Changing Times: ONA’s newly elected Board undergoes an exciting transformation and invites members to come along

Members Shine a Spotlight on Workplace Violence P. 24
CONTENTS

ONA Mail | 3
President/First VP Messages | 4, 5, 26
Members Get Loud! | 6
Queen’s Park Update | 10
Know Your Rights | 12
Changing Times: ONA’s newly elected Board undergoes an exciting transformation and invites members to come along | 14

Nursing News | 17
Education | 21
Practice Matters | 22
Health and Safety | 24
For Your Benefit | 25
Nursing Now Ontario Awards | 27
Helping Hands

I am not a nurse, but I saw your ads about (Premier Doug) Ford’s cuts to health-care services outside the MaRS building in downtown Toronto, and I very much agree with you.

I would like to know if there is anything I can do to help.

ISABEL W.

I love your radio advertisements. Thanks for speaking for The People.

RICHARD HARROP

We are Listening! Changes Coming to ONA Communications

At ONA, membership feedback is the driving force behind everything we do. From how we produce our professional responsibility workload forms to how we communicate, what you say matters.

In our most recent membership survey, you told us that Front Lines is a vital publication and you want it to continue. But you also believe that effective communications does not necessarily mean more communications. In fact, you want us to reduce our carbon footprint during a time when climate change is on the minds of so many (see page 20). And you want us to continue to spend your dues wisely and responsibly.

For those reasons, the Board of Directors has decided to reduce the number of printed issues of Front Lines mailed to members each year from six to four (spring, summer, fall and winter). Not only will this save on printing and mailing costs, it will help ensure we are doing our small part for the environment.

Of course, we will still cover all the news you have come to expect and love in each issue of Front Lines and encourage you to continue to send your submissions and photos to us. After all, this is your union publication and we want it to reflect your experiences and realities on the front lines and beyond.

Work of the Union, our high-level overview of ONA activities and initiatives over the previous four months, which accompanies Front Lines three times per year, will be replaced by one Annual Report. Brimming with photos of our members, additional images and eye-catching infographics, in conjunction with summaries of our key activities in core union service areas over the past year and our consolidated financial statements, the Annual Report will be mailed to members with the winter issue of Front Lines and posted on our website.

In between issues of Front Lines, we encourage you to visit our website for important information and updates. And, if you haven’t yet signed up for our exciting eBulletin, full of late-breaking ONA news delivered right to your inbox, now would be great time! You can do so at ona.nationbuilder.com/signmeup.

Thank you for continuing to provide valuable feedback on our communications vehicles and other services. We are listening!
From ONA President
Chronique de la présidente, AIIO
VICKI MCKENNA, RN

Laying it on the Line

IT FINALLY HAPPENED.

After months of requesting a meeting with Premier Doug Ford as our health-care system undergoes a drastic transformation, ONA was granted an audience with him and Health Minister Christine Elliott this past October.

Our conversation was respectful and cordial, with the Premier stating that he greatly appreciates the steadfast dedication and quality care provided by our members, and wants to have open communications with our union. In fact, he asked for a list of the top priorities facing nurses and health-care professionals that we could begin to address collaboratively.

While that hasn’t yet come to fruition, I was happy to comply, highlighting our key concerns, including:

• **Scope of Practice**: I told the Premier that any changes to the RPN scope must reflect what is best for nurses and their patients, and must only be made after in-depth consultations with stakeholders and based on the most recent research (see ONA’s submission on RPN scope at ona.org/submissions).

• **Public Sector Labour Relations Transition Act (PSLRTA)**: We discussed the impact of changes to PSLRTA on the ability of members to transfer with their work and patients, essential to ensure the right care provider is available.

• **Transformation**: Public health nurses want to be involved in discussions on how services can best be delivered to vulnerable populations as their sector transforms. Also, because our care coordinators face an uncertain future, I told the Premier it would be best for Ontarians if they are able to continue to care for their patients no matter what organization that service may fall under in the future.

• **Long-Term Care (LTC)**: I emphasized the importance of involving RNs in the implementation of the LTC inquiry recommendations. We know appropriate staffing is vital.

• **RN Hours and Hospital/LTC Capacity**: I reiterated that expanding capacity in hospitals and LTC homes and putting a moratorium on cuts to RN hours are required to address hallway care.

• **Workplace Violence**: We are in agreement that nurses and health-care professionals should be able to work without fearing for their safety. I suggested the Premier work towards implementation of the recommendations from the tripartite leadership table on workplace violence.

• **Meaningful Consultation**: I reiterated that we want to be engaged in meaningful consultation before decisions are made. We have solutions for what ails our system!

While there’s no question this is a challenging government to work with – and it has yet to be determined how this will all play out – I came away from the meeting feeling a bit more optimistic than I have since this government was formed. We are already seeing it reverse some harmful decisions, and the door is opening. In fact, ONA now has regular meetings with Minister Elliott, and has also met with several other Ministers recently, including the Ministers of Labour and Long-Term Care.

My promise to you is my promise to the Premier: that ONA is committed to working with him and his Ministers to give you a voice in not only your future, but the future of our entire health-care system, so our patients remain healthy and safe. We will be relentless with this government until that happens.

Se dire les vraies choses

Ç’A FINALEMENT EU LIEU...

Après des mois de sollicitation pour une audience, au moment où notre système de soins de santé subit une transformation radicale, l’AIIO a finalement obtenu, en octobre dernier, une rencontre avec le premier ministre Doug Ford et la ministre de la Santé Christine Elliott.

Nos échanges ont été respectueux et cordiaux; le premier ministre a déclaré qu’il appréciait grandement le dévouement de ses employés et la qualité des soins fournis par nos membres, et a dit qu’il souhaitait dialoguer ouvertement avec notre syndicat. Il nous a d’ailleurs demandé de lui soumettre une liste des principales priorités des infirmières et des professionnels de la santé – priorités que nous pourrions commencer à aborder communément.

Bien que ces entretiens aient été ponctués de discussions émotionnelles, il est vrai que nous avons pu obtenir les promesses que nous attendions. Je suis particulièrement reconnaissante pour la mention faite au nom de notre syndicat.

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim

Follow Vicki at twitter.com/vickivickim
Make this the Year You become Politically Active!

I WANT YOU TO DO ME A FAVOUR AND TURN THE PAGE.

Turn the page and read how 24 members just like you decided to take a giant leap and help ONA educate their fellow members on the recent federal election, all while remaining non-partisan.

These are members just like you. True, some may have more experience with our union, but many told us during their month-long secondment with ONA that this work was completely new to them, with some even admitting it was very much out of their comfort zone. But that didn't stop them from coming forward. In fact, they thought the cause was so great, they wanted to challenge themselves. They wanted to increase their skill set. They wanted to make a difference. And they accomplished all of that — and more! When you turn the page, you'll see just how much.

This is just the latest example in a very long list showing that when ONA members join forces towards a common goal, we really can move mountains! It may sound like a cliché, but the facts don't lie. From successfully lobbying for nurses' inclusion in post-traumatic stress disorder legislation to turning the tables on controversial vaccinate-or-mask policies, we have made many inroads — together!

And here's how that works. ONA lobbies the government and our employers provincially on its policies on behalf of all members and your patients — you've just read about that in Vicki's column — but, as I have told you many times, the next part is where you come in.

You are on the front lines of care and have stories to tell about your experiences and realities. And it's those stories that our elected officials need to hear. So, as we enter a new year, why not make a resolution to reach out to your local MPP? Start by making a phone call. If you are able to set up a meeting in person, all the better! We can help with the logistics of planning the meeting and messaging. You don't have to do it alone.

And if that seems a little intimidating and you would rather ease into political action with smaller steps, that's perfectly fine too. Every little bit helps! Send a letter to your MPP instead or sign one of ONA's many online petitions when we ask — we use that tool often and very effectively. Talk to your family and friends about what you deal with every day as a nurse and health-care professional. Attend a rally to protest harmful government/employer decisions and lack of action, and wave that ONA flag proudly. You'll see examples of members doing precisely that peppered throughout this issue.

When I meet members face-to-face and urge them to get involved, some say, “It's easy for you, Cathryn. You're the First VP.” But I remind them that I was once inexperienced in activism too and scared to do the things I take for granted now. But I promise it gets easier! And we all owe it to our patients to try.

And if you do, you may find yourself featured in Front Lines just like these inspiring members. And I guarantee that will be another page turner!

This is just the latest example in a very long list showing that when ONA members join forces towards a common goal, we really can move mountains! It may sound like a cliché, but the facts don't lie. From successfully lobbying for nurses' inclusion in post-traumatic stress disorder legislation to turning the tables on controversial vaccinate-or-mask policies, we have made many inroads — together!

