

# FRONT LINES



## Sick and Tired: ONA Members Shine a Spotlight on Mental Health

**ONA's New Anti-Racism Advisory Team Gets to Work P.12**

ONTARIO NURSES' ASSOCIATION  
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## FRONTLINES

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ONA is the union representing 68,000 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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# ONA MAIL



## Losers

In yesterday's news, the annual rate of inflation rose to 4.1 per cent. With the one per cent pay raise awarded to our valiant nurses, they are losing 3.1 per cent in purchasing power per year.

Shame on our provincial government in permitting this to happen.

Let's treat our nurses with respect for the challenging role they provide in our society. Write your local MPP if you agree this injustice must end.

COLIN WATSON



## Lean on Me

I am a teacher at the Toronto District School Board Virtual School, and wanted to extend my sincere appreciation for all the work your nurses do.

I was diagnosed with COVID-19 a few months ago. I was barely able to stand waiting to be tested at one of the assessment centres. A nurse looped her arm around mine and told me to lean on her and use her as support. I was very grateful, but tried to keep my head away from her as I didn't want her to contract it. She graciously said, "don't worry about me." I'm overwhelmed with gratitude for the work all of you are doing.

I have attached unedited messages my grade 8 students prepared during Nursing Week (please keep in mind I have students with special needs as well as English as a Second Language students). Please know you are in our hearts as we go through this difficult time.

NATALIE MONTEQUE and ANJALI BATISH  
(occasional teacher)

**Editor's Note:** To read the heartfelt messages of these students, go to [ona.org/nw21](https://ona.org/nw21) and click on "TDSB Virtual School."



## Fallen Hero

Thank you, ONA, for all that you do. Thank you so much for the mention of my friend Brian Beattie in your *Coronavirus Chronicles*. It's hard to believe it's been a year.

A tree will be planted in Brian's name this year at Re-forest London. It will have his name, his designation and "FRONT-LINE HERO."

I very much appreciated ONA's support during these very difficult times.

CAROL F., RN

**Editor's Note:** Brian Beattie, a long-term care RN and ONA member, tragically passed away from COVID-19 last year. Read *Coronavirus Chronicles* at [ona.org/coronavirus](https://ona.org/coronavirus).



ONA member Brian Beattie and his niece Amber Overholt.

## Events and Observances



The following are key happenings and commemorative dates until the next issue, which we are acknowledging and/or celebrating provincially (and you can do so locally). Please note that due to COVID-19, these events may be cancelled or held in different ways.

- **November 7-13:**
  - National Nurse Practitioner Week
  - Medical Radiation Technologists Week
- **November 15:**
  - ONA Human Rights and Equity Caucus
- **November 16-18:**
  - ONA Biennial Convention
- **November 19:**
  - ONA Biennial Education Session
- **November (week to be confirmed):**
  - National Nursing Students' Week
- **November (day to be confirmed):**
  - National Indigenous Nursing Students' Day
- **December 1:** World AIDS Day
- **December 3:** International Day of Persons with Disabilities
- **December 6:** National Day of Remembrance and Action on Violence Against Women
- **December 10:** Human Rights Day



Check [ona.org](https://ona.org) for more information



## HAVE SOMETHING TO SAY?

We'd love to hear from you! Send your comments to the *Front Lines* editor at [frontlines@ona.org](mailto:frontlines@ona.org).



From ONA President  
Chronique de la présidente, AIO  
**VICKI MCKENNA, RN**



## Placing the Blame where it is Due

**I'M ANGRY.** Angry that while our dedicated members continue to hold the line, providing quality patient care as the fourth wave of the COVID-19 pandemic rages on, you are once again not being shown the respect you so deserve.

Throughout the pandemic, Premier Ford has acknowledged and thanked nurses and health-care professionals for your sacrifices, but as the saying goes, actions speak louder than words. And his actions have shown anything but gratitude.

Since COVID-19 hit Ontario, you have far too often gone without the personal protective equipment you require, thanks to an ill-prepared province that didn't heed the recommendations of the SARS Commission. You have gone without much needed time off and appropriate paid sick days, knowing that at any moment you could be deployed to another area or facility where you have never worked with absolutely no say, due to the government's emergency orders.

The latest blow came just as I sat down to write this column.

On September 20, Arbitrator Gedalof issued an arbitration decision – I can't bring myself to call it an award – for our hospital members that, while offering some positive language, was an insult. To be clear, I do not blame the arbitrator; his hands were tied. I place the blame solely where it is due: on the Ford government and its Bill 124, an insidious piece of legislation that limits pay and other compensation to a total maximum of one per cent for each of three years and unfairly targets female-dominated professions. With this bill looming overhead, our Hospital Central Negotiating Team simply could not bargain freely, despite their best efforts. And I can assure you, they gave it their all.

The reality is that with inflation hitting 4.1 per cent, you are actually losing significant money with this contract. I know that many of you have also incurred out-of-pocket expenses throughout the pandemic by moving away from your families to protect them – and needed and deserved so much more. Sadly, we could not even negotiate improved mental health benefits because the costs are more than allowable under the legislation. One only has to see your exhausted faces to know you are suffering terribly from

physical, mental and emotional burnout and, for many, Post-traumatic Stress Disorder. You desperately need support.

So, no, Premier Ford, this is not how you thank front-line workers. This is how you drive them out of the profession, which we are tragically witnessing, and I fear, will continue to see. It's the very last thing a province already dealing with a severe nursing shortage needs.

From day one, ONA fought relentlessly against Bill 124, and all regressive legislation from this government, even launching a Charter challenge. Because that will take some time in the court – these cases always do – we once again implore the Ford government to do the right thing and repeal this legislation now. Many of you have taken up our call to help push back and continue to do so, participating in our latest actions, which includes a selfie campaign. Get involved at [ona.org/stop/](https://ona.org/stop/).

And here's another way you can help. In the weeks and months to come, ONA will be focusing our attention on the provincial election, which will be held next June. This is the best chance we all have as citizens of Ontario to voice our displeasure. Because despite the Ford government's attempts to gag us by invoking the notwithstanding clause over third party political advertising, they haven't silenced us at all. In fact, I don't believe we've ever been louder! But we must keep it up. If you think you are just one person who can't make a difference, I want you to know that's not true. Your voice and your actions absolutely have the ability to invoke change.

## Blâmer le vrai responsable

**JE SUIS EN COLÈRE.** En colère, alors que nos membres dévoués(es) continuent de tenir le coup et de fournir des soins de qualité aux patients(es) face à la quatrième vague de la pandémie de COVID-19 qui fait rage, mais sans recevoir, encore une fois, le respect mérité.

Tout au long de la pandémie, le premier ministre Ford a reconnu les sacrifices du personnel infirmier et des professionnels(elles) de la santé et les a remerciés(es), mais comme dit le dicton : les actes sont plus éloquents que la parole. Et ses actes ont montré tout sauf de la gratitude.

Depuis que la COVID-19 a frappé l'Ontario, vous avez trop souvent dû vous priver de l'équipement de protection individuelle nécessaire, à cause de la mauvaise préparation de la province qui n'a pas tenu compte des recommandations de la Commission sur le SRAS. Vous n'avez pas bénéficié de congé ni de jours de maladie payés pourtant si indispensables, et vous saviez que l'on pouvait vous affecter dans une autre région ou dans une autre installation où vous n'aviez jamais travaillé. Tout ça

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Follow Vicki at [twitter.com/vickivickim](https://twitter.com/vickivickim)



From ONA First Vice-President  
Chronique de la première vice-présidente, AIIO  
**CATHRYN HOY, RN**



## Doing Our Part

**WITH AUTUMN NOW UPON US** and many members not even getting a much-needed break over the summer, I wanted to take a moment to let you know how much you are appreciated.

The sacrifices you have made over the past 18 months keeping Ontario safe as the pandemic raged on have been valiant and selfless. The toll it has taken has been immense – see the cover story – but we wouldn't be where we are today, very slowly starting to come out the other side, without you.

I also wanted to thank you for doing your part in both administering the COVID-19 vaccine and receiving it yourself. While ONA recommends that all nurses and health-care professionals receive the vaccine if you can (as per a government directive, the unvaccinated must continue with rapid antigen testing), we also maintain that this should be a decision made by you, based on voluntary and informed consent, and with the advice of a health-care professional, where appropriate.

But ONA has always looked at the bigger picture, and this is no different. Because while COVID-19 vaccinations are an important component in the fight against this virulent virus, they are not and never will be a complete answer. Rather, they are part of a comprehensive health and safety and infection control program, and we fully expect all employers to comply with the *Occupational Health and Safety Act* and take every precaution reasonably necessary to protect their workers. That means easy access to and use of N95s and other personal protective equipment, for starters. Where that doesn't happen, and sadly we are still hearing about that this far into the pandemic, ONA is quickly stepping in and getting results.

We have also been encouraging employers to remove the barriers that could be contributing to vaccine hesitancy and providing education on its importance because we know that some have made little to no effort to facilitate staff vaccination uptake. Punishing or shaming unvaccinated employees – we are also hearing of employer policies that exceed the minimum legal requirements outlined in government directives and are advising accordingly – is not the answer. Providing paid time to obtain the vaccine, along with sick pay for employees, including part-time and casual,

experiencing side effects certainly is. We have never stopped pushing for that.

We have also never stopped advocating for our members' ability to provide safe, quality care. Take a look at the story on our Professional Practice Team on page 26 to see what I mean. We are making huge gains on your workload and staffing issues and I couldn't be prouder of the work of our members, working in conjunction with that team of experts and other staff, in getting these results. It's not easy, it takes a great deal of courage. But you are stepping up and getting it done.

And that tenacity is very much needed as it's shaping up to be another busy fall. In fact, as I write this, we are the midst of a snap federal election campaign. I can't wait to share the story of a dedicated group of members who are working around the clock encouraging others to vote for health. This is often way out of their comfort zone, but they want to make a difference. And these new-found skills will be a huge asset when the Ontario election rolls around next June because, as Vicki mentioned in her message, we are going to need you!

I know there is much uncertainty at the moment and many hurdles to overcome, but by persevering, I truly believe we will get through it all together.

## Faire notre part

**ALORS QUE L'AUTOMNE FRAPPE À NOS PORTES** et que de nombreux membres n'ont même pas pu s'offrir une pause pourtant si nécessaire au cours de l'été, je voulais prendre un moment pour vous dire à quel point nous vous sommes reconnaissants(tes).

Les sacrifices que vous avez effectués au cours des 18 derniers mois pour assurer la sécurité des Ontariens et Ontariennes pendant que la pandémie faisait rage ont été courageux et altruistes. Le bilan a été considérable (voir l'article vedette), mais sans vous, nous n'en serions pas là où nous en sommes aujourd'hui, commençant très lentement à sortir du tunnel.

Je tiens également à vous remercier de participer à l'administration du vaccin contre la COVID-19 et de le recevoir vous-même. Bien que l'AIIO recommande que tout le personnel infirmier et tous(les) les professionnels(elles) de la santé reçoivent le vaccin si possible (conformément à une directive du gouvernement, les personnes non vaccinées doivent continuer de subir des tests antigéniques rapides), nous continuons également d'estimer que cette décision devrait être prise par vous, sur la base d'un consentement volontaire et éclairé, et avec l'avis d'un(e) professionnel(elle) de la santé, le cas échéant.

Cependant, l'AIIO a toujours considéré la situation dans son ensemble, et ce cas-ci ne fait pas exception. Bien que les vaccins contre la COVID-19 représentent un



Follow Cathryn at [twitter.com/cathrynhoy](https://twitter.com/cathrynhoy)

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## MEMBERS GET LOUD!

# “We all have the Power to Change Things,” Members Say as They Fight Proposed Model

When RN and Registered Respiratory Therapist (RRT) members from the intensive care units (ICU) at Southlake Regional Health Centre reached out to their colleagues to help push back against an alarming employer decision, they couldn't possibly have imagined how many they would engage.

This past June, the Newmarket hospital announced to the RN Bargaining Unit they would be moving to a team-based nursing model in the ICU, which had been temporarily put in place due to the pandemic surge, and would be hiring 13 RNs into a so-called “pre-sponsorship program,” consisting of just 15 days of training – the original plan called for only five – instead of the normal 12-week course. The other two critical care units – the cardiovascular ICU and the cardiac care ICU – were also told the model would be coming. Members of the RRT Bargaining Unit, who work throughout the hospital (including these units) and were redeployed from the operating room to assist at the bedside in the ICUs during the height of the pandemic, will also be impacted.

