Helping Hands:
Human Rights and Equity Team Members Make it Their “Mission” to Help Less Fortunate

The Restructuring of Our Health-Care System: What We Know so Far P.19
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ONA is the union representing 65,000 registered nurses and health-care professionals and more than 18,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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Cutting Care

The following letter to the editor by ONA President Vicki McKenna was published in the Kitchener-Waterloo Record on February 2, 2019.

As a registered nurse and President of the Ontario Nurses’ Association, I am writing to express deep concern regarding the impact on patient care at Grand River Hospital with the pending loss of registered nursing positions. This follows the decision of management to make deep cuts to the front-line care delivered in your community.

Losing just one RN position means the loss of nearly 2,000 hours of RN care for the patients at Grand River Hospital. We understand there may be a number of RN positions cut and full details are not available at this time.

Cutting RNs is a false economy. The literature is clear: multiple research studies have shown that for every extra patient added to an average RN’s workload, the risk of patients suffering complications and even death rises by seven per cent. That is unacceptable to me as a registered nurse, and I believe that it would not be acceptable to the people of this community.

The Premier will have a difficult time solving hallway health care if hospitals continue to cut RN care. I urge the people of this community to speak up and urge Grand River Hospital and our provincial government to reconsider their decision to cut our dedicated, highly skilled and educated RNs.

Vicki McKenna, RN
ONA President

Nursing Homes Settlement Reached!

Just as Front Lines headed to print came news that a tentative agreement was reached between ONA’s Nursing Home Central Negotiating Team (NHCNT) and the employers during mediation.

As the collective agreement expired on June 30, 2019, bargaining began the week of February 25, followed by mediation with the assistance of mediator Matt Wilson on March 26-27. Details of the settlement will not be released until a sector meeting is held on April 15 with Local Coordinators and nursing home Bargaining Unit Presidents. Ratification meetings are scheduled to take place from April 23 to May 1, with results known soon after.

Throughout bargaining, the NHCNT ensured the priorities of our nursing home members, as identified through our recent Have-a-Say bargaining survey, were front and centre with the participating nursing homes.

“The team made it very clear from day one that resident acuity is increasing and medical conditions are more complex and unstable,” said ONA President Vicki McKenna. “Talks were respectful, with the impact of the long-term care inquiry also influencing the tone of bargaining.”

The five nursing home members on the team – one from each region – also painted a vivid picture of life on the front lines from their personal experiences.

“These members made it clear with their stories that the proposals were very personal to them and our members in this sector,” added McKenna. “The team was very cohesive throughout bargaining, and their voices were strong as they advocated on your behalf. I couldn’t be more proud of what they accomplished.”

Read updates at ona.org/bargaining
Two Important Words this Nursing Week: Thank You

WITH THE GOVERNMENT ANNOUNCING SUBSTANTIAL changes to our health-care system, difficult rounds of bargaining for our members, especially those in public health (some of whom have been forced to hit the picket lines), increased violence in the workplace, and RN and health-care professional positions continuing to be slashed, you may not feel like there’s a lot to celebrate this Nursing Week. But I’m here to tell you that there most definitely is.

The dedication you show to your patients each and every day on the front lines is beyond inspiring, and everywhere I go, I am regaled with heartfelt stories about what a difference you make. I can honestly say that barely a week goes by that I do not receive an email from a patient thanking me for the compassionate and expert care you provide, which has deeply touched not only them, but their families as well. That’s why our Nursing Week theme of Healing Hands, Caring Hearts resonates so loudly.

But you don’t have to just take my word for it. Year after year, national polls place nurses at the top of the list, alongside firefighters, when it comes to the professionals the public trusts the most. In fact, the 2018 Insights West survey shows that more than nine in 10 Canadians admire nurses, rating their honesty and ethical standards as “high” or “very high.”

There’s good reason for that. The public knows you have the solutions to what ails our health-care system. You live it every day. They look to you to be their advocate. I know you don’t take that role lightly. But I also know that when you can’t provide the care you so desperately want because of workload and staffing issues, and other situations beyond your control, it hurts.

But ONA is here to help. The government said before the provincial election they wanted to hear from nurses, and I am pleased to say that is finally happening. We are lobbying your employers to ensure they live up to their health and safety responsibilities under the Occupational Health and Safety Act, and more and more, we are working collaboratively with them on preventative programs (see pg. 24). We are making meaningful changes to your work environments through our one-of-a-kind professional responsibility complaint process. We are basing our bargaining proposals in all sectors on your priorities and we are not backing down from ensuring our members are shown their value. So I’d say that’s a great deal to celebrate this Nursing Week!

But I would be remiss if I didn’t conclude by saying two important words to each and every one of you: thank you. Thank you for your steadfast commitment to your patients, your profession and your union. Be proud of the vital work that you do. I know I certainly am.

For more on Nursing Week, turn to pg. 8.

Un mot important en cette Semaine nationale des soins infirmiers : Merci.

ALORS QUE LE GOUVERNEMENT ANNONCE DES changements substantiels à notre système de santé, que des rondes de négociations difficiles s’annoncent pour nos membres, particulièrement pour ceux qui travaillent dans la santé publique (certains et certaines ont déjà rejoint les piquets de grève), qu’on remarque une recrudescence de la violence dans le milieu de travail et que des postes d’IA et de professionnels de la santé continuent d’être coupés, vous vous demandez sûrement ce qu’on peut avoir à célébrer durant cette Semaine nationale des soins infirmiers. Je vous écris néanmoins pour vous rappeler qu’il y a matière à réjouissances.

Le dévouement dont vous faites preuve pour vos patients en première ligne au quotidien est une grande source d’inspiration. Partout où je vais, on me raconte des histoires touchantes sur le bien-être que vous leur procurez. Pas une
From ONA First Vice-President
Chronique de la première vice-présidente, AIIO
CATHRYN HOY, RN

Keep Talking to Your Elected Officials

A FEW MONTHS AGO, WE ASKED ONA MEMBERS TO consider setting up face-to-face meetings with your MPPs in their constituency offices to help them better understand the impact of their health-care policies on their communities. Many of you took us up on that. We thank you and hope you will keep those conversations going.

But with the government drastically transforming our health-care system in the months and years to come, this call to action is even more urgent, and we need to get as many of you onboard as possible.

I can assure you that ONA is doing our part at the provincial level by holding meetings with the Minister of Health and Long-Term Care and representatives from the Premier’s office to discuss this restructuring while continuing to promote our key messages. They include the need for the government to appropriately fund all sectors of our health-care system and increase the RN capacity over the next four years, so Ontario no longer has the dubious distinction of the worst RN-to-population ratio in the country.

But we can’t do this advocacy work alone or only at the provincial level. We need our members to get involved by meeting with your MPPs on Fridays when they are in their constituency offices or during Constituency Weeks throughout this year (the weeks of May 21, October 14 and November 12). After all, these are the people who make decisions that impact funding and the conditions of our work and practice environments, and we need to paint a vivid picture of the front lines of health care from the perspective of those who know best. You!

If this sounds intimidating, it need not be. Your first meeting can simply be a meet-and-greet to introduce yourself to your MPP as the authority on local health care. We will provide you with everything you need to set up that meeting – we have designed a handy MPP Lobby Kit – and what to say when you get there. And when it’s over, we’d love to know how it went. Please contact our Communications and Government Relations Team at cprintake@ona.org for more information.

