A Strong Foundation:
Public health members discuss their roles and realities – and dispel a few myths – in a sector they say the public knows little about.

“Public health is diverse and takes into account the health of the whole population. I enjoy helping families identify and achieve goals to improve health outcomes.”

- Melanie Holjak, public health nurse

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Money Well Spent

We congratulate the Ontario Nurses’ Association for placing a full-page ad in the Globe and Mail protesting Ford cuts to health care. We know that this action takes resources and we appreciate your concern and sacrifice.

We hope the action you have taken is effective.

FRANK AND NANCY PROTERO

Been There, Done That

I have just read ONA’s report, RNs in Long-Term Care: A Portrait. Congratulations!

The report resonated strongly with me, as this has also been my experience for the past 19 years. I have just retired, part of the reason because of the constant struggle of being short-staffed and going home not feeling good about the care being given to this vulnerable population.

I loved my job, and would have loved to have continued for another few years.

Thank you.

A RETIRED ONA MEMBER

Editor’s Note: The report noted above, written by York University researchers who were commissioned by ONA, is available at ona.org/CareNow.

Clarification – In our story on Grand River Hospital in the August/September issue of Front Lines, we stated that several RN positions have been cut. Those RN positions also include nurse practitioners. We apologize for any confusion.

For the People?

Local 6 Coordinator Jane Penciner shared with us a letter she wrote for the government’s public consultations on Bill 124, Protecting a Sustainable Public Sector for Future Generations Act, 2019, which caps public-sector wage increases at one per cent for each of three years. Below are snippets of that letter.

I was under the impression this government was “for the people.” Clearly Bill 124 takes away all the hard-earned rights of “the people:” loss of rights to collectively bargain, removal of rights of arbitrators, and no ability to challenge them. Certainly not “for the people!”

As someone who works in the health-care sector, I can’t see how this will save money. Currently, we have a nursing shortage. Some hospitals staff up to 50 per cent of their ICUs with agency nurses, who are not subject to Bill 124 because nursing agencies are private. As has happened in the past, when there is an inequity with supply and demand, nurses will likely leave hospitals to work for agencies where they can receive a fair wage. They charge a premium above what is paid to nurses.

Hospital nurses often work short-staffed with unreasonable workloads, and have difficulty getting time off. Creating a situation where they can receive better pay and hours outside of the hospital will only increase the nursing shortage in hospitals and drive up costs.

Let nurses freely collective bargain, pay them a decent wage, and address workload issues to attract them back to hospitals as direct patient care providers. I’m sure someone in your government must understand these basic economic principles.

Your approach reminds me of (former NDP leader Bob) “Rae Days.” As a critical care nurse at the time, I know full-time nurses were given their “Rae Day” off only to be replaced with a part-time nurse, as ventilated patients certainly couldn’t go without a nurse for the day. There were no savings of health-care dollars in the end. Just a government remembered for its ill-conceived plan.

Your current plan under Bill 124 will be remembered in a similar way when it creates a huge nursing shortage, likely leading to a public outcry.

The concept of saving money may have been a well-intentioned idea, however I suggest you pay significantly more attention to the possible unintended effect it may ultimately cause.

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

IT IS MY SINCERE HOPE THAT YOU WERE ABLE TO ENJOY a little down time this past summer with family and friends. Because, with the Ontario Legislature reconvening in late October, our ongoing campaigns against harmful government policies continuing throughout the fall and beyond, and our Biennial Convention taking place in November, we need you to be rested and reinvigorated like never before!

In all my years at ONA, I can honestly say that I have never experienced a summer quite like this one. Despite the adjournment of Queen’s Park in late spring, it was clear the government was moving full steam ahead with its ill-conceived transformation of our health-care system. During those months, the Ministry of Health invited health-service providers across the province to submit self-assessments to become one of the 30 to 50 new Ontario Health Teams (OHTs), which will provide health services for up to 300,000 people in their local geographic areas (some may have a specific provincial population focus), under the umbrella of Ontario Health. We expect the first OHT candidates to be announced soon.

Unfortunately, many other details on the OHTs remain a mystery. There is no clarity on their governance or funding structures, and we have serious concerns about increasing privatization of health-care services as a result. ONA has been actively raising concerns about this ad hoc reform process since day one, and will continue to monitor the restructuring carefully and provide regular updates as we learn more.

But that’s the problem. We aren’t being told anything more than the general public. During my informal chat with Premier Doug Ford at a Canadian Federation of Nurses Unions’ event in July (see page 23), he reiterated comments made during his election campaign: that he wants to hear from nurses. We have always been willing to do so, yet decisions that affect our working lives and those for whom we care continue to be made at breakneck speed with no consultations from us. I am happy to report that soon after that chat, we were able to set up a meeting with Premier Ford and Minister of Health Christine Elliott for this October. We will reiterate our concerns, of course, but must continue to keep up the pressure.

To help do so, ONA is launching the next phase of our powerful and well-received campaign, Priorities and Promises, this fall. Through a series of radio, print, transit shelter and social media ads, we will highlight that gambling with our health-care system is not in the best interest of Ontarians.

Because public health hasn’t been spared in the government’s wrecking ball approach, we also launched a public awareness campaign this fall to bring attention to the critical, but often overlooked, work our members in this sector do in keeping their communities healthy (see page 14). And, of course, ONA will do everything in our power to make sure the thoughtful recommendations contained in the long-term care inquiry report are implemented, so something positive can come out of this terrible tragedy.

Recognizing that strong leadership and a more streamlined approach are the most effective ways to navigate our union through these unsettling times, we are moving ahead with Board renewal, and will bring details to our upcoming Biennial Convention for further discussion. You will be hearing more about our plans in future issues and I welcome your feedback to ensure we are on the right track and continuing to meet your needs.

With ONA urging all members to join us in what just might be the political fight of our lives, the theme of our Biennial is an apt one: Our Voice, Our Strength. It highlights the key decisions that we will make together at that convention. It speaks to the power of our campaigns. It echoes what our union is all about. And, it reiterates our unwavering belief that when 65,000 members work towards a common goal, we really can help turn the tide.

Un automne mouvementé

J’ESPÈRE DE TOUT CŒUR QUE VOUS AVEZ PASSÉ DU BON temps en compagnie de vos amis et de votre famille cet été. Parce qu’en raison de la reprise des travaux de l’Assemblée législative de l’Ontario à la fin octobre, de nos campagnes en cours contre les politiques gouvernementales néfastes qui se poursuivent tout au long de l’automne et même au-delà, et de notre congrès biennal prévu en novembre, nous avons besoin que vous soyez frais et dispos comme jamais auparavant!

Je peux vous affirmer que je n’ai jamais connu un été aussi mouvementé que celui-ci durant toutes mes années au sein de l’ABIO. Malgré la motion d’ajournement sur Queen’s Park vers la fin du printemps, il est évident que le gouvernement avait l’intention d’aller de l’avant à toute vitesse avec sa refonte irréfléchie de notre système de soins de santé. Au cours des derniers mois, le ministère de la Santé a invité les fournisseurs de soins de santé de la province à soumettre leur auto-évaluation afin de devenir l’une des 30 à 50 équipes Santé Ontario qui fourniront des services de soins de santé à plus de 300 000 personnes au sein de leurs régions géographiques (certaines de ces équipes pourraient être affectées à un groupe cible précis dans la province) sous l’égide du ministère de la santé.

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A Win-Win-Win!

WHILE THERE IS SO MUCH GOING ON IN THE WORLD
of political action lately as members step up to the plate to help us push back against drastic government changes to our health-care system (see Vicki’s column), none of what we achieve as a union would be possible without a strong focus on the work in my other portfolio: professional practice.

