"ONA’s goal is to eliminate the stigma attached to mental health and addiction issues so nurses can get the help they need."

– ONA President Vicki McKenna, RN

Special Feature Report

Long-anticipated Nurses' Health Program Launches

True North Strong! Sudbury RNs, health-care professionals show true meaning of solidarity P.14

ONTARIO NURSES’ ASSOCIATION
85 Grenville St., Ste. 400 - Toronto ON M5S 3A2

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ONA is the union representing
65,000 registered nurses and
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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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A Stand Out

The following letter was sent to ONA President Vicki McKenna and management at the Juravinski site of Hamilton Health Sciences.

This letter is to commend registered nurse Samantha Kwiecien at Juravinski Hospital for her professional, efficient and compassionate nursing while I was in the hospital recovering from hip replacement surgery last November.

Samantha showed genuine concern for all four patients in our ward during her entire three shifts of 12-hour days.

Every morning she brought all of us a warm basin of water, fresh towels and soap. When she brought our meds, she took some time with us and did not scamper out of the room! She always tidied our sheets when we got out of our beds.

Samantha’s nursing care was an absolute stand out!

A very grateful patient,

SHEILA CHAMBERS

Response from McKenna: Thank you for your acknowledgment of the care you received from one of our members. I am very proud of the work that our nurses perform in trying to deliver quality patient care in sometimes difficult circumstances.

ONA MONITORING POTENTIAL HEALTH-CARE SYSTEM CHANGES

ONA is calling on the government to consult with front-line RNs and health-care professionals before any restructuring of Ontario’s health-care system.

Just as Front Lines headed to print, the NDP leaked a copy of a draft government bill, called the Health System Efficiency Act, 2019. While not policy at this time, the document outlines changes that could open the door to privatization of some components of our health-care system.

“We are deeply concerned about the impact on our members and the care you are able to provide if the government follows through,” said ONA President Vicki McKenna. “ONA is calling on the province to maintain our publicly delivered and funded system.”

ONA is urging the government to consult with us before implementing any changes, noting that we are available to share the extensive front-line knowledge of our members to improve the system.

“We know the challenges facing the province and have a wealth of advice to offer,” McKenna added. “We also know that privatizing health-care delivery will not benefit anyone but for-profit corporations. Experience in home-care delivery has shown us that private, for-profit delivery is detrimental to not only our clients, but to taxpayers.”

At the same time this document was leaked, the Premier’s Council on Improving Healthcare and Ending Hallway Medicine released its first report. Although just an escan of the issues and challenges in our health-care system, an additional report this spring is expected to provide solutions-based recommendations.

In light of these developments, ONA is closely monitoring potential changes to our health-care system. For more on privatization, turn to page 20.

Check our website for updates at ona.org.
RENEWING YOUR BOARD OF DIRECTORS

AS YOUR ELECTED ONA PROVINCIAL REPRESENTATIVES, the Board of Directors, comprised of the President, First Vice-President and five regional Vice-Presidents, has always operated with integrity, accountability and transparency, and with the needs of our members top of mind.

And while that will never change, it might be time that some things did. Since the structure, roles and responsibilities of the Board haven't been examined in more than a dozen years, we thought the time was right in 2018 to take another look. Was the Board's current structure still working for our members? Could we do things more effectively to move our union forward during these increasingly challenging times?

To help find out, we hired Elaine Todres, who specializes in strategic and governance counsel. Over the course of several months, she closely examined our processes, interviewed Board members and senior staff, and reviewed our rich history. The results of this thorough work were shared with Local leaders at recent Area Coordinators Conferences and the November Provincial Coordinators Meeting, with Todres noting that because the issues our members face are systemic in nature, strong leadership from the Board and assistance from our dedicated staff are essential.

Because of the increasing expectations of today's Board – workload was once divvied up among 14 regions, not the current five – Todres recommends implementing three committees – Finance and Risk, Governance and Nominations, and Quality of Member Services – which would each be chaired by a Board member and include members at large with staff support. As the Board's key responsibility will be to provide and oversee the overall strategic direction of ONA, these committees would help bring that strategy to life.

I would also like to remind you that because this is your Board, working to improve your work lives, it is very important that you have your say in its formation and vote during provincial officer elections.

While there is much more work to be done and discussions to be had, I am excited about these changes and very optimistic about what they will mean for our ability to serve you better. While some of these changes, like Board Committees, we can start to implement, others require constitutional changes that will need to be voted on by Local leaders at the Biennial Convention. As always, we encourage you – our members – to actively participate in the process. As you are the driving force behind everything we do, we rely on your input and feedback. I look forward to hearing from you.

RENOUVELLEMENT DE VOTRE CONSEIL D’ADMINISTRATION

EN TANT QUE REPRÉSENTANTS PROVINCIAUX élus de l’AIIO, les membres du conseil d’administration, soit la présidente, la première vice-présidente et cinq vice-présidents régionaux, ont toujours agi avec intégrité, responsabilité et transparence, en accordant une attention particulière aux besoins de nos membres.

Et bien que ces valeurs demeurent immuables, certains changements sont souhaitables. Étant donné que la structure, les rôles et les responsabilités du conseil n’avaient pas fait l’objet d’un examen depuis plus de douze ans, nous avons cru en 2018 que l’heure était venue d’y jeter...
From ONA First Vice-President
Chronique de la première vice-présidente, AIIO
CATHRYN HOY, RN

TAKING CARE OF OURSELVES
AS NURSES, WE HAVE DEVOTED OUR LIVES to caring for others. But why is it that we so often don't care for ourselves?
I am proud to announce that ONA and three other provincial nursing organizations – the Registered Nurses’ Association of Ontario, the Registered Practical Nurses Association of Ontario and the College of Nurses of Ontario (CNO) – have worked tirelessly over the past eight years to address this sad reality.
On January 29, we launched our Nurses’ Health Program (NHP) to help not only ONA members but nurses throughout the province (registered at the CNO in the general or extended class) who are suffering from substance use and/or mental health disorders. Nurses faced with these challenges need treatment, compassion, understanding and most important of all, respect – and that’s just what the NHP provides.
While the CNO’s health inquiry and fitness to practice process remains, nurses now have the option of entering the bilingual NHP voluntarily through self-referral. Offering increased respect for the confidentiality of nurses’ health information, the program provides each nurse with a comprehensive assessment, a dedicated case manager and an individualized treatment plan so she or he can recover in a supportive environment. Eligible participants continue practicing or return to practice while following the terms of the program’s contract. Recovery is monitored so nurses are supported in practicing safely.
We know that working in high-stress environments with inappropriate staffing can contribute to addiction and mental health issues. But our hope is that with this approach to treatment and recovery, not available before, the NHP will stop the stigma that is so wrongly associated with these disorders, and nurses who are sick and require care can receive the help they desperately need without shame, embarrassment or fear. I couldn’t be more proud that our union and our partners played such a leading role in bringing this much-needed program to fruition.
Included with this issue of Front Lines is a feature section describing the NHP in depth, how to access it, and personal stories of recovery.

