

Biennial Highlights
included!

FRONTLINES



« This isn't a race to this finish. This is a five-year plan with 22 actions that will evolve and be prioritized as we move through them together. »

— ONA President Cathryn Hoy, RN

Forward Thinking:

Guided by Our First-Ever Strategic Plan,
ONA's New Board of Directors Looks to the Future

We Win! Supreme Court Decision Ends 15-Year Battle for Pay Equity P.16



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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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Starting the Conversation

I really appreciated the cover story in the last issue of *Front Lines* on the three intensive care unit nurses ("Sick and Tired: ONA Members Shine a Spotlight on Mental Health," fall 2021 issue, page 16).



Congratulations also on the Apex Award of Publication Excellence for *Front Lines*.

RACHEL THURSTON, RN



Life Changing

I am an ICU nurse in Toronto. During the pandemic, front-line workers work tirelessly to fulfill health-care requirements. In this unprecedented time, having a collaborative and supportive environment helps in overcoming day-to-day challenges and saving lives. Throughout the pandemic, there have been times where we have to take care of two patients who require ventilator and blood support medications. Nurses work long hours and are burned out. We have received a lot of appreciation from patients and families, which really makes our day and motivates us.

The pandemic changed our lives. I really appreciate the work we do and I think our dedication and skills make a difference.

Stay safe!

SHABANA LALJI, RN, CNCC-C



Role Play

Many thanks to ONA for your public role in attempting to keep our Premier from singlehandedly playing the lead medical expert in the fight against COVID-19.

BRUCE CROFTS



Sounding the Alarm

All Ontarians should be alarmed at the content of (then) ONA President Vicki McKenna's column ("Health-care Professionals are Tired of Being Abused") in the *Toronto Star*, enumerating the harshness of the Ford government to the true front line of this pandemic.

As hard as most nurses work and as deserving as they are of good pay, respect and working conditions, they aren't getting them. Instead, the Conservatives are working hard to blow extra billions on less-wise projects.

HAMISH WILSON

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.

- ▶ **February: Black History Month** (see page 15)
- ▶ **February 28: International Repetitive Strain Injury Awareness Day**
- ▶ **March 7-13: Social Work Week**
- ▶ **March 8: International Women's Day**
- ▶ **March 20: International Day of Francophonie**
- ▶ **March 21: International Day for the Elimination of Racial Discrimination**
- ▶ **March 21-22: Provincial Business Meeting**
- ▶ **March 23-24: Provincial Leadership Meeting**
- ▶ **April: Equal Pay Day** (exact date TBD)
- ▶ **April 7: World Health Day**
- ▶ **April 28: Day of Mourning**



Check ona.org for more information

Nursing Week Around the Corner!

It still may be a few months away, but it's never too soon to start planning for Nursing Week, May 6-12, 2022!

Although we don't yet know if events will be in-person or largely virtual, we urge you to check our website at ona.org in the weeks and months ahead for important Nursing Week information and resources.



HAVE SOMETHING TO SAY?

We'd love to hear from you! Send your comments to the *Front Lines* editor at frontlines@ona.org.

From ONA President
Chronique de la présidente, AIO
CATHRYN HOY, RN



Follow Cathryn at twitter.com/cathrynhoy

Thank You for Your Activism

I WANT TO BEGIN my first column as your new provincial President with a simple thank you.

Thank you for entrusting me to lead this well-respected union for the next three years. I promise to do everything in my power to live up to your expectations. Along with new First Vice-President Angela Preocanin and the entire Board of Directors, I know we will accomplish great things together.

Because I also need to thank you for something else: your incredible activism over the past several months. We have needed you like never before to help push back against misguided employer decisions and regressive government legislation – literally one draconian Bill after another, including the worst of all: the wage-suppressing Bill 124 – that take away your collective bargaining and workplace rights, jeopardize your health and safety, and impede your ability to provide high-quality patient care. And you certainly answered our call!

Despite your exhaustion and stress working on the front lines of a global pandemic, you held safe rallies outside of your MPPs' constituency offices, and joined virtual ones. You participated in email and phone zaps to Premier Doug Ford. You worked on our federal election phone banks. You took your employers to task using all tools available. You wrote letters to the editor of your local newspapers to inform the public of the grim reality you face. In fact, you came up with dozens of creative ways to let your displeasure be known, many outside of your comfort zones. Take a look at the next few pages and you'll see what I mean. Debate viewing pizza party via Zoom, anyone?!

And I can't stress how important this is. Provincially, ONA has attempted to work with the Ford government and your employers, sought relief through the courts, talked to the media at every turn, and launched a Charter challenge to reverse Bill 124. But it's your stories on the front lines that paint the most vivid, disturbing – and in so many cases, heartbreaking – pictures. You can tell it in a way that we simply cannot. And because the public deeply respects nurses and health-care professionals – poll after poll proves that – they *will* listen to you and hopefully advocate on your behalf.

Your tenacity will serve us well in the months to come as we elect our next provincial government on June 2. I don't

have to tell you how much is at stake. And while Premier Ford has attempted to quash us by invoking the notwithstanding clause over third party pre-election advertising, we must continue our collective actions within these parameters. We will not be silenced!

Over the next few weeks, you will be hearing more from us about how you can get involved; I also encourage you to check our website regularly at ona.org for all the election information and resources you need. But I want to emphasize that being politically active doesn't have to mean organizing a rally or participating in a phone bank – although if you want to do that, great! By simply sending one of ONA's templated emails to your elected official and talking to your family, friends and neighbours about the serious issues impacting our health-care system and your role within it, you are playing a key part in getting our province where it needs to be. And the most important action you can take? Voting on election day for public health care – and encouraging others to do the same.

I certainly don't come into this role in easy times, but I have never been one to shy away from a challenge. And I know that with 68,000 members coming together, we can finally obtain the respect we so desperately deserve and the kind of health-care system all Ontarians need. Let's do this!

Merci pour votre militantisme

EN GUISE D'INTRODUCTION à ma première chronique en tant que nouvelle présidente provinciale, je tiens à vous exprimer ma gratitude. Je vous remercie de me confier le mandat de diriger ce syndicat très respecté au cours des trois prochaines années. Je promets de faire tout en mon pouvoir pour être à la hauteur de vos attentes. De concert avec la nouvelle première vice-présidente Angela Preocanin et l'ensemble du conseil d'administration, je sais que nous accomplirons de grandes choses.

Parce que je dois aussi vous remercier pour autre chose : votre militantisme exceptionnel au cours des derniers mois. Nous avons eu besoin de vous comme jamais auparavant pour contrer les décisions déraisonnables des employeurs et les lois gouvernementales régressives – pratiquement un projet de loi draconien après l'autre, y compris le pire de tous, soit le projet de loi 124 sur la baisse des salaires – qui vous privent de vos droits à la négociation collective et au travail, mettent en péril votre santé et votre sécurité et nuisent à votre capacité de fournir des soins de grande qualité aux patients. Et vous avez certainement répondu à notre appel!

Malgré votre épuisement et le stress inhérent à votre travail de

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From ONA First Vice-President
Chronique de la première vice-présidente, AIO
ANGELA PREOCANIN, RN



Follow Angela at twitter.com/4angiepreocanin

Your Advocacy in Action!

AFTER SERVING ONE TERM as Region 4 Vice-President, representing the incredible members in central and southern Ontario, I am excited to be serving as your First Vice-President on the 2022-24 Board of Directors.

This position comes with the all-encompassing portfolio of political action and professional issues. And after holding the occupational health and safety portfolio throughout the pandemic, with the never-ending challenges that brought to our members, I know about busy – and I am up for it! Working alongside you and ONA staff, I will be relentless in ensuring your concerns are addressed by your employers and the government.

In her column, ONA President Cathryn Hoy discussed your steadfast political activism, so I would like to give you a specific example of how this collaboration is reaping huge rewards in your workplaces as well. It truly is advocacy in action!