And here's how that works. ONA lobbies the government and our employers provincially on its policies on behalf of all members and your patients — you've just read about that in Vicki's column — but, as I have told you many times, the next part is where you come in.

You are on the front lines of care and have stories to tell about your experiences and realities. And it's those stories that our elected officials need to hear. So, as we enter a new year, why not make a resolution to reach out to your local MPP? Start by making a phone call. If you are able to set up a meeting in person, all the better! We can help with the logistics of planning the meeting and messaging. You don't have to do it alone.

And if that seems a little intimidating and you would rather ease into political action with smaller steps, that's perfectly fine too. Every little bit helps! Send a letter to your MPP instead or sign one of ONA's many online petitions when we ask — we use that tool often and very effectively. Talk to your family and friends about what you deal with every day as a nurse and health-care professional. Attend a rally to protest harmful government/employer decisions and lack of action, and wave that ONA flag proudly. You'll see examples of members doing precisely that peppered throughout this issue.

When I meet members face-to-face and urge them to get involved, some say, “It's easy for you, Cathryn. You're the First VP.” But I remind them that I was once inexperienced in activism too and scared to do the things I take for granted now. But I promise it gets easier! And we all owe it to our patients to try.

And if you do, you may find yourself featured in Front Lines just like these inspiring members. And I guarantee that will be another page turner!
MEMBERS GET LOUD!

ONA’s Regional Activists Impact Federal Election

Not only did the 24 ONA members seconded to serve as “regional activists” on ONA’s Nurses Vote 2019 campaign inform others on what was at stake during the federal election, they learned a few valuable lessons themselves.

Working with their Regional Vice-Presidents and ONA staff, the activists, who hailed from all five regions, converged on our provincial office on September 25 to begin a month-long secondment, comprised of one week of training followed by targeted engagement work back in their regions.

The non-partisan campaign’s goal was to educate members on key connections between federal health-care transfer payments and provincial health spending, and encourage them to vote for health care. While provincially ONA created a dedicated webpage, and sent an email blast and broadcast voicemail message from ONA President Vicki McKenna, it was the work of the regional activists that brought issues right to where our members work and live.

“I wanted to get involved to ensure members were linked to the resources they needed to make informed decisions about the platforms of each party,” said Local 7 Coordinator Melanie Holjak from Haldimand-Norfolk Health Unit, while Steve McLean from London Health Sciences Centre added, “union voices are an important part of the electoral process.”

While this work was nothing new for Claudia Cheng from Toronto’s Humber River Hospital, who volunteered to help with the 2018 provincial election, “when the opportunity arose on a larger scale, I wanted to take more of an active leadership role in engaging my community and the nurses that I worked with,” a sentiment echoed by Central-East Local Health Integration Network Bargaining Unit President Josh Legere, who also works at Lakeridge Health.

Words of Encouragement

By recruiting volunteers, the activists spent the next three weeks trying to reach as many members in their regions as possible, using specialized phone and texting platforms (see box).

“We had honest conversations and were able to develop connections,” said McLean. “Most members were very thankful to hear from us, so it felt like we were doing meaningful work even beyond political issues.”

“It was encouraging to hear members say they were voting with health care in mind,” added Holjak.

And Legere, who estimates he made 4,000 phone calls and spoke to about 1,500 members (messages were left if they weren’t home), admits that while some conversations could be awkward, “about 80 per cent of the members I talked to wanted the information we were providing.”

As exhaustive as that work sounds, it didn’t end there. “We were also able to direct our own learning and set our own work schedules and goals, including additional activities such as attending all-candidates meetings, events and rallies, working with the Ontario Health Coalition, meeting with MPs and candidates, and connecting with members at various ONA meetings,” said Holjak.

Nurses Vote 2019: By the Numbers

- 24 seconded members from all 5 regions
- 1 week of orientation
- 3 weeks of tailor-made election work
- 100 member volunteers helping
- 44,000 members called
- 31,100 members texted
Added Cheng, “This work involved lots of creativity and persistence to reach our members through different means: debate watching parties, one-on-one networking and leafletting outside of core hospitals. Not everyone was receptive, but we were trying to engage in conversation with members who wanted to learn more, but didn’t know how.”

“The majority of members were contacted in some way by these activists and there is no question they raised the profile of nursing and health-care issues in all ridings,” said McKenna. “Our campaign proved that ONA members are a force to be reckoned with in the political process and have the power to push health care up the priority list, and that Local campaigns work!”

Plus, the activists just might have learned a few things themselves.

“I learned a lot about communications and addressing delicate issues tactfully,” noted McLean, while Cheng added, “I didn’t know how much ONA did and how much they protect workers. This secondment gave me a new appreciation of how fortunate we are to have a platform and a voice as a union.”

Holjak agreed, noting, “I learned that collectively we can make a difference when ONA members unite and advocate for all Canadians by voting for a party that values publicly funded health care and investments in our health-care system. I gained confidence speaking to members about politics and the importance of choosing who you vote for carefully.”

**What Now?**

As the election resulted in a minority government, the Liberals will need the support of MPs from other parties to pass budgets and votes of confidence in the House of Commons. ONA is hoping that includes implementing a national pharmacare program, which the NDP and Greens made central to their election platforms, while the Liberals committed to negotiating with the provinces and territories, guided by the recent recommendations in the Advisory Council on the Implementation of National Pharmacare’s report.

“My favourite part of this work was having those one-to-one conversations about members’ workplace realities and health-care priorities, and they overwhelmingly support universal pharmacare and publicly funded health care,” said Holjak. “The time and resources ONA invested in this campaign provided members with invaluable information.”

And if ONA instigates a similar election campaign in the future, all four of these activists said we can count them in, and hope other members will join them as well.

“Having the strength of the union behind you fosters a sense of responsibility to fight and speak out,” said Cheng. “This attitude is quite contagious when working on a team that is so driven, and it’s something I want to continue to do.”

“It’s the responsibility of all members to step up and be engaged,” concluded Legere. “Everything ONA stands for and does is to try and improve our workplaces, and putting your name forward is not only for your benefit, but for all members. Why wouldn’t you want to get involved?”

**Students Get Involved too!**

ONA members weren’t the only ones making a difference during the federal election campaign. A group of nursing students, led by ONA summer students, came together at our provincial office in Toronto in August to demystify the voting process for first time voters and plan ways to engage students in federal elections. Students at McMaster University’s Health Centre also encouraged students to register and vote, using cupcakes as a sweet incentive!
Member Helps “Grow” Healthy Communities

When public health nurse Carol Popovic tells people that part of her role is to support a network of community gardens, she generally gets the same reaction: What does that have to do with public health? It turns out, a lot.

“Community gardens” – planted and harvested by a group of people in one area – “are not exactly in the provincial public health standards, but the standards do require us to promote well-being within the community, addressing healthy living behaviours, policy and supportive environments,” said Popovic, who has been a public health nurse for 30 of her 39-year nursing career, mostly at the Region of Waterloo Public Health. “We’ve done ethnographic research on the benefits gardeners experience and it tells us we’re on the mark. People are eating more vegetables, they’re getting more physical activity, they’re de-stressing, and they’re connecting to others they normally wouldn’t. So we’ve built something in the community that really does improve the health of that community.”

While gardening on public land dates back to the early 19th century and has taken many forms over the years, from assisting with crime prevention to beautifying lands beside railway tracks, they have only been around the Waterloo region since the 1980s.

“Community gardens are a grassroots effort, started by volunteers in partnership with communities,” said Popovic, noting that her work in this area, not traditionally done by a public health nurse, is only a fraction of her job. “Essentially, public health’s role is to connect people with different organizations that might support a garden. I provide them with the tools they need to get started, and help build their skill set so they can apply for funding from a foundation and create a strategic plan for their garden. So we’re building networks and making them stronger by problem-solving and combining their forces.”

Popovic also noted that “from 2005, we saw that some gardens were starting to deteriorate and people didn’t feel supported, so we created a Community Garden Council with the goal of supporting, promoting and starting new gardens.” And they certainly have! When Popovic, who has a large country garden herself, first got involved 15 years ago, there were 25 community gardens in the Waterloo region. Today, there are 81 gardens, which are also open to the public, and 26 school food gardens, which provide a means of enhancing students’ academic success, while giving educators alternate forms of teaching, using the garden as a “live” classroom.

“Volunteer coordinators and committees also manage the gardens, and I can’t emphasize enough that none of this would happen without their dedication. Each spring, they see who wants to return to the garden so they can keep the same plot, and they usually have a waiting list. They charge a minimal amount, so it might be $15 to $20 for the growing season. That way they can maintain the garden and buy a few supplies. There are common elements of the garden that all gardeners are expected to manage. And oftentimes, there are gardens that grow a plot for food banks and soup kitchens. The gardens also contain flowers because it’s about environmental sustainability as well. You need flowers for pollinators.”