PRENDRE SOIN DE NOUS-MÊMES
EN TANT QU’INFIRMIÈRES ET INFIRMIERS, NOUS AVONS DÉDIE NOS VIES à prendre soin des autres. Alors comment se fait-il que nous ayons tant de mal à prendre soin de nous-mêmes ?
Le 29 janvier, nous avons lancé le Programme de santé pour infirmières (PSI) pour aider non seulement les membres de l’AIIO, mais aussi les infirmières et infirmiers de partout dans la province (membres de l’OIIIO dans la catégorie générale ou avancée) qui ont des problèmes de consommation de substances ou souffrent de troubles mentaux. Les infirmières et infirmiers qui font face à ces défis ont besoin de traitements, de compassion, de compréhension et surtout de respect – c’est justement ce qu’offre le PSI.
Bien que le processus d’aptitude professionnelle et d’enquête sur la santé demeure, on offre maintenant aux infirmières et infirmiers l’option d’intégrer volontairement le PSI bilingue en faisant eux-mêmes la demande. Procurant une protection accrue de la confidentialité des renseignements de santé de l’infirmière ou de l’infirmier, le
MEMBERS GET LOUD!

PIECES OF THE JOURNEY: MEMBER’S ART “GIFT TO MY PATIENTS”

For ONA member and registered nurse Terri Widawski, the phrase “one person’s trash is another one’s treasure” has taken on a much deeper meaning.

Wanting to find a special way to share in the cancer journey of her patients in the chemotherapy suite at Royal Victoria Regional Health Centre in Barrie, Widawski, who holds a Canadian Oncology Nursing Certificate, came up with a clever – and very creative – idea.

“One day as I was preparing the many and varied intravenous lines for each patient, I suddenly looked down at my hands and noticed all the plastic connectors and adapters that I was about to throw into the garbage,” she said. “My mind shifted to what value would all these plastic parts be, these little obscure items that are so vitally important in the delivery of chemotherapy and other medications? I wanted to create something that is so insignificant by itself, but so very important between me and the people I care for, and that’s where the journey began.”

But it would take several months to come to fruition. With the help of her colleagues, Widawski, whose own journey in this field began when she worked on a cancer/palliative care unit after graduating from York University in 2007, collected pieces of non-contaminated equipment that would otherwise be headed to a landfill. After about two months, when she had enough to organize into similar piles on her dining room table, her vision was born.

“I decided at that moment I was going to make an abstract piece,” said Widawski, who undergoes hours of continuing education each year in cancer care. “I wanted to glue the pieces onto a canvas, but in a very special way to convey my love for nursing and my dedication to each of my patients.”

The main focus of her piece, which took five months to complete, is a Caduceus, a frequent symbol of the health-care system, which Widawski said “involves the entire journey process, from nurses to doctors to paramedics who touch patients’ lives.” From there, flowed the other design elements important to her: a nursing cap, a stethoscope, a butterfly, a normal rhythm heartbeat and, most special of all, the purple cancer ribbon. Using blood vials, solution bags, medication tops, intravenous and blood tubing, chemo extensions and other items to represent each design, Widawski was even able to spell the designations after her name with specific blood-tubing ends.

“This piece of art is a gift to my patients,” she concluded. “This is their cancer journey and I want to be a part of that. While it may encompass chemotherapy, radiation, immunotherapy or supportive therapy, I want their experience to be memorable, positive and even enjoyable. All these little pieces that are usually just thrown away are very special as they are aspects of my patients’ journeys that I have touched to support them. I hope my true passion comes through in this piece of art and touches each of those patients.”
LOCAL FEEDS SOUL WHILE HELPING FEED COMMUNITY

Deciding how best to use the $1,000 ONA makes available to Locals for political action initiatives each year under Policy 26.11 gave Local 124 much “food” for thought.

“Our Local executive came up with the idea to donate our Policy 26.11 monies to the Newmarket Food Pantry as a great way to support those in need in the community,” said Local 124 Coordinator DJ Sanderson. “We received overwhelming support from our members. It was great to meet with the volunteers and Board Chair Kirk Bowden to witness this work first-hand and take a tour of the food bank.”

During that tour, Bowden told Sanderson that the pantry, which is considered an emergency service, assists approximately 1,000 people a month, providing on average three days’ worth of food. They are fully funded by the community and receive no government money.

But the Local wanted to do even more.

“We matched the monies from Local funds to also give to the Orangeville Food Bank as Headwaters Health Care Centre is in our Local,” Sanderson added. “It was a fantastic feeling to see the folks we represent so enthusiastically donate!”

In the spirit of the season, Local 124 Coordinator DJ Sanderson hands a cheque to Newmarket Food Pantry Board Chair Kirk Bowden on December 21 as Southlake Regional Health Centre Grievance Chair Donna Oliver and food bank volunteers Gabe and Liz (last names not known) look on. Not long after, Heather Hayes, director of the Orangeville Food Bank, accepted a similar cheque from Headwaters Bargaining Unit President Angela Roberts and Local 124 Vice-Coordinator/Secretary Annette Smith. “We wanted to support the great work these food banks do for our communities,” noted Sanderson.

WHAT ARE YOU GETTING LOUD ABOUT ON THE FRONT LINES OR IN YOUR COMMUNITY?

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

Little Play on the Prairie...

Members from the Greater Toronto Area, along with Region 3 Vice-President Andy Summers (third from right, standing), get up close and personal to the actors performing in Marie Beath Badian’s play, Prairie Nurse, at the Factory Theatre in Toronto last spring. Region 3 members were invited to a free and exclusive (open only to nurses) performance of the play, a light-hearted comedy based on the true story of two Filipino nurses who arrive in 1960s small-town Saskatchewan to work at a local hospital and were met by some curious locals. “The play was a farce, which received really good comments from the Region 3 attendees and excellent reviews in the press,” said retired Local 6 Coordinator Carolyn Edgar (standing far left). “It is always wonderful to enjoy fellowship and an outing with those in Region 3.”

It’s Never too Soon to Plan!

While many people were immersed in planning for the holiday season this past December, our Locals were busy planning for their 2019 budgets! Assisted by Region 2 Vice-President Bernie Robinson (holding the camera) and Region 5 Vice-President Karen Bertrand (at tall table with laptop), who also holds the portfolio of Local Finance, Local 3 Treasurer Lisa Barrett-Cagliostro, Local 3 Vice-Coordinator Shelley Vandenberg and Local 3 Coordinator Janice Hoy worked long and hard in Peterborough to determine how best to allocate funds in 2019 for the benefit of their members.

ARE YOU A REGISTERED NURSE?

ONA WANTS YOU!

Empower yourself by empowering others.
Come join the Ontario Nurses’ Association's growing team!

ona.org/careers
recruitment@ona.org
A Fond Farewell
During a break in proceedings from the November Provincial Coordinators Meeting (PCM) in Toronto, attendees from Region 5 (southwestern Ontario) posed for a group photo with retiring Local 35 Coordinator Janice McFadden and St. Joseph’s Health Care (London) Bargaining Unit President Betty Scott (back row, middle). “Janice and Betty served as Local leaders for many years,” said Region 5 Vice-President Karen Bertrand. “They were passionate leaders who were committed to their members. As a region, we gave Janice an official farewell at the October Area Coordinators Conference and Betty at the PCM when we were all together. We wish them all the best and thank them for their years of service.”

ONA “INCREDIBLY PROUD” OF SOCIAL WORKERS
ONA’s social workers may be a small group, but the role they play in our health-care system is anything but. That’s why ONA is honoured to celebrate alongside them during Social Work Week, being held this year from March 4-10, under the theme, From everyday issues to complex needs: Social workers, it’s what we do.

“That is such an appropriate theme as these dedicated professionals work in all sectors to enhance health care by helping people of all ages, backgrounds and income levels participate more fully in relationships, work, home and community life,” said ONA President Vicki McKenna.