Time and time again, ONA members tell us that workload and other practice issues are one of your biggest concerns. You worry about your ability to provide safe quality care under current models of care, with too few nurses and health-care professionals, which leaves you scrambling and burned out, and without the appropriate resources in place. ONA has successfully lobbied for needed changes to the government and at the College of Nurses of Ontario throughout the years – for example, nurse practitioners who choose not to prescribe controlled substances are no longer labelled as having “restrictions” on their licenses, and nurses are now included in post-traumatic stress disorder legislation, thanks to ONA. But we also know it’s what you face every day on the front lines that has the biggest impact.

I want you to know that ONA is your lifeline. We continue to increase our complement of Professional Practice staff to address your workload concerns, and have placed Professional Practice Specialists in each regional office, located throughout the province, so they can be closer to where you work. As a result, our staff, in conjunction with our Bargaining Units, are reaching more successful professional responsibility complaint (PRC) settlements with our employers than ever before.

And these aren’t pie-in-the-sky wins either. They have resulted in substantial and meaningful changes to inappropriate models of care, additional full-time RNs, and increased resources, including equipment and security guards – to name a few. For the most part, these recommendations are binding, and there are processes in place that ensure that happens.

Here is just one recent example of how well the PRC process can work. Issues began to escalate at Joseph Brant Hospital in Burlington in October 2017 following construction of two new operating theatres, which brought the total from six to eight. These issues included an insufficient number and inappropriate sizes of lead aprons, and a lack of RNs, RPNs, support staff and adequate resources required to meet the standards of the Operating Room Nurses Association of Canada and the Association of Operating Room Nurses, which call for a minimum of 2.5 nurses per room per case.

After Professional Practice became involved in August 2018, we were able to make significant gains with the employer, including an increase of four full-time equivalent RN positions, additional operating room assistants, and equipment improvements, such as patient lifters, new smoke evacuation equipment, and increased numbers and sizes of lead aprons.

I know I have said this many times, but it bears repeating. If you want to see a similar change in your workplace, you have to be the one to get that ball rolling. Our Professional Practice staff need you to tell us what is going on – and you can do that by filling out your workload forms diligently when something doesn’t feel right. They paint a clear picture of the issues you face, so we can help.

The PRC process is not an easy one and changes don’t happen overnight, but it works. Each settlement is a win for ONA members, a win for our employers and, most importantly, a win for our patients.

Tout le monde y gagne!

MÊME S’IL SE PASSE TELLEMENT DE CHOSES DANS LE MONDE des interventions politiques en ce moment alors que certains de nos membres interviennent pour nous aider à lutter contre les changements radicaux apportés par le gouvernement à notre système de soins de santé, rien de ce que nous accomplissons en tant que syndicat ne serait possible sans un fort accent mis sur le travail lié à mon autre dossier : la pratique professionnelle.

À maintes reprises, des membres de l’AIIO nous ont indiqué que la charge de travail et d’autres questions liées à la pratique sont parmi les facteurs qui vous préoccupent le plus. Vous vous inquiétez de votre capacité à fournir des soins sécuritaires et de qualité selon les modèles de soins actuels, en raison d’un nombre insuffisant d’infirmières et d’infirmiers et de professionnels de la santé, ce qui vous expose au surmenage et à l’épuisement, sans avoir les ressources appropriées. Au fil des ans, l’AIIO a exercé des pressions avec succès en faveur de changements nécessaires auprès du gouvernement et de l’Ordre des infirmiers et infirmières de l’Ontario. Par exemple, les membres du personnel infirmier praticien qui ont choisi de ne pas prescrire de substances réglementées ne sont plus soumis à certaines « restrictions » dans les conditions de leurs permis, et le personnel infirmier figure maintenant dans la loi relative à l’état de stress post-traumatique, grâce à l’AIIO. Mais, nous savons également que ce sont vos défis quotidiens sur le terrain qui ont les répercussions les plus importantes sur votre vie.
MEMBERS GET LOUD!

Members Spread Key Messages at Labour Day Events

With health care under attack and workers’ rights being threatened due to recent government decisions, annual Labour Day events were even more meaningful to ONA and our members this year.

“Labour Day is an opportunity to pause, reflect and appreciate the work that thousands of Ontarians do for the good of others,” said ONA President Vicki McKenna. “It’s also a time to remember and acknowledge that unionized workers, including our members, care about and advocate for the health and well-being of all. With the Ford government making reckless decisions about our health-care system and introducing legislation to cap public sector salaries, plus a federal election on the horizon, never has this message been more important.”

“Go Big and Get Loud!”
And, ONA members throughout the province were only too willing to help spread that message in a very big way! Take Local 19, for example, which turned ONA’s powerful wreaking ball ad (see back cover) into a life-size poster, surrounded by colourful balloons to make it stand out even more, for their participation in Sarnia’s Labour Day parade.

“We felt we needed to go big and get politically loud in the current political arena,” said Local 19 Treasurer/Secretary Brittany Freer. “We had an audience to get our message out to, and I envisioned that large ad and how captive it would be for people as we went by. We had members hand out water and about 500 Doug Ford leaflets (on the transformation of our health-care system). Many parade goers were in support and knew what needed to happen. All in all, a very successful day!”

Dozens of Region 3 members marched on and alongside a large flatbed truck adorned with ONA flags in the Toronto Labour Day parade under the theme, Organize, Educate, Resist – a throwback to the Toronto and York District Labour Council’s slogan from the Mike Harris era, which it said we must also embrace and popularize for the next three years.

Local 7 took advantage of the Brantford and District Labour Council’s annual Labour Day Soap Box Derby and Community Barbecue, now in its 63rd year, to provide some education of their own.

“Those who attended the event engaged in conversations about the upcoming federal election and the need for universal pharmacare and publicly funded health care,” said Local 7 Coordinator Melanie Holjak.
On the Line

Along with fellow unions, ONA contributed to a 12-page Labour Day insert in the Toronto Star on August 31.

Our contribution included our full-page Shot in the Dark ad (see page 16) and a story entitled, “Health Promotion and Disease Prevention Programs on the Line,” featuring our public health members, many of whom also appear in this issue of Front Lines.

The insert reached approximately 1.8 million readers and was also posted on canadianlabourmatters.ca.

“Individuals agreed that both issues are a priority and voting for a party that supports them is necessary to ensure everyone has equal access to health-care services.”

McKenna agreed, adding, “the federal election made the national Labour Day theme of the Canadian Labour Congress, A Fair Canada for Everyone, particularly appropriate. We must build a fair society for all, and for nurses and health-care professionals, this includes a Canada with universal pharmacare, climate action and good-quality jobs.”

Support from the Top

A couple of very familiar faces also joined our members at their Labour Day events: Premier Justin Trudeau posed with members of Local 70 at the Hamilton parade while Canadian Federation of Nurses Unions President Linda Silas, carrying a Choose Care, not Cuts sign, marched alongside Local 83 in Ottawa.

“I approached Mr. Trudeau and introduced myself as a registered nurse with ONA and thanked him for coming,” said Local 70 Coordinator Maureen Williamson. “He replied that he was happy to be here and thanked us for all our hard work. The turnout for the parade was better than the previous year and we will keep working on getting more members to come out. It’s important.”

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
**Second Report on the Future of Health Care Released**

The Premier’s Council on Improving Health Care and Ending Hallway Medicine released its second report this summer. Key recommendations include calls for better integration of health services, and an increased focus on the needs of patients – especially at navigation points in the health-care system. In addition, the report advocates for modernizing the system using digital technology and strengthening partnerships between health and social services.

**Premier Ford’s Top Advisor Resigns**

A patronage scandal has forced the resignation of Premier Ford’s Chief of Staff, Dean French – the top staff person at Queen’s Park. It emerged that French made a series of inappropriate appointments to lucrative government posts. In response, the government is promising a more transparent appointments process, while opposition parties are calling for an external review of all appointments to date. In August, Jamie Wallace, a former Postmedia vice-president, was named new Chief of Staff.