Last November, we received one of our most successful Independent Assessment Committee (IAC) reports to date for members in the medical assessment consultation unit (MACU) at Southlake Regional Health Centre (in previous issues this past year, you read about our successful IACs at Guelph General and St. Mary's hospitals). An IAC is the final step in ONA's unique and highly effective Professional Responsibility and Workload (PRW) process to resolve members' serious workplace issues.

RNs in the MACU were concerned that they were being asked to perform more work than was consistent with proper patient care, citing issues in the 114 PRW Report forms they completed over a two-and-a-quarter year period such as inadequate baseline RN staffing to manage the volume and acuity of patients.

Following a hearing last September in which members shared their first-hand accounts of the challenges they face on the MACU, the IAC, which consists of three RNs who listen to both sides, issued an unprecedented 157 recommendations in 12 key areas related to staffing, leadership, communication, recruitment and retention, orientation, education, violence (Southlake has well-documented and publicized issues in this area), environment safety, infection control and medication administration, and non-nursing duties and equipment.

Highlights include an increase of the RN/RPN staffing ratio from the current 50/50 split to 60 per cent RNs and 40 per cent

RPNs; nurse-patient assignment ratios of 1:4 on days and 1:5 on nights; no patient assignments 24/7 for the charge nurse so they can provide much needed support, and a full-time MACU clinical educator for two years, starting immediately. Read more at ona.org/member-services/professional-practice/iac-reports-summaries/.

To say this is an outstanding report would be a grave understatement. If implemented – and ONA will work tirelessly to ensure it is – it will lead to a much improved practice environment for our members and safer patient care. And all because these members stood their ground and committed to documenting their issues.

That really is key. The power we have as a union stems from the strength of our members and the resources we all bring to the fight as one cohesive group. Each and every one of us has a stake in the change we want to see in our workplaces, so please learn about our PRW process at ona.org/pp if you don't already and fill out your workload forms when something isn't right. We are here to help. I know they are a lot of work, but they give us the ammunition we need to make a meaningful difference. And I hope this story proves just how much!

Votre militantisme en action!

APRÈS AVOIR REMPLI UN MANDAT en tant que vice-présidente de la région 4, représentant les membres exceptionnelles du centre et du sud de l'Ontario, je serai ravie d'agir à titre de première vice-présidente du conseil d'administration de 2022 à 2024. Ce poste s'accompagne d'un portefeuille global d'actions politiques et d'enjeux professionnels.

Après avoir géré le portefeuille de la santé et de la sécurité au travail tout au long de la pandémie, avec les défis sans fin qui se sont présentés à nos membres, je sais ce que c'est d'avoir du pain sur la planche, et je suis prête! En travaillant avec vous et le personnel de l'AIO, je veillerai sans relâche à ce que vos employeurs et le gouvernement tiennent compte de vos préoccupations.

En novembre dernier, nous avons reçu l'un de nos meilleurs rapports du Comité d'évaluation indépendant (IAC) à ce jour pour les membres de l'unité de consultation sur l'évaluation médicale (MACU) au Centre régional de santé Southlake.

Le rapport de l'IAC est la dernière étape du processus unique et très efficace relatif à la responsabilité professionnelle sur la surcharge de travail de l'AIO visant à résoudre les graves problèmes en milieu de travail des membres. Les infirmières autorisées membres de l'unité de consultation sur l'évaluation

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MEMBERS GET LOUD!



Bill 124: Fed Up and Fighting Back!

ONA members were already angry, frustrated and demoralized over the Ford government's Bill 124, which caps total compensation for some public sector workers at one per cent in each of three years. But when our recent arbitration decisions in the hospital and not-for-profit nursing home sectors provided wage increases far below your worth, resulting in a wage cut when inflation is factored in, you took up the fight to get it repealed like never before!

These next two pages contain just a few examples of some of your advocacy work this past fall over this discriminatory and regressive bill, which will only exacerbate the nurse and health-care professional staffing crisis in the province.

Keep up the good work. Together, we will prevail!



Get involved at ona.org/about-bill-124/

Seeking Community Support

Like so many others, two Local 75 members, Aaron Haines and Kate Asser, put their anger over Bill 124 to paper, sending a letter to the editor of their Local newspaper to bring public awareness. Here are some snippets from that letter. *Over the last 18 months, RNs have been recognized by Ontarians as a critical part of our health service. The Ford government has claimed to support RNs, but their introduction of Bill 124 shows that support is entirely performative. The deliberate unwillingness to exempt nurses from Bill 124 shows blatant disregard for the work nurses continue to do during this pandemic.*

Many of our front-line public-sector peers, including firefighters, police and paramedics are exempt from this Bill. While our communities are cared for by numerous front-line staff, the Ford government continues to only acknowledge the work done by male-dominated sectors.

The COVID-19 crisis is a demonstration of the importance of our profession to the wellbeing of Canadians and how nurses are exposed to life-threatening illness daily. Even so, the Ford government refuses to acknowledge our experiences in a meaningful way.

With an overwhelming amount of nurses looking to leave the profession, the cycle of hospitals working short-staffed with staff burning out will severely compromise the quality of care and the health outcomes of Ontarians.

We are asking that our time, risks and responsibilities are acknowledged and appropriately compensated. Nurses will continue to dedicate our lives to ensure the most vulnerable populations are cared for. Right now we are asking our communities to care for us. Please support health-care workers in demanding that RNs be exempted from Bill 124 to ensure we can continue to provide world-class public health care to the people of Ontario for years to come.

Strike a Pose!

When we challenged our members to send us a selfie holding one of two Bill 124 posters prepared by ONA, we were overwhelmed with the response!

From the north to the south, the east to the west, throughout the sectors and classifications, you sent those images to ONA and spread them via social media, tagging @fordnation and your local MPP, to let the government know you are worth more than a wage cut and that Ontario is driving nurses and health-care professionals away. We also provided eye-catching Facebook frames and sample hashtags and tweets for members to use.

Take a look at just some of these images. You'll find many more on ONA's Facebook, Twitter and Instagram accounts.



“We Must all Speak Up,” Member Says of Rally



“The responsibility to advocate cannot rest solely on our union leaders,” said Local 7 Coordinator Melanie Holjak. “I am the union. You are the union. We are the union. Imagine the impact if every member became empowered, assertive and articulate agents of change for better health care and improved working conditions.”

We asked our members if you were ready to rally last fall and the response was a resounding yes!

Take Local 7 members, for example. They decided to hold a rally to protest Bill 124 outside of Brantford-Brant MPP Will Bouma’s constituency office – and they wanted it to be big.

“Members told us they were very angry after the release of the hospital central agreement from the arbitrator,” said Brant Community Healthcare System Bargaining Unit President Allison McKellar and Site Rep Cathy Cleverdon. “We contacted ONA to help us prepare for our rally.”

That included providing details to all Local 7 Bargaining Unit Presidents and asking them to share with members, and “posting it throughout social media and creating an events page on Facebook,” noted McKellar, whom Cleverdon credits with being very visible and responsive to members’ needs. “I then personally messaged individuals who stated they were interested and asked them if they wanted to join.”

“Connecting with members to have face-to-face conversations was key to increasing the number of attendees,” said Local 7 Coordinator Melanie Holjak, noting that twice as many attended as expected. “They expressed feelings of sadness, having lost the passion they once had for their profession.”

To help increase engagement, the Local also assigned various tasks to their members. Several assisted with creating personalized signs while some developed chants, and others helped with a sign-in sheet.

“ONA members are rightfully angry and fed up,” Holjak added. “They have dealt with re-deployments, mandatory overtime and short-staffing levels. They are fleeing the profession due to stress exacerbated by a government that treats them as disposable and puts in place legislation that devalues their work. We wanted our MPP to explain why he voted in favour of Bill 124. We wanted the Ford government to know that we will not forget this when we head to the ballot box next June. And we wanted the public to know that despite worsening conditions and government disrespect, we continue to provide care to Ontarians. Cars were honking and we received so many thanks from our community members.”

For other members inspired by this work, Holjak offers some sage advice.