Popovic, who produces guidebooks on community gardening, maintains a newsletter and updates the community garden website (community-gardens.ca), noted that a lot of her work over the years has been building the capacity of people to advocate for changes required to make the gardens viable.

“The group that I work with advocated to the region to include community gardens as a part of the official plan, and the City of Kitchener now has a community garden policy and grant, and is taking ownership of its community gardens. The City of Waterloo now has community gardens in a number of their strategic plans as well. It’s really encouraging to see that everyone is embracing these gardens.”

And while it’s not clear what the future holds for public health units, Popovic said, “We are committed to supporting the gardens moving forward. It’s very satisfying when you know that you’ve done something in the community that has such an enormous impact.”
Nursing Week 2020 Quickly Approaching: Are You Ready?

Nursing Week is just a few months away, and we would like to remind you that it’s never too early to start planning your festivities!

Nursing Week gives ONA and our members an opportunity to acknowledge and celebrate our incredible profession. To ensure your Nursing Week is the best it can be, we encourage you to set up a Nursing Week Committee as soon as possible and get underway with planning.

At the provincial level, plans are progressing for Nursing Week 2020, which also celebrates the 200th birth anniversary of Florence Nightingale. On November 14, members of the 2020 provincial Nursing Week Team got together for the first time. All five regions were represented at the meeting – Alisha Byrnes from Region 1, Courtney Freeman from Region 2, Lisa Romano from Region 3, Amy Field from Region 4, and Abhilash (George) Kottackal from Region 5. Together with outgoing Region 4 Vice-President and Nursing Week Team Chair Laurie Brown and ONA staff, members raised current workplace concerns and brainstormed creative ideas for the 2020 theme, poster and promotional items.

“As a proud RN, I find there is no better week of the year than Nursing Week,” said Freeman. “It’s a time for all of my colleagues to come together and celebrate our calling no matter how busy our workplace is. Being on the Nursing Week Team seemed like a great opportunity to reach out and celebrate the work of my fellow RN colleagues across the whole province!”

Learn more about Nursing Week 2020 in the upcoming weeks at ona.org/nw20

WHO Designates 2020 as “Year of the Nurse and Midwife”

In honour of the 200th birth anniversary of Florence Nightingale, the World Health Organization (WHO) has designated 2020 as the “Year of the Nurse and Midwife.”

Nurses and midwives are essential to the achievement of universal health coverage, WHO said, noting they constitute more than 50 per cent of the health workforce in many countries, and will make up more than 50 per cent of the shortfall in the global health workforce to 2030. Strengthening nursing will have the additional benefits of promoting gender equity, contributing to economic development and supporting other sustainable development goals, it added.

WHO is leading the development of the first-ever State of the World’s Nursing Report, which will also be launched in 2020 to describe the nursing workforce in WHO member states.

Delegates at the ONA Biennial Convention saw some very familiar faces in the exhibit hall! Retired Local 6 Coordinator Carolyn Edgar (left) and retired Region 2 Vice-President Anne Clark (right), seen here with Dr. Lynn McDonald, author of several books on Florence Nightingale, proudly show off their very popular booth highlighting their work to celebrate Nightingale’s bicentenary in 2020. The retirees, along with Local 97 Secretary Eleanor Adarna and member Cristina Buco, have joined with various other groups around the world to organize ways to recognize Nightingale, including special gardens, lectures, speeches, other events, and information booths in her honour. Learn more at nightingale2020.ca.
Wage Cap Interferes with Free Collective Bargaining,ONA Says as Charter Challenge Launched

Because the passage of wage restraint legislation by the Ford government is an affront to the Charter of Rights and Freedoms, which enshrines the fundamental right to free collective bargaining, ONA is joining other unions in launching a Charter challenge.

Bill 124, Protecting a Sustainable Public Sector for Future Generations Act, which was introduced this past spring, passed third reading and received Royal Assent on November 7, meaning it is now law. The bill caps public-sector salaries, including those of ONA members, at one per cent per year for three years, called a “moderation period,” when contracts are open. That is far below the current rate of inflation of 1.9 per cent.

**Moderation Period**

The moderation period applies for a three-year period and will start at different times for each of our Bargaining Units.

Generally, where a collective agreement is in operation on June 5, 2019, or prior to the passage of legislation, either as a result of a negotiated memorandum of settlement or an arbitration award, the moderation period will begin on the day after the collective agreement expires. If a collective agreement is still not in operation after the passage of the legislation on November 7, the moderation period will begin immediately on the day after the previous collective agreement expires or, for a first collective agreement, on the commencement date of that agreement.

The legislation also includes anti-avoidance measures to prevent compensation increases before or after the moderation period to make up for the wage cap.

While the government said compensation for public-sector workers cannot be ignored as it tackles the deficit, ONA disputes its claim that there has been a growth in those wages. In fact, our analysis shows quite the opposite: A cut to real wages by more than four per cent over 10 years (see chart).

On top of that, in 2017, Ontario spent the lowest amount per person ($9,829) on government programs, including health care ($3,903) in the country – all while keeping corporate taxes low (11.8 per cent compared to 12.2 per cent in the rest of the country).

**Charter Challenge**

“This bill is an assault on the collective bargaining rights of every ONA member and worker in our province,” said ONA President Vicki McKenna. “We join with the Ontario Federation of Labour and our union counterparts, such as teachers, in fighting this bill at every step and reviewing all options – both political and legal – including the launch of a Charter challenge, which you will be hearing more about. In the meantime, we will move forward with bargaining and outstanding interest arbitrations.”

ONA is also deeply concerned that the bill will exacerbate the provincial nursing shortage, as nurses have historically left Ontario for other jurisdictions when wages and working conditions are unfavourable.

While Bill 124 exempts certain groups from the Act, including municipal employees, such as many police officers, firefighters and public health nurses in addition to nurses in for-profit long-term care (LTC) homes, home care, and family health team sectors, it includes their counterparts who provide similar care to patients within the same sectors (i.e. not-for-profit LTC in charitable homes for the aged/nursing homes and not-for-profit home care providers). This, despite the fact that the funding for both groups are comparable.

“Nurses play a major role in protecting public health and safety, like police officers and firefighters, and should be granted the same exemption from Bill 124,” added McKenna. “They should also be treated equally to these other comparable groups in the municipal sector.”

---

### A Decade of Falling RN Wages*

<table>
<thead>
<tr>
<th>Year</th>
<th>Private Sector</th>
<th>RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>100</td>
<td>98.4</td>
</tr>
<tr>
<td>2010</td>
<td>99.9</td>
<td>98.1</td>
</tr>
<tr>
<td>2011</td>
<td>99.8</td>
<td>97.4</td>
</tr>
<tr>
<td>2012</td>
<td>99.5</td>
<td>97.8</td>
</tr>
<tr>
<td>2013</td>
<td>99.0</td>
<td>96.8</td>
</tr>
<tr>
<td>2014</td>
<td>99.5</td>
<td>97.0</td>
</tr>
<tr>
<td>2015</td>
<td>99.6</td>
<td>96.6</td>
</tr>
<tr>
<td>2016</td>
<td>99.9</td>
<td>96.4</td>
</tr>
<tr>
<td>2017</td>
<td>99.4</td>
<td>92.5</td>
</tr>
<tr>
<td>2018</td>
<td>99.5</td>
<td>92.0</td>
</tr>
</tbody>
</table>

*Between 2009 and 2018, Ontario’s GDP has grown in real terms by 22.2 per cent. Over that same period, RN wages, approximated by the Hospital Central wage rate, declined in real, inflation-adjusted terms by 4.5 per cent. While the economy as a whole has experienced an extended stretch of prosperity, RNs themselves are poorer today than a decade ago. The private sector has not witnessed the same fall in wages. Inflation-adjusted wages in the private sector remained effectively stagnant between 2009 and 2018, falling by just 0.6 per cent.

---

Read ONA’s submissions on Bill 124 at ona.org/submissions
**Ontario Moves Ahead with Health Restructuring**

On December 2, five provincial agencies—Cancer Care Ontario, Health Quality Ontario, eHealth Ontario, Health Shared Services Ontario, and HealthForceOntario Marketing and Recruitment Agency—began transferring into Ontario Health while 14 Local Health Integration Networks (LHINs) have been clustered into five interim and transitional geographical regions. Health Minister Christine Elliott announced the government is taking an interim administrative step by reducing the LHIN CEOs from 14 to five, who will serve as regional leads for these interim and transitional geographic regions. ONA has been assured the changes in interim regional boundaries will have no impact on our members. After the Minister’s announcement, we were invited to a teleconference with other unions and expressed frustration at being advised after the fact. This fall, ONA instigated a lobby campaign to protect care coordinators and direct care team—RNs, NPs and health-care professionals—working in LHINs during this transfer.