When I read the story in this issue about how Local 73 uses every opportunity to ensure ONA is on the radar of their community and elected officials, I was deeply inspired – and hope you will be too (see pg. 10). One lesson they learned and want to pass along is the need to team up with local health coalitions, labour councils and other like-minded groups in your community. By participating in their activities, including rallies and media events, we can put even more pressure on the government to keep our health-care services public with universal access for all.

These are uncertain times for our health-care system, I don’t need to tell you that. But that just means our voices need to be even stronger and more united. And, they need to be heard! If 65,000 members take us up on this call to action, I am confident they will be.

Continuez à discuter avec vos représentants élus

IL Y A DE CELA QUELQUES MOIS, J’AI DEMANDÉ AUX membres de l’AIIO d’envisager des rencontres en personne avec leurs députés dans leurs bureaux de circonscription pour les aider à mieux comprendre l’impact de leurs politiques en matière de soins de santé sur leur collectivité. Plusieurs d’entre vous ont répondu à l’appel. Nous vous remercions et espérons que vous continuerez à faire progresser la conversation.

Dans la mesure où notre gouvernement apportera des modifications majeures à notre système de santé dans les mois et les années à venir, cet appel à l’action est encore plus urgent et nous devons autant que possible compter sur l’appui de tous.
MEMBERS GET LOUD!

We are Family: Windsor Public Health
Members United, Strong on Picket Line

ONA members who work at the Windsor-Essex County Health Unit (WECHU) may have been forced to withdraw their services several weeks ago, but they say they are far from defeated.

“It has been a truly overwhelming experience,” said WECHU Bargaining Unit President Barb Deter of the picket lines being held outside the health unit’s three offices in Windsor, Leamington and Essex. “Everyone continues to have high spirits.”

Strike Vote
The strike began on March 8 after several days of negotiations with the employer and one day of mediation failed to reach a settlement. The more than 80 public health nurses, nurse practitioners (NP) and registered practical nurses (RPNs), who have been without a contract since March 31, 2018, are responsible for a number of community health programs, from school vaccinations to injury prevention.

“We were very disappointed with the employer’s final offer,” noted Deter, whose members staged an information picket in the days leading up to the strike outside a meeting of the Board of Health. “All we wanted was a fair collective agreement, but we did not achieve that. It all came down to feeling disrespected and not valued for the important work we do.”

Adding insult to injury was the employer’s inaccurate characterization to the media of what had taken place, stating that ONA “rejected further negotiations.” The fact is the employer tabled its final offer on February 28 during mediation, which effectively brought talks to an end. While ONA tried to talk to the health unit’s negotiators again one day before the strike deadline, they did not budge on their final offer.

“We were so angry at some of the comments made that it truly sparked a flame under us,” said Deter. “While we would much rather be providing our key services to our community, the strike vote was an overwhelming yes.”

“Municipal workers in this county in male-dominated professions, such as police and firefighters, are also receiving far better contracts with regard to wages than our female-dominated professionals,” added ONA President Vicki McKenna, noting that the members – all women – ironically began their strike on International Women’s Day, a day meant to celebrate women.

Weekly Challenge
With the assistance of ONA staff, whom Deter said she can’t thank enough, the Bargaining Unit is keeping up the pressure with the employer while promoting their critical roles to the community. These tactics include an email campaign, media releases and advisories, letters to the editor, and radio ads featuring several public health members. But perhaps the most creative of all was something called, “The Weekly Challenge.”
“Since we are not able to work in the community, we decided to find other ways to give back,” said Deter. “The first week, we held a ‘Time for Change’ diaper drive where we collected 17,000 diapers for our downtown Mission. The next week, nurses donated blood. The following challenge saw us compete against the nurses that work across the street at Windsor Regional Hospital’s Ouellette site for the most donations of children’s items for a program called, ‘New Beginnings’.”

With that kind of community engagement, it’s not surprising the members have felt the love right back!

“Community support has been unbelievable – people are honking and bringing food,” noted Deter. “I’ve never had so much pizza, donuts, and coffee in my life! It’s wonderful. We had a Family and Friends rally when the strike began, which was amazing, with politicians in attendance and speakers. The Windsor and District Labour Council has given us 100 per cent support. The ONA Board of Directors, fellow members, staff, and so many different unions, including the Canadian Federation of Nurses Unions, have walked with us.”

One of those supporters knows exactly how it feels.

“Having experienced a strike at my Bargaining Unit in 2012, I know how important it is for striking members to feel supported,” said Local 7 Coordinator Melanie Holjak. “The employer needs to listen to the community support, allocate funding appropriately to front-line workers to ensure services continue, and immediately return to the negotiating table with an offer that does not disadvantage Canadian women.”

**Special Bond**

While the strike did not show any signs of ending at press time – in fact, the employer walked away from the table within one hour of renewed talks on March 27 as it clearly had no intentions of bargaining, and members subsequently voted against ratifying a tentative agreement on April 2 – members were comforted by another kind of support: each other’s.

“We’re picketing on all four corners outside the health unit in Windsor with music playing,” said Deter. “It’s a dance party that we all enjoy! This has created a special bond between us that never would have happened otherwise. We are strong and resilient. These are the best bunch of nurses you would ever want to work with. We are family!”

“I am so proud of the determination of these members,” concluded McKenna, noting they are willing to go back to the table any time the employer is prepared to negotiate. “Our public health nurses right across the province have met the biggest resistance in bargaining, which is shocking to me. They are the foundation of our health-care system, keep our communities safe and healthy, and are often in the background. We must continue to promote their important work.”

To read strike updates, see photos, listen to radio ads, and lend your support, visit ona.org/windsor
Happy Nursing Week!

Whether you are literally taking a hike in the great outdoors with your nursing colleagues (as Local 4 did last year), or competing in a friendly game of bowling wearing creative team costumes (Locals 73 and 83, we’re looking at you!), or throwing a fabulous Hawaiian luau (check out Local 81 above!), we hope you take a few minutes to celebrate all that you do for your patients during Nursing Week 2019.

Under the theme, Healing Hands, Caring Hearts, which recognizes the expert hands-on health care nurses provide and how far their personal touch goes towards the well-being of their patients, Nursing Week is a time to honour the year-round dedication and achievements of nurses, and to increase awareness of your contributions to the well-being of Canadians.

As a small token of our appreciation for your commitment and dedication, we are enclosing a special Nursing Week gift with this issue of Front Lines, which we hope will remind you that your union is “write” with you. (If you did not

receive your gift or if it is in any way damaged, contact Communications and Government Relations Team intake at cgrintake@ona.org.)

Please check your bulletin board for any events planned for Nursing Week in your Bargaining Unit and participate so you know how much you are valued and appreciated. The ONA Board of Directors looks forward to attending many of those events with you.

An inspiring Nursing Week video message from ONA President Vicki McKenna will be available on our website and ONA’s Youtube channel at www.youtube.com/OntarioNurses.

Happy Nursing Week!

How did You Celebrate?

First celebrate Nursing Week 2019 and then tell us what you did! We love seeing your Nursing Week photos and reading your stories, and sharing them on our website, on our social media platforms and in Front Lines.

Please send your submissions to cgrintake@ona.org, and we may see you in the next issue!

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

SHARE IT WITH US!