“We are often more comfortable advocating for our patients, residents and clients, but advocacy for our profession is needed now more than ever. If every worker impacted by Bill 124 attended a rally or sent an email to their MPP, that would be incredibly impactful. Members can also participate in other actions during the provincial election. Speak to your Bargaining Unit President. We all have a part to play and ONA provides excellent resources to support us.”

Members Forced to Return to Bargaining Table, Give Back Money

ONA members have been forced back to the bargaining table and to return money to the Ford government because of Bill 124.

Last September, Ontario’s Treasury Board rejected a first collective agreement between Royal Victoria Hospital and ONA health-care professionals, who have helped keep the health-care system from falling apart during the pandemic, saying it was inconsistent with the legislation.

For seven ONA members at AbleLiving, a not-for-profit in-home and support organization for people with severe

disabilities that require round-the-clock care, the news is even worse. They are being forced to give money back. Nearly all the RNs have turned over within the past five years, making recruiting and retaining qualified staff next to impossible. The employer acknowledged their challenging work and negotiated with ONA a two per cent wage increase. But in both cases, the Treasury Board denied an exemption to Bill 124, which ONA and both employers requested.

ONA urges the Ford government to recognize the value of these dedicated members and do the right thing.

“Tears Behind the Mask:” When COVID Hits Close to Home

As a trauma emergency department (ED) and resuscitation nurse at two facilities, ONA member Eram Chhogala is used to caring for patients with COVID-19. But nothing could have prepared her for when the virus hit her personal life.

Last April 26 (during Ramadan), after a month of fighting for his life in the intensive care unit (ICU) at one of the hospitals where Chhogala works, her father tragically lost his life to the virus. A front-line worker who had followed public health guidelines since the pandemic struck, he contracted the disease during a workplace meeting just one week shy of receiving the vaccine he so desperately wanted.

“When dad called and told me he was feeling unwell and short of breath, I called an ambulance right away,” she said. “My heart sank into my stomach the moment he rolled in on the EMS stretcher. I would walk over to the ICU from the ED to visit him any chance I could get – just anything to be as close as possible. When the ICU intensivist told me that dad was dying and nothing else could be done, I remember screaming and crying at the top of my lungs. I had witnessed many families called in to see their dying loved ones mourning and crying in the hallways. It is very difficult to watch.”



“He had the greatest respect for nurses, and understood and supported our fight against COVID-19,” said ONA member Eram Chhogala of her father, who tragically passed away from the virus last spring.



Her own personal experience with a father she said “cared deeply about the world and loved helping people,” also made Chhogala, who always goes above and beyond for her patients, “heavily empathetic” for humanity in general and even more compassionate at work.

“There were times when I worked with patients who had to be intubated and were on life support, and I would tell them how much I wanted them to pull through and that my father was going through the same thing. They say the last thing that goes is your hearing. Tears streamed down behind my mask as I said that. I know dad wanted me to be strong; he was always at the back of my mind. I kept saying, ‘I’m doing this for you, dad.’”

And now, several months later, Chhogala said she is taking it day by day and will “rise again” in honour of her father.

“Despite the fact there have been millions of deaths worldwide, it

angers me that people have been selfish and do not believe this disease is real. Victims of COVID-19 do not fabricate any of this. They do not say, ‘I can’t breathe’ for no reason. They do not want to be intubated or on life support. We have had great difficulty accommodating patients because our hospitals are full. There are life threatening variants out there. This disease does not cherry pick its victims. Please re-consider when you refuse to wear a mask or get vaccinated. My father lost his life to the very thing I’ve been fighting for months, and perhaps he could have been saved with the vaccine. He was laid to rest at a Muslim burial ground, and I understand that many individuals there were victims of COVID-19. As I lay flowers on his grave and reminisce about what today would be like if he was still alive, I often think how many more lives will be lost from this atrocious disease?”



Tree of Life

Carol Fair (pictured) and Colton Demelo wanted to keep the memory of their fallen colleague, ONA member Brian Beattie, alive for generations to come. So, at the Celebration Forest Ceremony in London this past fall, they did just that, planting a tree in honour of Beattie, who tragically passed away from COVID-19 on May 11, 2020 while caring for residents at Kensington Village during the pandemic’s first wave.

NPs Need One Strong Voice, Member Says

To make a difference at government tables, nurse practitioners (NPs) need to come together with one strong voice, a member who works at a community health centre (CHC) says.

Sophorn Him, who has been a primary care NP for almost nine years, said her role involves providing primary care throughout the lifespan of her patients at the same CHC where she was a patient for many years.

"When I applied to the NP program, I wanted to work at a health centre because I know how they run and I love the model," she said. "I also loved the care NPs provided to me and wanted to be that person for someone else."

In fact, it was what she calls that "different kind of care" that inspired her to want to expand her RN knowledge and skills in the first place.

"I am more autonomous as an NP," said Him, who is a Bargaining Unit President at her CHC, which also caters to a large transient population that would otherwise face barriers to accessing health care. "I am able to assess, diagnose, order labs and diagnostic imaging, and treat, meaning prescribe medications. I also cover for our doctors when they are away. I have

patients I have known since they were born. I see family dynamics. I know some of the grandmothers. You get to know patients in a different way as an NP, and provide care that is more holistic and comprehensive."

But getting that message out to the public and government is a challenge, she added.

"I am a representative on ONA's NP Focus Group (see below) and we've learned that people don't really know about the role of an NP and how much more we could do. There are studies showing that NPs provide quality care that is very cost-effective for the health-care system. So, one of the focus group's goals is to for people to learn about our scope and what we are responsible and liable for. Because if they truly understand our role, they will truly understand our value."

And the best way to do that? Speaking out as a collective, Him noted.

"As NPs, we are not as one, but if we all came together, there would be hundreds of us advocating for our patients, the health-care system and ourselves with one strong voice. The public would understand what we need to provide the ultimate care to



"The pandemic has changed the way we practice," said Sophorn Him, NP. "We have moved to phone and virtual visits, but also need in-office visits because there are certain things we can't assess over the phone. When we see a patient, we screen, but the risk for exposure is there."

our patients. And we would make a bigger impact with the government because that's where change needs to happen. You can only go so far at an organizational-level. I encourage my fellow NPs to really get to know what your union is doing for you so will understand that ONA really is that united voice for us."



Learn more about how ONA supports NP at ona.org/about-ona/for-nurse-practitioners/

NP Focus Group Advocating for You!

In 2020, ONA established a Nurse Practitioner Focus Group to give NPs a forum to voice their interests, professional considerations and recommendations for collective bargaining.

One representative from each region makes up the focus group and is accountable for liaising with all NPs in their area to obtain feedback. In addition, representatives take recommendations made at the focus group back to their regional NPs.

The focus group has met quarterly over the last year and achieved many objectives, including:

- Collaborating on a government submission on physician assistants.
- Creating a podcast that spotlights NPs within their work environment.
- Showcasing the NP role in an ONA video (youtube.com/watch?v=gutwU8ivrrc).
- Providing information on the benefits of ONA membership via our virtual booth at the NPs' Association of Ontario's recent conference.

"We want NPs to tell us their concerns and what's important to them so ONA can help," said Sophorn Him, NP, the Region 4 focus group representative. "I know what's going on in my sector, but not necessarily other sectors, so we need members to be more involved."

Contact the team at NPfocusgroup@ona.org.

ONA Federal Election Secondees Achieve Impressive Results

While ONA members Shelly Ormsby and Taunia Mitobe, two of the 15 secondees of our *Nurses Vote 2021* campaign, had very different political upbringings, they share the same reasons for wanting to get involved in the September federal election.

“I was politically active when I was young, partly because my dad always encouraged his children to have a political voice and to stand behind anything you believe in,” said Ormsby. “As I got older, I kept that in the back of my mind. And then when the Ford government passed Bill 124, it motivated me even more to stand up for change.”

“Growing up, my family never spoke much of politics and as a result, I was naive to how it worked and impacted my day-to-day life,” added Mitobe. “As a health-care provider who worked on a COVID-19 outbreak floor, I have lived the struggles imposed on us as a result of government legislation and funding cuts.”