**Canada’s Premiers/Territorial Leaders Meet in Saskatoon**

At the July Council of the Federation summit, Canada’s provincial and territorial leaders committed to providing access to affordable medicine to Canadians. ONA is hopeful this country may soon see some version of a universal pharmacare program (see page 18), although we note that some premiers want the choice to opt out. The premiers also called for the federal government to increase health transfer payments to assist provinces with aging populations, which will be an important federal election issue. There was also a strong focus on mental health, including a commitment to hold a provincial and territorial symposium on mental health and substance use to further spur innovation and collaboration. Read about the Canadian Federation of Nurses Unions’ panel presentation to the premiers and territorial leaders on violence in health care during the summit on page 23.

**More Funding for Mental Health and Addictions Services**

A total of $5.1 million in funding has been announced for front-line mental health and addictions care providers in Ottawa. This includes $115,579 to support child and youth mental health programs at the Children’s Hospital of Eastern Ontario and $2,336,000 for 10 inpatient mental health beds at the Ottawa Hospital (Ottawa South).

**Treatment for Patients with Essential Tremors Approved**

The government announced $1.4 million in funding for 72 additional patients to receive a new, non-invasive treatment for essential tremors. Approximately four per cent of Ontarians aged 65 years and older are living with essential tremors, a condition that causes uncontrollable shaking. While there is currently no cure, during clinical trials the treatment has shown to improve tremors by 46 per cent, with shorter recovery times and lower risks than surgery.

**Midwifery Services Expanded**

Despite significant funding cuts to the College of Midwives earlier this year, Minister of Health Christine Elliott recently announced $28 million to expand midwifery services in the province. This funding will allow midwives to provide care for up to 3,400 new families and support up to 90 new midwifery graduates as they enter the field. The funding will also help to expand Indigenous midwifery programs.

**Funding Provided for Hospital Infrastructure**

The province announced up to an additional $9 million to support ongoing planning for the Ottawa Hospital’s new campus. The new state-of-the art teaching facility will include expanded services for emergency care, inpatient care and specialized regional programs such as trauma, neurosciences and vascular surgery. The government also announced it will invest in the construction of the new Peter Gilgan Family Patient Care Tower at the Hospital for Sick Children and the expansion of the hospital’s blood and marrow transplant/cellular therapy unit.

**New Long-Term Care Beds**

Minister of Long-Term Care Dr. Merrilee Fullerton has announced additional long-term care (LTC) beds in communities across the Greater Toronto Area. In Mississauga, the government announced 457 new and 275 upgraded LTC beds. In Brampton, 168 new and 280 upgraded LTC beds have been allocated. There was no mention of funding for staffing.
Extended Health-Care Benefits Fraud: How to Protect Yourself

You may have heard in the news lately that many hospitals in the Greater Toronto Area and beyond have been investigating their staff’s use of extended health-care benefits.

Unfortunately, some unscrupulous service providers have been convincing staff to make claims for services and products they have not received, or services and products that are not covered by the hospital’s benefits plan.

Many of these fraud investigations are still underway, but ONA is already seeing the consequences for some of our members. Nurses and other health-care professionals have been disciplined and terminated. Employers will also be reporting these members to their regulatory colleges where they may face regulatory discipline. There is also the possibility of criminal charges and/or civil consequences.

Dos and Don’ts

ONA advises members to protect yourselves by following these guidelines when making claims for extended health-care benefits:

- Do not make claims for services or products that you do not receive.
- Do not seek or accept prescriptions for products that are not medically required.
- Do not sign blank claim forms that the service provider will later complete on your behalf.
- Do not accept “freebies” such as shoes that are offered to bring your claim up to its maximum entitlement; if it sounds too good to be true, it probably is.
- Never accept cash kickbacks.
- Do not fall prey to enticements such as “everybody is doing it” or “you should be using your full entitlement.”
- Check the website of your insurer to see a list of suppliers that you should not use.

Sadly, many otherwise honest ONA members may face serious consequences for allegedly making fraudulent claims.

Call LEAP!

If you are called in to meet with your employer and/or the insurer to discuss your benefits claims, ensure you have a union representative in attendance. If you have any worries that your claims may be problematic, contact the Legal Expense Assistance Plan (LEAP) Intake at (416) 964-8833 or leapintake@ona.org for advice before your meeting. If the police contact you to discuss your benefits claims, contact LEAP Intake immediately and do not give any statements to the police.
Attention Members in Regions 1, 2 and 3!

Time to Have Your Say on Board of Directors

The election for the 2020-21 ONA Board of Directors is underway and we urge you to take a few minutes to have your say.

All members of the Board of Directors – ONA President, First Vice-President and the five Regional Vice-Presidents – were up for election this fall. However, because President Vicki McKenna (incumbent), First Vice-President Cathryn Hoy (incumbent), Region 4 Vice-President Angela Preocanin (incoming) and Region 5 Vice-President Karen Bertrand (incumbent) were acclaimed, no elections will be needed for their positions. That means there will only be elections in Region 1 (northern Ontario), Region 2 (eastern Ontario) and Region 3 (Greater Toronto Area).

Members in those regions received a ticket of nomination letter in the mail, providing information on how to cast your vote and where to access the candidates’ full resumes on our website, along with a unique PIN to vote. Please keep that number in a safe place until you are ready to do so. Included with this issue of Front Lines is a list of the candidates running, along with messages from those candidates. Acclamations are also noted.

All members with entitlements in Regions 1, 2 and 3 have until 4 p.m. on November 1 to cast your vote for your regional Vice-President. You can do so online or via phone in just a few minutes. Results will be available soon after the deadline. If you have any questions or problems casting your vote, call (416) 964-8833 or toll-free 1-800-387-5580 (immediately hit “0” to be connected to the Toronto office) and ext. 7748.

The Board of Directors makes key decisions that affect your working and union lives every day. Please help decide who forms this important group.
Walking with Pride!

Summer 2019 may have recently wound down, but our members’ enthusiasm for their local Pride parades certainly didn’t!

On August 11, leaders and members from Local 8 decked themselves out in virtually every colour of the rainbow and proudly displayed both the ONA and Pride flag as they participated in Windsor-Essex’s annual parade.

“As nurses and activists, it is important to demonstrate that we endorse and support equality and diversity for all members,” said Hotel-Dieu Grace Healthcare Bargaining Unit President Jo-Dee Brown, while Local 8 Coordinator Susan Sommerdyk added that “members care for all diverse groups, and walking in the Pride parade shows that ONA stands alongside the LGBTQ+ community supporting their rights.”

That sentiment was echoed at another corner of the province, as Local 83 marched for the third year in a row at Capital Pride in Ottawa on August 25.

“We’ve always had a great time marching alongside our members who identify as LGBTQ+ and with our allies,” said Local 83 First Vice-Coordinator Andrea Cashman, noting that their Human Rights and Equity Rep Angel Paniagua Perez, who also sits on ONA’s provincial Human Rights and Equity Team, was a tremendous help in planning their participation. “This year we got to march with Canadian Federation of Nurses Unions President Linda Silas and her wonderful staff, as well as the Ontario Federation of Labour. Pride to us is about celebrating diversity and inclusiveness.”

ONA would like to remind all members that it’s never too early to start planning for your attendance in local Pride events next summer!
LEAPs and Bounds! Members Rave about ONA’s Legal Expense Assistance Plan

It doesn't get any better than this!

ONA’s Legal Expense Assistance Plan (LEAP) Team, which provides assistance with members’ legal and regulatory college issues relating to their work (all included in the cost of your dues), has released the results of its most recent annual survey – and to say they are impressive would be an understatement.

Of the members who responded to the survey, 100 per cent said it was either easy or very easy to contact LEAP, while 93 per cent felt they received either a timely or a very timely response to their call from a member of the team, comprised of professionals with backgrounds in law and nursing.