Send your stories and photos to Front Lines editor Ruth Featherstone at ruthf@ona.org.
ONa is deeply saddened by the passing of long-time Local 68 Coordinator and Humber River Hospital Bargaining Unit President Micheal Howell, who dedicated himself to advocating for his members even as he battled his own illness.

After receiving a shocking and grim diagnosis in the fall of 2016, which he very openly shared with Front Lines readers, Howell said he “didn’t believe in feeling sorry for myself” and instead came up with a plan with his wife Carla to fight back. That tenacity didn’t just apply to his illness, as he ran for another two-year term as Local 68 Coordinator and Bargaining Unit President soon after and was acclaimed. Even when he took time off to focus on his treatments, he ensured he was kept abreast of everything going on back at his Local.

“Mike and I spoke or met every day, sometimes more than once a day,” said his ONa Labour Relations Officer Sheri Street. “He wanted solutions for each of his members’ issues, based on their rights under the collective agreement and labour laws. He worked and advocated relentlessly and passionately to provide ONa representation for the nurses as the Bargaining Unit President, and as Local Coordinator for the 13 nursing homes within the Local. Mike was respected by the employer as a labour representative and as a nursing professional. He will be sorrowfully missed by all who knew him.”

That includes members of his Local executive, who set up a GoFundMe page in 2017 so Howell could seek alternative treatment outside of the country to give him more time with his family, including Carla, their three daughters and six grandchildren.

“Nurses are always taking care of others, but somebody needed to take care of those nurses and that was Mike’s passion,” said Local 68 Treasurer Nancy Popp. “He will be missed, but never forgotten as his passion will live on in those that he mentored. Thank you, Mike.”

Howell himself put it best, telling Front Lines in 2017 that the labour relations and professional practice challenges at Humber over the years prepared him for his greatest personal battle and turned him into a “warrior” for his members.

“ONA gave me the skills and tools to use and taught me how to channel all that energy in the right direction. Even though I don’t know what tomorrow will bring, I want to ensure that those who come into the Bargaining Unit to fight for our members enter a place with a good solid foundation and have the respect of the employer because we have been nothing but professional with them.”

It is that commitment for which he will so fondly be remembered.

Attention all Hospital Members!

The next round of bargaining in the hospital sector will take place next year, but we need a new Hospital Central Negotiating Team in place first. If you are interested in being part of this dynamic group, the call for nominations is open from April 15 to May 10. Elections will be held in June. Results will be communicated on June 26.

To prepare for bargaining, the next new team will be oriented next January.

For more information, including nomination forms, log onto ona.org/bargaining
“Here, there and everywhere” just might be Local 73’s motto when it comes to finding opportunities to spread ONA’s key messages in the Thunder Bay community.

“Each December, I begin mapping out the events we will participate in the following year,” said political action rep Diane Parker, who takes a lead on this work. “I start with ONA’s key commemorative dates – there’s a lot of information and resources available about them on the ONA website – and include other events that are important, such as Remembrance Day, and add to that list as things come up.”

**Something Simple**
What is actually done for those commemorative dates varies, but Parker notes that every little bit helps to get ONA’s name out there. It might be something as simple as running an inexpensive ad about Black History Month in the weekly *Coffee Time* publication, available at cafes around the province, for the entire month of February or creating buttons and a poster in line with ONA’s provincial one for the National Day of Remembrance and Action on Violence against Women. Or, something much more elaborate like designing creative and colourful floats and costumes for the annual Pride parade.

“Pride is such a positive event and I am very proud that Local 73 is part of it,” said member Jackie Chesterman, noting the Local hands out ONA literature and candy to those along the route. “Our first parade attendance was small, but it was a start. It was an ONA presence. We built from there.”

The same could be said of their attendance at the city’s annual Labour Day picnic, where the popcorn machine and giveaways bearing the ONA logo always draw a crowd to their table, enabling members to talk about key issues, such as RN cuts.

“People are always so happy to see ONA at these events,” added Parker, noting Local 73 members also thank them for the political action work they do. “Nurses are highly respected, and when we say something, they seem to listen.”

How to Put a Face to ONA in Your Community too!

Feeling inspired by the incredible political action work of Local 73? It is easier than you think to get ONA’s name out there:

- Find the list of ONA’s key commemorative dates at [ona.org/hre](http://ona.org/hre) and start planning ways to acknowledge them.
- Gradually add to that list wherever you see opportunities. For example, Local 73 always acknowledges Remembrance Day.
- Keep an eye out for inexpensive places to advertise, including community newspapers, and find any opportunity to promote ONA’s name. Local 73 runs short radio ads urging listeners to keep safe over the holidays.
- Staff ONA tables at various events with handouts and promotional items. We can help!
- Consider producing buttons, which are relatively inexpensive and a great way to start a conversation. Local 73 produces an array (pictured) to mark special occasions, along with very visible banners they hang outside their office.
- Join your local labour council if you have one and support its critical work.
- While you’re at it, join your local health coalition too and attend its events. Speak out if you can, but if you can’t, just showing up is important!
- Participate in your Labour Day, Pride and other parades/events no matter the size of your contingent, and join planning committees for Day of Mourning, National Day of Remembrance and Action on Violence against Women, etc.
- Post events on your Bargaining Unit bulletin board and in the community to get others involved too.
**Strength in Numbers**
The Local also firmly believes in the old union adage of “strength in numbers,” sitting on external committees wearing the ONA hat and joining the Thunder Bay and District Labour Council and Thunder Bay Health Coalition. By supporting the events of these groups, not only do their collective voices become louder, but the favour is happily returned. When our Thunder Bay and District Public Health Unit members went on strike for five long weeks last November, these allies walked the picket lines with them, greatly boosting morale.

**The Growing List**
As for those other events that come up throughout the year and are added to the Local’s list? Well, they are all over them too! For example, when the pre-budget hearings were held in town earlier this year, the Local joined the labour council for a rally outside. Each year, the list seems to grow, with the latest addition being a button for Orange Shirt Day in support of Indigenous children. The Local is also planning to add Pink Shirt Day, which raises awareness about bullying, to their list next year.

As a large Local, Local 73 is able to devote a significant amount of money to political action work, and takes advantage of ONA Policy 26.11 funding, which provides $1,000 to Locals for political action work (Local 14, also in Thunder Bay, gives the Local its Policy 26.11 funds for combined ads). But, they note, you don’t have to have a huge budget to be effective.

“Use every opportunity you can to get out there and wave the ONA flag,” concluded Parker, who is encouraged that younger members of the Local are expressing interest in political action work. “I guarantee people will come to you. Or wear a button. The important thing is to just do something.”

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**Funding Given for Hospital Upgrades**
Minister of Health and Long-Term Care Christine Elliott announced the government is providing 128 hospitals across the province with funding to upgrade, repair and maintain their facilities. Ontario is flowing $175 million in repairs and upgrades to these hospitals this year through the Health Infrastructure Renewal Fund. The funding will allow hospitals to address urgent issues, including upgrades or replacements of roofs, windows, heating and air conditioning systems, fire alarms, and back-up generators.

**Health Canada to Provide Funds for Mental Health in Ontario**
Ontario has signed two bilateral agreements with Health Canada that will provide the province with funding to support mental health-care services. Over the next 10 years, Health Canada will provide $4.3 billion for mental health and addictions, and home and community care. The Shared Health Priorities Agreement will provide Ontario with $2.3 billion for home and community care, and $1.9 billion for mental health and addictions over the next 10 years. The Opioids Agreement will provide Ontario with $51.1 million this year to improve access to addiction and treatment services.