“The RNs and RRTs believe this model poses a serious risk to patients and their own standards of practice,” said ONA President Vicki McKenna. “Given their acuity and unstable conditions, all ICU patients require a critical care-trained RN and one-to-one or sometimes one-to-two care, but the employer has not provided the appropriate level of critical care training to pre-sponsorship nurses, leaving them and their patients vulnerable. It is the employer's responsibility to ensure they are



“We wanted to present this letter in person to clearly show how strongly the RNs and RRTs feel about team-based nursing and the pre-sponsorship program,” said RRT Bargaining Unit President Lisa Wilson, seen here third from right along with (left to right) Anita McClelland, a cardiovascular ICU RN, Region 3 Vice-President DJ Sanderson, RN Bargaining Unit President Jill Moore, RN Grievance Officer Donna Oliver, and Derek Montgomery, a cardiac care ICU RN.

properly trained. The ICU was already chronically understaffed pre-COVID-19 and I fear even more will now be driven away – the polar opposite of what the employer says the model is meant to address.”

“When I first heard, I was shocked, disappointed and defeated because there were no discussions with us first,” said an ICU RN, who asked to remain anonymous. “I’m passionate about what I do. I’m passionate about the care I give. But this is not going to be safe for our patients or the nurses. There’s no place in an ICU for team-based nursing. We’ve already lost a lot of staff and they will keep leaving. It’s not fair for nurses who have not been provided the proper training by the employer to be put into this position – and we can’t be expected to do all the training. It’s draining on our mental health. We’re stressed, we’re burned

out. People just don’t have a lot left to give, and now we’re being asked to give more.”

After the RN Bargaining Unit had exhausted all regular means of communications with the employer, the action committee of ICU members, both RNs and RRTs, immediately got to work on their first task: preparing a letter to the hospital’s Board of Directors outlining their concerns about patient safety, training and staffing, and possible solutions, including temporarily closing ICU beds until staffing is safe.

“We needed to do this as a collective,” noted the anonymous member. “I told a couple colleagues who are very good with words to take down all of the concerns and ideas from nurses because this is going further. ONA put that all together into a letter, but for it to be effective, we needed ICU members to sign it.”



“The RRTs wanted to get involved to support the nurses as they fight for safe patient care because they are our friends and colleagues, and these are our patients too; we have a responsibility to speak up on their behalf,” added RRT Bargaining Unit President Lisa Wilson. “The action committee identified organic leaders who could reach out to members in the ICU to explain what was happening. We received training from ONA on how to talk to people because it’s not easy, and had those conversations after hours. Once members learned the details of the plan – some didn’t know about it at all – it wasn’t a hard ask.”

That might be an understatement. In fact, thanks to the dedication of these members, all ICU RNs and RRTs were contacted and 226 out of 234 – a whopping 96 per cent! – signed the letter. A group of executives from the two Bargaining Units, joined by Region 3 Vice-President DJ Sanderson, marched a life-sized version of the letter surrounded by the signatures (see photo) to Southlake CEO Arden Krystal’s office,

which they hoped to present in person, but she was unavailable. Members also sent a copy of the letter to the hospital’s Board of Directors, asking to meet with them (they had a presentation prepared), but that was also denied.

Disappointed but undeterred, the action committee, which meets regularly to recap what’s going on and brainstorm next steps, immediately got to work on their next action: a postcard addressed to Health Minister Christine Elliott, asking her to stop the plan and provide needed funding to the hospital to recruit and appropriately educate RNs to the ICU. The members delivered the postcards – signed by 95 per cent of them – to the Minister’s office during a well-attended rally in late August (see photo on page 2).

While she hadn’t responded at press time, the group isn’t giving up on further actions – or hope.

“This is not something that gets solved in a day, but the fact we stood up and have a voice is important,” said the anonymous member. “And I think the bigger take away is how the three units

came together and supported each other and continue to do so. It’s about standing up for what’s right and as nurses, we don’t always do that. I’m so proud of this group. They’re dynamic, smart, compassionate and caring. They’re like a family. I truly believe the action of these members has also sparked dialogue in other ICUs across the province.”

Wilson is also hoping it will be even more far-reaching.

“We’ve seen many, many years of austerity by several governments, and the tightening of the belt in health care and other sectors,” she said. “But they can only tighten it so much before it explodes. People are seeing what we’re doing. They’re watching. And I’m hopeful that we’re creating a movement for workers to come together to advocate on behalf of the people of Ontario and say enough is enough, it’s time to invest in public services because this isn’t safe. So many people aren’t happy and think they just have to take it. We’re showing them that they don’t. We all have the power to change things. And we’re doing our part.”

## “We Must Advocate for Seniors,” Member Says in Support of Rally



ONA members were among the dozens of outraged families and community advocates who took part in an Ontario Health Coalition (OHC) protest outside Orchard Villa, a 230-bed for-profit long-term care home where more than 200 residents and 100 staff were infected with COVID-19 and 71 residents died. In addition to the virus, the families, some of whom spoke at the July rally in Pickering while holding photos of their loved ones, report many died of severe malnutrition, dehydration and neglect. Despite this, the government plans to proceed with a new 30-year licence and expansion to Orchard Villa, owned by the for-profit chain Southbridge Care Homes, which has the worse death rates according to the *Toronto Star*'s analysis, and where the military found a litany of problems, including insect infestation, severe understaffing, the smell of rotten food, unmet hydration schedules, and poor personal protective equipment and infection control practices, the OHC noted. “It’s unbelievable that this is even happening. It’s an outrage, and we’re calling on the government to stop it,” said OHC Executive Director Natalie Mehra, noting that the voices of families and advocates are being ignored. “I attended in support of the workers at Orchard Villa,” said ONA member Colleen MacPherson. “I shared live video of the event to let nurses know that the oppression of health-care workers is happening and to hear the heartbreaking stories of the families. This home is in my community and advocating for the seniors is something my generation must take on.”



## ▶▶▶ FOCUS ON OUR HEALTH-CARE PROFESSIONALS

### Jennifer Strome, Dietitian



For Jennifer Strome, a dietitian with one of the province's public health units, it's the small things that make the biggest difference.

"What I enjoy most about my career is that I get to collaborate with different health professionals on projects to help facilitate change within our community," she said. "It's very enriching and innovative. I also find it rewarding how making small changes to someone's eating habits can greatly improve their health."

#### "Cemented My Path"

It is that love that inspired Strome to become a dietitian 25 years ago after initially considering a different career path.

"I've always been interested in health and wellness and taking care of people," said Strome, who obtained an undergraduate degree in Food and Nutrition from Toronto's Ryerson University followed by a Master's degree in Nutrition and Social Welfare from the University of Dundee in Scotland. "During my first year at Ryerson, I took health courses with nursing students and could then decide which program to focus on. I had really thought about nursing, but at the time there was a severe shortage of nursing jobs in Ontario, and I remember hearing during a lecture that unless we were willing to go to the States or take grueling shiftwork and odd jobs after graduation, to think about our dedication to nursing at that time. I was undecided, I liked food, nutrition and health, and was a foodie by nature, and so that cemented my path. I enrolled in the nutrition program."

#### "Very Versatile"

After completing her dietetic internship with Aramark Canada, Strome began her career at the rehabilitation centre of Chedoke-McMaster Hospital in Hamilton before moving to public health in November 2001, where she has been ever since.

"In public health, the role of the dietitian is very versatile," she explained. "I have been able to assess, plan and implement healthy eating programs in workplaces, schools and community groups over the years to help facilitate lifestyle behaviour change. In terms of policy work, I am able to engage with stakeholders at both the local and provincial level to help modernize Student Nutrition Program guidelines, school healthy food and beverage policy, the Nutrition Facts Table and Labelling regulations and Canada's Food Guide, to name a few past projects."

Strome added that she also enjoys working on the Canadian Prenatal Nutrition Program, a prenatal and postnatal program for young mothers, where "I'm able to consult with individuals and groups on many topics related to the feeding relationship, allergies, special diets, and other chronic diseases."

« What I enjoy most about my career is that I get to collaborate with different health professionals on projects to help facilitate change within our community. »

— Jennifer Strome, public health unit dietitian

#### "Seeing the Changes"

Throughout her time at the public health unit, Strome, who has been deployed to the COVID-19 Telephone Resource Line and the Contact Outreach Team and provides clinical support to vaccination clinics since the pandemic began – "basically all things COVID except giving the actual needle!" – has been an executive member for ONA's health-care professional group, a Dietitians of Canada member of the Regulatory Affairs Committee, and an active member of the Ontario Dietitians in Public Health (ODPH).

"In one-on-one or group health education sessions, you often see the changes you make, but in my role in public health, you don't always see how a guideline or policy change makes a difference until a few years down the line," she noted. "That's why it is important to keep tabs on other public health units in Ontario, such as my association in the ODPH, and across Canada to network, collaborate and get a sense of trends and patterns. This helps keep you motivated that you can bring change to your own community and evolve towards positive behaviour change."

Are you a health-care professional interested in sharing your story with your fellow ONA members? If so, please contact [frontlines@ona.org](mailto:frontlines@ona.org) and you could be featured in *Front Lines*!

# Members Invite Others to Stand in Their Shoes

Because so many face-to-face Nursing Week events were cancelled this year due to COVID-19, we asked members via social media to share your realities on the front lines, using the hashtag #StandInMyShoes. The contest tied in with our Nursing Week theme of *Still Standing. Still Strong. Still Proud.*, which perfectly reflects the commitment and dedication you have shown throughout the pandemic (and always), and the tremendous challenges you have faced.

Here, in our continuing series, are more of your deeply personal and at times heartbreaking stories and poems. Due to the nature of the comments, we have chosen to keep some of these stories anonymous (some also requested to be unnamed).

## Local has it in the Bag!



When it came time to acknowledging their members during Nursing Week 2021, Local 111 really delivered! Carrying large garbage bags, the Local executive handed out special lunch kits they ordered especially for their members (seen here at Scarborough Health Network). The Local also launched a cute pet contest on their website for Nursing Week to celebrate the furry friends that help members decompress at home after long shifts, calling them "the therapy we need." Dozens of pictures were submitted, and 19 dogs and four cats received special treats and catnip from a local company specializing in homemade all-natural pet products.



## Mark of the Mask

*I tried to hold my hand steady before the vent.  
I am totally exhausted, my emotions spent  
But this may be the final goodbye,  
One more "I LOVE YOU" before they die.  
They did not teach this in any school I know.  
I saved a few, I cried an hour ago.  
But there is hope with the rising sun.  
The virus will not defeat us all, I am not done.  
I took an oath to say I care.  
Hold in my emotions, cry on the stairs.  
One day they will speak of what we did.  
I was there for you, I did not hide.  
We are the front lines and the last,  
We were beside you when you passed.  
Just a nurse.*

**ONA member, RN**



For the last 11 years of my nursing career, I have specialized in community health, but tomorrow, my scrubs are back on fighting against COVID-19 in the clinical setting.

For someone who has not been a bedside nurse in a long-time, I'm both terrified and eager to be working in this capacity again. This virus took someone very dear to me before much was known, but today a lot is known. My colleagues and friends are burnt out from months of high workload intensity and we became tired, frustrated and discouraged by the reckless social gatherers, anti-lockdown/mask protestors and social media warriors, who don't understand that people are dying and/or becoming very disabled by the masses.

No one who got sick ever anticipated that it would happen to them. There can be long-term effects from prolonged ventilation use such as brain hypoxia, muscular dystrophy and other major complications. You can include Post-traumatic Stress Disorder to that list. These patients then require chronic home care as soon as they're stable enough to return home.

The health care community, essential service workers and compliant civilians, who gave people the chance to live by being responsible and sheltering safely at home, are saving lives. I am privileged that I was able to virtually serve the majority of my patients over the last year; other nurses and health-care professionals didn't have that choice. As an RN, I am choosing to go where I'm needed.

**Bethel Lascano, RN**



# In Memoriam: Rosemary (Swan) Briscoe, RN

## Founding ONA member and long-time activist



ONA is mourning the passing of Rosemary (Swan) Briscoe, RN, known fondly as Rose, a former ONA provincial president, founding ONA member, and long-time activist.

Briscoe passed away on August 13, 2021, at the age of 80, leaving her husband George, her son Christopher, daughter-in-law Lori, son-in-law Paul, three grandsons and one great granddaughter. Her daughter Debbie passed away in April 2004.

In a biography Briscoe had prepared for her 50<sup>th</sup> class reunion in 2012, she described her early years on a 2,600-acre farm near South Africa's Kruger National Park, where animals roamed freely.