It’s not surprising then that when ONA was looking for members in all five regions to help engage others in voting for parties that prioritize public health care over a two-week period prior to the September 20 federal election, Ormsby and Mitobe were only too happy to sign up.

To prepare for this work, all secondees received a week of training from ONA on how to recruit members to volunteer in the campaign, the role of government, party platforms and information on the 23 ridings ONA chose to target where there was a chance to impact the outcome in favour of public health. They also learned about ONA’s priority issues in the election, including Pharmacare, a national health human resources



Two of our federal election secondees – Shelly Ormsby and Sandra Campbell – along with fellow ONA member Lori Lopes had the shock of their lives when a “secret mission” they were invited to turned out to be a meeting with Prime Minister Justin Trudeau, who said he was supportive of ONA’s campaign asks and that nurses need to work provincially to see change.

strategy and federal funding for health care.

High Stakes

“I personally knew how high the stakes were in this election,” said Ormsby. “The federal government passes money down to the provincial government, which decides what to do with that money. I knew that if I didn’t advocate within my community, my social network and my work community to motivate nurses to go to the polls, we could be in jeopardy of losing access to the social services we need.”

To get members engaged, Ormsby kept the lines of communications

open via social media. She even held an interactive “Zoom pizza party” where members could watch and discuss the leaders’ debate. Because she communicates better face-to-face, she also took “every opportunity” on breaks at the two hospital sites where she works to talk to members about the importance of the federal election and what impact it could have – and not only on them.

“We play a huge role within the community, so I had to get these members thinking through the lens of an actual community member, not just as a health-care worker. They were very receptive.”

NURSES VOTE 2021 BY THE NUMBERS

▶ 33	volunteer phone bankers recruited
▶ 12,355	phone conversations with ONA members
▶ 5,162	phone messages
▶ 5,040	calls listed as “meaningful conversations”
▶ 4,000	calls per day (on average) in the final three days of phone banking
▶ 8,830+	page views of ona.org/nursesvote
▶ 988	text message exchanges

“This was an opportunity to learn and help make a difference and so I read news releases and researched the political parties and potential impacts on the personal and working lives of health-care workers,” noted Mitobe. “I was able to have meaningful conversations with colleagues. I directed them to resources so they could make informed decisions at the polls, and also encouraged their assistance in joining the phone banks. “

Hello, ONA Calling

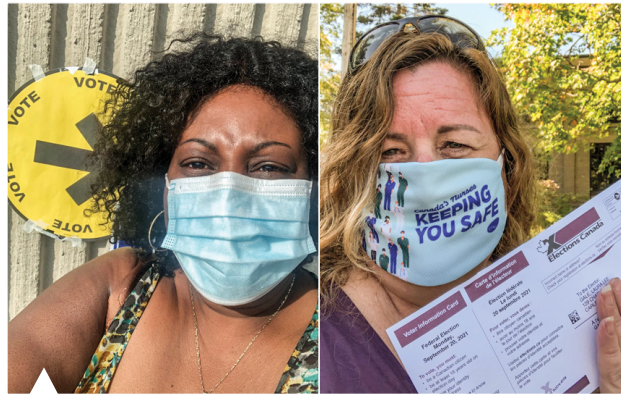
In fact, the secondees recruited dozens of members for those daily phone banks, who reached out to other members in the targeted ridings using a script prepared by ONA (messages were left for those who didn't answer), which many personalized.

“During the first few conversations, I was nervous about how receptive members would be, but as the day went by, it got a lot easier,” said Ormsby. “I got to hear what they were upset about. And I never took anything personally because people have to make their own decisions and live with them. The majority of the feedback I received from members after I returned to work was that they got out and voted.”

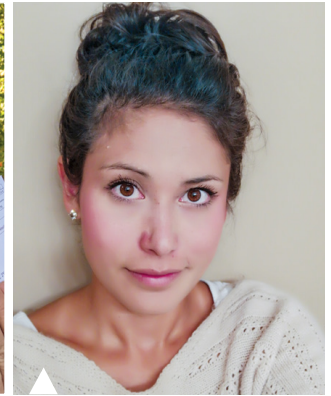
During the Canadian Federation of Nurses Unions Day of Action on September 17 (see page 26), the secondees ran an all-out targeted phone bank as a final push to reach as many ONA members as possible in the targeted ridings. Approximately 4,000 calls were made!

Secret Mission

Ormsby went a step further by interviewing three NDP candidates in her region about their platforms, which she shared with members. On the weekends, she also knocked on doors with a candidate in a very tight race. When she was given a tip that Conservative Leader Erin O'Toole was in



ONA federal election campaign secondees Sandra Campbell (left) and Laura Gale didn't just encourage others to vote for health care, they did so themselves on election day.



ONA seconded Taunia Mitobe.

her neck of the woods, she immediately grabbed her young children, a fellow seconded, and told security at the event that while she didn't have an invitation, “we're RNs and want to ask him what he will do for health care.” They waited and waited, but he did not greet them.

She did, however, have more luck with a “secret mission” she was invited to by the candidate with whom she had canvassed. Not knowing exactly what would happen when she arrived, she and fellow members Sandra Campbell, also a seconded, and Lori Lopes were elated to see Prime Minister Justin Trudeau and Scarborough Southwest MPP Bill Blair.

“We had a five-minute chat with them,” she relayed. “Mr. Blair told us funds have been transferred to the province and the province has not released that money to health care. Prime Minister Trudeau reiterated that and expressed how much gratitude he has towards health-care workers. We also talked about childcare. I was very appreciative of the opportunity to have that conversation.”

Impressive Results

With impressive results in 22 of the 23 ridings our secondees targeted, “I feel I was able to make a difference,” said Mitobe. “Not all colleagues were receptive to what I had to say, but

most were appreciative that their union was reaching out and thankful for being provided resources. We saw a lot of traffic on the ONA website during our campaign, which meant our members were looking at those resources. I also had many meaningful conversations, which resulted in a sense of togetherness as we were able to see we were living the same reality in health care. Being a seconded was an opportunity to push past my comfort zone and expand my life skills.”

Ormsby couldn't agree more, noting, “I was afraid of the unknown, but once I really got into this work, everything that I had built up in my mind about how challenging it was going to be went away very, very quickly. I would absolutely do this again.”

With a provincial election in June, both Ormsby and Mitobe hope others will as well.

“Come out and join us, become politically active and have your voices heard,” said Ormsby. “You are your own motivator, who can bring about change. It takes one person to start, but it's the second person that gets up and joins who creates that movement.”

“I highly recommend anyone debating participating in a Nurses Vote campaign to do so,” added Mitobe. “It's a great opportunity to network, learn and grow both personally and professionally.”

Members Invite Others to Stand in Their Shoes

Because so many face-to-face Nursing Week events were cancelled last 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 is one final heartbreaking submission.

Our Darkest Hour

*Even on my days off I can't help but still think about them.
All of them.*

*My jaw clenches at night even while I sleep.
The pressure is enormous.
The situation grave.*

*I have seen sickness and death before.
But not like this.
Never like this.*

*We receive each and every single one of them in terrible condition.
I have never seen so many sick people wheeled into our unit all at once.
The old, the middle aged and yes, even the young.*

*Where will the next one go?
We are almost at full capacity.
We have no more nurses.
We are all there is right now.
Tonight there might be less of us.
I cannot think of that.
Stay present.*

*Most of us are forced to take more patients.
The ratio per nurse increasing. 2:1, 3:1.
It's too much.
We are NOT enough.
The care will NOT be enough.
My soul is deeply unsettled by this.*

*I pray to God to give me the strength to keep going on.
I am exhausted. We all are.
24/7 we provide the care.
We watch, we listen, we move with purpose.
A life depends on it.
It is our greatest duty.
Our greatest responsibility.
Our greatest purpose.*

*I walk down the halls, looking at them all.
Some sedated, paralyzed, and intubated.
Some on their backs while others on their stomachs.*

*Medications, lines, and machines are everywhere.
Everything in the room must be organized.*

*This is my responsibility, to help them stay alive.
Some of them are awake, their eyes wide open with fear.*

*I have seen this look before, amongst our very own.
Will they survive?
Will they be able to see their families once again?
Their last moments are so rushed. For most this is the end.*

*My brow furrows at the memory of speaking to a loved one on the phone.
On the iPad.*



*The shock.
The cries.
The pleads to God.
I see it all.
I take it all in.
These emotions weigh heavy on me.
I feel wounded.
Broken.*

*Still, I must continue.
I brush their hair and teeth.
I shave them.
I change them.
Finally, I hold their hand.
Always.*

I pray to God to give me the strength to keep going on.