**Brockville Hospital Development to Add Inpatient Units**
Brockville General Hospital is being redeveloped and expanded, with a new patient tower to accommodate additional inpatient units and increase capacity by 22 beds, which will help more patients who need complex continuing care, acute mental health and rehabilitation care. The project also includes the renovation of existing buildings to increase support services such as food and environmental services, as well as facilities. In total, the hospital will have about 171 beds.

**Community Health Hub Set for Thorncliffe Park**
Access to health and social services in Toronto’s Thorncliffe Park area will be increased through the construction of a new community health hub. When complete, the hub will provide health and social services for more than 23,000 residents, including newcomers to Canada, people experiencing challenging socio-economic conditions, at-risk youth, non-insured patients, seniors and people living with mental illness.

**Advanced Technology at Ottawa Health Institute**
A new state-of-the-art critical care tower at the University of Ottawa Heart Institute will provide more services with advanced technology for patients with increasingly complex needs. Expanded services include six additional beds in the cardiac surgery intensive care unit; two additional electrophysiology laboratories to test electrical activity of the heart and help diagnose arrhythmia; an additional operating room; and more space for cardiac imaging services.
ONA Calls for Gender Balance at IWD March

With recent data continuing to show slow progress on gender parity in Canada and abroad, the theme of this year’s International Women’s Day (IWD) March was particularly meaningful.

An enthusiastic contingent of members and staff, led by Region 3 Vice-President Andy Summers, joined the IWD March in Toronto on March 9 under the international theme, #BalanceforBetter, which is a call to action to work together towards a more gender-balanced world. With an ADP Canada study showing that Canadian women are paid 25 per cent less than men, and the World Economic Forum’s 2018 Global Gender Gap Report revealing that gender parity is 108 years away, this call is more important than ever.

In the online ADP Canada survey, Canadian women said they earn on average $49,721 per year compared to $66,504 for men. There were also more females at the lower end of the pay spectrum, as 26 per cent of women reported earning less than $30,000 compared to just 14 per cent of men. Meanwhile, across the 149 countries assessed in the Global Gender Gap Report, only 17 currently have women as heads of state, while, on average, 18 per cent of ministers and 24 per cent of parliamentarians globally are women. Similarly, women hold just 34 per cent of managerial positions across the countries where data is available.

“We while this data is sobering, we are proud of the growing international movement of advocacy and support, as we recognize the achievements – and honour the struggles – of all women on this special day,” said ONA President Vicki McKenna. “Nurses and health-care professionals are leading the way and tackling women’s issues head on, whether they are fighting for pay equity or trying to end violence and harassment in the workplace.”

Their knowledge, compassion and determination make them fierce advocates for their patients, as well as strong role models for all girls and women.”
ONA Lawyers Fighting Pay Equity in Nursing Homes Find Changeroom Inequity at the Courthouse

While mounting a Charter Challenge and seeking judicial review of a 2016 decision of the Pay Equity Hearings Tribunal (PEHT), a team of predominantly female lawyers representing ONA and the Service Employees International Union (SEIU) ironically found themselves in a courthouse that seemed to not be able to accommodate more than a few female lawyers.

The Case
The case itself is an important judicial review of the 2016 PEHT decision on maintenance of pay equity in “proxy” establishments, which are female-dominated workplaces where no male comparators exist for the purposes of pay equity comparisons. Nursing homes have been deemed female-dominated establishments under the Pay Equity Act, and their proxy comparator is the municipal homes for the aged.

ONA nurses working in nursing homes participating in central bargaining obtained an agreement to achieve pay equity in 1995. However, by 2005, a pay gap had emerged between the registered nurses in the nursing homes and those working in the homes for the aged. ONA made a claim for a further adjustment to maintain pay equity, a requirement of the law.

The case involved a long hearing in 2015, including the evidence of four expert witnesses to show that not only had the wages of the RNs in the proxy comparator outpaced those in ONA-represented nursing homes, but that the work of our members was being undervalued considering increased responsibilities, workloads, patient acuity, and educational requirements.

The tribunal held that while employers in the proxy sector do have an obligation under the Pay Equity Act to maintain pay equity, the Act does not require the seeking employers to return to their external proxy employer for the purposes of conducting a maintenance review. The tribunal held that once pay equity is achieved, maintenance is an exercise that is done internally and there is no requirement to return to the original male comparator in the proxy establishment.

ONA and SEIU sought judicial review of the decision as unreasonable, and to the extent the decision followed the legislation, the law was unconstitutional for violating the guarantee of equality based on sex under section 15 of the Canadian Charter of Rights and Freedoms.

The Irony
The unions brought together an impressive team of lawyers to advance this important case of women’s rights at the Divisional Court. However, the courthouse’s robing room, where lawyers don their judge-like black robes, could barely accommodate them and the other female litigators in the courthouse that day, containing only 12 lockers for one of Canada’s busiest courthouses. By contrast, the men’s robing room could accommodate up to 70 lawyers. This led to an online petition, a story by several national news outlets, and ultimately a response from the Law Society of Ontario, which regulates the legal profession in Ontario and manages the facility, and is now renovating the robing room to a more equitable environment.

Hopefully this minor victory foreshadows success in the more important challenge to the denial of pay equity maintenance tools to thousands of workers in the proxy sector.
One of the most eagerly anticipated events of the summer will soon be here — and you’re invited!

The Toronto Pride Parade wraps up Pride Week on Sunday, June 23. As per usual, members of the Board of Directors, ONA members and staff will march alongside our attention-grabbing float through downtown streets. Details on when and where to meet will be posted on our website in the weeks to come. Check often!

If you are interested in helping plan this fun event, including the theme and decorations, why not join our organizing committee and be part of something really meaningful. Not in Toronto? Not a problem! You can participate in meetings via teleconference. To learn more, email Region 3 Vice-President Andy Summers at asummers@ona.org.

Toronto may be the biggest, but it’s certainly not the only parade. Pride events take place all summer long in communities throughout the province. Visit our website for the most up-to-date information, and come out and show your pride!
Disciplines Related to Social Media on the Rise: Think Before You Post

After a long shift at work, it is easy to let your guard down and browse your social networks such as Facebook, Twitter and Instagram. There’s no harm in catching up on the latest news and information on topics that you find interesting.

However, it is important to remember that what you post or share online could be seen by your employer, a co-worker, or a patient and their family. Although your shift may be over, you are still representing both yourself and your profession – even through online comments.

Over the past few years, ONA has seen an increase in the number of disciplines related to social media posts and comments.

“We have definitely seen more disciplines and actions taken against our members because of what they posted on social media,” said ONA President Vicki McKenna. “It’s concerning because some of our members still think that social media is a safe place to vent or post about their work. It is not.”

**The Yays and Nays of Social Media**

To help you navigate appropriately through the world of social media, *Front Lines* is providing this handy reference, highlighting what you should (yays) and shouldn't (nays) do.

**The Yays**

- Use social media to research and discover current trends, ideas and best practices on a range of topics, including labour and health care.
- Make sure you use appropriate privacy settings on your social media accounts. Privacy policies on social sites change frequently so please check them often.
- If you post on social media, use your own personal device. Using your workplace’s computer or employer-sponsored mobile device is not appropriate.