Social workers, a component of our health-care professionals group, also address complex social problems, such as the multiple impacts of poverty, the lack of adequate housing, and barriers imposed by discrimination.

“ONA is incredibly proud of the significant role social workers play in helping people improve their quality of life and achieve their goals,” McKenna added.
ONAS PRE-BUDGET SUBMISSION “PROVIDES WAY FORWARD,” PRESIDENT SAYS

Both financial and human resources are needed to chart a course for the future that is patient-centred, integrated and coordinated, ONA President Vicki McKenna told the Standing Committee on Finance and Economic Affairs.

“We believe that to be patient-centred, our focus must be to ensure that the care needs of our patients are met,” McKenna said during her presentation on the 2019 Ontario budget at Queen’s Park on January 29. “This approach must be placed within the context of increasing patient acuity across all care sectors – hospitals, long-term care (LTC) and home care. Better integration and coordination of care as a patient transitions between sectors will help, but more capacity is essential to ensure the right care is available in the right setting at the right time.”

Noting that for the third year in a row, Ontario has the lowest RN ratio per 100,000 population in the country, McKenna urged the government to develop a funded plan to close the gap in the province’s RN capacity over the next four years as part of its transformational strategy to address hallway care.

McKenna also made the following recommendations:
• Hospital funding to offset increased cost pressures must be at least 4.5 per cent based on estimates of population growth, aging and inflation.
• Funding for expanded capacity in home care must be increased and we must move towards a public home-care system that fully integrates the delivery of services with care coordination.
• Funding for LTC homes must increase to ensure there is an average of hours of RN care equivalent to at least one RN for every 20 residents each day, and at least one nurse practitioner for every 120 residents.
• A plan should be developed to ensure that all for-profit LTC homes are eliminated and/or replaced by a non-profit home within five years.

“With these priorities, we set out a course of action for the government to take so that increasingly acute patients receive the care they need,” McKenna concluded.

GOVERNMENT INCREASING HOSPITAL CAPACITY

Minister of Health and Long-Term Care Christine Elliott announced the government is increasing hospital capacity in the Greater Toronto Area. The Church Reactivation Care Centre, which has 92 beds, opened last December to provide care to less acute patients. The new beds provide therapy and rehabilitation care for patients from nearby Humber River Hospital and Sunnybrook Health Sciences Centre. In spring 2019, after final renovations, up to 120 additional beds will be added. The government is also moving forward with plans to build 193 new hospice beds across Ontario.

FUNDING ANNOUNCED FOR MENTAL HEALTH BEDS

The first wave of funding for direct mental health and addictions will add more than 50 new mental health beds at 12 hospitals across Ontario: The Ottawa Hospital; Niagara Health System; Joseph Brant Hospital in Burlington; Health Sciences North in Sudbury; Providence, St. Joseph’s and St. Michael’s Hospital in Toronto; Trillium Health Partners in Mississauga; Southlake Regional Health Centre in Newmarket; Bluewater Health in Sarnia; Kingston Health Sciences Centre; Grey Bruce Health Services in Owen Sound; St. Joseph’s Health Centre in London; and St. Joseph’s Care Group in Thunder Bay.

MOHLTC REALIGNED

Minister of Health and Long-Term Care Christine Elliott has announced that the Ministry has undergone an organizational realignment. Some divisions and branches have been merged. The government says it will listen to and consult with patients and people who work on the front lines of health care to develop an integrated, modern and effective model of care.
Late last year, the Ford government passed Bill 47, reversing many changes to the Employment Standards Act (ESA) and the Labour Relations Act, 2000 (LRA) that had been made as result of the previous government’s Fair Workplaces, Better Jobs Act (Bill 148).

Since that time, many of our members have asked us to clarify those changes and what they mean to your working and union lives. To assist, we have put together this handy reference and provided further direction to your Local leaders.

**Personal Emergency Leave**

For ONA members, the most substantial change is related to leaves of absence. Prior to Bill 47, employees were permitted to take 10 days of personal emergency leave (PEL) covering a range of matters, including personal illness/injury, death and medical emergencies or urgent matters concerning family members. The first two days were paid.

Bill 47 turned back the clock, dividing PEL into three distinct categories with the total number of days reduced:

1. Three unpaid days for personal illness, injury or medical emergency.
2. Three unpaid days for family responsibility leave.
3. Two unpaid days for bereavement leave.

In addition, the Act now clarifies that if “an employee takes either a paid or unpaid leave of absence under an employment contract in circumstances for which he or she would also be entitled to take a leave under the Act, the employee is deemed to have taken the leave under this section.” In other words, it codifies the practice of “drawing down” PEL benefits.

The introduction of two paid PEL days with the passage of Bill 148 led to a number of disputes and grievances from our members. In light of the new law, ONA has provided direction to your Bargaining Unit Presidents on the handling of these grievances.

**Sick Notes**

While medical notes were not required to substantiate an absence under Bill 148, under Bill 47 if an employee is taking PEL for personal illness/injury or medical emergency, the employer is entitled to request “evidence reasonable in the circumstances that the employee is entitled to the leave.”

This means your employer may be able to request a medical note.

In most cases, the collective agreement governing sick leave provides a greater benefit than the PEL days, and medical notes must be provided in accordance with its provisions. Where a member is required to access the three PEL days under the Act, the employer may reasonably request a medical note.

**Attendance Management**

A question has also arisen from members about the new PEL provisions and Article 12.15 of the hospital central collective agreement, which states that leaves under the ESA are not to be counted for the purposes of being placed on, or progressing through, the steps of an attendance management program (AMP).

Given the new provisions, deeming any paid or unpaid leave taken by an employee under the collective agreement to have been taken under the new Act, ONA takes the position that those days are not to be included for the purpose of an AMP. In other words, the first three sick days in a calendar year taken by a member should not be counted for the purpose of placing her/him on, or progressing through, the steps of an AMP. The same goes for bereavement and family responsibility leave.

*If you have questions about these changes, contact your Bargaining Unit President at ona.org/bup.*
YOUR AVAILABILITY TO WORK DOES NOT PROVIDE YOUR EMPLOYER WITH THE OPPORTUNITY TO NOT PAY OVERTIME

ONA has recently settled grievances or received arbitration awards where a hospital or nursing home employer did not pay overtime because a nurse had indicated she/he was available to work.

In the hospital sector, this language is usually included in local issues (Appendix 5).

Take Grand River Hospital, for example:

G-2 (b) It is also agreed that an employee’s availability for and/or agreement to work tours offered after the schedule is posted does not waive such employee’s claim for premium payment when provided for under Article G or any other relevant part of this agreement.

Often collective agreements are silent on this issue or have variations of the above language. That does not mean the principle does not apply unless there is language contrary to the above. This type of language exists and/or applies in many sectors (e.g. hospitals, nursing homes, and developmental centres).

In one case, an arbitrator stated the collective agreement “clearly obliges the hospital to schedule every second weekend off for 12-hour tour nurses,” and that subject to the three specified exceptions, all of which concern a personal request or arrangement, a nurse who “works” consecutive weekends is entitled to be paid at the premium rate specified by the central agreement (i.e. time-and-a-half) for all hours worked on a consecutive weekend.

Article D.10 (g) does not stipulate that the nurse must be “required” or “scheduled” to work, only that she/he, in fact, works. The (reasonable) exceptions do not include accepting or volunteering for consecutive weekend work offered or made available by the hospital. If that was intended, it could have easily been stated. The fact that a nurse is free to decline the offer of what the parties refer to as a “pick-up shift” and volunteers or agrees to fill a shift slot that is empty for any reason is irrelevant.