**Transfer Orders Announced**

Health Minister Christine Elliott also released new Transfer Orders that transfer 183 directors and vice-presidents in non-home and community care functions in the LHINs into Ontario Health. In a conference call with Ontario Health, we were informed this transfer would have no impact on ONA members and their current reporting relationships, or on the current location of the 183 management positions. This transfer will facilitate these management positions as resources for the five regional LHIN leads previously announced. LHIN employers also provided LHIN staff with a Questions and Answers document on the transfer.

**New Regulation for OTN**

On January 1, 2020, a new regulation comes into effect under the Connecting Care Act, 2019 that would give the Minister of Health the authority to transfer the Ontario Telemedicine Network (OTN) into Ontario Health. A decision about whether this will actually happen has yet to be made. Services offered through OTN remain unchanged at this time.

**Ontario Health Teams Named**

All 24 Ontario Health Teams have now been announced by Health Minister Christine Elliott.

**Public Health Cuts Proceed**

Premier Doug Ford addressed the Association of Municipalities of Ontario annual conference, where he confirmed that cuts to public health will proceed in 2020. The province’s plan will see all municipalities pay 30 per cent of public health costs. We know these cuts are harmful for everyone because critical services will be reduced. Of interest to ONA members is the government’s launch of new consultations with municipalities and partners in public health. ONA will be providing a submission in February. To lead this process, the province has appointed an expert advisor on public health—Jim Pine, the CAO of the County of Hastings and a former provincial bureaucrat. We will be meeting with him in January.
Workers Arts and Heritage Centre Celebrates Working People

Tucked away on a quiet downtown Hamilton street near the shores of Lake Ontario is the only museum in Canada that focuses on labour history and contemporary labour arts – and one that ONA strongly supports.

“The mission of the Workers Arts and Heritage Centre (WAHC) is to preserve, honour and commemorate the history and culture of working people in Canada, so we have historical exhibits that speak to that,” said Florencia Berinstein, who has served as its executive director for seven years and has a strong background in community engagement art and unions. “We do three art exhibits a year in our main gallery on contemporary labour issues. So right now there’s an exhibit on migrant construction workers, and before that we had an exhibit commemorating the 1919 centenary of the Winnipeg General Strike.”

Work in the main gallery is programmed at least two years in advance, primarily through a call-for-submissions process from professional Canadian artists.

“There are amazing artists out there and they are not getting shown in other places,” noted Berinstein. “We also really try to have representation from the Indigenous, racialized and LGBTQ communities. We create an environment where all these people, artists and issues can be showcased. It’s a great opportunity.”

WAHC also houses permanent exhibits and a community gallery, “where we can be more flexible and responsive when things come up and put attention on interesting community projects that are related to our mandate,” Berinstein added. For example, the gallery recently featured photos and stories from the people who lived in the Brightside neighbourhood of Hamilton, mostly steelworkers and their families, during its heyday from the 1940s to the 1960s. It has since been razed to the ground for development.

While anyone can walk through the exhibits during opening hours, guided tours can also be arranged. WAHC also offers guided school programs to engage students in labour history and the role of unions, family programs, and neighbourhood walking tours. Its Youth Council, called the Flying Squad in honour of an old flag displayed in the museum’s banner room, help organize events around labour and social justice issues, while WAHC staff can coordinate assistance with sorting and organizing union archives, managing projects between artists and unions, and putting together a team to research union histories.

“This generates a bit of revenue, but primarily it allows us to fulfil our mandate of promoting and commemorating union history and how this country was built,” said Berinstein. “And then we have all this interesting information that we don’t want to lose, which we can create exhibits from.”

The WAHC building itself also has quite an impressive history, having been built in 1860 as a custom house to accommodate goods that were coming into the Hamilton port through the water and then the rail. It operated for almost 30 years until the port of Toronto became more prominent, and a custom house was opened there instead. After being rented by various companies over the years, from a macaroni factory to the YWCA to a vocational girls’ school, the building was shuttered and fell into a state of disrepair.

“It would probably have been demolished, but the NDP government of the early 1990s sold it to the Board of the
VON Central Agreement Ratified!

Members of ONA’s VON Central Negotiating Team take a quick break from bargaining with the employer in Toronto to show you who they are. Pictured are (left to right): ONA CEO Bev Mathers, Diana Kutchaw (staff), Lucja Masoom (VON Thunder Bay), Enid Mitchell (staff), Lorna Thompson (Chair, VON Toronto-York-Peel), Marilyn Dee (staff), ONA President Vicki McKenna, Sandra Bearzot (staff), Katherine Maynard (VON Peterborough, Victoria and Haliburton), Pat Carr (staff), Vicki Romaniuk (staff) and Terry McArthur (staff).

ONA members working at the Victorian Order of Nurses (VON) have overwhelmingly ratified a three-year agreement reached during mediation.

Bargaining commenced last September between ONA’s first ever VON Central Negotiating Team and the employer group, with further dates held in October. After we came to an impasse over several key issues, we headed to mediation on November 7-8. With the assistance of Mediator Matt Wilson, a deal was reached, which runs from April 1, 2018 until March 31, 2021 and provides wage increases, some language improvements, and the maintenance of extended health care and dental benefits.

“We made it clear to the employer from the outset that we were not going to concession bargain and we did not,” said ONA President Vicki McKenna. “Negotiations and mediation were respectful in a political and economic atmosphere of uncertainty and austerity. We made it clear that patient acuity is increasing and co-morbidities are more complex, the prevalence of workplace violence is on the rise, and workload pressures are higher than ever. As a result, we needed a collective agreement that supports nurses in the delivery of safe, quality patient care. And I think we achieved that.”

Details of the settlement were provided to VON Bargaining Unit Presidents and Local Coordinators at a special sector meeting at ONA’s provincial office on November 21. The leaders took that information back to their members for ratification votes, which wrapped up in early December.

“Your negotiating team worked diligently to ensure the priorities of our members were front and centre to the VON, as determined by our Have a Say bargaining questionnaire,” concluded McKenna. “I know you join with me in thanking them for their dedicated and determination on your behalf.”

Central Hospital Bargaining Coming up

With our Central Hospital Negotiating Team elected and the hospital central agreement expiring at the end of March, the next round of negotiations will soon be getting underway.

The new team will receive orientation in January and bargaining will commence in February.

WAHC Facts

Location: 51 Stuart St., Hamilton
Public Hours: Wednesday to Saturday, 10 a.m. to 4 p.m.
Admission: Free, but donations are appreciated
Staff: Four full-time, a dozen volunteers
Board of Directors: 12 members, including four from unions
Visitors: Approximately 4,000/year
Website: wahc-museum.ca

WAHC,” explained Berinstein. “But it was a building that needed a lot of work. A massive fundraising campaign raised well over one million dollars over a year to renovate and restore the building to what you see today. That money came primarily from unions. So unions built this building.”

And unions help keep it running today. While the heritage-listed museum is often sought after for period film shoots, meeting space and small weddings a few times a year, which generate funds that go back into it, and receives both provincial and federal funding, “at least one-third of our funding comes from the union movement,” said Berinstein. In fact, ONA is donating $10,000 to WAHC in 2020.

“We thank all of our union supporters, including ONA. I can’t say enough how pivotal their donations and support are in allowing us to function.”
The Changing Times:
ONA’s newly elected Board undergoes an exciting transformation and invites members to come along

As the song goes, the times they are a changing. And never has that been truer for the ONA Board of Directors, which is undergoing an invigorating renewal process that will allow members to have even more say in the work of our union.

“When I took over as president two years ago, I told you that your new Board would move forward together, and we quickly recognized that included doing things differently to modernize and ensure that we remain relevant to our members,” said ONA President Vicki McKenna, who was recently acclaimed to her second term in that role. “And so, as part of our renewal process, we began a governance review in 2018, looking at areas such as roles, responsibilities and structure of the Board. Because such a review has not been conducted by ONA for more than a decade – while our membership continues to skyrocket – we felt the timing was right.”

Board Committees
As part of this review, the Board, which consists of a President, First Vice-President and five Regional Vice-Presidents, all assigned a portfolio (the President and First Vice-President have two portfolios each), engaged in thoughtful and thorough discussions with our Local leaders at all Provincial Coordinators Meetings (a gathering of all ONA leaders) and Area Coordinators Conferences (where leaders in a certain region gather) throughout 2018 and 2019 to determine what they needed from their Board moving forward.

The key outcome of this review is the creation of three standing Board Committees, already permitted in the ONA Constitution, to assist the Board in fulfilling its fiduciary duties and accountabilities while creating a platform for membership involvement, leadership development, and succession planning.

