist students in accredited nursing programs cover the expense of their education. Applicants for both scholarships must be an immediate family member of an ONA member and submit an essay of 300 words on the topic, “The Importance of ONA for Nurses.”

JACOB PENCINER: Son of Jane Penciner from Local 6, North York General Hospital (CFNU Scholarship)

“My mom’s work in the union inspired me to make my 12th-grade summative project on the effects of increased workload on patient outcomes. I learned about decreased patient outcomes, increased overtime hours, understaffing and lack of support staff. This project solidified the importance of having ONA advocate for reducing these preventable decreased patient outcomes.”

MACKENZIE MCALPINE: Daughter of Kimberly McAlpine from Local 8, Windsor Essex County Health Unit

“Like any good army, there is strength in numbers and there is value in unity among soldiers. ONA provides this unity for the hardworking nurses of Ontario. It is important for nurses to have this union to work towards and maintain a professional environment that houses optimal conditions for working in a field as demanding as health care.”

CASSANDRA CRAWFORD: Niece of Catherine Crawford from Local 100, London Health Sciences Centre

“It is so important that ONA is present to ensure nurses are treated fairly at work, which in turn protects nurses and patients from poor health and wellness outcomes. ONA provides peace of mind to their members because they fight for improved quality of life and fair wages so they can focus on caring for individuals in need.”

Some of the entries we received show these future nurses really understand the work we do and look forward to becoming ONA members one day. Beginning with this issue, Front Lines is printing the names and pictures of the recipients, along with snippets from their winning essays. Congratulations and good luck with your studies!

Read full essays at ona.org/students

Region 3 Vice-President Andy Summers is flanked by enthusiastic and engaged students, including Canadian Nursing Students’ Association’s (CNSA) Ontario Regional Director Daniela Monachino (top row), as more than 20 CNSA official and associate delegates from across the province converged on ONA’s provincial office for their annual regional conference on October 13. As no schools put in a bid to host the event and they have had to rely on webcasts in the past, ONA stepped up to the plate and offered our Boardroom, particularly fitting as 2018 marks the 10-year anniversary of our union establishing an affiliate status for students from the Ontario region of CNSA, which now numbers 18,000. “I received a lot of feedback about how much the delegates enjoyed having the meeting in person and it wouldn’t have been possible without the help of ONA,” said Monachino. University of Toronto official delegate Jerri Clout called the day “a great success. We got the chance to get to know the people we’ll be working closely with over the next year.”
The Principles at Play

The Consensus Principles state that a national pharmacare plan should be governed by the following:

1. **Universality**: Coverage for all residents of Canada on equal terms and conditions.
2. **Public, Single-Payer Administration**: A publicly administered and delivered program that is integrated with the Medicare systems in which it operates.
3. **Accessibility**: Access to covered medications without financial barriers or other impediments.
4. **Comprehensiveness**: Coverage for as many medications as judged safe and effective and based on the best value.
5. **Portable Coverage**: Continuous and consistent coverage for residents who move within Canada.

In addition, the coalition believes that the federal government must offer leadership, including substantial funding commitments.

 Canadians die prematurely every year from one disease alone because of unaffordable medications. Meanwhile, up to 70,000 older Canadians suffer avoidable health deterioration every year.

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**ONA HOSTS AMERICAN NURSES**

ONA has welcomed a contingent from National Nurses United (NNU), the largest union and professional association of RNs in American history, where we shared information about our differing health-care systems.

NNU, known for its strong activism, represents about 150,000 nurses south of the border. In October, a group of 13 toured different parts of Canada, including Alberta, Saskatchewan and Ontario.

The contingent wanted to learn about our public health-care system during their two-day visit to ONA’s provincial office. To assist, we lined up a series of guest speakers, including Canadian Federation of Nurses Unions President Linda Silas, Policy and Research Specialist Carol Reichert and Government Relations Officer Sebastian Ronderos-Morgan, and Ontario Health Coalition (OHC) Executive Director Natalie Mehr who, along with members of the Board of Directors and staff, highlighted public health care in Canada, the importance of national data, and the *Canada Health Act*. The group also learned about ONA’s structure, membership and collective bargaining. In turn, they spoke about their campaign for a single-payer health-care system.