Once members made that initial contact, the LEAP service just kept getting better, with 100 per cent of respondents stating:

• They found their LEAP representative to be either sensitive or very sensitive to their situation, and supportive or very supportive of their needs during their first telephone conversation and throughout their case.
• They were either satisfied or very satisfied with the information and advice received on first contact and throughout their case.
• They were either satisfied or very satisfied with the quality of representation provided.

Comments on the survey were equally glowing.

“My [LEAP representative] was very helpful, supportive, kind, encouraging and amazing! I could not have asked for better,” said one respondent, while another noted, “The lawyer who represented me was knowledgeable and easy to communicate with. I felt supported and well represented.” Another added that LEAP “made a very stressful situation much easier to deal with,” and this member might have summed it up best: “I am so grateful for the compassion that I received. This kind of support is unmeasurable, as it is given unconditionally.”

The LEAP Team continues to carry a heavy caseload in 2019, expecting to open 700 new files, which is twice as many as just a few years ago (377 in 2017, 311 in 2016). The vast majority of these new cases are College of Nurses of Ontario (CNO) complaints and reports. Unfortunately, the team is not anticipating this pace to ease up in the next few years. Despite that, LEAP is doing a better job than ever of keeping most cases in-house, and has an even greater ability to handle more complex files that require litigation at the CNO.

“LEAP is one of those unique ONA services that you hope you never have to use, but is invaluable if you ever find yourself in a difficult situation,” said ONA President Vicki McKenna. “I couldn’t be prouder of the stellar work of this team, as evidenced by this near-perfect survey.”

How to Contact LEAP

If you need help or would like more information about LEAP, call or email the team at:

• Telephone: (416) 964-8833 or (toll-free) 1-800-387-5580 (ask for “LEAP Intake”).
• Email: LEAPintake@ona.org.

You can also download a copy of our LEAP Guide at ona.org/guides.
Shaping the Future: Tips for Effective Preceptorship

Most nurses have a huge workload, and it’s hard not to feel that mentoring a student is an added extra to that work.

However, some feel that nurses are able to say “no” to having a student, failing to recognize that they are professionally required to support young learners in developing and refining competencies needed for safe, ethical patient care by sharing their knowledge. It is beneficial to both.

Here are some tips – for both nurses and students – to make the most out of a preceptorship opportunity.

Tips for Preceptors:

- **Clarify:** Never assume a student nurse’s skills. Take five minutes before your shift to get to know the learner’s skills and abilities, scope of practice, and educational objectives for the clinical experience. By setting goals with the student, you can clarify your expectations of each other.

- **Supervise, but don’t intimidate:** If lines of communication are open, you should be able to trust the student to practice within their scope. Try to partner with your student instead of simply delegating tasks to them.

- **Help link practice back to theory:** The best part of clinical is being able to connect what students learn in class to their work on the floor. If you have to do a skill with a student, take a few minutes to come up with a plan together and review the theory behind it. This will not only enrich the student’s learning, but will also help keep you on top of your practice!

- **Provide timely feedback:** If you are partnering with a student to do a skill, give them some feedback on their performance, which can help them reflect and improve for next time. Compliments are always appreciated and go a long way!

Tips for Students:

- **Let your preceptor know what you know:** Be aware of your scope of practice and let your preceptor know what you can do. You are obligated to refuse tasks outside of your scope. This doesn’t mean you shouldn’t seek out learning opportunities or try; instead, know when it is safer for you to observe. Be your own advocate.

- **Make a plan and give updates:** Create a plan for the day based on your patient, their medications and the care plan. Update your preceptor at the beginning of your shift and keep them updated if anything changes, not just when they ask.

- **Be enthusiastic:** Be engaged and excited! Look for learning opportunities and ask questions to show you want to be there.

- **Reflect on your performance:** If your preceptor doesn’t offer feedback, ask! A quick debrief can help you improve for your next shift.

By creating a supportive and reciprocal relationship and keeping lines of communication open, having a student can be rewarding to both the RN and future RN! Positive clinical experiences can increase a student’s enthusiasm and retention in nursing, benefitting our patients and the profession into the future.
A Strong Foundation:

Public health members discuss their roles and realities – and dispel a few myths – in a sector they say the public knows little about.

Ask a random member of the public what a hospital, home care or long-term care nurse/health-care professional does and chances are they will answer with at least some degree of comprehension. Ask that same person the role of a public health nurse/health-care professional, however, and the response may not be quite so clear-cut.

It’s a reality that ONA’s public health members face every day. While public health is largely referred to as the foundation of our health-care system for its potential to keep people healthy and away from costlier health-care alternatives, most notably hospitals, our members say the public at large doesn’t fully comprehend the wide range of services that fall under the purview of the province’s public health units.

“People Don’t Know What They Don’t Know”

“Public health is often misunderstood and undervalued because its work seems intangible to the public,” said Shelley Aretz, RN: “Public health is a crucial part of our health-care system. We keep people out of hospital. We cannot end hallway medicine if we cut public health.”
The public is confused about public health because we do such a good job. Unless they access our services, they don’t know how much we do in the background to support their well-being.

Local 7 Coordinator Melanie Holjak, RN, who works on the Maternal and Child Health Team at the Haldimand Norfolk Health Unit, providing care to families from the pre-natal period to school age. “Although we are able to provide an intervention and see immediate improvements in some cases, our efforts are often focused on long-term goals, such as preventing rather than curing illness. Prevention is more effective and much less expensive than cure.”

Because of that, “our work is invisible as nobody sees the infections and poor health outcomes we prevent,” added Thunder Bay District Health Unit Bargaining Unit President Shelley Aretz, RN, who supports vulnerable populations, including the homeless or those precariously housed, people who inject drugs and workers in the sex trade, through the Street Nursing Program. “And there are misconceptions. People think public health nurses do restaurant inspections, which isn’t true.”

In fact, public health inspectors conduct those, and are among the 64 health-care professionals, including health promoters, planners, dieticians, dental teams, community health brokers, family home visitors, information technology staff, building maintenance workers, urban planners and communications advisors, represented by Brant County Health Unit Bargaining Unit President Heather Clark, who admitted she once didn’t know much about public health herself.

“After I was hired, it amazed me how much fantastic work was being done for our community,” said Clark, who is the program assistant for the Environmental Health and Infectious Disease teams, a role that includes processing incoming inquiries and concerns from the public on issues such as rabies, infectious diseases and adverse water reports. “Things the public takes for granted are managed through the great work of health unit staff. But people don’t know what they don’t know.”

“So Many Opportunities”
For that reason, ONA launched a public health awareness campaign this fall, featuring online stories from the front lines, a print and radio ad, and social media shareables, to promote the critical work of members in this often overlooked sector.

That work includes preventing outbreaks of infectious diseases; ensuring that students and others are vaccinated; teaching healthy eating habits and engaging in smoking cessation programs; supporting new mothers with breastfeeding and helping with positive parenting; providing sexual health counseling and testing; assisting with harm reduction through naloxone education and distribution; and providing the only place that some of society’s most vulnerable can access primary care.

“Sometimes, we work directly with clients and some of our work is with community partners, which can include others in the health-care system, such as municipal governments, schools, shelters and service agencies,” said Aretz.

Take Local 15 Coordinator Muriel Vandepol, RN, for example, who works in the Healthy Schools Program at Region of Waterloo Public Health.

“This is a comprehensive approach where we work together with school administrators, a Healthy Schools champion, teachers, parents, students and community agencies to create an environment that supports a child’s health and learning,” she said. “Our vision is healthy students = healthy learners = better futures.”

Public health members also take lead roles in identifying opportunities to improve societal factors that influence health, including gathering and reporting on population health status. By taking into consideration the social determinants of health in primary prevention, they are also able to implement large-scale solutions.