Having seen the kind of "emergency" care her parents administered to workers on their farm, after the family moved to Toronto, Briscoe decided to pursue a career in nursing. In 1959, she entered the Toronto General Hospital School of Nursing, where she met "the greatest group of

women ever." In her biography, Briscoe wrote, "We came together, a bright bunch of young girls, and emerged three years later as strong skilled professionals."

She spent those three years learning a job she would devote her life to for the next 59 years.

Embarking on her nursing career in 1962 as an operating room (OR) nurse at Queensway General Hospital, now part of Trillium Health Partners, Briscoe began a lifelong devotion to professional and political advocacy.

Briscoe and her fellow nurses formed Local 34 of the Registered Nurses' Association of Ontario (RNAO), which oversaw 104 local unions with individual collective agreements. She went on to help negotiate Local 34 collective agreements for the next six years.

In October 1973, Briscoe attended the meeting in Toronto where RNAO's 104 locals from around the province joined forces to form the fledgling union that became known as ONA. Briscoe went on to join ONA's Board of Directors in 1980 as one of 14 regional representatives, and in 1985, she became ONA's provincial president.

Over the years, Briscoe held a number of key nursing leadership positions. She was a member of the Humber College Nursing Advisory Committee for three years and served on the Women's College Hospital Board of Directors (1990-1995).

One ONA member who recalls Briscoe as a great mentor and friend, is Local 34 Coordinator and Bargaining Unit President Ann Scott.

"I was working in the ER at Queensway when she first convinced

me to become the unit rep in 1981. As time went on, she mentored me as a leader and encouraged me to become more involved, and to enroll in more ONA workshops," she said.

Scott added one of her fondest memories of Briscoe was her assistance in helping regain Local 34, which had been decertified from ONA for 13 years following a merger of the Queensway General Hospital and the non-union Mississauga Hospital.

"With Rose advising me in the background, we tried to organize with ONA three times in the subsequent years," she said.

Finally in April 2011, the nurses won the vote to recertify with ONA and once again became Local 34. The count was completed after midnight. The ecstatic nurses had won a resounding majority. Briscoe was there for the vote, and Scott said she told her, "We got it back! Your Local 34!"

In the years prior to her death, Briscoe continued to work in the hospital in the OR two or three days a week. She also worked one day a week for a cosmetic surgeon. She finally retired from nursing in July 2021, at the age of 80.

Trillium Health Partners' OR and perioperative unit recall Briscoe fondly. She was described as a wonderful nurse and advocate who was "smart, relentless, reliable, and caring – a true nursing role model who raised the bar for excellence and quality."

In Briscoe's honour, all three Trillium sites lowered their flags to half-mast on August 19.



## KNOW YOUR RIGHTS

# Hospital, VON Arbitration Decisions Handed Down

Arbitration decisions have been released for our members in the hospital and Victorian Order of Nurses (VON) sectors.

After bargaining talks followed by mediation failed to reach settlements this spring for renewed collective agreements that would meet the priorities identified by our members, ONA's Hospital Central Negotiating Team and VON Central Negotiating Team each proceeded to arbitration.

In the VON decision, released first in July, Arbitrator Matt Wilson provided modest retroactive wage increases in a contract that runs from April 1, 2021 to March 31, 2023.

In September, Arbitrator Gedalof

released his decision on our hospital contract, which runs from June 8, 2021 to March 31, 2023, and limits total compensation increases in the first year to a total maximum of one per cent, in keeping with the discriminatory Bill 124, and includes some improvements to benefits and language, such as a commitment to anti-racism strategies and training (see the highlights document in this issue).

"The teams faced so many roadblocks," said ONA President Vicki McKenna. "Bill 124 made it impossible for our hospital team to bargain freely, despite how much you have sacrificed providing care during the pandemic, often without sufficient personal

protective equipment and much needed time off. Our Charter challenge against Bill 124 will take time and we implore the government to repeal this regressive law now. Our VON members work in a challenging environment, yet have significantly lower wages than other nurses. On top of this, their employer continues to experience difficulties in the very competitive home care market, which impacted bargaining. These teams gave it their all and deserve our deep appreciation."

At press time, ONA was awaiting the arbitrator's decision for our members in the nursing home sector.



Read details at [ona.org/bargaining](https://ona.org/bargaining)

## 2021 Indigenous Peoples Day Solemn Occasion

ONA solemnly marked the 25th National Indigenous Peoples Day this past summer.

While the day, held each year on June 21, is meant for all Canadians to recognize and honour the distinct heritage, cultural practices, spiritual beliefs and outstanding contributions of First Nations, Inuit and Métis Peoples across the country, this year also marked a time of mourning as the bodies of hundreds of Indigenous children were found in unmarked graves at government-sponsored, church-run residential schools in British Columbia, Manitoba and Saskatchewan. Many provinces, including Ontario, have committed funds to identify and investigate unmarked burial sites of Indigenous children.

"The discoveries have been a call to action for all Canadians to stand with Indigenous Peoples to bring the lost children home and fight colonial violence that continues today through many government systems and structures," said ONA President Vicki McKenna. "We must do better as a country, and I am hopeful that if we all come together, we will get there."

The federal government has declared September 30 as the National Day for Truth and Reconciliation. This new federal statutory holiday is intended to be an opportunity to recognize and commemorate the legacy of the abuse in residential schools.

### How Allies Can Help

In the wake of the residential schools tragedy, you may be wondering what you can do. Here are some ways non-Indigenous allies can support healing for Indigenous Peoples:

- 1 Learn about the residential school system and its ongoing impacts. Share with others.
- 2 Donate to organizations that support residential school survivors and their families.
- 3 Call on your MP to take action.
- 4 Attend memorial events where non-Indigenous people are invited.



To learn more, visit [ona.org/news-posts/national-indigenous-peoples-day](https://ona.org/news-posts/national-indigenous-peoples-day)



# ONA's New Anti-Racism Advisory Team Gets to Work

It's been a long-time coming, but ONA's Anti-Racism Advisory Team is fully engaged and ready to go!

The inaugural team, which has a two-year term, has a mandate to recommend proactive steps in the short- and long-term to address and take action against racial discrimination, and facilitate more opportunities to name, address and educate others on anti-racism.

"We have a very diverse membership right across all regions, and the Board believes that we need to make an even stronger statement that we will not tolerate any form of discrimination or harassment," said Region 1 Vice-President Dawn Armstrong, who holds the portfolio for human rights and equity (HRE). "We issued an anti-racism position statement last year because we knew that as an organization, we had to change the culture. It's sobering how much racism still exists within nursing in 2021: Member to member, patient to nurse; the stories I hear are so telling. And with all the events going on around the world, including the George Floyd murder, we knew it was time, our members said it was time, and so we decided to form this team. With something like this, you need members' perspectives on what is happening in their workplaces and to themselves, and how we can do better as an organization."

The team, chaired by Armstrong and assisted by staff, is comprised of at least three Black members, at least three Indigenous members and up to three members from other racialized communities, representing various workplaces, sectors and experience levels and chosen through Expression of



Interest. So far, the team has held three virtual meetings where they have gotten to know each other, received education and started talking about what they hope to achieve together, which will be assisted by a facilitator and most likely include an equity audit to determine what resources are needed to move this work forward.

"Somewhere down the road, their work will also be integrated with the work of our provincial HRE Team as it crosses both lines," said Armstrong. "Right now, it's very specific in terms of equity, diversity and inclusivity, which is also part of the HRE Team's focus, but from a different lens."

The Anti-Racism Advisory Team members also believe a critical function is to help others learn and *unlearn* racism and biases to debunk the misconceptions about what those terms actually mean and what some people already believe. For that reason, education will be a key component of the team's scope, and Armstrong said she is eager to learn herself. She used the Indigenous land acknowledgement at every ONA meeting, large or small, as an example, noting, "it's one of the best things we've started and not just because it needs to be done. But because it's the right thing to do and as an organization we absolutely believe in that."

She also strongly believes in the success of this team.

"These members are so excited and I can't wait to see their work trickle down onto the organization, the Board, membership and staff. You need to give people the information, they need to process it, and then they need to look at how that comes back to them. I'm thrilled to chair this team."

*Front Lines will continue to keep you updated on the team's progress, including introducing the members, in future issues.*

## Give Us Your Ideas to Address Social Injustice!

Do you have a creative way to address the social injustices around you?

Perhaps you're a painter, a poet, a storyteller or someone who likes to plan events and/or get involved in political action to demand a better world. If so, we want to highlight your talent and engagement in *Front Lines* to inspire other members.

Send your submissions to [frontlines@ona.org](mailto:frontlines@ona.org).



Learn more about ONA's human rights and equity work at [ona.org/hre](http://ona.org/hre)

## Save the Date!

# HRE Caucus will Challenge Members to Move “Beyond Good Intentions”

Get ready because the Human Rights and Equity (HRE) Team is planning a Caucus they hope will both educate and entertain all who join!

Under the theme, *Beyond Good Intentions: Confronting Racial Discrimination Through Solidarity*, the Caucus, which kicks off Biennial Convention week on November 15, will feature guest speakers and presentations from members delving into this very important and timely topic, along with a few other goodies we don't yet want to give away. The day-long session will be held via Zoom and all members are welcome.

The team is very excited to announce the two guest speakers for the day: Dr. Karen Flynn, author of *Moving Beyond Borders: A History of Black Canadian and Caribbean Women in the Diaspora*, who will revisit her journey writing this book, including interviewing an ONA member who was a part of it; and Canadian author Esi Edugyan, who penned *Washington Black*, the first selection of the HRE Book Club. Members from Grand River Hospital will also discuss their inspiring work addressing racism in the workplace, which has resulted in meaningful changes.

“I'm so proud of the HRE Team, who have been working very hard on this Caucus, along with ONA staff,” said Region 1 Vice-President Dawn Armstrong, who, as holder of the HRE portfolio, chairs the team. “The keynote presentations and Grand River group will be engaging, and it's going to be one amazing day! I hope you can join us!”



Learn more and register at [ona.org/biennial](https://ona.org/biennial)

## Attention All Members!

# Time to have Your Say on Board of Directors

The election for the 2022-24 ONA Board of Directors is underway and we urge you to take a few minutes to have your say.

All members of the Board of Directors – ONA President, First Vice-President and the five Regional Vice-Presidents – were up for election this fall. However, because Region 4 Vice-President Angela Preocanin has been acclaimed as First Vice-President, along with Dawn Armstrong (incumbent) as Region 1 Vice-President, Bernadette Robinson (incumbent) as Region 2 Vice-President, DJ Sanderson (incumbent) as Region 3 Vice-President, Erin Ariss as Region 4 Vice-President and Alan Warrington as Region 5 Vice-President, no elections will be needed for their positions. **That means there will only be an election for the position of ONA President.**

Members with entitlements received a ticket of nomination letter in the mail, providing information on how to cast your vote and where to access the candidates' full resumes and personal statements on our website, along with a unique PIN to vote. Please keep that number in a safe place until you are ready to do so. Included with this issue of *Front Lines* is a list of the candidates running and the acclamations.



You have until 4 p.m. on November 1 to cast your vote for ONA President. You can do so online or via phone in just a few minutes. Results will be available soon after the deadline. If you have any questions or problems casting your vote, call (416) 964-8833 or toll-free 1-800-387-5580 (immediately hit “0” to be connected to the Toronto office) and ext. 7748. Or send an email to [chiefelectoralficer@ona.org](mailto:chiefelectoralficer@ona.org).

The new Board of Directors, which begins their three-year term on January 1, 2022, makes key decisions that affect your working and union lives every day. Please help decide who forms this important group.



Read more at [ona.org/board21](https://ona.org/board21)





Ontario Nurses' Association



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## Pride Flying High!

It may have been a Parade-less June and July, but that didn't stop ONA from acknowledging Pride in a more low-key way.

"Pride gives ONA a chance to celebrate and support our lesbian, gay, bisexual, transgender, intersex, queer and two-spirit (LGBTQI2S) communities," said ONA President Vicki McKenna. "It promotes self-affirmation and expression, acceptance, acknowledgment and respect, while reflecting on the diverse histories, experiences, backgrounds and progress of LGBTQI2S communities. While there is still work to do, I am proud of ONA's ongoing commitment to make our members' workplaces safe and respectful for all regardless of sexual orientation, gender identity, race, creed, disability and more."

While Pride events were held largely virtually (some late summer/early fall Pride parades were still up in the air at press time), ONA flew our new Pride flag proudly outside our provincial office in Toronto (right photo). We also produced a visually stunning Zoom background for staff to show their support during their online meetings (above photo). We'd love to know how you celebrated at [frontlines@ona.org](mailto:frontlines@ona.org).