If the hospital wishes to place limits on which nurses can accept or volunteer for available shifts, it is free to do so within the bounds of the collective agreement. What the hospital cannot do is require a 12-hour tour nurse who fills scheduled hours of a work gap to perform that work at other than the premium time-and-a-half rate specified by the collective agreement.

If your employer denies premium payment for a shift that would have triggered premium under the collective agreement and you worked because you were available, contact your Bargaining Unit President to determine if you are entitled to be paid at the premium rate. It might be necessary to file a grievance.

NEW NURSING HOMES CENTRAL NEGOTIATING TEAM READY TO GO!

Following an election last fall, your new Nursing Homes Central Negotiating Team is ready to bargain for a renewed collective agreement on behalf of 2,000 members in this sector. During orientation from January 28 - 31, the new team, comprised of members from each region and staff (the President and CEO/CAO serve as ex-officio members), came together for the first time at ONA’s provincial office to discuss our strategy and get to know one another before negotiations commenced in February. The team’s bargaining proposals were developed based on members’ priorities from our recent Have-a-Say bargaining survey. The current collective agreement expires on June 30, 2019. Pictured are: (main photo, left to right) Shelley Vandenberg (Region 2, Pleasant Meadow Manor); Jean Kuehl (Region 4, Forest Heights LTC); Vicki Romaniuk (staff); Mary Clarke (Region 3, Sienna Living); Sandra Kravets (Region 5, Brouillette Manor Ltd.). ONA First Vice-President Cathryn Hoy, President Vicki McKenna and Interim CEO/CAO Bev Mathers (inset) study the supporting documents during the meeting.

Read bargaining updates at ona.org/bargaining.
"WE WILL NOT GO BACK," PARTICIPANTS CHANT AT WOMEN’S MARCH

It was important to participate in such a worthwhile cause, marching in solidarity with others who continue to raise awareness about Indigenous issues and the need to protect women’s rights, human rights and health care.

— Dawn Gordon, RN, Local 70 Vice-President

Local 70 Vice-President Dawn Gordon’s bright red scarf to bring attention to violence against Indigenous women and girls stands out amidst the falling snow during the Port Dover Women’s March on January 19 (top photo). The international theme of the marches, held in 30 countries, was Ending Violence against Women. In Toronto, Region 3 Vice-President Andy Summers and ONA Health and Safety Officer Stacey Papernick joined the large crowd at Queen’s Park in urging women to continue fighting for their rights.

“We will not go back,” participants chant at Women’s March

Frigid temperatures and blowing snow couldn’t stop thousands of women around the province, including ONA members, from spreading a very important message during the third annual Women’s March on January 19: We won’t stay silent against cuts that affect our lives!

During the marches, which aim to inspire, unite and lead the charge for the advancement of women across Canada, women and their male supporters made it clear they will not accept rollbacks and attacks on their communities, which have affected women and some of the most vulnerable people.

Region 3 Vice-President Andy Summers and ONA Health and Safety Specialist Stacey Papernick were ONA’s representatives at the Toronto event, marching from Nathan Phillips Square to Queen’s Park to listen to a handful of speakers highlight changes needed to make the city safer and more inclusive.

As the theme for the Toronto march was, We will not go back, participants wanted to show policymakers that women will not return to the days when they enjoyed fewer rights than they do now. The Ontario Federation of Labour, of which ONA is a member, issued a “call to action” on the lawn of the Legislature, urging women to continue fighting for their rights.

Local 70 Vice-President Dawn Gordon provided her support to the Women’s March in Port Dover, donning a red scarf to symbolize the disproportionate violence against Indigenous women and girls in keeping with the international theme for the marches of Ending Violence against Women. The World Health Organization reports that one in three women worldwide has experienced either physical or sexual intimate partner violence or non-partner sexual violence in their lifetime. The interim report of the national inquiry on missing and murdered Indigenous women and girls details how they are physically and sexually assaulted almost three times more often than non-Indigenous women in Canada. They also experience domestic violence at higher rates and are roughly seven times more likely to be killed by a serial killer, the report states.
True North Strong!
When it comes to rallying against cuts, Sudbury RNs, health-care professionals show true meaning of solidarity

While “We the North” is the rally cry associated with a certain Ontario sports team, it could easily apply to another dedicated and powerful group: The RNs and health-care professionals at Sudbury’s Health Sciences North (HSN)!

Not content to sit back while deep cuts are made to their positions as HSN grapples with a multi-million-dollar budget deficit, the RN and Paramedical Bargaining Units came together in a dizzying display of solidarity over the past several months.

“We wanted to let the public know the cuts that have taken place within the last year don’t just impact our positions, they impact their care as well,” said Local 13 Paramedical Executive member and physiotherapist Christine Spence. “They don’t just affect Sudbury residents, but all Northern Ontario people who are referred to our hospital. We can’t watch that happen and do nothing.”

And, they certainly haven’t. Then again, coming together as a strong ONA team is nothing new to these members. When ONA was forced into a Public Sector Labour Relations Transition Act vote against the Ontario Public Service Employees Union (OPSEU) in 2017 to represent the almost 200 health-care professionals at HSN, it was our RN members who worked alongside them and ONA staff to spread the word about the exemplary services our union offers. Because of that solidarity, ONA won the vote despite the fact OPSEU had significantly more members heading into it.

So when HSN announced early last year that it was facing an $11 million deficit and almost immediately began cutting RN and health-care professional positions, the Bargaining Units joined forces once again to push back.

Local 13 ONA Paramedical Executive member Christine Spence (left) and Paramedical Bargaining Unit President Michelle Beaudry rally against serious cuts to health-care professionals and RNs.

You’d think the evidence would be enough to compel decision-makers to make the right call, but it isn’t. So we have to educate the public.

—RN Bargaining Unit President Kelly Latimer, RN

“Making do with Less”
The first cuts came in January 2018, with more in February, May and the months that followed. While the hospital said the worst is now over, ONA is not certain we have heard the last of it.

In fact, RN Bargaining Unit President Kelly Latimer said the RN cuts are “becoming much more than the
employer thought. At this point, I have lost about 75 positions throughout the hospital, which equates to about 64 full-time equivalents, and the number keeps growing.”

The health-care professionals aren’t faring any better, suffering the loss of 35 positions in critical areas such as diagnostic imaging, the lab, pharmacy, many therapies, social work, and mental health and addictions.

Because the number of beds and services has not decreased with the cuts – in fact, the 2019-24 Health Sciences North and Health Sciences North Research Institute Strategic Plan released on February 7 states they have short-term plans to add 37 new health-care beds to meet the needs of the region – the remaining RNs and health-care professionals are experiencing increased workloads, which is having a devastating impact on patient care.

“Because of cuts to nursing services, patient care is being affected on many units, and the entire specialized discharge planning service has been eliminated,” said Latimer. “This means RNs on each floor must now do discharge planning for their patients on top of providing care to their other patients. The employer is asking us to do more with less as they keep eliminating nursing positions.”

“Our hospital is always running at 110 per cent capacity or higher, which means there is less access to quality patient care and increased waiting times for all diagnostic and therapeutic services,” added Paramedical Bargaining Unit President Michelle Beaudry, a physiotherapist. “This is resulting in longer lengths of stay for everyone in the hospital, which only compounds the overcapacity challenge. Balancing the hospital budget on our backs means we are headed towards a downward spiral of even longer wait times and less access to the health care our community needs.”