Jessica Colmenares, RN

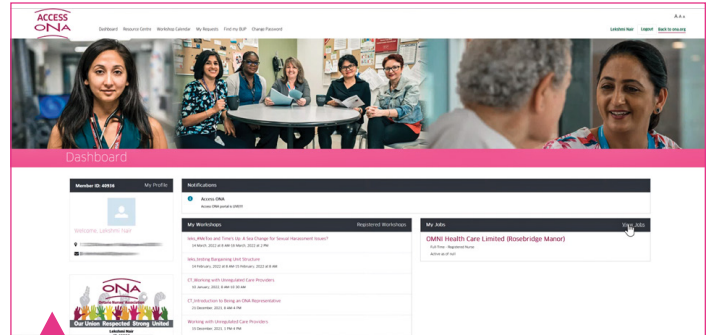
A New Year, a New Way for You to **Access ONA**!

We heard your feedback about needing an all-in-one location to access your union information and services, and we listened.

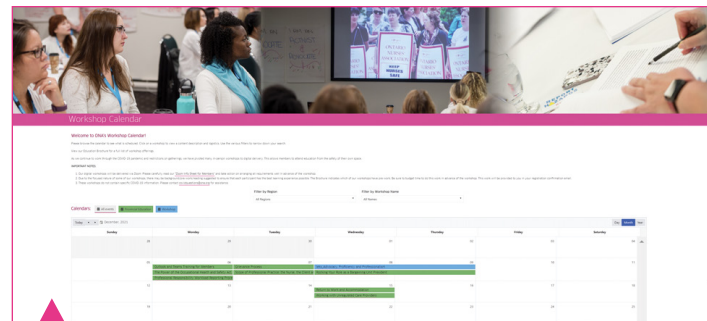
Access ONA, your new online member portal, launches in early 2022!

The **Access ONA** portal is a convenient and secure one-stop shop, where you can:

- ▶ Maintain your personal records and contact information.
 - ▶ View the ONA Workshop Calendar, register for education, and print certificates for completed courses.
 - ▶ View your current jobs and learn about your Bargaining Unit.
 - ▶ Submit requests for replacement membership cards and other documentation.
 - ▶ Access member-exclusive forms, resources and more.
- Even more features are in the works and will be introduced as the **Access ONA** community grows.



Access ONA Member Dashboard



Access ONA Workshop Calendar



Access ONA Sign-in Page

Keep an eye on your inbox in the coming weeks for your email invitation to join **Access ONA**. This email will contain a unique link that you will need to register and set up your **Access ONA** account. All members for whom we have an email on file will receive their own personal invitation – you should not share your registration link with others.

We will continue to update you on the latest **Access ONA** developments in future issues of *Front Lines*.

Don't Miss Out – Update Your Info Today!

Make sure ONA has your most up-to-date email/ mailing address/phone number on file. This information is a key part of the invitation and registration process for new **Access ONA** users.

Update your information by phone at (toll-free) 1-800-387-5580, ext. 2200 or email MemberChanges@ona.org (you must include your ONA Member ID as shown on your membership card).





KNOW YOUR RIGHTS

ONA Launches Four-Year Action Plan on Anti-Racism, Anti-Oppression

ONA is launching an action plan that sets out the structure needed to integrate evidence-based anti-racism and anti-oppression practices into every aspect of our work.

The plan is part of ONA's ongoing commitment, spelled out in our 2020 anti-racism position statement, to challenge systemic discrimination and confront racism, colonialism, sexism, homophobia and transphobia, ableism, classism and other forms of discrimination.

"Anti-Black and anti-Indigenous racism, discrimination and hate have no place in our workplaces, health care in general or in broader society," said ONA President Cathryn Hoy. "That's why the ONA Board of Directors is deeply committed to and investing in sustainable anti-racism and anti-oppression work. As Ontario's leading health-care union, we must lead by example, but to do so, it is critical



Region 1 Vice-President Dawn Armstrong, RN, holds the portfolio for Human Rights and Equity (HRE) and is the lead on this critical work. She is seen here addressing the 2021 HRE Caucus.

that we expand our understanding of what it means to be a truly inclusive organization. We have a lot of work ahead of us, but I am confident we will get there."

Along with our long-standing Human Rights and Equity (HRE) Team, in 2021 ONA created both an Anti-Racism Advisory (ARA) Team, comprised of three Black members, three Indigenous members and three members from other racialized communities, and an Anti-Racism and Anti-Oppression Action Plan Working Group, which supports the work of the ARA Team. The wisdom, experiences, knowledge and expertise of the members of these teams will guide this important work.

"As the Region 1 Vice-President with the human rights and equity portfolio, I have been working with our HRE Team for many years to support our members and staff," said Dawn Armstrong. "With the addition of these two new teams, I am very invested in bringing senior leadership participation to this work and continue to move the change forward."

The action plan will be divided into four main sections: members, staff, senior management and elected leadership. To assist with its design and development, ONA has hired Tomee Elizabeth Sojourner-Campbell as lead consultant. The development of the plan should be completed by April 2022.

"I have worked extensively with unions and bring more than 20 years of experience in the areas



"I am very pleased to be on this journey with ONA," said Tomee Elizabeth Sojourner-Campbell, who will serve as lead consultant on our four-year anti-racism and anti-oppression action plan.

of anti-racism, anti-oppression and organizational development," she said. "I am very pleased to be on this journey with ONA."

Sojourner-Campbell's approach includes:

- Consulting with the Anti-Racism and Anti-Oppression Action Plan Working Group and internal stakeholders to co-create the action plan.
- Gathering information about ONA's current work on human rights, equity, diversity and inclusion.
- Developing a comprehensive education plan for members and staff.
- Reviewing relevant industry data and research reports.

"This plan is about each and every one of us because without your commitment and support, we can go nowhere," added Hoy. "It is also about empowerment, courage, perseverance, solidarity, healing and nurturing sustainable growth for our members and staff of today and tomorrow, and future generations. Together, we will move beyond good intentions, and confront racial discrimination through solidarity."



View a short video on this work at youtube.com/watch?v=KTYZoMTyR9s/

Black History Month: “Everyone Needs a Seat at the Table”

The best way to acknowledge Black History Month (BHM) is by speaking out against racism together, ONA believes.

BHM is acknowledged each February to celebrate the many achievements and contributions of Black Canadians who have done so much to make Canada a culturally diverse, compassionate and prosperous nation. In 2018, the ONA Board of Directors designated it as one of our key human rights and equity (HRE) observances.

“A long overdue conversation has been happening globally about racism,” said ONA President Cathryn Hoy. “Our Black, Indigenous and People of Colour members have told us they face many barriers within their workplaces: They are underrepresented in nursing leadership roles and specialty nursing areas and often face discrimination and racism. We must dedicate ourselves to being a stronger advocate for positive change at every opportunity. We must do better.”

But how? That’s what ONA’s annual HRE Caucus on November 15 set out to help answer.

HRE Caucus – Beyond Good Intentions

“Black nurses have had a harder time getting into school, finding employment and dealing with patients who don’t want non-White nurses, but nursing does not exist in a vacuum; it represents the larger society,” said Caucus keynote speaker, Dr. Karen Flynn, an award-winning scholar, teacher and researcher. “Everyone in the health-care system needs a seat at the table and a voice. It’s not the job of racialized health-care workers alone to address institutional and systemic racism and micro-aggressions. If we don’t do this as a collective, we are leaving nothing for the next generation.”