**The Nays**

- Social media is instant. Anything you post can be seen by anyone. Your post can be screen-captured, saved, copied or bookmarked. So even deleting a post does not guarantee it has disappeared.
- Do not write posts that could be seen as disparaging about your employer, your co-workers or your patients.
- Respect professional boundaries: becoming a patient’s “friend” exceeds your professional responsibility.

If you have any questions or concerns about social media use, contact your Bargaining Unit President.
ona member Susan Archibald had a very personal reason for wanting to join her fellow Human Rights and Equity (HRE) Team members in giving back to those in need in Canada’s biggest city: she knows exactly how it feels.

“At one point in my life, I accessed my local food bank and felt grateful that I was able to do so,” reflected Archibald, who is the Indigenous equity group rep on the team. “That’s why I wanted to be involved when the team recently helped out at the Scott Mission. I wanted to be a small part of helping others who are experiencing hard times or who just need that extra helping hand, whether it be through fellowship, a hot meal, a warm piece of clothing, or access to a food bank. There is such a benefit to being able to give back by sharing what you already have and making another person’s life more manageable.”

“A Good Fit”
With a mandate to enhance and promote the equal treatment of workers and freedom from discrimination and harassment in the workplace, ONA’s HRE Team – Francophone equity group rep Céline Messier, LGBTQ+ equity group rep Angel Paniagua Perez, racialized equity group rep Emmanuel (Manny) Ajayi, disabilities equity group rep Grace Pierias and Archibald, along with team Project Manager Sheila Riddell and Region 1 Vice-President and team Chair Pam Mancuso – were keen to extend the scope of this important work.

“We had been talking about wanting to do some community service for a long time,” said Riddell. “Because ONA already had a strong connection with the Scott Mission [ONA staff collects donations for the shelter on a regular basis], it seemed like a good fit.”

The location of the mission, close to ONA’s provincial office in downtown Toronto, also made it an excellent
choice. Founded in 1941, the Scott Mission offers hot meals, free bagged lunches, an overnight men’s shelter with shower and laundry facilities, and a food and clothing bank for the homeless, poor and less fortunate in the city. It also operates a Family Centre in East Toronto, the Collingwood Retreat Centre and a summer camp in Caledon. With no government funding to support its critical work, the mission operates solely through private funding.

While HRE Team members come from all corners of the province, ONA staff arranged for them to visit the mission on February 4 while they were all gathered in Toronto for their regular two-day meeting (Pierias was unfortunately unable to attend that day). During their half-day excursion, the group was given a tour of the facility – many were surprised by the sheer size of it – where the services were explained in detail.

And then came the best part: the team was put to work!

“Thankful and Appreciative”

Paniagua Perez and Ajayi took care of sorting the large amount of fresh produce donated to the mission every week.

“The most popular area was the produce stand,” Messier explained. “These are items that are very costly in grocery stores so it makes sense they are in greater demand. [A members-only warehouse store] was one of the main contributors. It was astonishing the amount of canned goods, produce and other items they donated, which made me proud to be a member of it!”

Paniagua Perez was equally impressed at how organizations and community members financially support the mission “and how it makes those pennies go a long way. With the government cutting services, these contributions ensure the mission will survive and provide much-needed support. However, they also need volunteers like us to come in and support them with their time to sort the incoming clothes, serve their clientele and organize the food, and we were very happy to do that.”

Messier and Mancuso were also very happy to help out at the food bank, where comments such as “bless you” were common.

“To our surprise, most of the clients the food bank served during our visit were seniors,” stated Messier. “Everyone was so thankful and appreciative. People only took what they needed. They were not greedy.”

Over at the clothing station, Archibald and Riddell were kept busy sorting and organizing donated items, including the 25 full garbage bags from team members, 20 of which were collected by Archibald alone!

“Obtaining that many bags of winter clothing was rather interesting,” she noted. "I asked my friends on Facebook if they would help, and I received many messages stating they had items to donate. My husband supports my ventures and we took a day and
travelled around Grey/Bruce counties to pick up these items. The next thing you know, we had a whole vehicle full! I also knew that HRE Team members come from a further distance than me and are not able to bring extra baggage due to travel situations. So, I did my part to support our team as a whole. But we all gave so much.”

“A Face to the Issues”
Then again, giving back to our communities is nothing new for ONA and our members. For example, as a long-time supporter of the crucial work of the Ontario Association of Interval and Transition Houses, a coalition of emergency shelters and housing and community-based women organizations working to end violence against all women, our union has dedicated significant time during the past three June Provincial Coordinators Meetings for members to volunteer at area women’s shelters.

Calling it an “eye-opening” visit, Ajayi added that “this experience has been a very humbling one, and we will be glad to do it again.”

Archibald echoed that sentiment, remembering her days on the other end of the receiving line.

“Because of this day, I will be participating in more events to give back in my own city, just as they gave to me when I needed support. It was an amazing day at the mission, and I would do it again in a heartbeat.”

The team might get that chance, as Riddell said such plans are currently in the works.

“It's important for our communities to see ONA members contributing and being present in their neighbourhoods,” said Messier. “This way, people can put a face to the issues we are raising, making us more relatable and personable.”

Ajayi agreed, adding that “doing this work exemplifies what ONA stands for: not just caring for our patients physically, but also tending to the community in which we serve. I feel honoured to be a part of such dedicated nurses helping this community.”

While that community clearly benefitted from the assistance of the HRE Team, the members are quick to point out that they learned a little something too.

“What I got out of the day was how much these missions do to provide the most vulnerable in our society with much-needed assistance,” said Paniagua Perez. “It helped me see how volunteering goes a long way towards helping agencies survive in these difficult times where funding is very limited.”

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The team might get that chance, as Riddell said such plans are currently in the works.

“We want to go back and maybe help at the soup kitchen,” she said. “It was such a good feeling for all of us to help those in need.”

“I am so proud of this team,” concluded Mancuso. “As nurses and health-care professionals, as unionists, and as members of our society, we all have a part to play in helping those who, through no fault of their own, have fallen on tough times and cannot help themselves. I hope we have inspired other members to do the same.”
The Restructuring of Our Health-Care System: What We Know so Far

With the government announcing a transformation of our health-care system, many of our members have asked what these changes mean to your working lives, job security, and ability to provide quality patient care.

The fact is details to date have been far from thorough. But here is what we do know. After much speculation, and without consultation with ONA and our members, the Minister of Health and Long-Term Care Christine Elliott introduced Bill 74, the People’s Health Care Act, at a media conference on February 26. The omnibus bill contains three schedules with amendments to a number of pieces of legislation. Schedule 1 of the bill enacts the Connecting Care Act, 2019, which has already been passed.

Ontario Health (the Agency)
The bill sets up Ontario Health, referred to as the Agency, with responsibility to manage health service needs across the province. It will integrate multiple health-care agencies and programs into a single agency combining system management and performance; population-based programs and clinical and quality standards; system oversight and regional partnerships; back office support, including supply chain management; and digital health.

Ontario Health will have a Board of Directors of up to 15, with a term of up to three years. The Minister of Health and Long-Term Care will provide funding to Ontario Health, which, in turn, will provide funding to health service providers and integrated care delivery systems. The Minister will consider whether to adjust the funding to take into account a portion of any savings from efficiencies that the Agency identifies, which the Agency will be able to spend on patient care in subsequent fiscal years in accordance with the accountability agreement.

The Agency may integrate the health system through funding or through facilitations and negotiations.