The timing couldn’t have been better as they were also able to take in the OHC’s *Stand up for Health Care* rally at Queen’s Park (see pg. 8), where NNU Co-President Jean Ross urged the crowd to continue to fight for the very system they want to implement.

The visit was capped off by an informative tour of Mount Sinai Hospital in Toronto, where the contingent spoke firsthand with ONA members.
year because of financial barriers to medications.

The coalition is spreading the message to the Advisory Council on the Implementation of National Pharmacare and the federal government that a watered-down, fill-in-the-gaps drug coverage scheme will fail, and these Consensus Principles must be the foundation upon which we build a national program.

ONA REPRIZES RN PROUD CAMPAIGN

Get the popcorn ready, ONA’s powerful and feel-good campaign ad is once again coming to a theatre near you!

The powerful ad, “The Gift,” reprised from our spring 2018 RN Proud campaign, is an emotional reminder of the value of RNs and the human connection they offer patients from their infancy to golden years.

The ad, proven to be an effective way to reach a large audience, will play before feature films throughout the holiday season and into January.

Two reprised radio ads – “Work to be Proud of” and “Why are we Losing Nurses?” – will then start playing throughout the province in January, while Facebook ads will enhance our online presence throughout the campaign.

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“STRONGER TOGETHER” SETS TONE FOR LEADERSHIP WEEK

Their level of experience in our union may be varied, but there’s one thing the participants in our recent Leadership Summit and Activist Camp had in common: a willingness to learn from and be inspired by other each.

An always popular event, the annual summit, held this year from September 17-21 in Grand Bend, brought together 88 members in three streams – Novice, Advanced and Activist – under the very appropriate theme of “Stronger Together.” Through a series of group work, workshops and storytelling exercises in their streams, participants built relationships with each other and learned the ins and outs of our union to better serve members and become more active themselves.

The stream sessions were bookended with a plenary session where members of the Board of Directors, staff and guest speakers, including Canadian Federation of Nurses Unions President Linda Silas, Ontario Health Coalition Executive Director Natalie Mehra and other members presented in a “Human Library,” a way for people to reach out and connect with individuals they might not normally.

In keeping with the theme, keynote speaker Doug Bolger, a leadership and team building expert, told the group that every team can achieve inspired results by “unlearning,” optimizing and creating best practices.

Perhaps the best team building exercises of all were outside the classroom. Taking advantage of the unseasonably warm weather, members took part in ONA’s version of the Amazing Race, a scavenger hunt that involved assembling baskets of gifts for the nearby South Huron Community Organization. ONA donated 12 baskets, including a kitchen basket that went to a group home with a community kitchen. A beautiful Japanese maple tree was also donated and planted by ONA members at the location of the summit.

When the week was all said and done, participants commented that they especially enjoyed the networking time with colleagues and learning from their peers. Perhaps one member said it best on the evaluation form, “We are all in the same boat and need to work together to move it forward.”
ONA’S LEADERSHIP SUMMIT “CHANGED MY LIFE,” MEMBER BELIEVES

When Local 75’s Grace Pierias says the Leadership Summit and Activist Camp she attended last year altered the trajectory of her career – and indeed her entire life – she isn’t exaggerating.

“It’s a huge statement and I totally stand by it,” said Pierias of the summit, which brings together up to 30 members in each of three streams for a week-long educational and team-building event (see story on previous page). “The whole program was one big a-ha moment. It allowed me to not only learn about all the areas ONA is involved in, but to step forward with my thoughts and ideas with an audience and mentors who were listening. I was in the novice program and we put together a stellar presentation on violence in the workplace – I haven’t had a lot of formal experience doing that – and it felt really good. I realized the program had changed my life when it was wrapping up.”

New Confidence

While Pierias, who works in the emergency department at St. Joseph’s Healthcare Hamilton, had already been asked to take on the role of Local 75 Vice-President prior to attending, the week opened up thoughts of further leadership opportunities.

“I went back to my Local with new confidence, inspired to see how far I could push it,” she said. “How can I serve better? Can I actually lead and get people to become active? I worked with our President and developed areas where I could use my skills best, and I am now the professional practice, political action and human rights rep, as well as the Disabilities rep on the provincial Human Rights and Equity (HRE) Team. The skills I learned took away some of the fear I had to just go for it and to meet people and make connections. As nurses, we operate independently in our practice, and learning to network differently was like a career change in a lot of ways. I learned how important that is and how to use it to help serve my members and the people of Ontario.”