Each committee – Finance and Risk; Governance and Nominations; and Quality of Service to Members – will be chaired by a Board member and consist of three ONA members, determined through an Expression of Interest process (see box), and staff support (in consultation with the CEO).

“We’re a big union, but a small Board, and so we wanted to find new ways to engage members, and one way is to bring them closer to the work of the union so they fully understand what that work is all about and can participate in it,” added First Vice-President Cathryn Hoy, who was also acclaimed into her position for a second term. “We don’t believe we can truly be a high performing governance body with strategic oversight without bringing in input from our members to ensure we are making decisions based on their realities on the front lines.”

The three committees will commence on January 31, 2020 under the following mandates:
• Finance and Risk: This committee will provide recommendations to the Board to ensure that ONA resources – financial, human, data/intellectual/physical property and equipment –
are managed in a prudent manner according to best practices, and that those resources are aligned with the desired outcomes. In other words, are we spending money in the right places to support our services?

• **Governance and Nominations:**  
  This committee will examine governance practice and Board performance. It may make recommendations to the Board about Constitutional Amendments leading up to the Biennial Convention and approaches to support the union leadership nominations and elections process (our Provincial Election Team will continue to deal with any issues that arise over an election, and will annually review elections that have taken place).

• **Quality of Service to Members:**  
  This committee will review and provide advice and recommendations to the Board about continuous improvements to the delivery of services to members. Are we meeting their expectations, and how are we measuring that? This includes identifying significant trends that may negatively impact service and outcomes, and developing alternative strategies to mitigate operational risk. We also need to ensure compliance with all legislative and regulatory requirements because ONA is an employer too.

**Member Contributions**  
Committee meetings will be held quarterly. While remote attendance will be encouraged, at least one meeting will take place in person in Toronto. Member participants will receive extensive orientation/education beginning with the inaugural meeting, as we anticipate most of the first year will be a learning curve, setting a framework to get the committee’s work going.  

“This will enable all participants to make effective contributions to the committee’s work,” noted Hoy, adding sub-committees may also be developed in the future. “We want them to feel like they are making a difference – because they truly are.”

**How to Get Involved**

It couldn’t be easier to get involved at ONA! The members on the three new Board Committees will be selected in early January using an Expression of Interest (EOI) process, which involves completing and submitting a user-friendly form.

But there are many ways to get involved with your union! ONA also has two other EOI forms available: One for our provincial committees, including the LEAP Advisory Team, Nursing Week Team, Provincial Coordinators Meeting/Biennial Convention Design Team, Human Rights and Equity Team, Provincial Election Team and Provincial Complaints Panel; and the other for work at the Local and Bargaining Unit levels, such as Labour-Management Committees, Occupational Health and Safety Committees, Grievances Committees and Negotiations Committees. Whatever your level of interest, we’re certain there is a committee for you!

Learn more and find our EOI forms at ona.org/EOI

“The priorities of your new Board include fighting against harmful government health-care decisions, watching the level of hospital funding in the spring budget, lobbying for national pharmacare, and negotiating a fair hospital central agreement,” said ONA President Vicki McKenna, RN, who was acclaimed to her second term.

Cathryn Hoy, RN, beginning her second term as ONA First Vice-President, believes that “it is the combination of the Board, members and staff, working in tandem towards common goals, that makes for a great Team ONA!”

The term of each committee is three years, which is the same as the new term of office for the Board of Directors starting with the 2021 election, as determined at the recent Biennial Convention (see the Biennial Highlights accompanying this issue of Front Lines for more information).

“We would really like members to consider joining these Board committees in the future, concluded McKenna. “We have a lot of work ahead of us, certainly over the next two years, and we fully expect some growing pains along the way. But by members joining with us, they will be helping guide the services ONA provides to all members in the months and years to come, which in turn, will affect their quality of work-life and patient care. And that is the whole point of Board renewal.”
Meet Your 2020-2021 Regional Vice-Presidents!

You’ve read about the exciting changes happening to the Board and heard from ONA President Vicki McKenna and First Vice-President Cathryn Hoy on the previous two pages, so let’s get to know the five Regional Vice-Presidents who will be representing you throughout this process, three of whom are new to the Board. Here, in their own words, are their goals and aspirations for the Board and ONA for the next two years.

Dawn Armstrong, RN

Region 1 Vice-President (Northern Ontario)

Portfolio: Human Rights and Equity

Registered nurse and union member/activist. For most of my career, I have considered these two roles synonymous. I have always been proud to be part of this organization and have worked in various roles over my 29 years. It has always been my goal to someday represent Region 1 on the Board and I am very excited that my members have chosen it to be now. As an RN who has worked exclusively in the north, I look forward to continuing to represent their unique issues and challenges. As well, I want to focus on improving member engagement. We are only as strong as our collective voice, and I want that voice to be loud and proud from Region 1!

Bernadette (Bernie) Robinson, RN

Region 2 Vice-President (Eastern Ontario)

Portfolio: Education

In the last two years, I have joined with members in the fight to maintain our public health-care system, and will continue to engage them in activism, big and small. I will be a strong advocate for members’ needs/hopes/goals at both the regional and Board levels. I believe in succession planning and will strive to mentor developing leaders for future roles.

Karen Bertrand, RN

Region 5 Vice-President (Southwestern Ontario)

Portfolio: Local Finance

I believe developing leaders for the future to be a responsibility for all of us. We have three new Board members, new Local Coordinators, Treasurers and Bargaining Unit Presidents. All will need support and mentoring to gain the confidence to serve and represent members in their respective roles. My goal is to commit to all their success as leaders and build capacity for the future so they, in turn, will build others around them.

DJ Sanderson, RN

Region 3 Vice-President (GTA)

Portfolio: Labour Relations

I am excited to begin the 2020-2021 term as ONA Region 3 Vice-President. Over the next two years, I hope to meet many front-line ONA members from our vast region and discuss the issues you face every day and night. Together with your Bargaining Unit and Local leadership, we will develop strategies to ensure employers, regardless of sector, are held accountable. I am also looking for your continued support to ensure the Premier and Ministers of Health and Labour hear our concerns loud and clear.

Angela Preocanin, RN

Region 4 Vice-President (Southeastern Ontario)

Portfolio: Occupational Health and Safety

I am looking forward to the new challenges coming to the Board. My enthusiasm and desire to represent our members’ interests are paramount to the success of being a great Board member. I will be the voice of Region 4, representing the best interests of members in the fight for quality patient care and a workplace free of violence, and to address the increasing challenges facing our RNs and health-care professionals.

ONA.ORG

Learn more about Board members at ona.org/board

This is your Board and they are my support. They are strong and willful, and full of wisdom and knowledge.

ONA President Vicki McKenna, RN
ONA, RNAO and CNO: Who Does What?

If one thing was made clear during the testimony phase of the recent long-term care inquiry, it is the general confusion among the media and the public – even some of our members – about the differing functions of three key nursing organizations in our province: ONA, the Registered Nurses’ Association of Ontario (RNAO) and the College of Nurses of Ontario (CNO).

To help clear up any misconceptions, *Front Lines* is providing this high-level handy tear-out chart, describing the main roles and accountabilities of each.

<table>
<thead>
<tr>
<th>Type of organization</th>
<th>ONA (Trade union)</th>
<th>RNAO (Professional association)</th>
<th>CNO (Regulatory body)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year established</td>
<td>1973</td>
<td>1925</td>
<td>Nursing has been a self-regulated profession in Ontario since 1963</td>
</tr>
<tr>
<td>Mission</td>
<td>A proactive union committed to improving the economic welfare and quality of work-life for our members, to enable them to provide high-quality health care</td>
<td>Advocates for healthy public policy, promotes excellence in nursing practice, and empowers nurses to actively influence and shape decisions that affect the profession and the public they serve</td>
<td>Regulates nursing in Ontario in the public interest</td>
</tr>
<tr>
<td>Key services</td>
<td>Under the Labour Relations Act, required to represent all members. Provides core services in a number of areas, including collective bargaining; grievance handling; education and bursaries; professional practice; human rights and equity; health and safety; legal expense assistance; malpractice insurance; communications; and government relations/advocacy</td>
<td>Learning and career advancement; advocacy; career counsellor services; education loans and scholarships; discounts on education services and insurance; and opportunities in areas such as research, surveys, guideline and professional development through the Best Practice Guidelines department</td>
<td>Establishes requirements for entry to practice; develops and implements policies and changes to nursing legislation; articulates and promotes practice standards; administers its Quality Assurance Program; and enforces standards of practice and conduct</td>
</tr>
<tr>
<td>Membership</td>
<td>68,000 nurses and health-care professionals and 18,000 student affiliate members (nurses and health-care professionals working at an employer where ONA is the bargaining agent are automatically part of the union)</td>
<td>Voluntary membership; 42,000 RNs, NPs and nursing students</td>
<td>All practising nurses in Ontario must register as members of CNO (almost 175,000)</td>
</tr>
<tr>
<td>Funding</td>
<td>Monthly union dues</td>
<td>Annual fee</td>
<td>Annual fee</td>
</tr>
<tr>
<td>Additional information</td>
<td><a href="http://ona.org">ona.org</a></td>
<td><a href="http://rnao.ca">rnao.ca</a></td>
<td><a href="http://cno.org">cno.org</a></td>
</tr>
</tbody>
</table>
ONA Names 2019 Student Scholarship Winners

ONA has named the successful recipients of our 2019 Nursing Student Scholarships, our inaugural Reese Fallon Memorial Scholarship (named after a victim of the Danforth shooting, who was set to start a nursing program), and the Ontario winner of the Canadian Federation of Nurses Unions (CFNU) Scholarship.