The Minister has the power to transfer assets, liabilities, rights, obligations and all or some of the employees of the following organizations to the Agency, a health service provider or an integrated care delivery system: Cancer Care Ontario,

The town hall was so easy to access, informative and interactive. It was great to hear ONA President Vicki McKenna speak about Bill 74 just days after the announcement. Interim CEO/CAO Bev Mathers and her team provided members with current information regarding what to expect and what ONA’s position is moving forward. Political action at work! Wonderful engagement!

— Marg Van Puymbroeck, London Health Sciences Centre
eHealth Ontario, Health Force Ontario, Health Shared Services Ontario, Ontario Health Quality, Trillium Gift of Life, all 14 Local Health Integration Networks (LHINs), and any other prescribed organization. The Minister can also dissolve such organizations.

Bill 74 initially enables the phased repeal of the Local Health System Integration Act, 2016 in concert with the transfer of LHIN planning and funding functions. The government said LHIN responsibilities relating to home and community care services and long-term care placements will eventually be transitioned to health service providers and integrated care delivery systems (Ontario Health Teams). Legislative and regulatory changes necessary to enable the transfer of these functions are not being proposed at this time in Bill 74.

**Ontario Health Teams**
The Minister may designate a person or entity as an integrated care delivery system with the ability to deliver at least three health services: hospital services, primary care services, mental health or addiction services, home care or community services, long-term care home services, palliative care services, and any other prescribed health-care or non-health service that supports the provision of health-care services.

The government estimates there will be 30 to 50 integrated care delivery systems, called Ontario Health Teams. These teams will provide health-care services to up to 300,000 patients in their local area, or there may be some with a specific provincial focus (e.g. mental health).

Ontario Health Teams is a new model of integrated care where a group of providers are held clinically and fiscally accountable for delivering a coordinated continuum of care to a defined population or patient segment. They will ensure patients have a single team of providers for all their care needs so they will not experience gaps in service.

The rollout of Ontario Health Teams will be a continuous process of intake and assessment of readiness by the Ministry of Health. At each stage, prospective teams will receive supports and guidance materials to move them towards full implementation.

**What this Means to You**
The government has provided very few firm details about which services are moving from the LHINs and where they will be going.

Health service providers that want to be considered an Ontario Health Team will put together proposals locally to be vetted by the Ministry. The Ministry will develop guidelines and guidance documents for local health service providers to prepare their proposals.

We do know that section 35 in the bill provides that the Public Sector Labour Relations Transition Act applies to an integration initiated by a health service provider or by an integrated care delivery system (an Ontario Health Team). When such an integration is contemplated, the party must provide notice to the Ministry in advance, and include an analysis of the human resource implications of the integration.

There are some potential anomalies that ONA addressed in our submission to the Standing Committee related to Bill 74 on April 1 (see ona.org/submissions).

The Ministry intends to implement this transformation in a phased-in approach over the next three years, with the majority of the provisions relating to Ontario Health Teams coming into force this summer. Functions and programs will continue to exist in their current form until a smooth transition can be accommodated. The Ministry said its goal is to see no disruption in care for patients or access to care.

ONA will meet with the government to gather more information on its implementation plans, and will provide regular updates as we learn more in Front Lines and on our website at ona.org.

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**Showing Our Heart**

Now that’s a movement with heart! ONA President Vicki McKenna joined fellow provincial nursing union leaders and thousands of individuals across the country on February 14 in signing a special valentine for Have a Heart Day in support of First Nations children. This child- and youth-led campaign, initiated by the First Nations Child and Family Caring Society of Canada, brings together compassionate Canadians to help ensure First Nations children have the services they need to grow up safely at home, receive a good education, and be healthy and proud of who they are. The campaign asks supporters to send a valentine or template letter to the Prime Minister or their MP to show that Canadians care about fairness and justice for First Nations children. See First Vice-President Cathryn Hoy’s valentine in the Work of the Union: Spring Update, which accompanies this issue.
Pharmacare Heading in Right Direction with Release of Interim Report, CFNU Says

The interim report of the Advisory Council on the Implementation of National Pharmacare (ACINP), which recommends that Ottawa create a new agency to oversee the rollout of a national drug plan, is very promising, the Canadian Federation of Nurses Unions (CFNU) says.

In laying out the building blocks of such a program, the ACINP report recommends the federal government also develop a national list of drugs to ensure consistent coverage across the country and allocate funding to gather better data on prescription medications. The report stops short of stating whether the pharmacare program should follow a single-payer model in the style of our universal health-care system or adopt another format.

ACINP Chair and former Ontario Health Minister Dr. Eric Hoskins noted a “detailed blueprint” will be presented in the final report, due this spring. While awaiting that report, the federal government said it will consider the interim recommendations.

“This is a promising day for Canadians, who have waited a long time for pharmacare,” said CFNU President Linda Silas. “The creation of a national formulary and drug agency are important steps in the right direction towards addressing the increasing costs of prescription medications and ensuring access for all. Canada’s nurses will be watching very closely to see the content of the final report. The government cannot disappoint us.”

The interim report comes on the heels of a CFNU-commissioned public opinion poll, conducted by Environics Research, which found that 88 per cent of respondents agree it is better to have a simple cost-effective prescription drug coverage program that covers everyone than a patchwork plan. The same polling found that Canadians do not believe the interests of pharmaceutical and insurance companies should influence policy decisions on health care.

Bargaining Survey Results Provide Vital Feedback

The all-member bargaining survey wrapped up earlier this year, and the feedback provided by members did not disappoint.

“We received thousands of completed surveys, and the comments from members were spot-on and will help to greatly leverage our bargaining proposals,” said ONA President Vicki McKenna. “In fact, this survey received the largest number of respondents to date. I think this shows that our members want their voices heard loud and clear by our employers.”

The bargaining survey focused on having as many members as possible provide feedback and ideas about what they would like to see in their next contract. The survey collected important information, from benefits and wages to workload and professional practice issues.

As an added incentive this year, ONA raffled off three tablets. Out of the thousands of members who completed the bargaining survey, three members had just a bit more luck. Kelly Daigle, RN, from The Ottawa Hospital, Laura Fry, RN, from Michael Garron Hospital, and Debbie Hedden, RN, from Niagara Health System were randomly selected from all survey entries and each won a Samsung tablet.

It is very important to complete the survey, noted Fry. “How else can we let ONA know what is important to us? Things change in importance over the years as well.”

Daigle shared those sentiments. “Completing the survey allowed me to have a voice about what is important to me with our future contract.”

Taking part in ONA surveys, courses and events gives each member a say,” added Hedden. “ONA assists us in providing safe patient care while maintaining our safety and rights, but ONA can’t know what we want or need if we don’t take part. Have your say!”

Three ONA members who recently filled out our Have-a-Say bargaining survey (left to right: Kelly Daigle, Debbie Hedden and Laura Fry) were not only rewarded with the knowledge that their answers helped shaped the priorities for our bargaining teams, but with a little something extra too! They were the lucky recipients of a Samsung tablet, chosen randomly from all those who completed the survey. Thank you to all members for having your say.

For bargaining updates, visit ona.org/bargaining
ONa Student Scholarship Winners

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

Juliana Size: Daughter of Susan Size from Local 139, Grand River Hospital Corporation

“ONA truly CARES for its members. Hence, ONA’s nurses are empowered to provide quality patient CARE each and every day. ONA’s CARE is shown in many ways – for example, their unwavering efforts in going to the bargaining table, taking a stand on violence in the workplace, promoting health and safety, and giving nurses educational opportunities, among many others. These things don’t just matter to nurses, they are essential.”