And she certainly has! From helping plan one of our best attended Toronto Pride parades to date to arranging Local 75’s attendance at the Hamilton Labour Day parade for the first time in 15 years – not to mention countless rallies and picket lines – to leading a group exercise at the recent HRE Caucus, Pierias noted, “it’s about motivating people, and making that the culture of your workplace and worklife.”

Being Present

Another way she has done that is by developing a professional practice tool with her President for their Hospital-Association Committee meetings which, thanks to her ability to connect with members and managers, provides concrete statistics along with the workload forms, dividing them into solutions that are easily achievable and those that are more difficult.

“Some members think their workload forms go in the garbage, and sometimes that’s their only contact with the union,” said Pierias, adding she and the network of friends she made at the summit and beyond share their best practices in this and other areas. “That’s a skill that was developed by the summit: Being present, even if you have to have the same conversation over and over. I don’t mind. Eventually you build something and it’s worth it.”

But she also expects the same in return.

“I tell members it’s my mantra that you have to show up to make the change you want. I’m a firm believer in solidarity and strength. I will never force anyone, but you have to give positive reinforcement and a reward, which is the feeling that you’ve come together and done something. Whenever I get one more member to an event than the last time, that’s a success to me.”

As for the future, this self-proclaimed optimist and “big-picture perfectionist” was quick to note “you never know where I’ll go next!”

As for the future, this self-proclaimed optimist and “big-picture perfectionist” was quick to note “you never know where I’ll go next!”

“It’s my pleasure to do this work for my union. I love it. My involvement would not be to this extent had it not been for the summit. Things aligned in terms of the people, the energy, the atmosphere and my readiness. It just all came together that week.”
EMERGING, BEST PRACTICE PREVENTION INITIATIVES SHARED AT WORKPLACE VIOLENCE CONFERENCE

Health-care leaders from around the globe heard about leading-edge best practices in violence prevention at an international conference cohosted by ONA in Toronto this past October.

During the two-day Sixth International Conference on Violence in the Health Sector, delegates from 35 countries listened to experts and spoke about the need for solutions to address the growing concern.

“Even the simplest of ideas can generate positive discussions about prevention,” said ONA President Vicki McKenna, a keynote speaker. “For example, many health-care agencies are implementing safety huddles at the beginning of each shift to talk about what’s happening on the unit. Is it short-staffed? What is the patient acuity like? What issues do workers need to know about to do their job safely? It’s a simple idea, but effective.”

ONA Members Front and Centre
ONA members, Board members and staff also played a key role in the conference, with Kelly Johnston (The Ottawa Hospital), Trudy Frank-MacEwen (St. Thomas-Elgin Hospital), Carol Gunsch (Grand River Hospital), DJ Sanderson (Southlake Regional Health Centre) and Karen MacDonald (Sault Area Hospitals) telling a packed audience about their own challenges and solutions on preventing violence.

The first rule, they noted? Buy-in from health-care leadership. Without the leaders on board, it’s more challenging for members to get the required support. Informing front-line members about their health and safety rights proved to be an easy win. The more members learn about the basics, the better informed they become, they said.

Centre for Addiction and Mental Health (CAMH) Bargaining Unit President Danielle Latulippe-Larmand, along with Ontario Public Service Employees Union Local President Nancy Pridham and CAMH CEO Dr. Catherine Zahn discussed the importance of collaboration in violence prevention. Key learnings included how to develop and continue the momentum with a prevention program, understanding the importance of the critical role relationships and trust play when bringing many stakeholders together, and clearly articulating initiatives and outcomes.

The powerful violence awareness campaign ads developed by Local 8 members were also shown to delegates, with Local 8 Coordinator Sue Sommerdyk noting that “our challenge is to bring the issue of workplace violence to the top of people’s minds and keep it there.”

Region 4 Vice-President Laurie Brown, Canadian Federation of Nurses Union President Linda Silas, Nova Scotia Nurses Union President Janet Hazelton and others talked about their direct experiences with post-traumatic stress disorder (PTSD). From talking about their personal anecdotes to discussing their strategies on rallying with government stakeholders, the participants noted that change is possible. All four jurisdictions now have some coverage of PTSD for their members.