That was echoed by three ONA hospital members – Hellen Komen-Taabu, Leslie Davis and Dorcas Ndiangui – who launched Healthcare Professionals Against Racism due to the racism experienced by many throughout their facility.

“When we speak out, we’re seen as aggressive and so this started as an emotional support group,” said Komen-Taabu. “We come together, pour our hearts out and give each other ideas. People leave lighter than they came. We soon realized it was bigger than just us.”

After three months of organizing, the three members, who also met with their community allies and MPP and are considering chapter groups (contact them at HPARCanada.ca), broached their CEO with 10 calls to actions, including declaring anti-Black racism a health crisis and establishing anti-racism training programs. While there have been some successes as a result – the hospital celebrated BHM for the first time last year – there is still much to do.

“We need to continue this work and make it sustainable because band aids are not an option,” said Davis, while Ndiangui added, “the world is changing. More and more, we see others who don’t look like us. We should not be talking about race today; we should have moved forward. But I’m hopeful. I call on everyone to fight for equity.”

Following a question-and-answer session with Esi Edugyan, author of *Washington Black*, the first offering of our HRE Book Club, Region 1 Vice-President Dawn Armstrong, who holds the HRE portfolio, concluded the day by urging members not to be silent.

“Speaking about racism and discrimination can be a difficult conversation that can emit powerful sentiments, but it’s an important step,” she said. “Being an ally requires ongoing effort and actions with a blend of empathy and advocacy. Listen, reflect, observe and take concerted actions to better understand it. Speak out if you are experiencing racism yourself. ONA has many resources available and ways to escalate what you are going through. You are not alone.”



View a plethora of resources about Black History Month and what ONA has planned at ona.org/hre

Be Comfortable with Being Uncomfortable: Fighting Racism Together

To fight racism, it takes us all. Here are some ways, highlighted by many speakers at the Caucus, that allies can help:

- ▶ Recognize that advantage or privilege exists alongside disadvantage.
- ▶ If someone says they have experienced racism, don't make them feel it's not a reality. Support them. Listen.
- ▶ If you see something, say something. Silence is not an option.

- ▶ Be comfortable with being uncomfortable. Conversations about racism are seldom easy.
- ▶ Reflect on your own behaviours and practices.
- ▶ Educate yourself on the real history of our country.
- ▶ Learn from those with lived experiences.
- ▶ Review your employer's anti-racism policies. Do they have teeth or are they just words?

We Win! Supreme Court Decision Ends 15-Year Battle for Pay Equity

We finally won!

After a 15-year battle in the courts to maintain pay equity rights for women working in participating nursing homes, the Supreme Court of Canada (SCC) has dismissed the application for appeal from the homes and Ford government.

That means the ruling of the Ontario Court of Appeal this past March stands, which stated that the 2016 Pay Equity Hearings Tribunal decision on this issue is unreasonable. It held that the fundamental purpose of the *Pay Equity Act* is to redress systemic discrimination in compensation, and to do so, there must be an ongoing comparison between male and female job classes.

The legal challenge pitted ONA and the Service Employees International Union (SEIU) Healthcare against the participating nursing homes and government. At issue was how, under the *Act*, a female-dominated workforce should determine their pay is equitable with men when they have few male coworkers.

In such situations, the *Act* provides a proxy method, allowing a female-dominated workplace to be compared with a female job class from a similar workplace that has already been compared with a male job class and achieved pay equity. ONA and SEIU argued the proxy method must be continually repeated to maintain pay equity, while the participating nursing homes and government believed it should only be used to establish it.

In 2016, we brought the matter before the Pay Equity Hearings Tribunal, which rejected our stance, instead providing a formula for pay equity maintenance that did not include the proxy method. However, the Divisional Court disagreed, stating the *Act* required an ongoing comparison with male workers and sent the case back to the Tribunal to determine how that could be achieved. The participating nursing homes and government appealed.

The Ontario Court of Appeal ruled the Tribunal's decision unreasonable and that the *Act* made it clear "ongoing access to male comparators through the proxy method is required



to maintain pay equity." While the Ford government and participating nursing homes filed another appeal with the SCC, their ruling is the final step in the legal process and marks the end of this case.

"We are thrilled that we can now move forward and begin to implement the Ontario Court of Appeal's decision," said ONA President Cathryn Hoy. "Our members, as well as all working women in female-dominated workplaces in the public sector, will finally receive the compensation to which they are entitled. It's deeply troubling and unfortunate that the Ford government pursued every legal means possible, wasting taxpayer money in the process, to prevent the gender wage gap from closing."

Members Express What

Because we were unable to acknowledge Labour Day at parades, picnics and other special events this past year due to the pandemic, ONA found another creative way to get members involved.

In the weeks prior to Labour Day, a time to come together to honour those who have fought to ensure better rights, wages and working conditions for all workers and to speak out about ongoing labour issues and injustices, we invited our members to send us a brief 30-second video or photo of themselves, along with a sentence or two telling us why Labour Day and/or being part of ONA is important to you, particularly in light of the exhausting pandemic and harmful government anti-labour bills. All entries were automatically put in a random draw to win one of two Tim Hortons gift cards.

"I'm proud to say I'm an RN of 34 years and an ONA member," said winner Linda Reaume. "COVID-19 may

« Thanks to this decision, our members, as well as all working women in female-dominated workplaces in the public sector, will finally receive the compensation to which they are entitled. »»

— ONA President Cathryn Hoy, RN

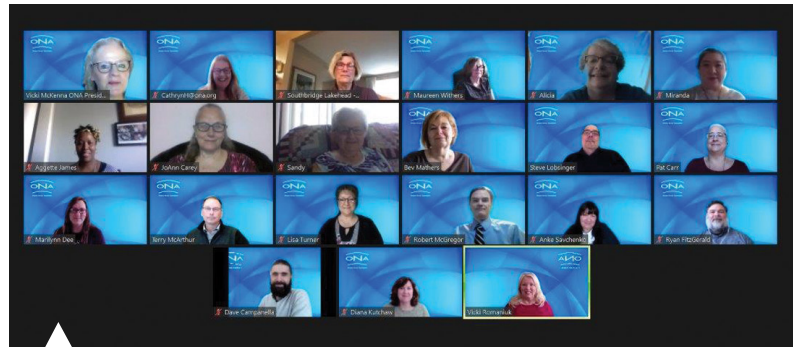
Arbitrated Contracts for Nursing Home Members Fall Short

An arbitrator has issued decisions for our for-profit and not-for-profit nursing home members that, once again, don't reflect the value you bring to the health-care system, especially in light of the devastating pandemic.

On October 25, Arbitrator Stout released decisions affecting more than 3,500 members after bargaining talks with the participating nursing homes failed in the spring. RNs and health-care professionals working at 184 for-profit nursing homes will see a 1.75 per cent increase in each of three years, along with increases to standby and responsibility pay, shift and weekend premiums, some benefit improvements, a vacation gain, and a direction for the parties to negotiate student supervision and mentorship premiums.

For members working in our 15 not-for-profit nursing homes, who are covered by the wage suppressing Bill 124, the news is even more disappointing. They received a one per cent increase in each of three years, along with very small increases to shift and weekend premiums, and improved language related to personal protective equipment (PPE) and pandemic planning.

"After what our members have gone through as the pandemic ravaged the long-term care sector particularly hard, it's unfathomable that this is all you are worth," said ONA President Cathryn Hoy.



Members of our Nursing Homes Central Negotiating Team turned to Zoom when in-person meetings were not permitted.

"You were often provided little or no PPE, were sickened and watched your residents and colleagues needlessly get sick and pass away from COVID-19, and are suffering from great emotional and physical turmoil as a result. You are owed a huge debt of gratitude, not an insulting compensation 'increase' far, far below the rate of inflation. This will do nothing to address the nursing shortage, which has now become a crisis."