“There are so many opportunities in public health and diverse practice areas in which to work,” said Holjak, adding no two days are alike. “We’ve had nurses on health promotion teams who have been instrumental in lobbying the government to introduce car seat safety legislation.”
Melanie Holjak, RN: “We have a government that does not see the value in local health promotion and protection, and preventing illness and disease. It’s short-sighted to make drastic changes without consultation from the very people who provide services.”

“I love what I do. I love prevention, and that I have the opportunity to get to know my clients and use my role to advocate for people living with addiction and poverty.”

—Thunder Bay District Health Unit Bargaining Unit President Shelley Aretz

“Hard to Imagine”
That lobbying will come in handy as the government moves forward with its plan to amalgamate the province’s current 35 public health units into 10 larger regional units with no consultations with ONA, which represents 2,500 public health members in 33 of those units.

“It’s appalling that the very workers who deliver programs and services were not given the opportunity to share our concerns, as we know the needs of our communities and are best poised to provide feedback on what changes should take place to improve the functioning and reorganization of public health,” said Holjak.

“I saw a clear lack of understanding and valuing of the work we do from the government,” noted Vandepol, adding that “over the years, we have also seen a change in our work, including more specialization, along with the challenge of others understanding the breadth of our skills.”

Because each community in the province is unique, ONA is deeply concerned that vital programs and services tailored to local needs will be reduced or eliminated as these mergers proceed, leaving some, especially vulnerable populations, with no access to health care. That will result in people getting sicker and forced to find care in emergency departments, increasing the burden on hospitals and ultimately driving up costs.

“It’s hard to imagine how we will address the public needs of such a vast geographic area when my unit merges and there are only two for all of the north,” said Aretz, while Clark is fearful that amalgamating with larger units could mean layoffs and “not having a voice at the table when major decisions are made.”

Already, we are seeing the elimination of front-line positions and vacant positions not being filled at some units, resulting in increased workload and reduced services. And, we fear things will get even worse come January.

While the government paused the retroactive public health funding cuts it tried to force on communities earlier this year after municipal leaders complained their annual budgets had already passed, Premier Ford recently announced those cuts — $200-million annually by 2021-2022 — will proceed next January 1. Previously, municipalities had varying public health cost-sharing arrangements, with the province paying 100 or 75 per cent in some cases. Under the new plan, all municipalities will pay 30 per cent of public health costs.

“The trend has been an erosion of public health services, and recent cuts will exacerbate an already difficult situation,” said Holjak. “It’s naïve to think the funding reduction will not result in loss of front-line services.”

This is particularly alarming considering the current environment — Health Minister Christine Elliott said this year’s flu season will be a bad one, and the latest statistics from Public Health Ontario show nearly 1,500 Ontarians died from opioid overdoses last year (a 17 per cent increase from 2017) — and the key role public health members play in helping contain these issues.

“We are also dealing with simultaneous and overlapping HIV and TB outbreaks in the homeless population,” added Aretz. “Managing these outbreaks takes an incredible amount of time and resources. We need more nurses and resources to address these complicated health...
Public health unit staff are constantly working to promote and create preventative campaigns to educate the public and keep them safe and healthy.

— Brant County Health Unit Bargaining Unit President (health-care professionals) Heather Clark

Muriel Vandepol, RN: “Since my time as a nursing student in public health, I knew this is where I wanted to be: empowering children, youth, adolescents, adults and seniors with the knowledge and skills to be healthier. It has been very gratifying.”

issues in populations that are difficult to connect with.”

While we have work to do to increase awareness of public health services, Clark fears “that once those quiet, preventative services are taken away, it will be very noticeable.”

ONA is also troubled by news that the government is considering exceptions or “waivers” for some aspects of Ontario Public Health Standards, provincially-set minimum expectations for public health programs and services delivered by all public health units.

As soon as these changes were announced, ONA began lobbying the government to reconsider its restructuring plans to ensure the number of newly merged public health units is appropriate, taking into account geography and population; increase public health funding to 100 per cent; and ensure the retention of nurses and health-care professionals in the sector. While more than 1,200 people have signed our online letter to the Premier, Health Minister and their MPPs denouncing the cuts, we need all members to get onboard to keep up the pressure.

“Public health nurses and health-care professionals are perfectly positioned to take a more politically active role,” noted Holjak. “Advocacy and health promotion are key components of our work. We must advocate for continued public health services in our communities and adequate funding to meet community needs. We all have a responsibility to do whatever we can to ensure our clients have access to quality, adequately funded public health care.”

“A Quiet Leader”

Until that happens, these members find great comfort in the fact their work is not only changing, but saving lives.

“Although I may not see the immediate results of my nursing practice, I feel satisfaction when positive changes happen with my clients and their families or within their school environments,” said Vandepol. “When I receive a thank you from my school partners, I know I’ve provided them with the knowledge, resources and skills that make a difference.”

While Clark said she also receives gratitude, “we are known for being a quiet leader and just doing our jobs without much glory.”

“Working in public health allows you to become a voice for the vulnerable,” added Holjak. “We strive to close the inequity gap to ensure no one is disadvantaged regardless of their socio-economic background.”

For Aretz, that is particularly meaningful.

“When I have to tell someone they’re HIV or Hepatitis C positive, it can be very difficult. These are challenging diagnoses to receive and I am with them at a life-changing moment, which sometimes becomes a crisis moment. When I later see someone engaged in care and thriving, it makes the hard times worthwhile. I receive positive feedback from my clients all the time. Even on the most trying days, I know this is the job I want and need to do.”

ONA’s public health campaign contains a strong social media component, including this shareable.

Support Public Health

Healthy Babies

Fact:
Public health nurses visit homes and schools to educate and support new families and run programs aimed at young children.

Why?
Healthy development at birth sets the stage for a healthy life.

www.ona.org/publichealth

Read more and get involved at ona.org/publichealth
“You have the Power to Get this Done,” ONA, CFNU Tell Premier of Pharmacare

ONA President Vicki McKenna and Canadian Federation of Nurses Unions (CFNU) President Linda Silas have penned a joint letter to Premier Doug Ford urging him to fill the gap in universal health care by helping to deliver a pharmacare program.

The letter, which was published in several newspapers throughout the province in July, came on the heels of the release of the Advisory Council on the Implementation of National Pharmacare’s report, which recommends an end to the current costly and dysfunctional patchwork system of coverage in favour of a single pharmacare system that covers all Canadians.

“After 20 years of advocacy, Canada’s nurses are optimistic that pharmacare for all could finally be within reach,” the letter reads. “We envision a future where patients receive prescriptions solely based on medical need and never their ability to pay.”

The Advisory Council estimated that pharmacare would save at least five billion health-care dollars per year in Canada, the letter stated, adding that with up to 70,000 Canadians yearly suffering health deterioration because of unaffordable prescriptions, under pharmacare, a healthier population would also generate vast savings.

McKenna and Silas also provided statistics for Ontario, noting that in our province alone, total public and private spending on prescription drugs reached $12.7 billion in 2017, up from $8.9 billion 10 years earlier. A recent expert report commissioned by the CFNU found that in 2015, a national pharmacare program would have resulted in enough savings in this province to pay for 84,930 more seniors to receive daily home care visits, 300 new community health centres, 3,900 additional long-term care beds per year, and 11,900 more hospital nurses.

“Despite the great leap made (by the report), a long road still lies ahead,” the letter concludes. “The promise of pharmacare has been made and broken many times since medicare’s inception in the 1960s. As a result, the dream of pharmacare has been left to drift off into the sunset. We cannot let this happen again. Working with your provincial and territorial counterparts and the federal government, you have the power to get this done. Together, we can take this big step forward. For the people of Ontario, for the people of Canada, the time has come.”

A Call for Help: ONA Hosts Telephone Town Hall on LTC

It worked so well the first time, ONA decided to do it again!

On August 13, ONA President Vicki McKenna and CEO Bev Mathers (pictured) hosted our second telephone town hall to address members’ concerns and answer their questions on the release of the long-term care (LTC) inquiry recommendations two weeks previously.