ONA Health and Safety Specialist Erna Bujna joined Silas, Hazelton and others in highlighting the need for constructive stakeholder engagement. Each presenter talked about her organization’s approach to driving best practices for workplace violence prevention through trusted collaboration efforts. Buy-in for any workplace intervention changes must occur at all levels, they noted.

View conference highlights at youtube.com/ontarionurses
WORKER INJURIES CONTINUE TO RISE

When the Workplace Safety and Insurance Board (WSIB) injuries data arrives at ONA, there is always hope for a decline in the workplace injury rates in health care over the previous year.

Unfortunately, this is rarely the case.

Not surprisingly, the 2017 data shows – yet again – an increase in these injury rates over the previous year:

- Musculoskeletal injuries increased 6.5 per cent.
- Workplace violence increased 5.5 per cent.
- Falls increased five per cent over the previous year.

“We are not seeing a decline in lost-time injuries in health care and this is very concerning, but not surprising,” said ONA President Vicki McKenna. “If there is any good news, it’s that perhaps health-care professionals are reporting workplace injuries more, which brings extra focus and prevention efforts on this serious issue.”

With continued pressure and awareness from ONA leaders and staff, the hope is that employers can work with employees in identifying and preventing workplace injuries.

The data from 2017 did show some promising results: there is a large decline in infectious diseases: 16 per cent.

PETITION BRINGS ATTENTION TO VIOLENCE AGAINST HEALTH-CARE WORKERS

The Canadian Federation of Nurses Unions (CFNU) has launched a national petition on violence against health-care workers, and we encourage you and your family and friends to sign.

The petition, sponsored by Doug Eyolfson, MP for Charleswood-St. James-Assiniboia-Headingley, calls on the Minister of Health to develop a pan-Canadian prevention strategy to address growing incidents of violence against health-care workers. This is critical as national data shows that the number of violence-related accepted lost-time injuries for front-line health-care workers increased by close to 66 per cent between 2006 and 2015.

“From St. John’s to Victoria, nurses and front-line health-care workers go to work every day knowing they may be verbally or physically assaulted,” said CFNU President Linda Silas, while Eyolfson, who worked as an emergency department doctor in Winnipeg for 20 years and has been assaulted on two occasions himself,
PRACTICE MATTERS

NURSING WEEK AROUND THE CORNER!

With Nursing Week just a few short months away, we’d like to remind you that it’s never too early to start planning!

Nursing Week gives ONA and our members a wonderful opportunity to acknowledge and celebrate our caring profession, and we encourage you to set up a Nursing Committee as soon as possible and start planning the best week ever! From letting your creativity flow at painting parties to holding friendly competitions at the local bowling alley to getting together for special lunches, teas and suppers, our members have come up with some very innovative events in the past!

At the provincial level, plans are already well underway. Getting together for the first time this past October, members of the 2019 provincial Nursing Week Team – Jenn Paul from Region 1, Jean Pilon from Region 2, Lisa Marie Romano from Region 3, Dawn Gordon from Region 4 and Shelley Spencer from Region 5 – along with Chair Region 4 Vice-President Laurie Brown and staff, brainstormed ideas for the theme, poster and promotional items, with ideas going forward to the Board of Directors. You’ll be hearing more about their work in the weeks to come.

CELEBRATING OUR HEALTH-CARE PROFESSIONALS

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

Just as the theme Advancing the Profession suggests, National Respiratory Therapy Week, held from October 21-27, recognized the work and dedication of these invaluable health-care professionals who assess, monitor and treat individuals’ respiratory and cardiorespiratory disorders; test and measure lung function; administer inhaled medical drugs and gases; and provide tools and support for smoking cessation programs. RRTs are a vital part of the front-line care team in many areas, including intensive care units, emergency departments, operating rooms, neonatal nurseries and outpatient clinics.

A couple weeks later, from November 4-10, MRT Week was observed under the theme Delivering Essential Care through Technology to laud the contributions these highly skilled professionals make to our health-care system. MRTs, which comprise several disciplines, use hands-on diagnostics, therapy and technology to ensure quality cancer care, and treat many benign diseases. MRTs make an enormous difference to patients in hospitals and clinics and play an important role in the promotion of medical radiation safety for patients.