“Clear Message”

Recognizing that for any action against the cuts to be successful, members had to be fully engaged, both Bargaining Units set about organizing information meetings and making phone calls while ONA staff emailed members to encourage their involvement.

If the rally they staged last September was any indication, the hard work paid off. Joined by the ONA Board of Directors, Ontario Health Coalition (OHC) Executive Director Natalie Mehra, Canadian Union of Public Service Employees (CUPE) reps, who continue to work with our members to increase public support and media coverage, and other supporters, members of the two Bargaining Units came out in full force, waving signs to honking cars and talking to passersby.

**“We are coming together to demand change for the better, not less care for our patients.”**

— HSN Paramedical Bargaining Unit President and physiotherapist Michelle Beaudry
To build on that momentum, Latimer and Beaudry spoke at a well-attended OHC town hall in Sudbury about the impact of the cuts, where Dot Klein, chair of the OHC Sudbury chapter, told the gathering that the city’s hospital funding is lower than the rest of the province on a per-patient basis, and that Ontario as a whole “already has the lowest funding in the country.”

And Spence was also only too pleased to be ONA’s representative at a media conference outside the constituency office of Minister of Finance Vic Fedeli.

“I drove to North Bay to represent both of our Bargaining Units,” she said. “It was a blistering -30 that day. I met up with representatives from CUPE, the OHC, retired nurses and the community. We stood in front of his office and told the people of North Bay how the cuts at HSN would directly affect the care they receive from our northern hospital. The message was clear: People need to speak out if they want to see change.”

It seems that message is resonating, as the support for our members has been significant. Both Bargaining Units helped gather more than 2,000 signatures (and counting!) on an OHC petition, which warns as many as 150 full-time equivalent positions could be shed and demands that the government immediately stop the cuts and improve hospital funding to meet the average of other provinces.

“ONA Paramedical has been working hard to collect as many signatures as possible from our members and community,” noted Spence. “While the petitions were mainly signed by the public, they were collected by our unit reps. In fact, by reaching out to members of our sports teams, local high schools, patients, families and friends, we gathered over 800 signatures! The RNs also collected many signatures, as well as the OHC. It’s been a true team effort.”

“We’re Not Backing Down”

Also deeply concerned about the toll the threat of staffing cuts is having on the morale of their members, Beaudry, Spence and Latimer say they will keep up the pressure.

“The conversation in the coffee room isn’t what you did this weekend or what will you be doing next weekend, it’s who will be the next person let go?” said Latimer, noting that so far, most of the cuts in her Bargaining Unit have come through severance packages and retirements.

Added Beaudry, “The staff who remain are focused on keeping their jobs, but morale has dropped significantly. The loss of hours of work results in part-time staff receiving fewer shifts, affecting the length of time it takes for part-time health-care professionals to move into full-time jobs – on average up to 10 years! And, the impact on recruitment and retention is obvious when only part-time hours are available. Now it will take even longer, making it extremely difficult for our health-care professionals to make a living with only part-time hours. We are already planning our next steps.”

Regardless of what those steps are, Spence noted that one thing is sure.

“We won’t stop until the cuts do. We’re ONA, we’re together, we’re strong. And we’re not backing down.”
“SITUATION CRITICAL” IN LONG-TERM CARE, OHC REPORT FINDS

ONA is speaking out in support of a new report from the Ontario Health Coalition (OHC), which finds “shocking” and “intolerable” levels of homicide and violence in the province’s long-term care (LTC) homes.

Situation Critical: Planning, Access, Levels of Care and Violence in Ontario’s Long-Term Care, released at an OHC media conference at Queen’s Park on January 19, finds that while the acuity of LTC residents has skyrocketed due to a lack of funding and massive hospital cuts, “making today’s LTC homes yesteryear’s’ chronic care and psychogeriatric hospitals,” hands-on care has actually declined. That has resulted in the escalating violence that is now being witnessed. In fact, the report, which was inspired by increasingly frequent complaints by families and care workers of violence in LTC homes, finds the homicide rate in LTC homes is eight times that of communities that are similarly-sized to Ontario’s LTC sector (80,000 people). Resident-on-resident violence has also increased since 2011, and staff injury rates in the sector are among the highest of any industry in our economy.

“By any reasonable measure, the twin issues of insufficient care and violence in Ontario’s long-term care have reached a level that can no longer be ignored,” said OHC Executive Director Natalie Mehra. “Voluntary approaches to improving staffing are a proven failure. We are asking for a minimum care standard that would guarantee a minimum average of four hours of hands-on nursing and personal support for each resident, and we are insisting that this be a requirement that is enforced.”

ONA echoes this call, speaking out in support of the report at many of the 30 media conferences on the OHC’s community tour. Region 3 Vice-President Andy Summers, Region 4 Vice-President Laurie Brown, Marshall Gowland Manor Bargaining Unit President Julie Sexton, and Local 100 Coordinator and London Health Sciences Centre Bargaining Unit President James Murray told the gathering at these media conferences that health outcomes for Ontario’s residents living in LTC homes suffer when fewer RNs are part of the staffing mix to provide quality care.

“As a registered nurse, I feel it is my duty to advocate on behalf of our patients and for adequately funded public health care,” said Murray, who spoke at the OHC community stop in London.

Key Findings of LTC Report

- According to the Ontario Coroner, in the five years leading up to the report, there were 27 homicides in LTC homes.
- The homicide rate is eight times that of communities that are similarly-sized to our LTC homes sector (80,000 people).
- Resident-on-resident violence has increased since 2011, and staff injury rates in LTC are among the highest of any industry.
- Access to LTC is poor, and even more difficult for equity-seeking groups.
- The acuity of LTC residents has increased dramatically as a result of massive hospital cuts.
- LTC beds are funded at one-third the rate of chronic care beds, but house residents that used to be considered chronic or psychogeriatric.
- While LTC resident acuity has skyrocketed, hands-on care levels have declined, resulting in escalating violence.
ONA STUDENT SCHOLARSHIP WINNERS

In our continuing series, Front Lines is featuring the names and pictures of the successful recipients of ONA’s 2018 Nursing Student Scholarship, along with snippets from their winning essays on “The Importance of the Ontario Nurses’ Association for Nurses.”

Know Someone Interested in a Student Scholarship? We’ve Got Your Back!

ONA and the Canadian Federation of Nurses Unions offer several scholarships to immediate family members of ONA members, who are pursuing education in nursing or a regulated health professional field.

THE DEADLINE TO APPLY IS JULY 1, 2019

For information about the scholarships available, eligibility requirements and forms, see ona.org/bursaries.

TAYLOR MURPHY: Daughter of Catherine Murphy from Local 73, North East LHIN

“ONA was founded on the notion of being a strong, respected and united organization that ensures patients receive the highest level of care through their advocacy for high-quality and respectful working environments for all of its members. As a future member of the nursing community, it is comforting to know that my rights and interests will be highly regarded and protected by a strong union.”

KATIE HEATH: Daughter of Joan Heath from Local 2, Wellington Dufferin Public Health

“In three years, I will be a third generation RN! After listening in awe to the nursing stories told by my grandmother and comparing them to the current life of my public-health-nurse mother, I know that ONA is absolutely critical for the nursing profession and the lives of their patients. I am extremely grateful and totally amazed at the progress ONA has made over the last 45 years and the impact it continues to have.”