While we hope for a return to normal for Pride events next year, we encourage you to check out the plethora of resources we have on our website, including a powerful – and colourful! – video, posters and shareables, in the meantime.



Visit [ona.org/pride](http://ona.org/pride)





# QUEEN'S PARK UPDATE

## Ford Prorogues Queen's Park

The government prorogued the legislature until October 4, 2021, after the federal election. MPPs had been on summer break since early June and were initially due back September 13. Prorogation gives the government a chance to reset – all bills currently on the table get wiped, and the new session begins with a Speech from the Throne. However, it also delays the ability of opposition parties to hold the government to account as modelling data predicts a Delta-driven surge in the fall.

## Proof of Vaccination Policy Launched

After refusing to implement COVID-19 vaccine passports for months, the government has announced a policy that will require proof of vaccination for Ontarians to access certain non-essential businesses and settings starting September 22, 2021. The focus is on indoor public settings where face coverings cannot always be worn such as restaurants and gyms. The province also plans to launch an enhanced vaccine certificate and verification app. Notably, the policy does not apply to employees and there will be exemptions for individuals with medical reasons and children 11 years of age and younger who are unable to be vaccinated.

## Vaccine Distribution Task Force Disbands

The mandate of Ontario's vaccine distribution task force ended on August 31, 2021, and will not be renewed. Since November 2020, the task force has been advising the province on

how to run its immunization program on issues ranging from ethical principles to distribution strategies. The government said the focus is now on community-based settings, using strategies such as mobile clinics to reach Ontarians who have yet to receive a first or second dose of a COVID-19 vaccine.

## Struggle for Paid Sick Leave Continues

The government announced that its temporary paid sick leave program for workers, the Ontario COVID-19 Worker Income Protection Benefit (WIPB), will be extended until December 31, 2021. The WIPB provides an entitlement to three days of job-protected paid leave for certain COVID-19-related reasons. Regrettably, this temporary program leaves much lacking – in particular, it's unclear if workers who have already accessed their three temporary paid sick days are protected moving forward. The struggle continues for a permanent paid sick leave program in Ontario!

## Ford's Privatization Agenda for Home/Community Care Must Be Stopped!

The government is steamrolling ahead with its restructuring plans for home and community care.

Over the summer months, ONA staff participated in a consultation session with the Ministry of Health and Ministry of Long-Term Care on the regulations that will accompany Bill 175. It's a serious concern that the draft proposals seem to lead the way to further privatization. This would be detrimental to patient care and fiscally irresponsible.



The government's proposals still do not provide certainty to ONA members on where their jobs will go, and there is no mention of many existing Home and Community Care Support Services job classifications, including direct clinical services, rapid response, palliative care teams, mental health services, placement coordinators and administrative staff. There are also two gaping holes in their proposals related to funding and the health human resource shortage.



Read ONA's submission at [ona.org/submissions](https://ona.org/submissions)

## New Long-Term Care Legislation Expected

Earlier this summer, Premier Ford's cabinet shuffle saw Rod Phillips, who resigned as Minister of Finance last December after taking a secret vacation to the Caribbean during lock down, returned to cabinet as the new Minister of Long-Term Care (LTC). Minister Phillips stated the government will bring forward legislative changes this fall as it looks "comprehensively" at rewriting the *LTC Homes Act*. ONA will follow this file closely and will continue to push forward our comprehensive recommendations put forward to the LTC COVID-19 Commission.



View those recommendations at [ona.org/commission](https://ona.org/commission)





# Sick and Tired:

## ONA Members Shine a Spotlight on Mental Health

**T**he word “hero” has been tossed around a lot to describe the personal sacrifices nurses and health-care professionals have made during the pandemic and the toll that has taken on their mental health, but ONA member Annie Mazmanian, an intensive care unit (ICU) nurse, is having none of it.

“I really dislike that hero persona because heroes are fictional characters that live forever, and don’t bleed or shed tears,” she said. “Heroes aren’t the kings and queens; they’re the soldiers who are replaceable at the bottom of the barrel, the ones that the kings and queens send to war, who are wounded and then replaced. So if you think about what a hero really is, it’s very dehumanizing and devaluing.”

Heroes also don’t face Post-traumatic Stress Disorder (PTSD), which is something that Mazmanian, along with her ICU colleagues Jules Morosin and Brigitte Alcide, believe they and many other nurses and health-care professionals have due to the anxiety, isolation, physical burnout and mental exhaustion they have experienced during all four waves in a province ill-prepared for a pandemic.

And it’s the reason why they wanted to speak out in their local media about this serious issue – they have been featured in two very candid stories in prominent newspapers – and decided to launch a private Facebook group, called the *Nervous Nurse*, that anyone can join.

“It started as nurses helping nurses, but it’s grown,” said Mazmanian, also a part-time student whose Master’s paper tackles nurses and burnout. “It’s strictly about mental health and wellness, and a lot of nurses have shared their own personal struggles. It’s amazing reading their stories, which have encouraged and empowered other nurses to open up. Even non-nurses who have read these stories are reaching out because everybody can relate to mental health, but nobody talks about it.”

### “On a Battleground”

But many did respond to ONA’s recent survey asking that very question. That survey of 3,300 members who worked in long-term care during the first wave of the pandemic found that 60 per cent reported symptoms of PTSD due to the horrors they witnessed inside the worst-hit homes, where a lack of personal protective equipment (PPE) and staff shortages – along with a myriad of other issues – were the norm. Not surprisingly, the survey also showed that homes with no outbreaks, generally not-for-profit, had a better supply of PPE, improved staffing levels, and acted swiftly to isolate and cohort residents to contain the spread.

“Many members told me they felt they were on a battleground every single day, which greatly affected their physical and mental wellbeing,” said ONA President Vicki McKenna. “And that first wave was just the beginning for these dedicated nurses and health-care professionals, who are now facing the fourth wave and are just beyond the breaking point. There has been no time for them to process, grieve or recover from what they have experienced.”

These three ICU members couldn’t agree more.

“With the first wave, we had no concept that there was going to be a second and third wave, and that’s when we saw all these other countries on the news putting bodies in freezer trucks,” stated Morosin, who added she faced no issues with adequate PPE. “That was tough. We experienced so much anxiety on each shift wondering what are we walking into? Is today the day that it’s going to explode? How many staff are we going to have? How many deaths will there be? People weren’t able to sleep they were so worried. It was really bad.”

### “Disturbing Rates”

But it got so much worse, with their ICU, like so many others in the province, doubling in size to deal with the influx of COVID-19 patients and functioning at well over 100 per cent of its usual capacity by the time the third wave hit. As many ICUs moved to a team-based nursing model, with nurses deployed from other areas of the hospital without the normal amount of critical care training due to the government’s

« We’re three very strong personalities and for us to say, ‘yes, the pandemic affected us and we’re not right but we’re making it through’ opened up that conversation. »

– Jules Morosin, RN

emergency orders (Bill 195), many ICU nurses were also faced with the added responsibility of teaching and leading the new staff on top of trying to care for more and more patients, who were ventilated, in induced comas with multiple drips, prone, and often dying.

“I talk a lot about Bill 195 and Bill 124 [which limits wage increases for some public sector workers to one per cent total compensation for each of three years], but not everyone can relate to that,” said Mazmanian, a mental health advocate long before the pandemic. “But once I started talking about how those bills affected my mental health, people really started listening. Employers across Ontario had the opportunity to pick people up from here and pop them there. Can you imagine the struggle for those nurses? And Bill 124 is not just about the money. It’s the principle of the matter and how government decisions like that affect us emotionally, physically and mentally. There is definitely a major connection between mental health and those bills.”

But even prior to the pandemic, nurses and health-care professionals were already grappling with psychological distress. The Canadian Federation of Nurses’ Unions’ (CFNU) report, *Mental Disorder Symptoms Among Nurses in Canada*, a first-of-its-kind study, revealed that one in three nurses (36.4 per cent) screened positive for Major Depressive Disorder, and more than one in four screened positive for Generalized Anxiety Disorder (26.1 per cent) and clinical burnout (29.3 per cent). One in three reported having suicidal ideation (33 per cent), with 17 per cent having planned suicide and eight per cent attempting suicide during their lifetime. Many also screened positive for PTSD (23 per cent) and Panic Disorder (20.3 per cent).

“Experts tell us these numbers are higher than those for the general population and, in many cases, higher than the rates reported from a parallel survey of public safety personnel such as correctional workers, firefighters and paramedics,”

**60%** ONA LTC nurses who reported PTSD due to the horrors of the first wave



noted CFNU President Linda Silas. “The disturbing rates of mental illness revealed by this study were recorded among thousands of nurses before the pandemic hit – we can only imagine how much more severe they would be now as nurses continue to shoulder the stress of fighting COVID-19.”

### “Part of our Souls”

Added to that stress was that at the height of the pandemic, it was common for nurses to perform non-nursing jobs such as cleaning the garbage and laundry bins and passing out meal trays to minimize the amount of staff in COVID-19 areas. The constant fear of bringing the virus home to their loved ones or catching it themselves only added to their anxiety and kept nurses like Morosin confined to her basement for the first few months of the pandemic and many others in trailers and hotels. Many told us about stripping off their work clothes and thoroughly washing themselves in their garages before entering their homes.

Others still moved to other sectors or left the nursing profession altogether, with undoubtedly more to come. In fact, in a recent Registered Nurses’ Association of Ontario (RNAO) survey, 9.3 per cent of respondents said they were “very likely” to leave nursing for another career after the pandemic – early career nurses, age 26 to 35 were particularly likely to say that – with 7.1 noting they’re “likely” to leave.

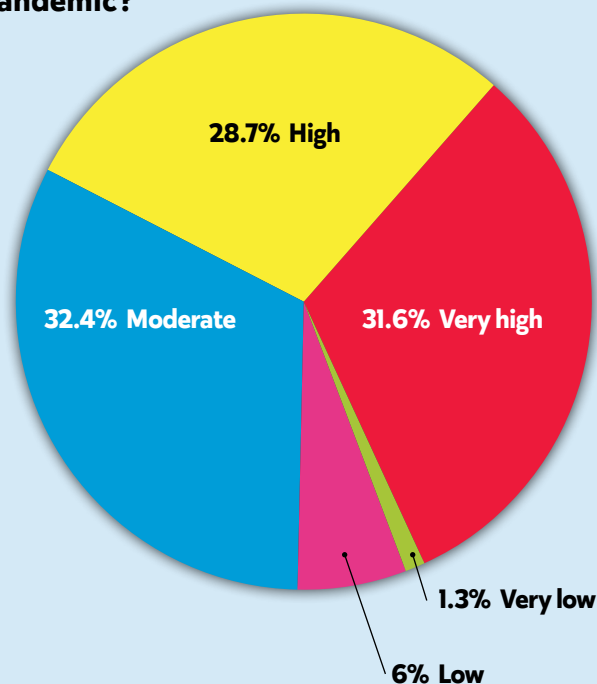
With figures from the Canadian Institute for Health Information showing that Ontario’s ratio of RNs per capita was the lowest in the country at just 690 per 100,000 people

## LET’S TALK

Are you struggling with a mental health issue? Help is available.

- ▶ Reach out to your family, friends and colleagues. Don’t internalize it.
- ▶ Talk to your physician or other health-care provider. There is no shame in seeking help.
- ▶ Learn what, if any, mental health programs your employer offers.
- ▶ Join support groups, such as the *Nervous Nurse* on Facebook.
- ▶ Take time off if you need it.
- ▶ Access the CFNU’s Mindwell programs at [wellnesstogether.ca](http://wellnesstogether.ca).
- ▶ Check out other resources at [ona.org/mentalhealth](http://ona.org/mentalhealth).
- ▶ Most importantly, remember you are not alone.

### How would you rate the level of stress you have experienced in your job due to the pandemic?



RNAO survey of 2,100 RNs, NPs and nursing students working across all health-care sectors between January 29 and February 22, 2021.

in 2019 – Canada’s average was 831 RNs – and the province needing more than 20,000 RNs just to catch up, this exodus only serves to exacerbate an already dire situation. The CFNU study also noted that a source of extreme stress reported by nurses was short-staffing, with 83.4 per cent indicating that the regular core health staff is insufficient to meet the needs of patients.

“Ontario hospitals were already dealing with staff shortages before the pandemic and we saw on the news that nurses were leaving their units or the profession because they were so burned out,” said Alcide. “The public might not have known that there was a nursing shortage, but COVID made it worse, it shone a spotlight on it. I’ve been an ICU nurse for many years, but this was completely different. This was not the type of ICU that we normally worked in. We were overwhelmed and exhausted. We’re used to deaths, but the deaths that we saw? It was difficult. It was horrible.”