During the town hall, the engaged callers were also polled on the number of RNs in LTC, violence in their LTC homes, and privatization in the sector, with the vast majority stating that all three are significant issues they face.

This past March, ONA held our inaugural telephone town hall to discuss the details we had at the time on the government’s transformation of our health-care system, determining that such a format was an effective and convenient way to reach many members at once.
Front Lines, Feature Report Win Awards

ONA's Front Lines magazine and one of its recent feature reports have won prestigious North American 2019 Apex Awards, which recognize excellence in publishing by professional communicators in the areas of graphic design, editorial content, and the ability to achieve overall communications greatness.

The July/August 2018 issue of Front Lines, which featured a cover story on the quick action and high-level of care shown by members at Sunnybrook Health Sciences Centre in the aftermath of the Toronto van attack, received an award for publication excellence in the Magazines, Journals and Tabloid – Print category. The feature report, Nursing Student Clinical Placements – A Support or Barrier to Sound Practice?, which appeared in the September/October issue of Front Lines, was honoured in the Editorial and Advocacy Writing category.

Almost 1,300 entries from across North America were received, with the Apex website noting that “this year’s entries displayed an exceptionally high level of quality.” The judges saw only the most promising publications that professional communicators could enter. From them, they had the truly challenging task of selecting the award-winning entries.”

Congratulations to our Communications and Government Relations Team for these impressive achievements!

Getting our Message out

ONA President Vicki McKenna (left) and CEO Bev Mathers pose on the steps of the Toronto Star’s office on July 23 before heading into a meeting with its editorial board. During the 75-minute meeting, McKenna, Mathers and ONA staff highlighted our key areas of concern to bring awareness to the board of what front-line RNs and health-care professionals experience in the workplace. “We know what needs to be done to fix hallway medicine, long-term care (LTC), home care, and so many other challenges,” McKenna said in her opening remarks. “We have to stop the creeping privatization of health care. RNs are being cut, and patients are being kicked out of hospitals quicker-and-sicker. There aren’t enough LTC beds. Home care is struggling after years of underfunding to attract nurses. Nurse practitioners should be playing a bigger role, but instead we are seeing cuts. Our employers are under pressure to balance budgets with inadequate funding increases. The government is upending the system and has not consulted with those with front-line expertise. Our members provide the best care they can under the working conditions they face. They care deeply, they are committed to their patients, and we are committed to them.”

Better Use of Nurses could Reduce Wait Times, Increase Access, Union Report Finds

A sweeping report from the Nova Scotia Nurses’ Union (NSNU) is calling on the government to use nurses in new ways and to their full scope of practice to improve primary health-care services.

Nursing Potential: Optimizing Nursing and Primary Care in Nova Scotia states that despite past efforts and reports through the years, “primary health-care reform has been stubbornly elusive.” It concludes that nurses are often underutilized and their roles misunderstood by the public and other health-care professionals.

“It is also clear that the future of primary health care is collaborative,” NSNU President Janet Hazelton told a news conference at the union’s headquarters in Dartmouth. “We need nurse practitioners, RNs, licensed practical nurses (RPNs), doctors, social workers, dietitians and others working together for the optimal health of Nova Scotia.”

NSNU researchers and members spent a year compiling the 130-page report, which includes 33 recommendations addressing areas such as dysfunction in the health-care system and the need to educate the public and other health-care professionals.

The report also points to the need to expand the scope of RNs under some circumstances. For example, after years of discussion with their provincial Health Department, NSNU hopes that RNs may soon be given the power to prescribe some drugs.

NS Health Minister Randy Delorey said he appreciated the work put into the report “as it helps identify and prioritize challenges and innovative ways to address those challenges.”
Two Substantial ONA Wins at Divisional Court will Protect Members with Addictions

ONA has recently achieved two significant successes in Ontario’s Divisional Court, which affirm and protect the human rights of ONA members with addictions.

Whether or not employers are entitled to discipline or terminate addicted employees for conduct that flows directly from their addiction is a question that has lacked consensus in case law. But after two arbitration decisions that, in ONA’s view, failed to provide addicted members with meaningful human rights protection, we knew the time had come to fight this discrimination in court. Through these two cases, the courts asserted a robust, rights-affirming approach to this question, finding that to discipline an employee for behaviour that is caused by an addiction – such as theft or using drugs at work – constitutes discrimination.

In doing so, the courts rejected a narrow approach to addictions law, which required evidence of direct, intentional discrimination to find a violation of the Human Rights Code. Under this approach, arbitrators found that it is not discriminatory to apply the same rule to all employees – for example, a rule prohibiting theft – and to treat all employees the same if they violate this rule. This approach led to adverse outcomes for addicted members who were unable to comply with workplace rules because of their disability.

The courts’ decisions affirm that it is not enough for an employer to simply treat everyone the same: if a rule has an adverse impact on a member because of their disability, the employer must adjust the application of that rule to accommodate the addicted member.

First Case: Royal Victoria Regional Health Centre

In this case, ONA sought judicial review of an arbitrator’s decision upholding a member’s termination for theft of narcotics. The arbitrator accepted that the nurse stole narcotics because of her addiction, however, he relied on the line of case law addressed above, and found that in the absence of overt discriminatory conduct by the employer, there was no human rights analysis to undertake. In other words, because the employer terminated the nurse for theft, and not expressly because she had a disability, there was no human rights violation.

ONA argued that the arbitrator misinterpreted the test for discrimination and, in particular, failed to consider whether the employer’s conduct indirectly discriminated against the member. The court agreed, finding the test for discrimination requires the member to prove that:

1. They have a characteristic that is protected from discrimination under the relevant Code.
2. They have experienced an adverse impact with respect to the event.
3. The protected characteristic was a factor in the adverse impact.

If addiction was a factor in the employee’s termination, then discrimination has been determined. ONA does not have to prove the addiction was the sole reason or that the employer intended to discriminate.

The court restated the issue for arbitrators in cases such as this as “whether the termination of [the grievor] on the grounds of theft and breach of trust was discriminatory because it affected her differently as a person with an addiction than all other nurses who might be terminated on such grounds.” By doing so, the court affirmed that indirect discrimination, where a neutral rule has a disparate impact on a protected group, is also discrimination, and recognized that often “treating all nurses the same creates serious inequality.”
Member’s Testimony Critical in Successful WSIB Appeal

ONA’s argument on behalf of a member denied benefits after being injured in a patient’s home was enhanced by her own meaningful and credible testimony at the hearing.

On September 16, 2005, this member, a part-time RN for the Victorian Order of Nurses, hit her head on a 4 x 10-foot wooden beam when leaving a patient’s home that was under construction. She reported the injury immediately to her supervisor and attempted to continue working.

After seeing her next patient, her symptoms of blurred vision, dizziness, a headache, and neck and back pain increased. She informed her supervisor and sought medical treatment, where she was diagnosed with a closed-head injury, scalp contusion and hematoma, along with cervical and upper back strains. The Workplace Safety and Insurance Board (WSIB) allowed the claim for loss of earnings and health-care.

The member attempted a return-to-work plan 10 days later, but after three shifts, went off work, suffering from a migraine headache that lasted five days. She started physiotherapy and again attempted a return to modified work and hours that November, but her neck pain and headache symptoms increased, forcing her to stay off work. She sought medical from her family doctor.

Unfortunately, the member was involved in a minor motor vehicle accident (MVA) on her way to physiotherapy. She sought medical from the emergency department and it was documented that she had an increase in pain in her right neck radiating into her shoulder. She continued with her physiotherapy and remained off work.

In May 2006, the WSIB terminated loss of earnings and health-care benefits, stating the symptoms the member was experiencing were from her pre-existing health issues and the MVA, and that she had recovered from her workplace injury. ONA appealed with no success, and proceeded to the Workplace Safety and Insurance Appeals Tribunal (WSIAT) in 2014.