MELISSA MATTSON: Daughter of Cheryl Mattson from Local 99, Kingston Health Sciences Centre

“ONA works collectively with its members to ensure that nurses provide the quality care patients deserve and expect. ONA supports nurses by working to improve their wages, help them understand their rights while working, and offer continuing education and member assistance like workplace safety. ONA acts as an advocate for nurses to raise concerns within the nursing profession and to provide a safe working environment.”

MCKENNA HILL: Daughter of Debbie-Jane Draper from Local 124, Southlake Regional Health Centre

“I believe the most important part of ONA is the campaigns it organizes and executes, which are extremely important to patients, and nurses and their families. The billboards, print ads, television ads and radio ads always hit close to home for those that hear or see them. Using a strong, united and committed front to advocate for better work environments, ONA has drawn attention to many experiences nurses have in their careers in a manner that has started conversations.”

Read full essays at ona.org/students.
ONA SIGNS OPEN LETTER ON HEALTH CARE FOR ALL

ONA has added our support to an open letter to the federal government regarding health-care coverage for migrants. The letter was spurred on by the United Nations Human Rights Committee’s (UNHRC) recent landmark decision condemning Canada for denying access to essential health care on the basis of immigration status. That decision was based on the case of Nell Toussaint, a 49-year-old woman from Grenada who has been living in Canada since 1999 and has suffered significant negative health consequences after being denied access to essential health-care services. The UNHRC declared Canada must provide Toussaint with adequate compensation for the harm she suffered and report on its review of national legislation within a 180-day period “to ensure that irregular migrants have access to essential health care to prevent a reasonably foreseeable risk that can result in loss of life.”

The open letter, addressed to Prime Minister Justin Trudeau, Minister of Health Ginette Taylor and Minister of Immigration, Refugees and Citizenship Ahmed Hussen, notes that Toussaint is one of hundreds of thousands of people in Ontario alone who are denied access to health coverage and care on the basis of their immigration status. It calls on the federal government to abide by the UNHRC orders.

CANADA’S DRUG SPENDING GROWTH OUTPACES HOSPITALS, DOCTORS

Just as ONA, the Canadian Federation of Nurses Unions and our allies call for a national pharmacare program comes news from the Canadian Institute for Health Information (CIHI) that Canada spent $33.7 billion on prescribed drugs last year alone.

That figure marks an estimated annual increase of 4.2 per cent for drugs, compared with four per cent for hospitals and 3.1 per cent for doctors.

In 2018, $14.4 billion (42.7 per cent) of prescribed drugs was financed by the public sector, while the remainder was financed by private insurance and individuals paying out of pocket. Biologics used to treat conditions like rheumatoid arthritis and Crohn’s disease accounted for the highest proportion of public drug spending (8.2 per cent) for the sixth consecutive year, while antiviral drugs to treat hepatitis C came next (five per cent).

Drug spending is just part of the $253.5 billion in total health spending in Canada in 2018. The CIHI figures also show that provincial per capita health expenditures continue to vary, from a high of $7,552 in Alberta to a low of $6,584 in Ontario. Our province is also second last in hospital per capita spending at $1,766, well below the national average of $1,933.

Hospitals, drugs and physician services continue to account for the largest shares of health dollars at almost 60 per cent. The remaining 41 per cent is spent on other health care goods and services, including long-term care facilities and allied health professionals.
WE MUST PROTECT OUR PUBLIC HEALTH-CARE SYSTEM, OFL SAYS

The Ontario Federation of Labour (OFL), of which ONA is a member, has warned that unless publicly funded and delivered health care is improved, Ontarians are condemned to painful choices when they are at their most vulnerable.

“Protection for Ontarians, including the right to strike and laws that provided for decent work and a $15 minimum wage, are being undermined and now it looks like the same will happen to the public health-care system,” said OFL President Chris Buckley. “Instead of creating a two-tier system that benefits the wealthy, the government should move to build a stronger public system that can end hallway medicine, and work with the federal government to also provide a universal pharmacare program for the benefit of all Ontarians.”

The OFL believes that cuts to OHIP+, which provided drug coverage for Ontarians under 25, already forces families to pay for private health care plans and into impossible choices, adding that it appears that EY’s recommendations that would impose means testing and user fees on universal programs have been accepted.

To address these concerns, the OFL is holding a series of rallies across the province during the government’s pre-budget hearings this spring, many of which will be attended by ONA leaders and members.

“We will stop the push towards privatization,” said Buckley. “Privatization is a non-starter.”

OFL President Chris Buckley addresses ONA’s Provincial Coordinators Meeting delegates last November on the need to join forces to protect our publicly-funded health-care system.

“WE ARE ALL IN THIS TOGETHER,” MEMBER SAYS OF HEALTH AND SAFETY WORK

When University Health Network (UHN) return to work (RTW) rep Eleanor Adarna is asked why she is so involved in health and safety, she is quick to respond: “Because that is where I am needed the most.”

Yet, if not for a fateful day many years ago when Adarna, mid-career and not active in the union at the time, asked a question at a trustee meeting, that might not have happened.

“Someone said to me why don’t you become a union rep, and sent me to ONA to meet the president. From there, I was asked to be a RTW rep and joined the Joint Health and Safety Committee (JHSC). I didn’t know how to do the work, but if you ask me to do something, I am going to find out in a hurry.”

And, she certainly did. Jumping in with both feet, Adarna attended ONA’s Leadership Development Program, labour schools, and health and safety workshops, and immersed herself in documents to support her work, often on her downtime. Shy and unaccustomed to speaking in public, she also bought how-to books and started practicing giving speeches in the mirror! All that work paid off.

“In my portfolio as RTW rep, I hear members’ stories about how they get injured at work,” she said. “As a member of the JHSC, I review all incident reports and see that the majority of incidents can be prevented.”

In fact, Adarna was able to bring forward one such issue herself after noticing that her hands were wet after using vinyl gloves while caring for her patients, particularly concerning as her work in the interventional cardiology unit, a critical care area, means she frequently comes in contact with blood.

“I tested many gloves by pouring liquid into them and discovered they were all leaking. I told the JHSC and they said they would look into it. They didn’t, so I brought the gloves to a second meeting, demonstrated the leaks and said, ‘If I get sick, it’s because of this.’ That generated action. They contacted the manufacturer, all the gloves changed, and there was a new directive and policy.”
UHN return to work rep Eleanor Adarna addresses the gathering at a special ceremony in Toronto last November where she was honoured for her tireless health and safety work. “I always say it doesn’t matter who gets credited, as long as this important work gets done and benefits my members,” she humbly said.

Despite that early success, Adarna said it wasn’t until she became her JHSC’s worker co-chair that “this work really took off.” Responsible for writing recommendations, a skill she learned from ONA’s health and safety specialists, she read the entire Occupational Health and Safety Act (OHSA).

“When there are issues and concerns brought to my attention, I take them very seriously,” she said, noting that she is particularly concerned about workplace violence. “I investigate and get the details, and bring them to my employer. I always quote the OHSA as well as the incidences of injuries/and or workplace violence. I learned to develop strategies, how to make my employer listen, and I work with them to implement safety measures and initiatives.”

Some of the strategies have included: behavioural safety alerts for certain patients/families to notify workers to be careful; training from a safety management group on protecting workers when presented with challenges and unsafe situations; and safety risk assessments and debriefs after an unsafe incident.

“It gives me a sense of accomplishment when we find resolutions to issues and safety measures are implemented,” said Adarna. “I am proud to be part of the safety culture at UHN.”