Applicants for all three scholarships, intended to assist students pursuing education in nursing or a regulated health professional field cover some of their post-secondary expenses, must be immediate family members of an ONA member and submit an essay of 300 words on the topic, “The Importance of ONA for Nurses.” Some of the entries show these future nurses and health-care professionals really understand the work we do, and look forward to becoming members one day!

Beginning with this issue, Front Lines is printing the names and pictures of the recipients, along with snippets from their winning essays. Congratulations to all recipients and good luck with your studies!

PAYTON FARREN SHARP: Daughter of Nicole Farren Sharp from Local 21, South West Local Health Integration Network (Reese Fallon)

“I know I will be part of a respected association that supports its members’ rights by promoting nursing contributions, lifelong learning and research, but also works to protect the public and inform the government by raising social awareness and advocating for inclusive and better health-care for all.

KYLE PHILLIPS: Son of Trina Fediuk from Local 4, Grey Bruce Health Services (CFNU)

“ONA is not only a bargaining agent for nurses and other health-care professionals, they are the voice for optimal conditions to facilitate optimal care delivery. But ONA is not just the voice for nurses, it is the voice for all of Ontario.”

HANNAH MERCADO: Daughter of Romeo Mercado from Local 237, Mackenzie Health

“By choosing to be a future nurse, I wanted to keep doing the little things that make a big impact on someone’s life. However, I knew that I would not be able to make an impact alone. ONA is an advocate for nurses and ensures that the quality of their environment enables them to give the utmost care.”

Supporting Future Nurses!

As Region 2 Vice-President Bernie Robinson chatted with students about our exemplary services while helping staff an ONA booth at the 2019 Canadian Nursing Students’ Association’s Ontario Regional Conference (left photo), ONA President Vicki McKenna brought greetings from our union (right photo). During the conference, hosted by the University of Ottawa from November 8-10, delegates held their regional meeting, participated in a Canadian Nurses Association focus group, networked at a social gala, and listened to an array of guest speakers addressing the conference’s theme of Advocating for the Mental Health of Nurses. ONA was a platinum sponsor of the conference, receiving a full page thank you ad in the program.
OHC Rallies Demand Ford Government Save Our Services

ONA members and staff braved the early blast of cold air at a rally at Toronto’s Nathan Phillips Square on November 9, demanding the government stop health care cuts that hurt us all.

With major government cuts and closures to health care slated to move ahead in the New Year, ONA had a strong presence at a series of recent Ontario Health Coalition (OHC)-sponsored rallies to relay an important message: Save the services that save us!

The rallies were organized to urgently push back against the Ford government’s plan to cut 86 vital local health services. These include cuts to public health funding and reductions to public health units; the closing of 49 local ambulance services; and real dollar cuts to public hospital funding and long-term care homes. Already, the push-back, which includes 50 organizations, has the government rolling back some cuts and delaying others.

“Doug Ford promised to end hallway medicine, but these cuts will mean more people will end up in hospital emergency departments,” Hoy said at an OHC media conference in late October to announce the rallies.

Speaking on behalf of ONA at the Toronto rally, outgoing Region 3 Vice-President Andy Summers told the crowd that “nurses and health-care professionals are part of the growing movement to hold the government accountable.”

NURSES CAN SAVE UP TO 40%* ON CAR INSURANCE.

Get a quote & you’ll be entered for a chance to WIN $25,000†

Is your insurance due for a check-up?

As a member of ONA, you get preferred rates plus exclusive offers on home and car insurance through Johnson – just as we have been doing for over 30 years.

1.877.742.7490

Johnson.ca/savings

Johnson Insurance is a tradename of Johnson Inc. (“JI”), a licensed insurance intermediary. Home and car policies underwritten and claims handled, by Unifund Assurance Company (“UAC”). Described coverage and benefits applicable only to policies underwritten by UAC in ON. JI and UAC share common ownership. “Full 40% savings amount available on car insurance if the following discounts are applicable: multi-line, conviction free, multi-vehicle, winter tire and qualifying group membership. Percentage savings may vary otherwise. Eligibility requirements, limitations, exclusions, additional costs and/or restrictions may apply, and/or vary by province/territory. *NO PURCHASE NECESSARY. Open January 1, 2019 – April 30, 2020 to legal residents of Canada (excluding NL) who have reached the age of majority in their jurisdiction of residence and are a member of a recognized group of JI with whom JI has an insurance agreement. One (1) available prize of $25,000 CAD. Odds of winning depend on the number of eligible entries received. Math skill test required. Rules: www1.johnson.ca/cash2019.
Why Members Should be Concerned about the Climate Crisis

It’s time for nurses and healthcare professionals to take action on climate change.

This is the take-home message of a discussion paper exploring the impacts of climate change and Canadian health. The paper, *Climate Change and Health: It’s time for nurses to act*, was authored by nursing researchers Dr. Wanda Martin and Lindsey Vold and released by the Canadian Federation of Nurses Unions (CFNU) this summer.

Climate change is on track to deliver dire and distinct challenges for everyone’s health and well-being, particularly with Canada’s ageing population and a healthcare system already stretched thin.

So, how exactly will our health care be affected?

In general terms, according to the World Health Organization, climate change will negatively impact the social and environmental determinants of health, including access to clean air, safe drinking water, sufficient food and secure shelter.

Some of the specific health impacts are expected to include higher rates of heatstroke and stress, increased allergens, exacerbated conditions for asthma sufferers, physical displacement, mental distress, cardiorespiratory distress, more respiratory ailments and widespread food insecurity.

With such grave impacts on the way, the need for swift action is imperative.

Globally, it is estimated that we only have 12 years to prevent a catastrophic rise in temperatures, according to the Intergovernmental Panel on Climate Change. Meanwhile, a report on Canada’s changing climate released this year found that temperatures in our own country are rising more than two times faster than global averages, due to our large bodies of water and ice mass.

As children and young people lead a global movement for serious climate action to defend our future, how can nurses and healthcare professionals act?

The report provides several recommendations that serve as a starting point. They include: work with stakeholders for more sustainable workplaces; learn the science of climate change and help educate others; join the call for meaningful government action; help plan for the emerging needs of patients resulting from climate change; be prepared for extreme weather events; and promote local healthy agriculture and food systems.

In 2020, look for information on how to get involved in new CFNU Green Teams, which aim to spark efforts to bring this issue to workplaces.

As the report notes, we all share the duty as healthcare workers, parents, community members and citizens to learn more about the coming challenges and do everything possible to mitigate the negative impacts of the coming crisis.

The full paper is available on the CFNU website at [https://nursesunions.ca/research/](https://nursesunions.ca/research/). Additional resources are available from the Canadian Association of Physicians for the Environment at [https://cape.ca/](https://cape.ca/).

The above was provided by the CFNU.

---

ONA Members Get in on the Action!

On September 27, ONA members and staff joined thousands of others in a Climate Strike at Queens Park. The strike took place while ONA’s Nurses Vote 2019 campaign was active and coincided with a specific issue we were focusing on: Social determinants of health. For Local 2 Coordinator Kristy Johnston (far left), attending the strike was part of the everyday advocacy nurses do for their patients. “A nurse is there when their patient’s world seems to fall apart or no one else knows what to do or how to help. Whether it be patient advocacy, political advocacy or advocacy for the health of the climate and the earth, we are here.” The Climate Strike was held in conjunction with many other rallies across the country and the world. Police estimated that 15,000 people attended the Queen’s Park rally and about 20,000 participated in the march.

---

ONA.ORG
“Stronger Together” Theme Resonates with Leadership Summit Participants

They may have varying levels of experience with our union, but there’s one thing participants in our recent Leadership Summit and Activist Camp had in common: a willingness to learn and be inspired by each other while giving back to their host community.