« Once I started talking about how Bills 124 and 195 affected my mental health, people really started listening. »

– Annie Mazmanian, RN



Annie Mazmanian, RN



Jules Morosin, RN



Brigitte Alcide, RN

And those deaths took an enormous toll.

“COVID to us means death because that’s all we saw,” added Morosin. “I love, love, love my job in the ICU. We’re all very good at palliating and helping families through that process. But these intimate moments of holding somebody’s hand as they pass away was supposed to be for those families. Suddenly, somebody who has really never met this person is holding their hand between a glove and listening to the family cry, plead and pray through a little cell phone beside their ear. I had a couple families watch through the window. A wholesome death to me means the family is at the bedside. It’s a sad but beautiful experience for them. We’re used to that, but this took a part of our souls.”

### “Not Myself”

In fact, these nurses join the chorus of those who say the pandemic has changed them.

“I got to the point where I had a panic attack and didn’t want to come to work,” stated Alcide. “But I did because I wanted to help my patients first of all and I hated letting my colleagues down. So I hid all my stress at work because nurses are all so put together, right? But then I would fall apart at home. I just wasn’t myself. I was irritable, I was crying all the time. It was affecting my family. And that’s when I knew I needed to talk to my doctor.”

Many nurses and health-care professionals used to sharing the workday’s stresses with their families and friends scaled back, not only because they weren’t physically in their presence as much (or at all), but “because it was so hard for them to comprehend how bad it was for us and

what was happening, and so at some point you just stop,” noted Morosin. But that only served to isolate them more.

“When I’m at work, I’m always in a state of go, go, go, as you never know when that Code Blue is going to get called,” added Mazmanian, who had to eventually take off five weeks to focus on her own mental wellbeing. “As nurses, we’ve had mini-traumas build up over many years. But add COVID over a-year-and-a-half and seeing traumas every single day, where before I saw them maybe once or twice a week, and it was too much. It really heightened that PTSD. I’ve never felt more isolated. I could see the defeat in everyone’s eyes. I’m definitely not the same person that I was before, but I’m trying to embrace that and make proactive changes going forward.”

Part of that is helping ensure that the mental health needs of nurses and health-care professionals are addressed by employers when a traumatic episode happens to “stop that PTSD from growing,” said Mazmanian, who is working with Alcide and others on resources “based on research articles and programs that have been implemented at other Canadian hospitals, which have been good for nurses, with a nice butterfly effect onto the patients.” If they are implemented,

« If you have a mental health issue, you need to know that it’s OK. It’s important that you recognized it, as long as you ask for help and get the resources you need. »

— Brigitte Alcide, RN



## One in Three

### Canadian nurses who screened positive for Major Depressive Disorder in a CFNU study

these nurses hope to share with other hospitals that currently don't have such programs.

"Nurses aren't often listened to, but we have life experiences and important things to say," she added. "There's so much research out there that shows how much better patient care would be if employers addressed the underlining issue of nurses and burnout, or nurses and their emotional exhaustion, compassion fatigue and depersonalization. There is often nothing out there and these programs would be so beneficial to front-line workers."

#### "Screaming for Help"

That's something that ONA has also been pushing for, noting that free counselling and mental health services provided by some employers are not available for all front-line workers. Through our membership in the CFNU, we launched Mindwell, a four-week program offering training and tools to better manage stress and difficult situations, designed through consultations with mental health experts and nurse leaders from across the country, and have a webpage dedicated to mental health resources, but more needs to be done by our employers and the provincial and federal governments. The RNAO survey found that only 1.1 per cent of respondents called a provincial helpline and 8.6 per cent sought assistance from an employer program.

"Nurses and health-care professionals are literally screaming for help and they're not getting it," said McKenna. "Before you can take care of your patients, you have to take care of yourself, so it's imperative that appropriate resources are readily available. Band aids aren't enough."

During a recent meeting with federal Health Minister Patty Hajdu about the physical and mental health of front-line nurses, ONA and our provincial counterparts – all members of the CFNU – reiterated "that nurses have faced extended days, routinely working 24-hour shifts, unmanageable workloads, cancelled vacation leaves and moral distress," McKenna added. "In addition to high patient-to-staff ratios, nurses are struggling with unpaid and mandatory overtime, increased violence, difficulty accessing any time off, and an overall decline in work satisfaction."

We called for immediate action from the federal government, including targeted funding to the provinces

and territories to address the critical nursing shortage and support retention and recruitment programs to help alleviate burnout.

"What nurses really need is for their employers to come up to them and ask, 'are you OK' instead of congratulating them for working through the first, second and third waves or providing small tokens of appreciation," said Morosin. "That would be more impactful, and it's a shame it didn't happen for so many."

In fact, another nurse who was redeployed to a COVID-19 floor due to Bill 195 and asked to remain anonymous, said, "it didn't matter to my employer about my own feelings, stress or state of mental health throughout the pandemic. For the first time in my entire career, I felt like I didn't matter at all."

#### "You're Not Alone"

But these three ICU nurses want others to know that they do matter.

"You cannot go through something like this and not be affected," said Morosin, who added that dozens of people reached out to her after the newspaper article was published to thank her and let her know it inspired them to seek help. "Sometimes you have to press pause, but the guilt that comes with it can be completely unbearable. This has messed nurses up. But we're saying, 'hey, if we're feeling this, you're definitely feeling it too.' You don't get past a stigma without normalizing it, so why don't we just open the conversation?"

Alcide couldn't agree more, noting that it was Morosin who started that conversation with her. They, along with Mazmanian, have completely opened up to each other about their own struggles with mental health, "which really helped a lot because there is nothing to be ashamed of," she added.

Now Morosin said she makes it a point of regularly checking up on her colleagues just to see how they're doing.

"We should be able to talk about mental health the same way we do physical conditions, but sadly, people are afraid to because the stigma pushes it under the rug," said Alcide. "That's what bothers us the most."

And for anyone struggling with that stigma, these nurses have a powerful message.

"You're not alone, you're OK, you're beautiful, you're perfect, you're amazing," said Mazmanian. "There's nothing wrong with you. Everyone is going through something. Unfortunately, COVID has really brought that out. You have to get past the stigma and take care of yourself. Take time off if you need it. Talk to your peers or anyone you're comfortable with. Or reach out to the three of us through the *Nervous Nurse* Facebook group. We want you to get the resources you need. We're here to listen and help."



## Your Actions, Stories are Making an Impact, June PCM Hears



ONA President Vicki McKenna, RN



First Vice-President Cathryn Hoy, RN



CFNU President Linda Silas, RN

If there was one theme that echoed throughout the June Provincial Coordinators Meeting (PCM), held virtually on June 15-16, it was that the actions and stories of our members are making a difference, and we must keep the pressure up.

“The pandemic has been a long, tiring haul, but there is light at the end of the tunnel,” ONA President Vicki McKenna said in opening the event, which also featured presentations from all members of the Board of Directors and staff on the work of our union. “ONA demanded that nurses and health-care professionals be moved up in the vaccination line to receive their second doses earlier than the four-month interval – and we succeeded. But we did not do this alone. ONA members advocated to their MPPs, were loud on social media, spoke to colleagues and employers, and together, we got the job done.”

And that’s not the only job we got done. Through this joint advocacy, McKenna highlighted that Public Health Ontario finally acknowledged that COVID-19 is airborne in some circumstances. Our spring *Holding the Line* campaign, featuring ONA members, brought forward the message that despite the toll the pandemic has taken, you are still persevering. And your powerful stories strongly impacted the Long-Term Care COVID-19 Commission, the focus of the half-day education session that brought the PCM to a close.

“Every single action you take makes a difference, especially leading up to the provincial election next June 2,” she concluded. “All politicians should remember one key thing: Nurses and health-care professionals vote! We must keep up the pressure and remind them of that. Thank you for helping us with this critical work. Our collective actions are so important.”

First Vice-President Cathryn Hoy reiterated the importance of storytelling, noting that the meaningful recommendations contained in our recent Independent Assessment Committees (see page 28) were only possible because “these members diligently filled out their professional responsibility workload forms to show their realities” and that members have been very politically active throughout the pandemic, especially around the wage-suppressing Bill 124, by participating in phone and email zaps, safe in-person and virtual rallies, and many other actions.

“What I find so encouraging is that our members are finding their voices, which isn’t easy,” she said. “But your stories matter, they are the foundation of our house, bringing your ongoing struggles front and centre. We cannot do this advocacy work

without you, so please join us. And share, share, share on social media. You are doing amazing work!”

And that amazing work is facilitated by ONA’s dedicated staff, added CEO Beverly Mathers, who summarized that ONA has been in the courts a record five times; provided assistance on calling in Ministry of Labour inspectors; negotiated centrally for our hospital, nursing homes and Victorian Order of Nurses members (see page 11); and redesigned education – to name but a few.

Canadian Federation of Nurses Unions President Linda Silas, always an energetic speaker, also jumped on the bandwagon, encouraging members to get ready for a busy fall, including a Day of Action on September 17.

“You are movers and shakers, and there are so many actions ONA is trying to get you to do. So imagine if you all jumped up! We need to get angry; there is no more holding hands. It’s about showing the stark realities of what’s happening in our workplaces and putting the sick and tired faces of nurses out there. We need to show the world that Canada’s nurses have had enough and here are our solutions.”



Read the full PCM Highlights at  
[ona.org/news-posts/june-pcm-2021](https://ona.org/news-posts/june-pcm-2021)



# CFNU Biennial Convention: We Can't Back Down!

Echoing the theme of her organization's Biennial Convention, *No Backing Down*, Canadian Federation of Nurses Unions (CFNU) President Linda Silas told delegates that because the pandemic has brought a litany of pre-existing issues to the surface, now is not the time to give up the fight.



CFNU President Linda Silas, RN

"It's been tough and there's no overstating that," she said in opening up the convention, held virtually on June 8-9. "Our health-care system was already stretched to the max. Our workloads were already unsustainable. Our mental health was already being tested. The system had no give. COVID-19 laid bare the cracks in our health-care system and our society," and as nurses work themselves ragged, some provincial governments are still looking to make cuts, forcing nurses to once again do more with less.

"We can't let our anger – our frustration – paralyze us," added Silas, who was acclaimed as president during the convention. "We have to channel our anger into action and make ourselves heard. We can't back down; we won't back down. It's a promise."

Delegates were urged to do so by participating in the September 17 Day of Action to demand governments take concrete actions to address nurses' unacceptable working conditions, one of the resolutions passed during the

convention to pave a path forward for the CFNU. Other resolutions included pressuring governments to address the health human resources crisis facing nurses and other health-care workers and for a moratorium on private, for-profit care in the long-term care sector; advocating for legislation requiring presumptive workplace insurance coverage for any health impacts arising due to COVID-19 infection; calling on all Canadian health authorities to work in collaboration with health-care unions to ensure the stability and adequacy of an appropriate personal protective equipment supply; and endorsing Joyce's Principle, which demands all Indigenous People have an equal right to the highest standard of physical and mental health care.

Along with a series of guest speakers, the CFNU hosted an "around the world" discussion and a panel on the impacts of racism in health care, which included ONA member Cynthia Mascoll, who highlighted how just being heard can be an uphill battle for



The CFNU National Executive Board, including ONA President Vicki McKenna, RN, far left, middle.

many racialized people who enter the health-care system.

But it wasn't all deep conversations and business. In honour of the CFNU's 40<sup>th</sup> anniversary, delegates were urged to dig out their bangle bracelets, windbreakers and oversized sweaters for a virtual '80s party. They were also treated to a special session from Canadian rock sensation Serena Ryder, who lavished praise on nurses while acoustically performing her biggest hits.



Read more at [nursesunions.ca/convention2021/](https://nursesunions.ca/convention2021/) and view the CFNU's two-year video report at: [youtube.com/watch?v=mDnhD4MJrIQ](https://youtube.com/watch?v=mDnhD4MJrIQ)



During the convention, the CFNU unveiled a new publication, *Canada Beyond COVID*, which features 12 articles focusing on health care, equity and policy, all with a view towards building a healthier and more equitable society.

Download a copy at [nursesunions.ca](https://nursesunions.ca).

« We may not be able to stage a walkout, but we can speak up, not only to our elected leaders, but to friends and family – anyone who can vote – about the need to strengthen and safeguard Canada's public health-care system. »

– CFNU President Linda Silas, RN

## Front Lines, Still Fighting Campaign Win Awards of Excellence

ONA's *Front Lines* magazine and recent public awareness campaign have won prestigious North American 2021 Apex Awards, which recognize excellence in publishing by professional communicators in the areas of graphic design, editorial content, and the ability to achieve overall communications greatness.