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

Avons-nous des défis à relever? Je crains bien que oui. Nous avons toujours 10 000 postes d’IA vacants à doter dans nos hôpitaux. La négociation centrale des maisons de retraite commencera en février et nous prévoyons une ronde de négociations pénible. Les membres du secteur de la santé publique continuent de lutter pour obtenir des contrats qui respectent leur travail essentiel. Le financement et les mesures de soutien adéquats ne sont pas en place dans nos collectivités. Les membres de General Motors font face à la fermeture de leur usine centenaire. Nos services du sang continuent de sonner l’alarme au sujet de la sécurité de notre approvisionnement en sang (vous en saurez plus à ce sujet dans les prochains numéros d’Entre les lignes). Les droits des travailleuses et travailleurs ont été bafoués avec l’adoption du projet de loi 47, et nous ignorons ce que va nous imposer la prochaine mesure prise par ce gouvernement.

Mais je sais ceci. Votre syndicat est là pour vous, tout comme nous l’avons été tout au long de nos 45 années d’histoire. De fait, nous avons déjà mis en place des projets pour augmenter les ressources et le personnel afin de faire face à ces graves problèmes et de répondre à vos besoins croissants en 2019 et au-delà. Jetez un coup d’œil à l’encart inclus dans ce numéro pour en savoir plus.

Ainsi, alors que la nouvelle année commence, je suis remplie d’espoir. D’espoir que les changements que nous apporterons vous aideront en première ligne. D’espoir que nous continuerons de remporter des succès grâce à notre ténacité pure et simple. Et d’espoir que vous continuerez de travailler avec nous afin de nous assurer que l’AIIO demeure un syndicat solide, dynamique et respecté.

Je vous souhaite santé et bonheur pour l’année prochaine. 

Suivez Vicki dans twitter.com/vickivickim

également chaque automne à l’élaboration d’un plan d’action que la Coalition et ses alliés, y compris l’AIIO, entreprendront au cours de la prochaine année. Le Plan d’action de 2019 dresse une liste de douzaines de recommandations dans 10 grandes catégories.

Avec le gouvernement de Ford qui utilise des expressions comme « trouver des gains d’efficience » et « fonctionner plus efficacement » dans ses discussions sur notre système de santé, alors qu’il réduit les augmentations prévues pour la santé mentale, annule l’expansion de l’OHIP+ et diminue de moitié les fonds affectés à des fins particulières pour les lits supplémentaires dans les hôpitaux afin de compenser le surpeuplement, le plan de 2019 se concentre fortement sur l’escalade des activités de pression dans la province, en prévision de la privatisation majeure des soins de santé, car nous croyons que c’est l’avenir que nous réserve le nouveau gouvernement.

D’autres mesures comprennent une campagne pour l’amélioration des soins de longue durée; un autre rassemblement de masse à Queen’s Park; des recommandations pour une réforme progressive des réseaux locaux d’intégration des services de santé et des soins à domicile; une campagne pour rétablir et élargir les services hospitaliers publics; des outils pour aider les gens à sensibiliser les autres et les inciter à agir; et la détermination des principaux enjeux en matière de santé pour les prochaines élections fédérales. Si ces objectifs semblent ambitieux, je n’ai qu’à vous rappeler les réussites antérieures de la COS, rendues possibles grâce à l’union de nos forces pour atteindre un objectif commun.

J’implore chacune et chacun d’entre vous d’aider à donner vie au plan d’action par tous les moyens possibles, notamment en participant aux activités de vos propres coalitions locales de la santé. Dans le climat politique fragile actuel, je ne pense pas qu’il soit exagéré de dire que l’avenir même de notre système de soins de santé, des soins que nous dispensons, de notre profession, voire de notre syndicat, est en jeu.

Suivez Cathryn at twitter.com/cathrynhoy
Ontario Nurses’ Association

Have-a-Say

Bargaining Priorities Survey
for all ONA Members

What do you want to see in your next collective agreement?

This survey is your opportunity to confidentially provide ONA with your thoughts on what we should seek in the next round of bargaining with your employer.

ONA’s negotiating committees will bargain based on the input you provide.

Have your say online today!
www.ona.org/haveasay

Deadline: January 28, 2019