Always a popular event, the annual summit, held this year from September 16-20 in Grand Bend, brought together 90 members in three streams – Novice, Advanced and Activist – under the very appropriate theme of Stronger Together. Through a series of group work, workshops, storytelling and other creative exercises in their streams, participants built relationships with each other and learned the ins and outs of our union to better serve members and become more active themselves.

But perhaps the best team building exercises of all were outside the classroom.

Taking advantage of the warm weather, members in all three streams came together for ONA’s fun-filled version of the Amazing Race. Members also put together care packages for residents of two local long-term care homes, complete with touching personalized hand-written notes.

“I really look forward to this week each year,” ONA President Vicki McKenna said in welcoming participants from all streams during the opening plenary session. “The Leadership Summit is such a great opportunity to learn from one another and grow as leaders, further knowledge on how to do our jobs better, learn how to be better advocates for our fellow ONA members, and advocate for improved patient, resident and client care.”

That sentiment was echoed throughout the week from other members of the Board of Directors and the many guest speakers and special guests in attendance, including Canadian Federation of Nurses’ Unions President Linda Silas, Ontario Health Coalition Executive Director Natalie Mehra, and leadership expert Elaine Todres, who has been working with the Board of Directors on their renewal process.

When the week was over, participants commented that the summit provided them with a plethora of important information on ONA’s key services and left them feeling energized, recharged and ready to take what they learned back to their Locals.

“I am equipped with the core knowledge of the history of ONA and resources available, which I can share with my members,” said one, while another added, “I am full of knowledge, and I am inspired to take my ideas home so my members can feel the powerful unity we all felt this week!”

For more information about ONA’s education programs and events, visit ona.org/education

I learned that I have a voice, and it matters individually, collectively and beyond.  
—Leadership Summit participant

Off they go! Participants in the Novice, Advanced and Activist streams, members of the ONA Board of Directors, special guests and staff give a cheer as the 2019 Leadership Summit and Activist Camp gets underway in Grand Bend on September 16.
Putting the PIECES Together in LTC: One Bargaining Unit’s Journey to become a Best Practice Spotlight Organization

The following article, highlighting the journey of Geraldton District Hospital’s John Owen Evans Residence to become a Registered Nurses’ Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO), was written by the BPSO Steering Committee, which includes ONA members.

Nursing is truly a diverse profession where we encounter and experience multiple situations, interact and care for a number of clients with multiple ailments, test our knowledge, critically think, and develop resilience to change. With the overall aim to deliver and achieve individualized quality care, nothing is more rewarding or gratifying than when the client, family and healthcare team are able to “put the PIECES together” to attain optimal outcomes for persons in our care.

PIECES Tool
PIECES is a non-pharmacological assessment tool used by healthcare professionals to help determine causes for behavioural and psychological symptoms associated with dementia. A PIECES assessment considers the person’s physical, intellectual and emotional health, supportive strategies to maximize capabilities, the individual’s social and physical environment, and their social self (cultural, spiritual, life story).

Consider what a day in the life of someone living with dementia must be like: Unable to organize their thoughts or verbally communicate what they are thinking and performing actions to communicate unmet needs, desires or thoughts. Others act in fear or anger in their attempt to express themselves.

This was the case within our 26-bed long-term care (LTC) home, the John Owen Evans Residence, in rural northwestern Ontario.

At the beginning of our journey to become a BPSO, a health-care/academic organization selected by the RNAO through a request for proposal process to implement and evaluate its best practice guidelines (BPGs), we never could have imagined how our team, led by Jenny Leuenberger, RN, would come together to have such a profound impact on resident care.

“Mr. G”
Our BPSO project focused on implementing the Assessment and Management of Pain and the Delirium, Dementia and Depression in Older Adults: Assessment and Care BPGs. The unit welcomed a resident called “Mr. G” in the fall of 2018, a few months after the team started our BPSO project. He expressed responsive behaviours and displayed aggressiveness towards others and repetitive motor expressions.

To put a plan of care together, the interdisciplinary team, along with our PIECES Resource Team and the resident’s family, met to explore the possible causes for his actions, interventions for a resolution, and improve resident outcomes thanks to their PIECES approach to care.

Members of the BPSO Steering Committee at Geraldton District Hospital’s John Owen Evans Residence are Pictured are (left to right): Recreational Aid Maria DeJesus, Therapeutic Recreationist Liane O’Brien, Acting LTC Nurse Manager Jenny Leuenberger, and Staff Educator/Telemedicine Coordinator and ONA Bargaining Unit President Sally Ten Hoeve.
to better understand the meaning behind them. With exploration into the resident’s “personhood,” the team was able to piece together triggers for exhibited behaviours, such as the need to use the bathroom, hunger, presence of pain and boredom.

“As the team lead, I felt it was very important to involve all staff, the family, the interdisciplinary team, volunteers and senior management with consistency with the interventions and approach towards Mr. G,” said Leuenberger.

The team identified the presence of pain as a contributor to the actions displayed. Sally Ten Hoeve, RN, staff educator and Bargaining Unit President of the Geraldton District Hospital, noted, “we are very fortunate to have several key players in LTC who are trained in the PIECES process, which allows any one of them to facilitate a PIECES approach when there are issues. It is not one person, it is a team that achieves maximum success.”

The Pain Assessment in Advanced Dementia (PAINAD) scale was put into place as part of the Pain BPG implementation and used with Mr. G.

A regularly scheduled analgesic was implemented. In addition, a scheduled toileting routine was identified and instigated by the nursing staff. Dementia Observation System (DOS) assessments, which track behaviours to determine patterns, were completed.

Mr. G displayed improvements with a decreased reporting of repetitive motor expressions, eating more frequent and smaller meals throughout the day, and ultimately decreasing rummaging activity. An increase in one-on-one interaction, as well as group activities, contributed to lessening periods of agitation. These activities enhanced the Residents Assessment Instrument-Minimal Data Set scoring, which collects the minimum amount of data to guide care planning and monitoring for residents. There was also a noticeable reduction of submitted incident reports and aggression through documentation.

Ultimately, this success also helped our LTC unit revise our Responsive Behaviour Program, identified as a gap in our review of the Delirium, Dementia and Depression BPG.

Whole Person

Our LTC home has demonstrated the ability to implement evidence-based care, even in this challenging setting. By exploring all the pieces of a resident’s “personhood,” including their past occupation, likes and dislikes, experiences and hobbies in collaboration with information gathered from them, their family and a specialized interdisciplinary team, individualized quality person-centered care can be achieved. With placement into LTC, life does not cease, but continues on a path where the whole person is recognized and embraced.
Members Shine a Spotlight on Workplace Violence

With workplace violence in health care on the rise, ONA members recently organized and hosted two roundtable discussions so local federal election candidates and the media could hear their stories and concerns firsthand.

During the roundtables – held at the Holiday Inn in Newmarket (two sessions) and Centrepointe Public Library in Nepean in the weeks leading up to the federal election – outgoing Region 3 Vice-President Andy Summers, Region 2 Vice-President Bernie Robinson, outgoing Local 124 Coordinator DJ Sanderson, Local 115 Coordinator Faye Loverock, The Ottawa Hospital (Civic) Site Rep Rachel Muir and front-line members provided shocking insights into workplace violence, touching on an array of issues that stoke the problem, including understaffing of nurses and security personnel.

“It was important to organize this event because of the lack of knowledge our political representatives have regarding this issue and the impact it has on nurses and their families,” said Muir. “Our members needed to hear from the candidates on their party’s platform and how they are going to work towards ending violence in health care. The members who were there were eloquent and informative. They came with personal stories about the violence they have experienced, the personal toll it is taking, and the apathy demonstrated by our employers.”

This is particularly troubling at Southlake Regional Health Centre, a stone’s throw from the Newmarket roundtable, where ONA recently issued a call for immediate action to stem workplace assaults on nurses and health-care providers, noting it has been more than nine months since an RN was critically injured in the facility. Despite the great lengths ONA has taken to work with this employer, it has yet to implement meaningful and concrete changes. We believe it is also the duty of the government to hold the employer accountable, and fear time is running out for the Ministry of Labour to lay charges.

“During the federal election campaign, ONA also called on party leaders to implement a national anti-violence strategy so nurses and health-care professionals can focus on healing their patients, not themselves and their colleagues,” said ONA President Vicki McKenna, who also penned a powerful op-ed on this topic, which was published in OHS Canada in October (see www.ohscanada.com/opinions/violence-nurses-unacceptable/).

“When these professionals suffer physical violence and mental abuse, the whole health-care system suffers. I am very proud of these dedicated members for shining a spotlight on this serious issue right in their communities and demanding solutions.”

The roundtables couldn’t have been timelier, with statistics showing that violent incidents causing lost-time injuries increased by 27 per cent over a four-year period (2013-2016), and the federal government’s Standing Committee on Health finding that health-care workers are four times more likely to be the target of workplace violence than any other professional.