Kirsten Hehn: Daughter of Sandra Hehn from Local 6, North York General Hospital

“ONA is a dependable and committed union that aims to enhance the worklife of nurses so that they can deliver the highest possible quality of care to patients and families. ONA members can be confident that the union is working with their best interests in mind, from striving towards unity both within the nursing profession and the interprofessional aspect to negotiating for improved wages and working conditions.”

Lauren Lightbody: Daughter of Kim Lightbody, Local 73, Thunder Bay Regional Health Sciences Centre

“Growing up in a family of nurses…ONA came up numerous times. My family would talk about everything ONA has done for them over the years. ONA provides nurses with countless services and support, enabling a good quality of worklife that permits nurses to provide quality care to their patients and ensuring good working conditions in the various sectors. ONA remains loyal to its members by supporting them in difficult situations, such as protection from discrimination, bullying and harassment in the workplace.”

Sierra Halligan: Daughter of Paula Halligan from Local 99, Kingston Health Sciences Centre

“ONA is a proactive union that betters the economic welfare and quality of worklife for its members to allow them to provide exceptional health care. Following its creation, ONA vowed for all nurses to have protections at their workplace, including protection against unfair practices or unsafe working conditions, which is highlighted in each collective agreement. ONA also provides a non-discriminatory approach to the workforce.”

Scholarships Now also Open to Regulated Health Professional Students

At its February Board meeting, the ONA Board of Directors made important amendments to the policy overseeing our student scholarships.

Policy 3.9 (ONA and the Canadian Federation of Nurses Unions Student Scholarship) now states that one of the existing ONA scholarships (up to 10 are awarded each year) will be increased by $1,000 to $2,000 and named the Reese Fallon Memorial Scholarship. Fallon was planning to study nursing at McMaster University last fall, but was tragedy killed in the Toronto Danforth shooting.

The other change opens up all scholarships to not just nursing students, but students receiving education for other health regulated professions as well.

More information is available at ona.org/bursaries
Students Share Key Concerns with ONA

ONA student affiliate members shared their issues and concerns with Region 1 Vice-President Pam Mancuso during a gathering of the Ontario executive meeting, held during the Canadian Nursing Students’ Association’s (CNSA) national conference.

ONA was a gold sponsor of the conference, which took place from January 22-26 in Calgary, Alberta. Under the theme, Aspire to Inspire: Celebrating Student Leadership and Advocacy, delegates were treated to an array of workshops critical to their student lives, along with several guest speakers on topics such as the opioid crisis, peer mentorships, children’s cancer care, and advocacy for vulnerable populations.

During the meeting, Jaclyn Sicard, the official CNSA delegate for Toronto’s York University, was elected Ontario Regional Director, and began her one-year term on March 1. ONA looks forward to working with her to help move students’ issues forward to the government and other stakeholders.

During breaks in the proceedings, Mancuso and ONA Campaigns Officer Ken Marciniec staffed a very popular booth in the exhibit hall to continue the important dialogue with students, hand out ONA material, and answer questions about our services.
A “Banner” Day in Workplace Violence Prevention Partnerships

With an ambitious goal of becoming the “safest hospital in Ontario,” Windsor’s Hôtel-Dieu Grace Healthcare may be well on its way, thanks to the continuous collaborative approach with ONA on workplace violence prevention.

ONA members and leaders have accomplished much over the past several years to try to curb workplace violence at Hôtel-Dieu. The collective actions and support for health-care workers continue to help in prevention efforts.

“Working in collaboration with stakeholders makes a huge difference in workplace violence prevention,” noted ONA Health and Safety Specialist Erna Bujna.

“Hôtel-Dieu Grace has made sure that ONA, its Joint Health and Safety Committee, and other stakeholders are at the table and helping to make recommendations to improve workplace safety.”

Bujna, along with ONA Bargaining Unit leaders and members, attended a community and media event at Hôtel-Dieu Grace in March as part of the hospital’s Workplace Violence Prevention Awareness Campaign, which included highlighting its “zero tolerance initiative.”

“Safety isn’t just a word at Hôtel-Dieu Grace Healthcare, it’s a very important and necessary action,” said hospital President and CEO Janice Kaffer. “With the zero tolerance awareness campaign…we felt it was important to let our community and staff know how we will do this.”

Part of its robust zero tolerance initiative includes a three-storey-tall external banner, and internal elevator wraps and signage throughout the hospital to let everyone know that violence will not be tolerated. Incidents will be taken seriously, and with follow-up to those involved.

“For these programs to be successful, there needs to be strong leadership, accountability and collaboration,” concluded Bujna. “Hôtel-Dieu Grace has all of these qualities, and I’m hopeful that this type of collaboration and demonstrated commitment to prevent workplace violence will resonate with other health-care workplaces across the province.”

For information on how ONA supports health and safety issues, visit ona.org/ohs
Member’s Testimony Key to Providing Accurate Visual for WSIAT Panel

An ONA member was able to demonstrate how she made an honest mistake on her incident report form regarding the location of her injury in a successful case the Workplace Safety and Insurance Appeals Tribunal (WSIAT) said it has never previously encountered.

The Injury
On May 22, 2009, the member, an ICU RN who was 15 weeks pregnant, was punched in the left chest/shoulder area by a patient while taking his blood pressure. She reported the injury immediately to her supervisor and was given an employee incident form to complete. The member, who was in pain and not thinking clearly, documented that she was punched on the right side instead of the left.

After completing her shift, the member went home hoping the pain would go away with some rest. When she was no better the next day, her husband convinced her to go to the emergency department. After having an x-ray, the member was rushed by ambulance to a larger hospital two hours away where she underwent emergency surgery for eventration of the left diaphragm with gastric dilation. She was intubated and sedated at the hospital for two weeks and released a week later.

Twelve hours after discharge, she was admitted to her local hospital as she was vomiting continuously.

The member remained off work trying to build up her strength and prepare for the birth of her baby. When she returned to work in December 2010, she was placed on the attendance awareness program for being absent and not notifying the employer of her inability to work. She was able to provide evidence that her husband had been in direct contact with her supervisor throughout her hospital stay, while her ONA rep questioned why a Form 7 was never completed as it was clearly a workplace injury. The member was given a Form 6 and told by her employer to fill it out with the exact wording she used on her incident report, even though the member knew she had documented being punched on the wrong side.

The Denial
WSIB denied the claim, stating that although there was clearly an identifiable work incident, it was not compatible with the diagnosis. It also stated that the member’s pre-existing medical conditions were a significant contributing factor, not the punch.

The Appeal
ONA appealed the decision with no success. In his decision, the Appeals Officer said it was his view the member’s “anatomic changes caused by advancing pregnancy and the physical demands of gestation-related vomiting” were the more significant developments of the diaphragm condition than the “minor, contralateral trauma associated with the patient assault.” ONA proceeded to the WSIAT in 2015.

The Decision
During the WSIAT hearing last November, the member acknowledged she erroneously identified the area of injury on the incident report. She fully explained her body position at the time of the punch, which was consistent with a left-sided injury. She also testified that she had two pregnancies prior to her injury and while she did suffer from pregnancy-related nausea, she had no issues with her diaphragm nor with her subsequent fourth pregnancy. A letter from her previous doctor and medical from her doctor at the time of injury verified these claims.