While ONA launched a Charter challenge against Bill 124 in 2019 on the grounds that it targets both female-dominated professionals and interferes with our right to free collective bargaining, it could take a long time before the case is heard. Still, we will not give up our efforts to have this legislation repealed.



Read the full decisions at ona.org/bargaining

Labour Day Means to Them

have blindsided us all for the past several months, but as we approach Labour Day, let us not just remember and celebrate the achievements in the workforce to date, but listen, comfort and support those we work with who face challenges every day. Labour unions have given us secure, safe and ultimately healthier work environments. We accomplish more and are stronger working together. I'm also reminded of how fortunate and grateful I am for the coworkers by my side each and every time I enter my place of work. I couldn't do without them."

Added Maryse Poulin, our other winner, "ONA is important because we have a strong voice. I decided to be a union rep because despite the fact that our system is broken, I'm sure we can rebuild it together, and I want to be a part of that for my patients, my community and my family."

Local 8 also took part in a special Labour Day supplement in the *Windsor Star* called, "Labour in Solidarity with



Labour Day contest winner Linda Reaume from Local 75.

Indigenous Peoples." The story talks about how much union support is appreciated by Indigenous communities in assisting with clean, safe drinking water on reserves, advocating for Indigenous rights, standing together to make workplaces safer for all, and fighting against racism and injustice. Local 8 Coordinator Sue Sommerdyk is quoted about the need for a national Pharmacare program.



QUEEN'S PARK UPDATE

Read ONA submissions at



ona.org/submissions

Fiscal Update Missed Opportunity to Address RN Retention

Last November, Minister of Finance Peter Bethlenfalvy released the 2021 Ontario Economic Outlook and Fiscal Review, which lays out the government's plan for the COVID-19 pandemic and recovery.

ONA's assessment is that this plan is a missed opportunity for the government to focus on retaining the current workforce of nurses and health-care professionals. It is significant that there is no mention of the devastating impact of Bill 124 and no plan to improve working conditions.

There are some wins, including a \$12.4 million investment over two years for mental health supports for all front-line health-care workers and a commitment to hire 225 NPs in long-term care beginning in 2022-23, both of which ONA had advocated.

The plan also includes new funding for training and upskilling nurses. This includes funding the specialization of 500 RNs in specialized acute care and adding 420 RNs in sectors in the greatest need via the Commitment to Community Program. There is funding for new bridging programs to add 700 RPNs and 900 RNs to the system by 2024-25. The government is also increasing enrollment to nursing programs, adding 1,500 RPNs and 1,000 RNs by 2025-26. We know that Ontario urgently needs many more nurses and health-care professionals than have been announced in these first steps.

Finally, the government committed to a \$15 minimum wage effective



January 2022. That is not a living wage and it was this same government that cancelled the minimum wage hike in 2018 to protect business interests.

ONA Speaks Out Against LTC Legislation

ONA appeared before the Standing Committee of the Legislative Assembly to speak against the government's new long-term care (LTC) legislation, Bill 37, which ONA President Cathryn Hoy called "too little, too late."

Bill 37 commits to a "target" of four hours of direct care by nurses and personal support workers (PSWs), but not until 2025. In our view, four hours of direct care must be a minimum care standard set within each nursing home, not as a provincial or Ministry target. Bill 37 does not include details on skill mix. We recommend that 20 per cent of direct care be provided by RNs, 25 per cent by RPNs and 55 per cent by PSWs, along with one NP for every 120 residents. Finally, there are no measures to ensure more full-time jobs and wage parity with the hospital sector, which is essential to addressing the staffing crisis.

Infection prevention and control (IPAC) is another area where there are many lessons to be learned from the pandemic. Bill 37 introduces a

requirement for an IPAC lead in all homes, which ONA recommends be a dedicated infection control RN, trained and certified in IPAC Canada-endorsed courses. We also noted that Bill 37 must require homes to have a personal protective equipment stockpile in accordance with the precautionary principle, and echoed many other IPAC recommendations from our brief to the LTC COVID-19 Commission.

Another major red flag is that the Bill removes the requirement for the government to promote the delivery of LTC by non-profit organizations. The preamble of the existing *Act* commits "to the promotion of the delivery of long-term care home services by not-for-profit organizations." Bill 37 waters this down by inserting the words "and mission driven," which is not defined. ONA strongly opposes measures in Bill 37 that may lead to further privatization in the sector.

Government Extending Emergency Powers – Again

The government has exercised its power under the *Emergency Management and Civil Protection Act* to extend the emergency measures and orders until March 28, 2022, including Order in Council filed as O. Reg. 8/21 (Enforcement of COVID-19



Read more at budget.ontario.ca/2021/fallstatement/

Measures); Order in Council filed as O. Reg. 55/21 (Compliance Orders for Retirement Homes); and Order in Council filed as O. Reg. 305/21 (Regulated Health Professionals).

In addition, various orders under Bill 195, *the Reopening Ontario (A Flexible Response to COVID-19) Act*, remain in effect until December 16. At press time, we expected these orders to be extended in the coming weeks. See the schedule, which includes the work redeployment orders that have not been revoked, at ontario.ca/laws/regulation/200458.

ONA has been sounding the alarm about the extraordinary powers and overreach that the Ford government awarded themselves with Bill 195 since 2020. It has consistently used these powers to override collective agreement rights and take away our members' workplace rights, even when there are zero COVID-19 cases in the health agency. We will be watching the government's next steps closely and speaking out if they opt to exercise these powers once again in the spring.

ONA Demands Premier Ford Use WSIB Funds for Injured Workers

Last October, Labour Minister Monte McNaughton introduced Bill 27, the so-called *Working for Workers Act*, which is omnibus legislation that impacts several labour issues.

ONA's submission on Bill 27 focuses on specific proposals to allow surpluses in the Workplace Safety and Insurance Board's Insurance Fund to be distributed over certain levels to businesses. The government wants the funds to be used to help businesses cope with the impacts of COVID-19. ONA is not in support of these measures. To the extent that a "surplus" of funds exists, we believe that it should be re-invested into the workers' compensation system. Our submission offers areas where the government can invest any surplus funds to benefit and support injured workers.

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Forward Thinking:

Guided by Our First-Ever Strategic Plan, ONA's New Board of Directors Looks to the Future

Tomorrow begins today.

That could very well be the motto of ONA's new 2022-2024 Board of Directors as they prepare to guide our union through continuing challenges in health care and to your rights and working lives as nurses and health-care professionals.

Led by ONA President Cathryn Hoy, RN, who served as First Vice-President for two terms and First Vice-President Angela Preocanin, RN, the former Region 4 Vice-President, the Board, which also includes five Regional Vice-Presidents (see page 22), will navigate these choppy waters and make key decisions to move our union forward with the assistance of a five-year Strategic Plan – the first time the Board has formally endorsed one.

“Now was the Right Time”

“We knew now was the right time to invest in a Strategic Plan,” said Region 1 Vice-President Dawn Armstrong, who, along with Hoy and Preocanin, formed the Guidance Group that created the plan, with the assistance of Senior Executive, Labour Relations Andrea Kay, former Executive Lead, Communications and Government Relations Holly-Ann Campbell and consultants, MASS LBP. “Health care and nursing are changing rapidly. The lack of respect from our current government, the critical nursing shortage and the ongoing pandemic are evidence that we need change. Our



We encourage all members to read ONA's exciting new Strategic Plan at ona.org/stratplan (English) or ona.org/planstrategique (French); you will also find bilingual summaries inserted into this issue of *Front Lines*.

membership is changing as well. All of us have been working hard and doing really great things, but we know there are still areas of improvement and gaps.”

The ambitious plan, more than one year in the making, was officially unveiled at our November Biennial Convention, where Local Coordinators overwhelmingly approved its new mission and vision statements and defined values, which complement one another and more accurately reflect what is important to ONA, the work we do and your part in it.