The Winter 2020 issue of *Front Lines*, which featured a cover story on the horrors and heartbreaks of our long-term care members as COVID-19 viciously ravaged that sector, received an award for publication excellence in the Magazines, Journals and Tabloids – Print category. Our *Still Fighting* campaign, aimed at bringing awareness to the perseverance of our members throughout the pandemic, was honoured in the Campaigns, Programs and Plans – Health and Medical category.

Almost 1,200 entries from across North America were received, with the Apex website noting that despite the significant challenges the pandemic has brought, “this year’s entries displayed an exceptionally high level of quality. The judges saw only the most promising publications that professional communicators

could enter. From them, they had the truly challenging task of selecting the award-winning entries.”

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



**Nurses  
fight  
back.**

The value of nursing is under attack in Ontario. When our profession is threatened and our safety put at risk, we won't stand. We will resist. We will fight back. In the courts, in the media, whatever it takes.

#KeepNursingStrong



If the government was hoping it would silence ONA by invoking the notwithstanding clause after the Superior Court of Ontario overturned its new rules on third-party political advertising, it had the opposite effect! Instead, ONA members sent hundreds of emails in just a few days to their elected officials voicing their displeasure at this extreme abuse of power. We also issued a series of newspaper and social media ads, including the one pictured here, explaining our stance and urging the public to not allow the government to silence them either.

## Coming Soon to a Computer or Tablet Near You: Access ONA!

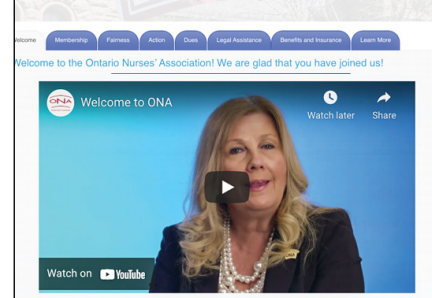
ONA is excited to announce that ONA Access, an innovative, easy-to-use, secure and convenient online portal where members can manage your personal and employer information, and access ONA services and resources, will be coming soon.

Please make sure ONA has your most up-to-date email/ mailing address/ phone number on file as they're required to receive the invitation to join and complete the registration process for new users. Update your information at [memberchanges@ona.org](mailto:memberchanges@ona.org).

More information on this exciting initiative coming soon!



## New Member Orientation



## New to ONA or Want a Refresher on our Services?

If you've recently joined ONA and want to learn about the benefits of membership – or if you've been around awhile and could do with a refresher – we have just the thing for you!

This summer, ONA launched our New Member Online Orientation portal, a dedicated section on our website that provides an expansive overview of our union, including our many services, resources and important contact information. You'll also find a welcome video message from ONA President Vicki McKenna and First Vice-President Cathryn Hoy.

This online orientation is one of the first of several resources and actions that ONA is posting and promoting digitally. Based on requests from Local leaders for a more efficient way to complete the current new member form for both new members or existing members who have never signed one, we also recently developed a New Member Application form, which maintains the security and confidentiality of the information and automates the secure transfer of the document between union leaders and members.



Access our New Member Online Orientation portal at: [ona.org/new-member-orientation/](https://ona.org/new-member-orientation/)



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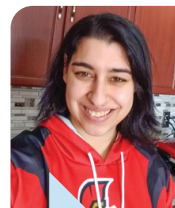
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## ONA Fights for Members, 2020 Scholarship Winners Say

In our continuing series, *Front Lines* is featuring the names and pictures of the recipients of the 2020 ONA Nursing Student Scholarship, along with snippets from their winning essays on "The Importance of the Ontario Nurses' Association for Nurses."



Read the full essays at [ona.org/students](https://ona.org/students)



**ANTOINETTE AYOUB:**  
Daughter of Katia Ayoub from Local 83, The Ottawa Hospital

*"ONA arranges meetings with government policy-makers and legislators to ensure the voice of nurses is heard. Thanks to its presence in different media platforms, ONA sheds light on the challenges nurses face every day while trying their best to care for patients. ONA keeps raising awareness with the public about challenges, like nurse-to-patient ratios, staffing issues and lack of funding."*



**RACHAEL OLIVIER:**  
Daughter of Donna Oliver from Local 124, Southlake Regional Health Centre

*"As I student, I am inspired and excited about my career in nursing. I am grateful knowing that I will have a strong union in ONA to support me, fight for me and the rights of all registered nurses in Ontario, to provide the level of health care that our patients expect and deserve."*



## Decision on ACLS Re-certification Substantial Victory for Members

ONA has recently won a significant arbitration decision that will ensure nurses and health-care professionals under the Hospital Central Collective Agreement are paid for Advanced Cardiovascular Life Support (ACLS) re-certifications required for their positions that involve updated knowledge and skills.

Arbitrator Lorne Slotnick found in his March 2021 decision that Grand River Hospital violated the collective agreement by failing to pay nurses at straight time for the time spent outside regularly scheduled hours on ACLS recertification, if those nurses worked in an area where they were required to have that certification.

### Case and Arguments

Article 9.07 of ONA's Hospital Central Collective Agreement states that when a nurse is required by a hospital to engage in any learning opportunities outside their regularly scheduled working hours, that nurse will be paid for all time spent on such learning opportunities at their regular straight time hourly rate of pay. The question before Arbitrator Lorne Slotnick was whether ACLS re-certifications, as required on some units at Grand River, qualified as "learning opportunities," as written in the article. Our members at Grand River were reimbursed for the cost of the course itself, but not for the time spent taking it outside of working hours.

Previous cases on this issue determined that ACLS was not a

"learning opportunity," but rather a re-certification. However, those cases held that re-certifications were a testing process only in contrast to this case, which provided testimony about several updates made to the curriculum in between re-certifications.

ONA's witnesses made it clear that the re-certification process involved an updating of standards, procedures and medications, which necessitated learning on behalf of the nurses obtaining re-certification. Their evidence demonstrated that these updates, as well as the opportunity to practice a mock "mega-code," resulted in better outcomes at the bedside. As a result, ACLS re-certification qualified as a "learning opportunity."

### Importance to ONA Members

Arbitrator Slotnick's decision will assist ONA by providing a legal foundation to require hospitals to pay for time outside regularly scheduled working hours that nurses and health-care professionals take

to obtain required re-certifications. When arguing these cases in the future, ONA must ensure we introduce evidence that re-certifications are not just testing, but updated standards, practices and procedures.

Furthermore, this decision will help ONA advocate for patient safety and patient care by ensuring all nurses receive compensation for learning the latest updates to ACLS practices and procedures at the bedside.



***This case provides clear direction to employers that if they require re-certification that includes updated knowledge and skills for work on certain units, they must pay nurses on those units at straight time if they must obtain that re-certification outside their regularly scheduled hours.***





## ▶▶▶ FROM THE INSIDE...

# ONA'S PROFESSIONAL PRACTICE TEAM: Helping Resolve Members' Workload Concerns

*Front Lines is launching a new series on how ONA's many staff teams support our members' work. In this issue, we start with our Professional Practice Team.*

ONA First Vice-President Cathryn Hoy, who holds the portfolio for professional issues and political action, likes to joke that she sounds like a broken record when it comes to telling members to fill out their professional responsibility workload report forms when something doesn't feel right in their places of employment.

But those forms are a critical first step in ONA's Professional Responsibility and Workload (PRW) process to resolving our members' staffing and other workload issues, a key focus of our Professional Practice (PP) Team. The team, which has grown to meet the ever-increasing needs of our members, is currently comprised of nine PP Specialists – an all-RN team from a variety of sectors with different areas of expertise, working out of ONA's provincial office in Toronto and several regional offices – and 1.5 Labour Relations Assistant positions.

Among the nine, is a float position that goes wherever the greatest need is.

"Where we can't resolve these member concerns through grievances, we can often do so through the workload forms," said Hoy. "I'm very committed to professional practice and want to see this work move forward."

### PRW Process

And it certainly is, thanks to the dedication of the PP Team in assisting our members throughout the PRW process, unique to ONA's collective agreements.

The sector-specific workload forms, available on our website, provide members with a convenient place to document the details of their concerns, which should be reported to the manager to give them an opportunity to resolve the problem. If they don't, the workload is escalated to the Hospital-Association Committee/Labour-Management meeting and if not resolved there, it comes to ONA, which will work diligently with members and their employer on a resolution, often in the form of a Minutes of Settlement, a set of recommendations to address the issues that are agreed to and signed by both parties.



First Vice-President Cathryn Hoy, RN, holds the portfolio for professional issues (along with political action).

"Minutes of Settlement are binding and grievable, meaning we can hold the employer accountable for acting on them, and so that's where we ideally want to go with these workload concerns," said Manager II, Professional Practice Susan Delisle Gosse, who is also an RN. "We've done very well with them in the past" (see recent example on page 30).

The final step in the PRW process – a very serious last resort when issues can't be resolved internally – is an Independent Assessment Committee (IAC). The IAC is comprised of three nursing experts, who assess the evidence during a three-day hearing to determine if nurses are being assigned more work than is consistent with the provision of proper patient care, and then issue recommendations to address them (see story on page 28).

"Once Professional Practice gets involved, we take the lead on the file and pursue it with the members," Delisle Gosse explained. "The PP Specialist is the spokesperson for the unit during the IAC hearing, however on day three, members get to share their lived experiences, so they have a real say in it. Sometimes our team is

Between April 26 and July 19, 2021, ONA's Professional Practice Team received **25** new referrals, **16** consultations, **5** pre-complaints, **4** requests for unit education, and co-facilitated **19** education sessions

told, 'there are staffing issues on this unit, and you have to fix them.' And we say, 'we need to talk to the members affected to know what's going on and how they think issues can be resolved.'"

Even when a settlement is reached, the PP Team's work doesn't end. Specialists stay involved for up to 12 additional months, with frequent check-ins, including a final one before the file is closed to ensure the recommendations are continuing. In the case of a non-binding IAC, if employers are not acknowledging the report, "we are able to shame them in the media," stated Delisle Gosse. "We also can reach out to the government and have them try to do some mediation with us as a last resort if they refuse to acknowledge the report, but I don't think that's ever happened."

Delisle Gosse, who meets with Hoy monthly to review the team's work and achievements and obtain her feedback on any needed improvements, also reiterates her words.

"We can't help you if we don't know what your issues are, and that starts with the workload forms. I can't stress that enough. If you filled out a form and have no resolution, keep pushing it forward. If you haven't heard back in a month, ask your Bargaining Unit President, call your regional Vice-President, go to your Local Coordinator



or find out who your ONA Labour Relations Officer (LRO) is and ask what's happening. We urge members to take accountability. We want to move workloads quickly because while there may only be one or two issues now, if you wait three years, the whole unit could be falling apart. The Professional Practice Team is here to support you."

### Reviews, Referrals and Consultations

And how specifically does the team get involved? Often through file reviews, consultations and referrals.

"If an LRO has a lot of open files and would like to discuss options, we can go over them, help them

develop action plans, and offer advice," explained Delisle Gosse. "We call that a file review. The other part is called a consultation. So we might hear, 'we're having some issues, can you come talk to the Bargaining Unit President and the LRO?' We get together, help them do tracking and provide an action plan, and may attend the Hospital-Association Committee meeting with them or give them resources to go themselves. But we don't carry the file. And then there is what we call 'pre-complaints,' when the file is advanced to us and the PP Specialist is now the lead. Those would be the referrals."

She added the team's consultations have increased fourfold from January 1 to July 19, 2021, compared to the same timeframe last year, while referrals almost doubled.

"Our files are increasing, there's more happening out there, and we're getting involved. And we want to get involved earlier in the process, so we can get a quicker resolution for our members."

### Ask a Specialist Webinars

But, Delisle Gosse is quick to point out, the team can't do that if members don't know about the PRW process or how it works.

## What's in a Workload?

Here's what ONA's Professional Practice Team wants you to know about addressing workload issues in your places of employment:

- ▶ Persistence and detailed documentation (workload forms) are the evidence we need to bring your issues forward and achieve satisfactory resolution.
- ▶ By submitting those forms, you provide us with ammunition to take up your fight for quality workplaces and patient care.
- ▶ Professional practice is a professional obligation. If you are a nurse or health-care professional, you are an advocate, and with that comes a duty to report.



“The PP Team talked about how do we reach and support our members? How do we get messaging out to them? We put our heads together and came up with the idea of actually speaking to them directly. So we thought of holding ‘Ask a Specialist’ webinars, where we talk about certain topics, such as trackers or going to a Hospital-Association Committee or Labour-Management meeting.