In its decision, the panel concluded the punching incident was a significant contributing factor in the member’s diaphragm condition in the days and weeks that followed. The panel allowed initial entitlement and directed the WSIB to determine the extent and duration of all benefits stemming from the initial entitlement decision. The file has been returned to operations for the determination and extent of the leave of absence and health-care benefits.

This was a complicated file that even the WSIAT Panel admitted they had never previously encountered. The member’s testimony was key in providing the panel with a visual of where she was standing in relationship to the patient when she was punched, confirming the location of the injury.
New Insurance Available to ONA Members!

ONA, in partnership with Johnson Insurance, is thrilled to announce a new addition to the roster of insurance programs available to ONA members: Trip Cancellation and Trip Interruption Travel Insurance.

As some employer-sponsored travel insurance plans don’t include trip cancellation or interruption benefits, ONA has found a solution to this gap in coverage. This plan helps protect travelers against unforeseen circumstances that may prevent you from travelling or completing your trip as planned.

Johnson will provide an annual Trip Cancellation and Trip Interruption Multi-Trip Plan that provides coverage for any number of trips outside your province or territory of residence and includes: Trip Cancellation, Trip Interruption, Baggage and Personal Effects, Document Replacement (for loss or theft of a passport, driver’s license, birth certificate or travel visa), and even Baggage Delay (replacing necessities when bags are delayed).

This insurance product is just the latest addition to the array of insurance protection available to ONA members. Other ONA/Johnson Insurance protection includes Long-Term Disability, Home and Auto, MEDOC® (i.e. Medical Out-of-County), Extended Health Care, Dental, Hospital, Life, Accidental Death and Dismemberment, and Critical Illness.

Contact Johnson at 1-877-GON-AWAY (466-2929) or visit ona.johnson.ca for details.
seule semaine ne passe sans que je reçoive un courriel d’un patient ou d’une patiente me remerciant des soins experts et empreints de compassion que vous leur prodiguez. Ce sont là des attentions qui touchent autant les patients que leurs familles. C’est pourquoi le thème de notre Semaine nationale des soins infirmiers, *Healing Hands, Caring Hearts*, trouve une résonance particulière.

Toutefois, vous n’avez pas à me croire sur parole. Année après année, les sondages nationaux placent les infirmières et les infirmiers en tête de liste (avec les pompiers) des professionnels en qui le public a la plus confiance. En fait, un sondage de la firme Insights West de 2018 indique que plus de 9 personnes sur 10 au Canada admirent les infirmières et les infirmiers, attribuant la note « élevé » ou « très élevé » à leur honnêteté et leurs normes éthiques.

Il existe de bonnes raisons pour expliquer cela. Le public est conscient que vous apportez des solutions aux lacunes de notre système de santé. Vous le vivez au quotidien. Ils se tournent vers vous pour que vous défendiez leurs intérêts. Et je sais que vous n’endossez pas ce rôle à la légère. Je sais aussi que vous souffrez du besoin en raison de votre charge de travail, de problèmes relatifs à l’effectif ou de toute autre situation hors de votre contrôle.

L’AIIO est là pour vous aider. Le gouvernement a mentionné avant la dernière élection provinciale qu’il était prêt à entendre les revendications des infirmières et des infirmiers. Je suis heureuse de vous annoncer que l’heure est enfin arrivée. Nous faisons pression sur vos employeurs afin qu’ils assument leurs responsabilités en matière de santé et de sécurité en vertu de la *Loi sur la santé et la sécurité au travail*. De plus en plus, nous travaillons en collaboration avec eux pour élaborer des programmes de prévention (voir page 24.). Nous modifions de manière significative vos environnements de travail au moyen de notre processus unique en son genre de traitement des plaintes de responsabilité professionnelle. Nous fondons nos propositions de négociations pour tous les secteurs sur nos priorités et nous ne reculerons devant rien pour défendre la valeur de nos membres. C’est pourquoi j’affirme qu’il y a matière à célébration en cette Semaine nationale des soins infirmiers!

Mais il serait insouciant de ma part de conclure sans offrir à chacune et chacun d’entre vous un mot très important : merci! Merci de votre engagement continu envers vos patients, votre profession et votre syndicat. Tout comme moi, soyez fiers du

**Pour de plus amples renseignements sur la Semaine nationale des soins infirmiers, rendez-vous à la page 8.**

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Je peux vous assurer que l’AIIO apporte sa contribution à l’effort au niveau provincial en tenant des réunions avec le ministre de la Santé et des Soins de longue durée et des représentants du bureau du premier ministre pour discuter de restructuration et continuer à faire entendre nos messages clés. Ceux-ci consistent sur la nécessité pour le gouvernement d’allouer adéquatement des fonds à tous les secteurs de notre système de santé et d’accroître la capacité des IA au cours des quatre prochaines années, et ce, afin que l’Ontario cesse de faire mauvaise figure en affichant le pire ratio d’IA par habitant au pays.

Mais nous ne pouvons poursuivre notre action militante seuls ou uniquement au palier provincial. Nos membres doivent s’impliquer en rencontrant leurs députés les vendredis, jour de la semaine où ils sont à leur bureau de circonscription, ou durant les semaines de relâche tout au long de l’année (les semaines du 21 mai, 14 octobre et 12 novembre). Après tout, ce sont eux qui prennent les décisions qui ont une incidence sur le financement et les conditions de nos milieux de travail et de pratique. Nous devons leur brosser un tableau réaliste des premières lignes des soins de santé du point de vue de ceux et celles qui les connaissent le mieux. Vous!

Cela peut sembler intimidant, mais ce ne l’est pas. Votre premier rendez-vous peut se vouloir une occasion informelle de vous présenter à votre député à titre d’autorité en matière de soins de santé locaux. Nous vous fournissons tout ce dont vous aurez besoin pour planifier cette rencontre – nous avons conçu une trousse de lobbying pratique à cet effet –, et nous vous indiquerons ce sur quoi vous devez insister une fois là-bas. Au terme de la réunion, nous aimerions savoir si tout s’est bien déroulé. Veuillez communiquer avec notre équipe des communications et des relations avec le gouvernement au *cgrintake@ona.org* pour de plus amples renseignements.

Lorsque j’ai lu dans cette publication comment la section locale 73 saissait chaque occasion pour s’assurer que l’AIIO est au cœur des priorités de sa collectivité et de ses représentants élus, j’ai été profondément inspirée – et j’espère que vous le serez tout autant (voir page 10). On retrouve parmi les leçons qu’ils ont retenues et veulent transmettre le besoin de s’unir aux coalitions sur la santé locales, aux conseils du travail et à d’autres groupes aux préoccupations similaires au sein de leur collectivité. En participant à leurs activités, notamment aux manifestations et aux activités médiatisées, nous pouvons exercer encore davantage de pressions sur le gouvernement pour faire en sorte que nos services de soins de santé demeurent publics et accessibles à tous.

Nous vivons une période d’incertitudes quant à notre système de santé, je n’ai pas besoin de vous le rappeler. Cela signifie simplement que nos voix doivent être plus fortes et plus unies que jamais. Et elles doivent être entendues! Si nos 65 000 membres passent à l’action, je suis persuadée qu’elles le seront.
Healing Hands, Caring Hearts

Celebrate Nursing Week
May 6-12, 2019

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