“As horrendous as these statistics are, even more troubling to me is that our members and their employers often believe workplace violence is simply part of the job,” concluded McKenna. “It is not.”

See more at http://violence.ona.org
ONA Supports Wrapped in Courage Campaign

Over the past few years, ONA has provincially sponsored the important and inspiring work of the Ontario Association of Interval and Transition Houses (OAITH) and its Wrapped in Courage campaign.

This partnership has been mutually beneficial: OAITH receives much-needed support and resources from ONA, and our members develop a deeper understanding of the challenges women and children face when they are exposed to domestic violence and abuse.

ONA is proud that this partnership continues, with the launch of OAITH’s 7th annual Wrapped in Courage campaign. The campaign’s signature purple scarf is a symbol of the courage it takes a woman to leave her abuser. However, in some situations, her courage is not enough. It takes the strength of an entire community to end violence against women.

We invite our members, staff, family and friends to show their support for this important cause by purchasing a purple scarf from your local women’s shelters.

To learn more about the campaign, including where you can buy a scarf, visit wrappedincourage.ca

Canadians Anxious about Retirement, HOOPP Survey Shows

The results of recent public opinion research by the Healthcare of Ontario Pension Plan (HOOPP), the pension plan of the majority of ONA members, presents a clear call to action to policymakers to enhance retirement affordability.

The research, released by HOOPP in October, shows that more Canadians are worried about saving enough for retirement (75 per cent) than government debt (64 per cent) or personal debt (55 per cent). In fact, 80 per cent would rather have a better pension (or any pension) than a higher salary, while 81 per cent believe the shrinking of workplace pension coverage will reduce the quality of life of Canadians.

“HOOPP commissioned this research to help inform a public dialogue between individuals, employers and governments,” said HOOPP President and CEO Jim Keohane. “When workers and retirees know they have financial security, it is good for their personal well-being and for the strength of the economy overall, so this is an important issue for our members.”

Other findings of the research include that 83 per cent believe the government should modernize regulations to allow for more innovative pension plans and saving arrangements, while 76 per cent think governments can save money by supporting pensions that are more affordable. A further 78 per cent believe there is a moral obligation to ensure children today have pensions of equal coverage and quality of the pensions enjoyed by their parents and grandparents.

The findings are based on a recent survey of 2,500 Canadians conducted by Abacus Data on their feelings of retirement preparedness, workplace pensions and the implications of decreasing pension coverage.

“It is clear that Canadians have a high level of anxiety around retirement security and that we, as a country, need to talk about how to address this growing concern,” concluded Keohane.
Nous allons talonner ce gouvernement jusqu’à ce que cela se produise.

Notre système de santé, afin que nos patients demeurent en santé et en sécurité.

Votre avenir, mais à celui de tout notre non seulement en ce qui a trait à

rencontré récemment plusieurs autres ministres, incluant ceux du

périodiquement des réunions avec la ministre Elliott, et a également

porte semble s’entrouvrir doucement. En fait, l’AIIO tient maintenant

On le voit déjà revenir sur certaines décisions malheureuses, et la

rapport à ce que je ressentais depuis la formation de ce gouvernement.

Il n’a pas encore déterminé comment tout cela va se

• *Loi sur les relations de travail liées à la transition dans le secteur public (LRTTSP)* : Nous avons discuté de l’impact des changements apportés à la LRTT sur la capacité des membres à effectuer un transfert de tâches et de patients, un aspect essentiel si l’on veut s’assurer que la bonne personne est disponible pour fournir les bons soins.

• *Transformation* : Les infirmières en santé publique veulent participer aux discussions sur la meilleure façon de fournir des services aux populations vulnérables, au moment où leur secteur vit une transformation. Également, étant donné que nos coordonnateurs de soins font face à un avenir incertain, j’ai souligné au premier ministre qu’il serait préférable pour les Ontariennes et les Ontariens de pouvoir continuer de s’occuper de leurs patients, peu importe l’organisation appelée à fournir ces services dans le futur.

• *Soins de longue durée (SLD)* : J’ai insisté sur l’importance de faire participer les IA à la mise en œuvre des recommandations de l’enquête sur les SLD. Nous savons qu’une dotation appropriée est essentielle.

• *Heures des IA et capacité des hôpitaux/SLD* : J’ai réitéré que l’augmentation de la capacité dans les hôpitaux et les foyers de SLD, mais aussi l’imposition d’un moratoire sur la réduction des heures des IA sont des éléments nécessaires pour régler le problème des soins dans les couloirs.

• *Violence en milieu de travail* : Nous convenons que les infirmières et les professionnels de la santé devraient pouvoir travailler sans craindre pour leur sécurité. J’ai suggéré au premier ministre de travailler à la mise en œuvre des recommandations du Comité tripartite de leadership sur la violence en milieu de travail.

• *Consultation significative* : J’ai réitéré que nous voulons participer à des consultations pertinentes avant que des décisions ne soient prises. Nous avons des solutions pour soulager les maux de notre système!

Si vous le faites, vous pourriez vous retrouver en vedette dans

Front Lines, tout comme ces membres inspirants. Et je vous assure

nous devons à nos patients d’essayer.

Et voici comment ça fonctionne. L’AIIO exerce des pressions auprès du gouvernement et de nos employeurs à l’échelle provinciale au sujet des politiques du gouvernement au nom de tous nos membres et de vos patients (comme vous venez de le lire dans la chronique de Vicki). Et, comme je vous l’ai répété à maintes reprises, c’est à ce moment que vous entrez en jeu.

Vous êtes en première ligne des soins de santé, et vous avez des histoires à raconter au sujet de vos expériences et de vos réalités. Et c’est ce type d’histoires que nos représentants(antes) élus(ues) doivent entendre. Donc, alors que débute la nouvelle année, pourquoi ne prendriez-vous pas la décision de communiquez avec votre député provincial local? Commencez par un simple coup de fil. Si vous êtes en mesure d’obtenir une rencontre en personne, c’est encore mieux! Nous pouvons vous aider avec la logistique de la planification de la réunion et le message. Nous sommes là!

Et si cela vous semble quelque peu intimidant et que vous préférez appuyer l’action politique en faisant de plus petits pas, c’est parfait aussi. Chaque petit geste compte! Envoyez plutôt une lettre à votre député provincial ou signez l’une de nos nombreuses pétitions en ligne lorsque nous vous demandons de le faire : c’est un outil que nous utilisons fréquemment et qui s’avère très efficace. Discutez avec votre famille ou vos amis de vos réalités quotidiennes à titre d’infirmières(ières) et de professionnels(elles) de la santé. Participez à un rallye afin de protester contre les décisions néfastes du gouvernement et des employeurs et leur inaction, et brandissez fièrement le drapeau de l’AIIO. Ce numéro contient de nombreux exemples de membres qui le font avec verve.

Lorsque je rencontre des membres en personne et que je les encourage à s’impliquer, certains d’entre eux me répondent :

« C’est facile pour toi de le faire Cathryn, tu es première vice-présidente. » Mais, je leur rappelle qu’à une époque je n’avais aucune expérience en matière d’activisme et que j’avais également peur d’accomplir des gestes que je tiens maintenant pour acquis. Et je leur promets que cela devient de plus en plus facile! Et que nous devons à nos patients d’essayer.

Si vous le faites, vous pourriez vous retrouver en vedette dans Front Lines, tout comme ces membres inspirants. Et je vous assure que ce sera un autre récit passionnant!

Suivez Vicki dans twitter.com/vickivickim

Suivez Cathryn at twitter.com/cathrynhoy

*Chronicité des questions en français*
Know an Amazing Nurse?
Nominate them for the First-Ever Nursing Now Ontario Awards!

ONA, the Registered Nurses’ Association of Ontario (RNAO), and the Registered Practical Nurses Association of Ontario (WeRPN) are excited to announce the Nursing Now Ontario Awards to recognize and celebrate nurses for their contributions to nursing practice and the health and well-being of Ontarians.

Awards will be issued to one winner in each category:
- Registered Nurse
- Registered Practical Nurse
- Nurse Practitioner

The awards are open to all nurses who practise in any health setting across the province.

Awards will be presented on May 12, 2020 at RNAO’s annual Health Professional Expo.

For more information about the awards, criteria and nomination forms, visit: https://myrnao.ca/nursing-now-ontario-award

Deadline for Entries: February 14, 2020
Doug Ford’s restructuring of health care is a prescription for disaster. Big decisions are happening behind closed doors. His funding and service cuts are already creating confusion about access to care. After just one year in office, Doug Ford has proven his only remedies are quick fixes and wishful thinking.

Tell your MPP, the Health Minister, and Doug Ford you won’t accept more cuts to Ontario’s health care.