During the WSIAT hearing in April 2018, the member testified that she did have pre-existing conditions, but they were managed with medications and a swimming program. She also gave compelling testimony about the difference in symptoms she felt from the workplace injury and the MVA, from which she had recovered.

ONA referred to the medical that supported she had not recovered from her workplace injury at the time of the MVA and to several medical reports from her family doctor and her two physiotherapists. All three provided objective medical supporting that the workplace injury was the significant contributing factor to her ongoing symptoms.

In its decision, the WSIAT concluded that the member’s compensable head and neck injuries did not come close to being resolved prior to the MVA, nor were they fully resolved when the WSIB terminated benefits. The appeal was allowed, and the member entitled to benefits for a permanent head and neck impairment and a non-economic loss award. The decision also stated that she is entitled to further benefits, including loss of earnings and health-care benefits beyond May 2006.
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ONA IN ACTION

“Subjective Symptoms” Must be Given Significant Weight, LTD Appeal Finds

ONA has been successful in a long-term disability (LTD) appeal related to chronic pain and mental health illness after an insurance carrier terminated benefits for a member who had been approved for her own occupation, stating she could do sedentary work.

The occupational health file of this member, who worked in a unit that required a significant amount of lifting, pulling and pushing, revealed a number of workplace incidents over a 20-year period, with some requiring time off work to recover. The last return to work to a sedentary position was unsuccessful and the employer was no longer able to accommodate.

ONA argued that if the member was not able to return to a sedentary role with her own employer, how would it be possible for her to be gainfully employed with another? We also argued that subjective symptoms experienced by the member due to her chronic pain and mental health illness must be given significant weight as there are not objective tests that clarify the level of pain experienced and how that level of pain limits a person’s functional abilities. The argument is substantiated in a Supreme Court of Canada decision related to a workers’ compensation appeal (Nova Scotia (Workers’ Compensation Board) v. Martin, [2003] 2 S.C.R. 504).

ONA’s appeal was successful. The member will receive a retroactive payment of approximately $57,000, and $5,174 monthly going forward.

Sadly, ONA receives many LTD denials due to mental health illnesses. The symptoms and resultant limitations and restrictions are, for the most part, subjective and difficult to argue with objective medical. It is important that insurance carriers give subjective member testimony appropriate recognition when determining entitlement to LTD benefits.
Violence in Health Care Demands Action Now, Nurses tell Premiers

When Canada’s provincial and territorial premiers recently assembled in Saskatoon for their annual summit, ONA and other provincial nursing union members of the Canadian Federation of Nurses Unions (CFNU) were there to deliver a clear message: Violence is not part of our job.

At an event coinciding with the Council of the Federation summit on July 11, co-sponsored by the CFNU, the Saskatchewan Union of Nurses and Saskatchewan Premier Scott Moe, a panel of experts – Dr. Kevin Kelloway of St. Mary’s University, Dr. Maura MacPhee of the University of British Columbia, and Clint Hodges, Director of Security at Michael Garron Hospital in Toronto – presented to the premiers on the mounting crisis of violence against health-care workers, concluding that urgent action is needed to protect them.

“Every day, nurses are physically and verbally assaulted on the job,” CFNU President Linda Silas said in introducing her organization’s paper, Violence in Health Care: Causes and Solutions. “Story after story of shocking attacks are reported in the news and to employers, authorities and politicians, yet the crisis is only getting worse.”

In fact, according to a recent national CFNU survey, 61 per cent of nurses reported a serious problem with violence over a recent 12-month period, and two-thirds considered leaving their jobs as a result. As high as these numbers seem, most cases remain unreported, owing to a culture of acceptance that has persisted for too long.

“As nurses, we refuse to accept being punched, kicked, spat on or sworn at as just ‘part of the job,’” Silas added. “It’s time for federal and provincial governments to end the crisis of violence in health care before any more nurses leave a profession already struggling with serious staffing shortages. The premiers who gathered here today were presented with clear achievable solutions to stop the rampant violence against nurses and health-care workers. The time to act is now.”

Premier Doug Ford, who chatted with ONA President Vicki McKenna, First Vice-President Cathryn Hoy and CEO Bev Mathers at the event, subsequently tweeted two messages, one thanking the CFNU “for hosting us for an important discussion on the challenges nurses are facing” and another one noting he looks forward to working with ONA “to ensure that our nurses have the support they need to provide excellent care for patients across Ontario.”
The Canadian Federation of Nurses Unions (CFNU) is hopeful meaningful action will come from the report of the House of Commons Standing Committee on Health into violence against health care workers, which issues a number of recommendations championed by the organization.

“Nurses are delighted that our urgent call to address the epidemic of violence in health care has been heeded in the health committee’s report, Violence Facing Health Care Workers in Canada,” said CFNU President Linda Silas. “It’s high time that our federal government helped ensure health-care workers can do their jobs without being subjected to staggering rates of physical and verbal abuse.”

Silas’ testimony before the committee helped inform the report – the first of its kind at the federal level – including recommendations for targeted federal funding for violence-prevention infrastructure within the public sector, support for amending the Criminal Code to hold perpetrators accountable, and federal research funding to better track violent incidents (see sidebar). The CFNU began calling for this federal study in January 2018.

Committee members also heard from a variety of other expert witnesses, who all echoed the critical need for federal leadership to tackle the crisis of violence in health care.

In Canada, the number of violence-related lost-time injuries among front-line health-care workers increased by close to 66 per cent between 2006 and 2015 – three times the rate of the increase among police and correctional service officers combined. Given these staggering numbers, Silas expects legislators across the political spectrum to treat this as a top health-care priority.

“We are calling on each party to heed the recommendations of the report and to announce the concrete actions they will take on this issue,” she said. “Canada’s nurses are committed to working with governments and employers to implement these much-needed measures to protect health-care workers across the country.”

### The Recommendations

Violence Facing Health Care Workers in Canada, released on June 19, contains nine recommendations, which echo the measures called for by the CFNU. They include that the federal government:

- Work with the provinces/territories and health-care stakeholders to develop a pan-Canadian framework to prevent violence in health-care settings.
- Develop a national public awareness campaign about violence faced by health-care workers.
- Amend the Criminal Code to require a court to consider the fact that the victim of an assault is a health-care sector worker to be an aggravating circumstance for the purposes of sentencing.
- Provide funding to the Canadian Institute for Health Information to develop standard definitions and terminology on workplace violence in health-care settings.
- Provide research funding through the Canadian Institutes of Health Research to evaluate the implementation of best practices in workplace violence prevention and to support research identifying ways to prevent gender-based violence in health-care settings.
- Establish the Canadian Centre for Occupational Health and Safety as a hub for information-sharing on best practices on violence prevention in health-care settings.
- Work with the provinces/territories to address staffing shortages in health-care settings.

Read the full report at nursesunions.ca/campaigns/violence
ONA Presents to World on Safe Workplaces

ONA presented to nurses from around the globe on strategies for creating a healthy workforce during the International Council of Nurses’ (ICN) Biennial Congress in Singapore. Hosted by the Singapore Nurses Association from June 27 to July 1, the congress brought together more than 5,000 nurses from 120-plus countries to discuss policies and share best practices under the theme Beyond Healthcare to Health. During the scientific program, provincial nursing union leaders from the Canadian Federation of Nurses Unions presented the “Workshop for Creating a Friendly Workforce,” where ONA President Vicki McKenna (left photo) discussed the serious issue of violence in the workplace, complete with statistics and recent examples, while First Vice-President Cathryn Hoy (right photo) provided an overview of key nursing contract provisions for overtime. ICN is a federation of more than 130 national nurses’ associations representing millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality care for all and sound health policies globally.