The webinars are comprised of a 20-minute presentation from a PP Specialist (they rotate), followed by 40 minutes of open discussion and questions. Some sessions are geared towards leaders only, while some are more for front-line members (sessions have also been held for staff). Approximately four to six sessions are held each week, generally on a Tuesday and Thursday morning, afternoon and evening to ensure there’s a time that works for anyone who wants to join.

“We wanted our members to understand the PRW process and what their rights are and for Bargaining Unit leaders to know about the resources and what we can offer them,” said Delisle Gosse. “And I think we’ve done that. We received so many positive comments from them, saying, ‘Thank you so much for doing this.’”

Webinar invitations are regularly sent to members and leaders with a link to register. If you’re not receiving one, please ensure that ONA has your personal email at [memberchanges@ona.org](mailto:memberchanges@ona.org). You can see what sessions are available at [ona.org/ask](http://ona.org/ask).

## Resources and Education

ONA’s website also offers a plethora of PP resources to assist members, including guides, decision trees and tip sheets. All pieces are regularly reviewed by PP staff to ensure they contain the most up-to-date information.

“We revamped our webpage to organize it by sector, which makes it much easier for our members to navigate,” noted Delisle Gosse. “And we have received very favourable feedback.”

A PP Specialist is also assigned to work with ONA’s Membership Education and Events Team to review the content of our education offerings pertaining to professional practice, which includes full and half-day workshops (offered digitally during the pandemic) and eLearning programs.

“We can also do targeted educations,” said Delisle Gosse. “We meet with nurses from a specific unit to hear their issues, answer their questions, and provide guidance on how best to proceed. We highlight the detail to be captured on the workload form and emphasize how to link the College of Nurses’ Standards to this issue. This enhances the effectiveness when nurses are completing the workload forms and gives us the evidence we need to proceed. Again, it’s about reaching those members and letting them know we’re here to help.”



To learn more about professional practice and view resources and workload forms, visit [ona.org/pp](http://ona.org/pp).

## Recent IACs “Huge Success”

An Independent Assessment Committee (IAC), the last step in the professional practice process doesn’t happen very often, but when it does, ONA generally comes out on top.

In the last issue of *Front Lines* (summer 2021, page 5), we told you about the successful IAC at Guelph General Hospital’s (GGH) special care nursery that resulted in 31 favourable recommendations. Not long after, ONA received another positive IAC report, this time for St. Mary’s General Hospital’s (SMGH) emergency department (ED) that contains 79 recommendations in 11 areas, which, if enacted, will lead to an improved practice environment.

“These reports are empowering for our members and I’m hopeful both employers will implement many of the recommendations,” said Manager II, Professional Practice (PP) Susan Delisle Gosse. “The PP Team has also developed strategies if the employers refuse to implement the recommendations.”

The SMGH’s professional responsibility complaint process was initiated after members filled out 219 workload forms over a three-year period, documenting their concerns about being asked to perform more work than is consistent with proper patient care. Issues included an inadequate baseline RN staffing; a lack of RNs to support other staff and new nurses; RPNs placed in situations beyond their scope; a lack of adequate equipment and effective communication and leadership support; and insufficient training and mentorship supports. As a result, morale was extremely low, with the ED experiencing a very high turnover of staff.

Following a three-day hearing before the IAC panel, comprised of three nursing experts, the report was released, containing such recommendations as an increase of five RN positions; increasing the full-time RN complement to 70 per cent full-time (up from the current 51 per cent); increasing orientation and mentorship shifts; a review of the RN/RPN skill mix and model of care by an external party; staff and preceptor education; and additional equipment.

“The experiences our members relayed to the IAC brought us to tears and are a key reason for this success,” said Delisle Gosse, noting that one of those

members started at SMGH in 1962 and continues to work in the ED while acting as a mentor.

“Moving to an IAC requires a dedicated team, including active and engaged members and the support of their Bargaining Unit leadership,” said Lorrie Daniels, the longest-serving PP Specialist on the team, who was lead on both IACs. “I attribute much of our success to the dedication and commitment of the leaders, Jenn and Erin, and their tireless efforts to keep members informed and engaged, as well as their willingness and ability to be available to support information needs for our staff team. An IAC is truly a team sport of Olympic calibre. The teams at Guelph General and St. Mary’s were both amazing to work with and in both cases we brought home the gold.”

And, it seems, the feeling is mutual.

“I’m so glad to have ONA’s Professional Practice Team on our side,” said GGH Bargaining Unit President Jennifer Dorling. “The IAC process, although a lengthy one, was vital to our special care nursery nurses achieving what was needed to ensure safe patient care. Working with Lorrie and this team was an awesome experience! The staff are very professional, supportive, dedicated and thorough. This was my first IAC and I learned so much.”

Added SMGH Bargaining Unit President Erin Ariss, “ONA’s Professional Practice Team is nothing short of incredible! Lorrie and the team empowered and validated our ED members. They demonstrated fierce advocacy that our members and Bargaining Unit leadership needed to succeed. This IAC was a huge success!”

**Read the full recommendations at [ona.org/member-services/professional-practice/iac-reports-summaries/](https://ona.org/member-services/professional-practice/iac-reports-summaries/)**



## What is CNO’s “Practice Support?”

The College of Nurses of Ontario’s (CNO) website promotes something called “Practice Support,” but we urge you to be careful.

The CNO says, “The College has Practice Support staff who can help you with nursing practice-related inquiries...Practice Support staff can help you access available and relevant practice resources and suggest ways to support your decision-making.”

Even experienced nurses sometimes have practice questions and concerns. However, be cautious if you decide to contact CNO’s Practice Support with your questions. It is not an anonymous service; before receiving help, you are required to identify yourself by name, registration number and personal email address. The Practice Support staff you communicate with will keep records of your interaction and this information will be placed in your file at CNO (although not on Find a Nurse).

If the Practice Support person thinks your concern involves a risk to the public, they will forward it to CNO’s Professional Conduct Team. This means your request for advice could potentially lead to a CNO investigation. And investigations can have far-reaching consequences, including the possibility of a referral to the Discipline Committee.

If you are worried that you can’t meet nursing standards due to workload, staffing, patient acuity or other concerns, ONA can help. Please contact your Bargaining Unit President, who can seek the assistance of an ONA Labour Relations Officer and the Professional Practice Team. If you don’t know who your Bargaining Unit President is, find out at [ona.org/bup](https://ona.org/bup).



# Layoffs Rescinded Thanks to Significant Workload Settlement



ONA Local leaders and members, the Board of Directors and staff supported WCH's Family Practice Health Centre members as they rallied against model changes outside the clinic, which just happens to be next to ONA's provincial office in Toronto, twice in 2018.

It was a victory many years in the making.

But this past July, ONA received a Professional Responsibility and Workload (PRW) settlement that will, among other significant improvements, see four eliminated RN positions from Women's College Hospital's (WCH) Family Practice Health Centre rescinded.

"It was a long journey through to this outcome and there were some really tough moments," said member Janet Probst and Jane Mcleod, whose perseverance as PRW rep was key to this success. "We knew the fight

was not ultimately about us, but our profession and what is the best care for our patients. Safety and quality were our guiding principles."

The settlement was the culmination of a seven-year fight that involved Local political action, the grievance process, the Ontario Labour Relations Board (OLRB), and professional practice (PP), with members utilizing every tool available to them.

"There have been nurse model changes even as far back as when I first became involved as grievance chair in 2014," said WCH Bargaining Unit

President Helen Middleton, referring, in part, to the employer's announcement that it would be cutting four full-time RN positions – half the RN staff with a combined 70 years of experience – and replacing them with Advanced Practice Nurses (APN), who are outside the Bargaining Unit.

"At the beginning, it was not only these APNs, but the employer was also bringing in health-care aides," said ONA Member Mobilizer Stacey Papernick, who was their Labour Relations Officer at the time. "Workload forms were filed, and we had a full grievance strategy.

« This is a true shining example of how determination and commitment to a process can make improvements for patients and the nurses who care for them. »

— Local 80 First Vice-President Duane Stockley

The employer dropped the health-care aides early on, but they were committed to the APNs, saying they can do education as well as provide all the care, and work with the doctors. Well, that's exactly what our own members did! We went through mediation, but never got to a settlement. We did achieve Minutes of Settlement (MOS) in the grievance process, but they didn't resolve the issue."

Despite a valiant effort in 2017-2018 from the members, supported by staff and (then) Region 3 Vice-President Andy Summers, which included holding info pickets, leafletting outside the WCH's Board of Directors' Annual General Meeting and presenting them with a 700-signature petition, sending letters to the health minister, hospital CEO and Registered Nurses' Association of Ontario executive director, along with filing an unfair labour practice complaint with the OLRB, the layoffs proceeded in 2019.

Because the APNs didn't pick up 50 per cent of the work to make up for the layoffs and their role remained unclear, the remaining RNs often worked past their shifts. A convoluted overtime process was also instituted that enabled most claims to be denied, resulting in additional grievances. RNs, who filed close to 20 workload forms between April 2019 and October 2020, felt demoralized, disrespected and unheard.

But that would finally change.

With the assistance of the PP Team, who led members through the PRW process (see story on page 26), a binding MOS was signed in July that resulted in the regaining of all RN

positions lost to layoff. While one APN remains on the team, it's only a support role. A 30-minute block of protected "administrative time" will also be built into the schedule before lunch and at the end of the day, and monthly RN meetings implemented. As part of the MOS, overtime grievances were settled and the policy retired.

"The Family Practice Team deserves so much praise for their efforts," said Local 80 First Vice-President Duane Stockley. "They have been advocates for their program, their patients and themselves, repeatedly raising issues. When conversations with management weren't successful, they used all the tools at their disposal. I hope their experience helps other members realize the strength that can be found in ONA if we all just choose to turn and walk in one direction together."

"This experience truly highlighted the PRW process and its importance in making change for the benefit of Family Practice patients," added Middleton. "These RNs are an integral part of this unit, who work efficiently and professionally providing quality patient care. I hope the members that

remain can have some sense of healing and pride in how these workloads contributed to this win."

For Probst and Mcleod, many lessons were also learned along the way.

"Family practice nursing is not always fully understood and we had to explain what we do and why our care is a value to our patients and the health-care system," they explained. "We learned that our union is there to support us but we have to support their efforts too. Filling in workloads and attending uncomfortable meetings was draining but necessary and our only avenue of getting what we wanted – good patient care. Most importantly, we learned that sticking together as a group can be tremendously powerful. We stood behind each other and the kind of care we know we can and should deliver. In the process, we garnered the respect we deserve as experts in our specialty."

PP Specialist Michelle Gibeau, whom members said they hold in very high regard, couldn't agree more, concluding, "this is indeed a special group of nurses. Their leadership, dedication and professionalism shine in every interaction. It's been my great fortune to work with this team on my first signed MOS in this role."

**FORWARD  
TOGETHER  
with ONA!**

**PODCAST**

with President Vicki McKenna  
and First Vice-President Cathryn Hoy



**Listen in on what ONA President Vicki McKenna and First Vice-President Cathryn Hoy have to say as ONA moves forward together.**

Vicki and Cathryn discuss the latest issues affecting front-line nurses and health-care professionals and how the union is working to improve the work lives of its members.

[www.ona.org/podcast](http://www.ona.org/podcast)







## FOR YOUR BENEFIT



View a video on HOOPP benefits at  
[youtube.com/watch?v=2z5M9ncVXwY](https://youtube.com/watch?v=2z5M9ncVXwY)

# Members' Pension Plan Strong, Stable

The Healthcare of Ontario Pension Plan (HOOPP), the pension plan of the majority of ONA members, has released its 2020 results – and despite the turmoil of the past 18 months, they are very encouraging.

The results show that HOOPP's funded status at the end of last year remained at a very strong 119 per cent, which means for every dollar of current or future pensions that HOOPP owes its members, there is \$1.19 on hand.

By finding innovative ways to diversify and protect its portfolios, HOOPP successfully navigated the shutdown of the global economy and one of the biggest stock market declines in history, producing a positive rate of return in 2020, its 60th anniversary, of 11.42 per cent. Net assets reached \$104 billion at the end of 2020, while HOOPP's 10-year annualized return is 11.16 per cent.

Supported by the plan's strong performance, HOOPP also announced eligible members with contributory service in 2018, 2019 and/or 2020 will receive an increase to their annual lifetime pension when they retire, which became effective on April 1, 2021. Learn more at <https://bit.ly/3wFY308>.