With that level of dedication, it should have come as no surprise to her that she was nominated for and received an award from Region 3 and the Workers Health & Safety Centre for her outstanding service and dedication to improving the work environment late last year. Yet, that is exactly how she felt.

“I was shocked, but so happy,” she said. “It is humbling to be recognized, and it really resonated with me that my contributions to make my workplace safe are noted. I send a very big thank you to my colleagues. I am also very lucky to have the support of ONA’s health and safety specialists.”

While health and safety prevention is work that will never end, Adarna said both she and her employer have come a long way since she took on the RTW portfolio all those years ago. “It was all baby steps in the beginning, one issue at a time, but in the end, we are all in this together. That really is my motto: Together, we have a strong voice and together, we have the power to make a difference.”

**HORRIFIC WORKPLACE ATTACK SHOULD NEVER HAVE HAPPENED, ONA SAYS**

ONA is reeling from the news that a member from Southlake Regional Health Centre in Newmarket was the victim of a horrendous workplace attack that should never have happened.

While details about the January incident, which left the RN critically injured, were still emerging at press time, ONA is incensed that hospital officials failed to immediately report it to our union, their Joint Health and Safety Committee, and the Ministry of Labour (MOL), as required by law.

“Our employers have a clear responsibility to take every precaution reasonable to keep their nurses, health-care professionals and other staff safe, thereby also ensuring the safety and security of our patients,” said ONA President Vicki McKenna. “Southlake has just released its strategic plan, which it says covers the hospital’s most pressing issues. Yet, there is no mention of workplace safety. What will it take for this employer to take action on this serious issue?”

As ONA anxiously awaits the report from the MOL’s investigation into the attack, our thoughts remain on our injured member.
Healing hands, caring hearts.

That’s more than just an accurate description of our members. It’s the theme of the upcoming Nursing Week.

Chosen by the 2019 Nursing Week Team, comprised of members from each of ONA’s five regions, Region 4 Vice-President Laurie Brown (chair) and staff, the theme speaks to the expert hands-on health care nurses provide, and how far their personal touch goes towards the overall wellbeing of their patients.

ONA is preparing posters carrying this uplifting theme, which will be sent to our Local leaders in the weeks to come. We hope you’ll see them up in your workplaces and communities. We also hope that you’ll take some time out of your busy schedule to attend any tea, luncheon or other special event your Local or Bargaining Unit may have planned for Nursing Week to acknowledge all you do for the patients of this province. Our Locals were very creative with their Nursing Week activities last year, hosting painting parties, bowling outings and axe throwing competitions, to name a few! Members of the ONA Board of Directors will be celebrating alongside you at many of those events.

We would love to hear how you celebrated once the week is over. Please send your photos and stories to our Communications and Government Relations Team at cgrintake@ona.org. You may be featured in our special Nursing Week coverage in Front Lines, on our website or on our social media pages.

See more at ona.org/nw19.
WORKLOAD SETTLEMENTS PROVE IF AT FIRST YOU DON’T SUCCEED...

Two recent professional responsibility complaint (PRC) settlements for our members at Kingston General Hospital and Mount Sinai Hospital prove that when earlier agreed-to resolutions are not adhered to by employers, ONA will advocate for our members and your patients until they are.

Kingston General Hospital

While Minutes of Settlement were reached in 2014 on the medicine unit of the Kingston General site of Kington Health Sciences Centre over a lack of RN staff, members working short-staffed, changes to the model of care, patient acuity, care requirements and a lack of adequate and working equipment, ONA’s Professional Practice staff became involved again just a year later. Not only were similar workload issues still being documented by our members, some new issues had arisen around the lack of management support and the use of overcapacity beds without adequate staffing measures.

Through a series of meetings with the employer, involving members of the Bargaining Unit and ONA staff, new Minutes of Settlement were signed this past October. The significant achievements include:

- Current RN baseline staffing will increase by 56.25 hours per 24-hour period, Monday to Friday, and 52.50 hours per 24-hour period on weekends and statutory holidays.
- RN staffing will increase above the baseline when increased patient acuity and complexity are reported by the RN staff to the charge nurse or administrator on call.
- The employer will ensure an appropriate and balanced skill mix of novice to expert RN staffing, along with appropriate RN/RPN staffing to meet patient volume and acuity 24/7.
- Sufficient equipment and resources will be provided to meet patient care needs.

Mount Sinai Hospital

Professional Practice was faced with a similar situation with the labour and delivery unit at Mount Sinai Hospital, part of the Sinai Health System in Toronto, which, apart from being the tertiary and quaternary centre for labour and delivery, also accepts all maternal cardiac patients from Ontario and Bermuda, other high-risk pregnancies, and has Magnet status designation.

Workload and practice issues originally escalated on the unit in May 2015, resulting in a binding settlement in January 2017. While that settlement was monitored by ONA and implemented in full by the employer, full resolution of the issues had not been achieved one year later.

As a result, further meetings took place with the employer last spring related to staffing, and improvements were implemented, which resulted in an increased RN baseline and a final binding settlement this past January. Among the substantial achievements:

- There will be an overall increase in permanent RN resources of 247.5 hours weekly.
- Recruitment and training are underway to support the opening of a fifth operating room (OR) in the department. When that happens, expected this spring, daily staffing will increase by three RNs three days per week and four RNs two days per week (ORS are not prescheduled on weekends).
- The employer will continue to build a schedule with an overstaffing model of one additional RN above baseline on all shifts on all schedules.

“We are confident that these settlements will finally result in meaningful changes for our members on these units and the care they are able to provide to their patients – and we will continue to monitor them to ensure they do,” said ONA President Vicki McKenna. “These settlements have provided more timely solutions and resources for our members by preventing the parties from moving to an Independent Assessment Committee, and are a great success for staffing and patient care.”
ONA SUCCESSFULLY APPEALS LTD DECISION MEANT TO BE BINDING

In an important first for our union, ONA has successfully appealed the Medical Appeals Process (MAP) under the hospital collective agreement, which is meant to be binding.

The appeal centred around a hospital member who has been absent from work since November 2016 due to chronic migraines. The insurer denied initial entitlement to long-term disability (LTD) benefits after alleging the member’s illness did not equate to a level of incapacity that would prevent performing regular duties of the pre-disability occupation. The insurer also alleged that the member had long suffered from migraines, but was able to work through them.

The appeal showcased the opinion of two of the member’s doctors, both of whom stated that the migraines were severe. The insurer’s own internal medical consultant appeared to agree, stating there was no way to measure pain. It was also noted that although the member had a history of migraines, she had long struggled with regular attendance at work. Given this opinion, it was argued that the insurer had to trust the member’s doctors along with the subjective level of pain noted by the member.

The initial appeal was unsuccessful, and the insurer maintained its position that the member’s symptoms did not prevent a return to regular duties.

In response to this denial, the member applied for MAP as per Article 12.05 of the hospital collective agreement and was evaluated by an independent third party doctor in January 2018. The MAP decision was more positive, with the insurer agreeing to pay a portion of the member’s

INJURY DURING BREAK COMPENSABLE “ACCIDENT,” WSIB CONCLUDES

A significant Workplace Safety and Insurance Board (WSIB) appeal confirms that members’ entitlements to benefits during breaks is settled law.

On March 15, 2018, an ONA member was cutting a piece of fruit with a knife while on a break at work. The knife went through the pit and into her palm resulting in a laceration to the left third digit. She lost one pre-scheduled overtime shift the following day and returned to modified duties on March 21, 2018.