Violence, Harassment in “World of Work” Covered in International Labour Standards for First Time

ONA is welcoming news that the International Labour Organization (ILO) has adopted a Convention and Recommendation concerning the elimination of violence and harassment in the “world of work.”

After more than a year of negotiations with governments, employers and workers, the Centenary International Labour Conference, a two-week event attended by approximately 6,300 delegates from 178 of the ILO’s member states as well as observer national and international non-governmental organizations, adopted the new framework in Geneva on June 21. It is the first time that violence and harassment in the world of work, a term used for workplaces in organizations around the world, are covered in new international labour standards.

Convention 190, which is a legally binding treaty, and the Recommendation, which serves as a non-binding guideline, of the ILO, a United Nations agency with a mandate to advance social justice and promote decent work by setting international labour standards, are now open for ratification from ILO member states, including Canada.

The Convention and Recommendation set out clear policies, grounded in social dialogue and requiring an integrated, gender-responsive approach, to the prevention and elimination of workplace violence and harassment. They recognize that violence and harassment in the world of work “can constitute a human rights violation or abuse, is a threat to equal opportunities and is unacceptable and incompatible with decent work,” and serve to remind member states that they have a responsibility to promote a “general environment of zero tolerance.”

“The right of everyone to a world of work free from violence and harassment has never before been clearly articulated in an international treaty, and this ground-breaking Convention provides a clear framework for action,” said ONA President Vicki McKenna. “The next step is to put these protections into practice, so that we can create a better, safer, decent, working environment. I am hopeful we will see speedy and widespread ratifications and action to implement, and I urge Canada to be among the first.”
Sante de l’Ontario. Nous prévoyons que les premières équipes candidates au titre d’équipe Santé Ontario seront annoncées sous peu.

Malheureusement, de nombreux renseignements supplémentaires sur les équipes Santé Ontario demeurent un mystère. Il y a beaucoup d’incertitudes concernant les structures de gouvernance et de financement de ces équipes, et nous avons de graves inquiétudes à propos de la privatisation accrue des services de soins de santé qui pourrait survenir. L’AIIO exprime son inquiétude au sujet de ce processus de réforme ponctuel depuis le premier jour, et nous continuerons de surveiller de près la réforme et de faire régulièrement le point au fur et à mesure que nous en apprenons davantage.

Mais, c’est ça le problème. Nous n’en savons pas plus que le public. En juillet dernier, j’ai eu une conversation à bâtons rompus avec le premier ministre Doug Ford dans le cadre d’un événement organisé par la Fédération canadienne des syndicats d’infirmières et infirmiers (voir page 23), au cours de laquelle il a répété les propos qu’il a tenus pendant la campagne électorale : il souhaite donner la parole aux infirmières et infirmiers. Nous avons toujours été prêts à le faire. Pourtant, les décisions qui ont une incidence sur nos vies professionnelles et celles des gens que nous aimons continuent d’être prises à une vitesse folle sans que nous nous consulter. J’ai le plaisir de vous annoncer que, peu de temps après cette discussion, nous avons réussi à organiser une rencontre prévue en octobre avec le premier ministre Ford et Christine Elliot, ministre de la Santé. Bien sûr, nous exprimerons de nouveau nos préoccupations. Et nous devons continuer d’exercer des pressions.

En ce sens, l’AIIO lancera cet automne la prochaine phase de notre vigoureuse campagne accueillie favorablement, intitulée Priorités et promesses. Par le biais d’une série d’annonces à la radio, dans les journaux, dans les abris de transport en commun et dans les médias sociaux, nous insisterons sur le fait qu’il n’est pas dans l’intérêt supérieur des Ontariens de mettre en jeu notre système de soins de santé.

De plus, parce que le système de santé publique n’a pas été épargné par l’approche destructrice du gouvernement, nous avons lancé cet automate une campagne publique de sensibilisation en vue d’attirer l’attention sur le travail d’une importance cruciale, mais souvent négligé, qu’accomplissent nos membres au sein de ce secteur afin de garder leurs collectivités en santé.

Sachant qu’un leadership fort et une approche simplifiée constituent les moyens les plus efficaces de faire évoluer notre syndicat en ces périodes marquées par l’incertitude, nous allons de l’avant avec le renouvellement de notre conseil d’administration, et nous aborderons le sujet plus en détail dans le cadre de notre prochain congrès biennal. Nous vous reparlerons de nos stratégies dans nos prochaines publications, et vos commentaires sont les bienvenus afin de nous assurer que nous sommes sur la bonne voie et de faire régulièrement le point au fur et à mesure que nous en apprenons davantage.

Je tiens à ce que vous sachiez que l’AIIO est votre bouée de sauvetage. Nous continuons à augmenter notre apport de personnel pour la pratique professionnelle afin de répondre à vos préoccupations concernant la charge de travail, et nous avons déployé des spécialistes de la pratique professionnelle dans chaque bureau régional aux quatre coins de la province, afin que ceux-ci soient plus près des endroits où vous travaillez. Par conséquent, notre personnel, conjointement avec nos unités de négociation, conclut un plus grand nombre de règlements des plaintes de responsabilité professionnelle avec nos employeurs que jamais.

Et ces règlements ne sont pas des promesses en l’air. Il se sont traduits par des changements déterminants aux modèles de soins inappropriés, davantage d’IA à temps plein, et des ressources accrues, notamment de l’équipement et des gardiens de sécurité, pour n’en nommer que quelques-unes. Dans l’ensemble, ces recommandations lient les parties, et des procédés ont été mis en place pour faire en sorte qu’elles soient mises en œuvre.

Voici un simple exemple du bon fonctionnement de notre processus de règlement des plaintes de responsabilité professionnelle. En 2017, la situation commençait à s’envenimer à l’hôpital Joseph Brant à Burlington à la suite de la construction de deux nouvelles salles d’opération, ce qui portait le total de six à huit. Il était question d’un nombre insuffisant de tabliers de plomb, et qui plus est, de tailles inappropriées, ainsi que d’un manque d’IA, de personnel infirmier auxiliaire autorisé, de personnel de soutien et de ressources adéquates nécessaires pour satisfaire aux normes de l’Association des infirmières et infirmiers de salles d’opération du Canada et de l’Association des infirmières et infirmiers de salles d’opération, qui exigent un minimum de 2,5 infirmières ou infirmiers par cas.

À la suite de l’implication de personnel pour la pratique professionnelle en août 2018, nous sommes parvenus à faire des gains importants auprès de l’employeur, y compris l’ajout de quatre postes d’IA équivalents à temps plein, un plus grand nombre de préposés aux salles d’opération et des améliorations aux équipements, comme des appareils de levage de patients, un nouveau système d’évacuation de la fumée et un nombre plus élevé de tabliers de plomb de tailles appropriées.

Je sais que je l’ai dit à plusieurs reprises, mais il est important de le répéter. Si vous souhaitez observer un changement semblable dans votre milieu de travail, il vous revient de faire avancer les choses. Notre personnel pour la pratique professionnelle a besoin que nous nous tenions au courant de ce qui se passe, et vous pouvez le faire en remplissant avec diligence vos formulaires de rapport sur la surcharge de travail lorsque quelque chose ne va pas. Ceux-ci permettent de broser un tableau clair des difficultés auxquelles vous devez faire face, afin que nous puissions vous aider.

Le processus de règlement des plaintes de responsabilité professionnelle n’est pas simple, et les changements ne se produisent pas en une journée. Mais, c’est efficace. Chaque règlement est un gain pour les membres de l’AIIO, pour nos employeurs, et, plus important encore, pour nos patients.
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Don’t let Doug Ford wreck health care.

Doug Ford’s health-care reform isn’t a plan. It’s a wrecking ball. He’s breaking our health-care system apart with no clear idea about what comes next, leaving the hard details for everyone else to figure out. It’s a failure of leadership and an affront to the people of Ontario.

Tell your MPP, the Health Minister, and Doug Ford to stop now.