Having a defined benefit pension plan is an enormous safety net, as the annual Canadian Retirement Survey from HOOPP and Abacus Data, conducted this past April, re-affirmed for the third straight year that Canadians fear a retirement crisis (67 per cent) and would forego more salary for a better workplace pension (71 per cent). Sixty-three per cent said they did not set aside anything for retirement in the past year, up five per cent from last year, while 48

## HOOPP at a Glance

**\$1.19** Amount on hand for every dollar of current/future pensions HOOPP owes its members

**11.42%** Rate of return on investment

**11.16%** 10-year annualized return

**\$104 billion** HOOPP net assets

per cent noted they are “very concerned” about not having enough money in retirement. That was more concern than for one's own physical health (44 per cent), mental health (40 per cent), debt load (31 per cent) and job security (26 per cent). Retirement was the second greatest concern after daily cost of living.

“While there may be more economic uncertainty ahead, I want to assure you that the plan is strong, and we will continue to be here for our members,” said HOOPP President and CEO Jeff Wendling.

“I want to thank our members who have been, and continue to be, on the front lines of this devastating COVID-19 pandemic. Your extraordinary efforts are seen and felt every day and are greatly appreciated. We are proud to be able to serve you.”



See [hoopp.com](https://hoopp.com)

« **The value of a defined benefit pension plan cannot be overstated. ONA members can have peace of mind knowing your HOOPP pension is in good hands.** »

– ONA President Vicki McKenna, RN

## HOOPP Webcasts Demystify Your Pension Plan

Planning to retire soon or want to learn more about your pension plan? HOOPP has developed two webcasts that can help you navigate the waters.

To register for either “Are You Getting Ready?” or “HOOPP Overview: Understanding Your Pension,” which run for the remainder of the year and are offered once in French, click on the link below, choose a date and select “Register” (registration is required to guarantee your spot). You will be asked to provide your email address.



See: [cvent.com/events/member-webcast-landing-page/](https://cvent.com/events/member-webcast-landing-page/)



Chronique de la  
présidente, AIO  
**VICKI MCKENNA, RN**

➔ SUITE DE LA PAGE 4

est arrivé sans que vous n'ayez eu votre mot à dire, en raison des décrets d'urgence du gouvernement.

Le dernier coup est arrivé juste au moment où je me suis assise pour écrire cette chronique.

Le 20 septembre, l'arbitre Gedalof a rendu une décision arbitrale – je ne peux me résoudre à appeler cela une compensation – qui, bien qu'offrant un langage positif pour nos membres du personnel hospitalier, représentait une insulte. Je veux être claire : je ne blâme pas l'arbitre. Il avait les mains liées. Je blâme uniquement le gouvernement Ford et son projet de loi 124, une mesure législative insidieuse qui limite l'augmentation de la rémunération et des autres indemnités à un maximum de 1 % par année sur une période de trois ans et qui cible injustement les professions à prédominance féminine. Avec ce projet de loi qui plane au-dessus de nos têtes, notre équipe de négociation centrale du secteur hospitalier ne pouvait tout simplement pas négocier librement, malgré tous ses efforts. Et je peux vous assurer qu'elle a tout donné.

La réalité, c'est qu'avec un taux d'inflation de 4,1 %, un tel contrat vous fait perdre beaucoup d'argent. Je sais qu'un grand nombre d'entre vous ont aussi dû déboursier de leur poche, tout au long de la pandémie, lorsque vous vous êtes éloignés(es) de votre famille pour la protéger – et vous aviez besoin de tellement plus et méritiez tellement mieux. Malheureusement, nous n'avons même pas pu négocier une amélioration des services pour la santé mentale, parce que les coûts sont plus élevés que ce qui est autorisé par la loi. Il suffit de regarder vos visages exténués pour savoir que vous souffrez terriblement d'épuisement physique, mental et émotionnel et, pour beaucoup d'entre vous, de stress post-traumatique. Vous avez désespérément besoin d'aide.

Donc, non, monsieur Ford, ce n'est pas ainsi qu'on remercie les travailleurs(euses) de première ligne. C'est ainsi qu'on les chasse de la profession, phénomène dont nous sommes tragiquement témoins, et qui risque, je le crains, de continuer. C'est la toute dernière chose qu'une province doit faire pour répondre à une grave pénurie de personnel infirmier.

Dès le premier jour, l'Association des infirmières et infirmiers de l'Ontario (AIO) s'est battue sans relâche contre le projet de loi 124 et toutes les mesures législatives régressives du gouvernement, lançant même une contestation de la Charte. Parce que cela prendra du temps devant les tribunaux (c'est toujours le cas dans de telles situations), nous implorons une fois de plus le gouvernement Ford de faire ce qui s'impose et d'abroger cette loi dès maintenant. Bon nombre d'entre vous ont répondu et continuent de répondre à notre appel pour s'y opposer, en participant à nos dernières mesures, dont une campagne d'égoportraits. Découvrez comment vous pouvez participer sur [ona.org/stop/](https://ona.org/stop/).

Et voici une autre façon d'aider. Au cours des semaines et des mois à venir, l'AIO concentrera son attention sur les élections provinciales, qui auront lieu en juin prochain. C'est notre meilleure chance à tous et toutes, en tant que citoyens et citoyennes de l'Ontario, d'exprimer notre mécontentement. En effet, malgré les tentatives du gouvernement Ford pour nous bâillonner en invoquant la clause dérogatoire sur la publicité politique par des tiers, il ne nous a pas du tout réduits(les) au silence. En fait, je crois que notre voix n'a jamais été aussi forte! Mais nous devons continuer. Si vous pensez que vous êtes seulement une personne et que vous ne pouvez pas changer les choses, je veux que vous sachiez que ce n'est pas vrai. Votre voix et vos actes ont parfaitement la capacité de susciter le changement.

 Suivez Vicki dans [twitter.com/vickivickim](https://twitter.com/vickivickim)



Chronique de la première  
vice-présidente, AIO  
**CATHRYN HOY, RN**

➔ SUITE DE LA PAGE 5

élément important de la lutte contre son virus très contagieux, ils ne constituent pas et ne constitueront jamais une réponse complète. Ils font plutôt partie d'un programme général de santé, de sécurité et de lutte contre les infections. Nous nous attendons donc à ce que tous les employeurs(euses) se conforment à la *Loi sur la santé et la sécurité au travail* et prennent toutes les précautions raisonnablement nécessaires pour protéger leurs travailleurs(euses). Pour commencer, cela signifie une facilité d'accès aux masques N95 et à tout équipement de protection individuelle, ainsi qu'à leur utilisation. Lorsque ce n'est pas le cas, et malheureusement, nous entendons encore parler de telles situations malgré ce stade avancé de la pandémie, l'AIO intervient rapidement et obtient des résultats.

Nous avons également encouragé les employeurs(euses) à éliminer les obstacles qui pourraient contribuer à la réticence à l'égard de la vaccination. Nous les avons sensibilisés(ées) sur l'importance de ce vaccin, car nous savons que certains(nes) employeurs(euses) n'ont déployé que peu ou pas du tout d'efforts afin de faciliter l'adoption de la vaccination par le personnel. Nous entendons aussi parler de politiques de l'employeur(euse) qui dépassent les exigences légales minimales décrites dans les directives gouvernementales et nous donnons des recommandations en conséquence : punir ou humilier les employés(ées) non vaccinés(ées) n'est pas la solution. Par contre, fournir aux membres du personnel, y compris aux employés(ées) occasionnels(elles) et à temps partiel, du temps rémunéré pour se faire vacciner, ainsi qu'un congé de maladie payé s'ils(elles) subissent des effets secondaires, est assurément une meilleure solution. C'est ce que nous n'avons jamais cessé de réclamer.

De plus, nous n'avons jamais cessé de défendre la capacité de nos membres à fournir des soins sécuritaires et de qualité. Jetez un coup d'œil à l'article de notre équipe de pratique professionnelle à la page 26 pour comprendre ce que je veux dire. Nous effectuons d'énormes progrès en ce qui concerne votre charge de travail et vos problèmes de dotation, et je ne pourrais pas être plus fière du travail de nos membres, qui collaborent avec cette équipe d'experts(ertes) ainsi qu'avec d'autres membres du personnel afin d'obtenir des résultats. Ce n'est pas facile, cela exige beaucoup de courage. Mais vous êtes en train d'agir et de faire avancer les choses.

Et cette ténacité est vraiment nécessaire, car cet automne s'annonce encore très occupé. En fait, pendant que j'écris ces lignes, nous sommes au beau milieu d'une campagne électorale fédérale éclair. J'ai hâte de vous raconter l'histoire d'un groupe de membres dévoués(ées) qui travaillent sans relâche pour encourager les citoyens à voter pour la santé. C'est souvent très loin de leur zone de confort, mais ils et elles veulent que les choses changent. Et ces nouvelles compétences seront un atout précieux lorsque les élections auront lieu en Ontario, en juin prochain, parce que, comme Vicki l'a mentionné dans son message, nous aurons besoin de vous!

Je sais qu'il y a beaucoup d'incertitude en ce moment et de nombreux obstacles à surmonter, mais je crois vraiment qu'en persévérant et en travaillant ensemble nous réussirons à passer à travers.

 Suivez Cathryn at [twitter.com/cathrynhoy](https://twitter.com/cathrynhoy)





## Financial Statements for the year ended December 31, 2020

### Balance Sheet

	2020	2019
<b>Assets</b>		
<b>Current</b>		
Cash and short-term investments (at market value)	\$ 15,949,289	\$ 20,648,684
Dues and other receivables	10,882,989	10,318,226
Prepays	2,081,879	1,125,138
	<u>28,914,157</u>	<u>32,092,048</u>
<b>Capital assets</b> (at net book value)	8,492,870	7,763,501
<b>Marketable investments</b> (at market value)	38,998,674	24,808,853
<b>Investment in ONA Liability Insurance Ltd.</b> (equity method)	23,212,830	22,683,516
	<u>\$ 99,618,531</u>	<u>\$ 87,347,918</u>
<b>Liabilities and Net Assets</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	\$ 12,932,727	\$ 12,425,095
Current portion of capital lease obligations	353,913	170,108
	<u>13,286,640</u>	<u>12,595,203</u>
<b>Capital lease obligations</b>	529,174	993,414
<b>Employee future benefits</b>	28,723,900	24,345,000
	<u>42,539,714</u>	<u>37,933,617</u>
<b>Net Assets</b>		
Invested in capital assets	7,609,785	6,599,981
Invested in ONA Liability Insurance Ltd.	23,212,830	22,683,516
Internally restricted	31,641,188	30,839,374
Unrestricted	(5,384,986)	(10,708,570)
	<u>57,078,817</u>	<u>49,414,301</u>
	<u>\$ 99,618,531</u>	<u>\$ 87,347,918</u>

The above information is a condensed version of the Association's audited financial statements for the year ended December 31, 2019 and December 31, 2020. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.



## Financial Statements for the year ended December 31, 2020

### Statement of Operations

	2020	2019
<b>Revenue</b>		
Membership dues	\$ 69,376,463	\$ 67,433,781
Investment income	2,436,143	995,777
Other	904,983	873,331
	<b>72,717,589</b>	<b>69,302,889</b>
<b>Expense</b>		
Governance/External vision	2,654,429	2,992,259
Membership services	1,311,371	3,732,775
Service teams	27,379,249	28,276,494
Support teams	18,105,601	17,340,393
Fixed costs	9,261,597	9,356,195
Program costs (Security/LEAP/Critical Illness/LTD/Supplementary)	3,501,089	4,142,930
	<b>62,213,336</b>	<b>65,841,046</b>
<b>Excess of revenue over expenses before undernoted items</b>	<b>10,504,253</b>	<b>3,461,843</b>
<b>Amortization</b>	<b>(1,729,780)</b>	<b>(1,299,852)</b>
<b>Realized gain on sale of investment portfolio</b>	<b>2,472,840</b>	<b>-</b>
<b>Unrealized gain (loss) on investments</b>	<b>(2,275,611)</b>	<b>1,122,485</b>
<b>Share of net income of ONA Liability Insurance Ltd.</b>	<b>1,304,314</b>	<b>870,720</b>
<b>Excess of revenue over expenses</b>	<b>\$ 10,276,016</b>	<b>\$ 4,155,196</b>

The above information is a condensed version of the Association's audited financial statements for the year ended December 31, 2019 and December 31, 2020. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.





# **ONA's 2021 Biennial Convention**

November 16-18

**Human Rights and Equity Caucus**  
November 15  
Beyond Good Intentions: Confronting Racial  
Discrimination Through Solidarity

**Education Session**  
November 19  
Topic: Member advocacy

**YOUR UNION  
YOUR FUTURE**



To learn more and register, go to [ona.org/biennial](https://ona.org/biennial)