The employer objected to the allowance of initial entitlement, arguing that the incident was not work-related and that her actions at the time of injury were not related to her work. They also asserted that the accident should not be considered a compensable “accident” because it did not meet the definition of a “chance event.” Specifically, the employer claimed that although eating on one’s break is an “incidental need,” the action of cutting a piece of fruit in one’s hand is not something reasonably expected of the worker. Therefore, the action was not incidental to her employment.

ONA argued that the WSIB decision correctly interprets and applies board policy, and that the Workplace Safety and Insurance Act includes the protection of workers during intervals, such as breaks, when they are not performing regular work. Our view is that when a worker is on an employer’s premises engaged in an activity that is reasonably expected, the worker is in the course of her/his employment.
claim. However, there were still several months the insurer would not cover. Normally, MAP decisions are not subject to an appeal, however, the decision appeared so incorrect that ONA wrote to the insurer.

Our appeal of the MAP decision made three primary points:

1. The insurer had provided the MAP doctor with the incorrect definition of total disability.
2. The intent of MAP was to rely solely on the decision of the doctor to approve or deny the claim, however, the insurer had written in a letter to the member that it had considered other factors outside of the MAP report when only approving a portion of the claim.
3. The MAP doctor’s report was supportive of total disability and the insurer either ignored that opinion or simply got it wrong.

The insurer reversed its decision and approved the member’s claim for the entire own occupation period, resulting in a retroactive payment of approximately $80,223. Unfortunately, the member was then denied in the any occupation period for which another appeal may be warranted.

The WSIB accepted ONA’s view, stating, “The activity was not so personal or removed from the activity of being at work that it would be expected to disentitle the worker to benefits.” As a result, the WSIB denied the employer’s appeal.
MEMBER’S CLEVER TESTIMONY BOLSTERS WSIAT APPEAL

Along with ONA’s compelling arguments, a member’s use of props to show the Workplace Safety and Insurance Appeal Tribunal (WSIAT) how her thumb, injured at work, is utilized in the various aspects of her duties was instrumental in the panel’s favourable decision.

On September 9, 2011, this member, who had just started her career as an RN, injured her thumb on her dominate right hand during a particularly heavy overnight shift on the telemetry unit. She reported the injury to her charge nurse and went home, hoping the pain would go away with some rest.

She returned to work the next day for her night shift, but after a few hours, her thumb was swollen and she was again in pain. Her coworkers convinced her to go to the emergency department, where she was referred to a hand and nerve surgeon. The surgeon diagnosed the member with a chronic strain/partial tear of the right thumb ulnar collateral ligament. She filled out an Employee Incident report and returned to modified duties at work.

The WSIB denied the claim, determining there was no specific accident and, based on her duties, the ligament injury could not be established to have arisen out of or in the course of employment. The employer advised the member she could no longer be accommodated and put her off work.

While the member had ligament repair surgeries in 2012 and again a year later, ONA appealed the decision at the Operations and Appeals level with no success. In 2015, we proceeded to the WSIAT.

During the WSIAT hearing in February 2018, the member testified that prior to September 9, 2011, she had felt pain in her wrist area, which radiated into her hand and thumb, but she never sought medical attention and was able to perform her work duties, which she described in detail. The WSIAT Panel allowed her to use props, including a set of hospital sheets, the pull sheet, an IV bag and a disposable syringe, to demonstrate how patient beds were made, the process of moving patients in their beds, and the steps required to reconstitute medications, all of which involved motions that place stress on the ligaments in her thumb.

In its decision, the WSIAT Panel concluded that the member’s testimony clarified two central issues in this claim, which could not be determined by written record alone: her work duties and the pre-existing condition. The panel found the member to be a straightforward witness and relied on her testimony, allowing initial entitlement to the right thumb injury sustained at work.

The nature and duration of benefits flowing from the decision to allow initial entitlement has been returned to operations for further adjudication.
un coup d’œil. La structure actuelle du conseil satisfait-elle toujours les attentes de nos membres ? Peut-on être plus efficace pour faire avancer notre syndicat en cette période de changements de plus en plus éprouvante ?

Pour tirer les choses au clair, nous avons embauché Elaine Todres, une experte-conseil en matière de gouvernance et de stratégie. Pendant plusieurs mois, elle a scruté à la loupe nos processus, elle a interviewé des membres du conseil d’administration et des cadres supérieurs, et s’est penchée sur notre riche histoire. Les résultats de son enquête exhaustive ont été transmis aux dirigeants locaux lors de récentes conférences des coordonnatrices régionales ainsi qu’à l’occasion de l’Assemblée des coordonnatrices provinciales de novembre. Mme Todres y note qu’en raison de la nature systémique des enjeux que doivent relever nos membres, un leadership vigoureux de la part du conseil, jumelé aux efforts d’un personnel dévoué, est nécessaire.

Étant donné les attentes accrues qui pèsent aujourd’hui sur le conseil – la charge de travail était autrefois partagée entre quatorze régions et non cinq – Mme Todres recommande la création de trois comités – Finance et risque, Gouvernance et nominations, et Qualité des services aux membres – chacun présidé par un membre du conseil et comprenant des membres de la collectivité avec personnel de soutien. Comme la responsabilité principale du conseil sera d’établir et de superviser la direction stratégique générale de l’AIIO, ces comités auraient pour mission de mettre en œuvre cette stratégie.

J’aimerais aussi vous rappeler que puisqu’il s’agit de votre conseil, dont les efforts visent à améliorer votre vie au travail, il est très important que vous ayez votre mot à dire quant à sa formation et votiez aux élections des dirigeants provinciaux.

Bien qu’il reste beaucoup de travail à faire et de nombreuses discussions à avoir, je vois ces changements du bon œil et suis très optimiste quant à leur impact sur notre capacité à mieux vous servir. Bien que l’on puisse déjà introduire certains de ces changements, comme la création des comités du conseil, d’autres nécessiteront des changements constitutionnels qui devront être adoptés par vote par les dirigeants locaux dans le cadre du congrès biennal. Comme toujours, nous vous encourageons en tant que membres à participer activement à ce processus. Et comme vous êtes la force motrice derrière chacune de nos initiatives, nous comptons sur vos commentaires et votre rétroaction. Au plaisir d’avoir de vos nouvelles.

programme offre à chacun d’eux une évaluation exhaustive, un gestionnaire de cas spécialisé et un plan de traitement personnalisé qui les mèneront sur la voie de la guérison dans un environnement de soutien. Les personnes participantes admissibles peuvent poursuivre leur pratique ou y retourner tout en respectant les conditions du contrat de leur programme. Le rétablissement est supervisé afin que les infirmières et infirmiers puissent retourner au travail en toute sécurité.

Nous sommes conscients que travailler dans des environnements où le niveau de stress est élevé et où les effets sont inadéquats peut engendrer des problèmes de dépendance et des troubles mentaux. Nous espérons qu’avec cette approche au traitement et au rétablissement, encore jamais offerte, le PSI viendra à bout des préjugés injustes associés à ces troubles, et que les infirmières et infirmiers qui souffrent et requièrent des soins pourront recevoir l’aide dont ils ont désespérément besoin sans ressentir de honte, de gêne ou de peur. Je ne pourrais être plus fière du rôle prépondérant que notre syndicat et nos partenaires ont joué pour concrétiser ce programme dont nous avons grandement besoin.

Vous retrouverez dans cette publication de Front Lines une section complète qui décrit en détail le PSI, indique comment y avoir accès et relate des histoires personnelles de rétablissement.
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