“This is not simply a pie-in-the-sky Strategic Plan that will sit on a shelf collecting dust – I can absolutely promise you that,” emphasized Hoy. “We set out to ensure the plan was valuable to members, clear and concise, feasible to achieve and responsive to your expectations – and I’m proud to

say it is. The Board is committed to implementing the kind of ONA you want for today, tomorrow and generations to come. And we know this plan can only make us stronger and better connected, and is a crucial step in defending your rights and strengthening our union, with the voices of our members.”

In fact, thousands of ONA members from all sectors and regions, with varying degrees of union involvement, and staff told us what is important to you and your hopes for the future through a series of surveys, workshops, focus groups and one-on-one interviews. Your candid feedback guided the formation of the Strategic Plan, which is divided into 22 actions that fall under six broad priorities: Members Informed, Members Supported, Stronger Bargaining Units, Telling Ontarians the Truth, Everyone Included, and Our Work, For You.

“This plan is not an exhaustive description of all that ONA will do in the years ahead,” noted Preocanin. “In fact, much of what we do now and how we work will remain constant.

« Members are at the heart of our Strategic Plan. »

– ONA President Cathryn Hoy, RN

Instead, it makes it clear where we are trying to go together – what to prioritize and what services must be strengthened or maintained. But it's not only direction; it's about how this work will be carried out."

"Close Eye"

That "how" – or the implementation of the Strategic Plan – is where we are now. Implementation means that ONA's Chief Executive Officer (CEO) will report to the Board on the progress of the priorities and actions, and propose annual goals and budgets that align with them.

"The implementation plan will help define the steps linked to each priority and action, when those steps should be taken and in what order, who will be involved and accountable, the resources needed, potential obstacles and how to manage them, how we will measure change against the status quo, and what the indicators of success are," explained Preocanin.

ONA staff leads and co-leads will be assigned to each of the plan's priorities and will develop multi-year action plans. The Board will provide oversight and advisement during each step of this work, and its three Committees – Governance and Nominations, Finance and Risk, and Quality of Service to Members – will be consulted where needed.

Following through on the Board's prioritization of sequencing of actions, the CEO and senior executives will lead the collaborative development of the multi-year action plans for each of the strategic plan's six priorities, with regular consultation with the Board and Board Committees. Goal setting and implementation will be reviewed quarterly for the first two years of the plan between the CEO and the Board, with regular reporting to the membership.

"We are already moving forward with some actions in the Strategic Plan,"



"It's going to be hard work, but we look forward to implementing our Strategic Plan over the next five years," said ONA President Cathryn Hoy (left) and First Vice-President Angela Preocanin. "There will be frequent check-ins and adjustments to ensure we're on track."

said Hoy. "But I stress that this is a five-year plan. It's not a race to the finish. We know that some actions can be addressed relatively quickly while others will take much more time – perhaps the full five years. The Board will keep a close eye on whether ONA is on track to complete these 22 actions by 2026, and whenever necessary, will redirect our energy, attention and resources to ensuring that they are accomplished with the help and advice of Local leaders and grassroots members. This plan will guide us; it will not restrict us when unanticipated circumstances demand that we act in bold new ways. The past two years have certainly shown us what can happen. Our overall goal is a sustainable positive change for ONA."

"Critical Turning Point"

To ensure that happens, accountability will be key.

"Strategic plans are also a tool for members to track an organization's progress against priorities and actions," stated Armstrong. "Our plan allows members to ensure we are progressing in the direction set out by our priorities and actions. This allows the progress to be completely transparent and clear."

Local leaders will receive updates on the status of our priorities and actions at their spring and fall Area Coordinators Conferences and provincial



Members of the Strategic Plan Guidance Group – (left to right) Region 1 Vice-President Dawn Armstrong, President Cathryn Hoy and First Vice-President Angela Preocanin – unveiled the ambitious plan during our Biennial Convention in November.

« Our Strategic Plan will guide our decision-making as we navigate the years ahead, keeping us focused on what matters most. »

– ONA First Vice-President
Angela Preocanin, RN

events, such as Provincial Coordinators Meetings. Grassroot members will also receive periodic updates on the plan's progress and status.

"There's no question this is a critical turning point for our union to build a better ONA, a better future for nurses and health-care professionals and, in turn, enable better care for Ontarians," concluded Hoy. "I'm excited to see what ONA members will build together in the years to come. Thank you to everyone who devoted time to this engagement process. We could not have developed this plan without you. As we move through the priorities and actions over the next five years, I encourage all members to continue to play a valuable role in holding us accountable to achieving them. If we do so, there's no doubt we will emerge an even stronger, engaging union!"

Read the Strategic Plan at:

- ona.org/stratplan (English)
- ona.org/planstrategique (French)

Meet Your Regional Vice-Presidents!

Some of their faces may be familiar to you and some may be new, but these are five people you really need to know. As Regional Vice-Presidents, who also hold specific portfolios on the Board of Directors, they represent members in their regions and help set the direction of our union.



Dawn Armstrong, RN
Region 1 Vice-President
Portfolio: Human Rights and Equity (HRE)

Serving her second term on the Board, Armstrong said it's "an honour and privilege to once again represent the members of Region 1. I will continue to fight for our unique issues and be the voice of the north." Through her portfolio, Armstrong added she has "learned so much from the members of ONA's HRE Team and Anti-Racism Advisory Team about the serious issues they and other members face. I look forward to continuing this critical work."



Bernadette Robinson, RN
Region 2 Vice-President
Portfolio: Education

An "engaged ONA member since 1987," Robinson is serving her third term on the Board. "Supporting, liaising, and listening to our members, Local Coordinators, Bargaining Unit Presidents and leaders is critical," she said. "I have met so many of you and will continue to draw on these interactions to serve you going forward. The way we deliver education has certainly changed during the pandemic, and we will continue to offer workshops digitally and through eLearning. But we truly look forward to once again being in-person with you."



DJ Sanderson, RN
Region 3 Vice-President
Portfolio: Labour Relations

Noting that it "immediately became clear the GTA (his region) would become the regular provincial COVID-19

hotspot," Sanderson dedicates much of his time gathering information from members and leaders to ensure their priority issues are addressed. The labour relations portfolio "impacts nearly every facet of what our union does," and Sanderson remains dedicated to "ensuring your collective agreement rights are upheld and ONA's interests are represented in the broader labour movement."



Erin Ariss, RN
Region 4 Vice-President
Portfolio: Local Finance

Calling it "my privilege to serve Local 55 for the past five years," which included leading her emergency department members through a successful Independent Assessment Committee, Ariss is excited to "advocate strongly and demonstrate my fierce



Read full bios at ona.org/about-ona/meet-the-board-of-directors/

leadership, which comes when you take action, build trust and put your members first," at the provincial level. "I am equally excited to take over the Local Finance portfolio, assisting members with the smooth running of your Locals."



Alan Warrington, RN
Region 5 Vice-President
Portfolio: Occupational Health and Safety (OHS)

Serving his first term on the ONA Board of Directors, Warrington brings a wealth of union experience at both the provincial and Local levels, most recently serving as Local 100 Coordinator and chair of the Hospital Central Negotiating Team. "I look forward to representing the interests, concerns and priorities of Region 5 members as you, along with all ONA members, continue to face unbearable workloads, inadequate resources, and immeasurable barriers." Ensuring all members are safe at work is the number one priority of his portfolio.

Retiring Region 5 VP Reflects on Leadership



ONA has bid a fond farewell to a Board member often referred to as "a calm and steady presence."

Karen Bertrand, RN, retired on December 31, 2021 after serving as Region 5 Vice-President for seven, two-year terms, and holding the Local Finance portfolio for the past six years. She will be deeply missed by the Board, Local leaders, members and staff.

"I appreciate the opportunities afforded to me to grow as a leader," she said. "I thank those who came before me and willingly shared their knowledge and committed to my success. In turn, I onboarded those who came behind me to ensure they gained the confidence and knowledge to be successful. Now it's my turn at the Board level to pay all that mentoring forward. Instilling confidence in those around you to do their role, to be the best they can be is the greatest gift you can give an upcoming leader, and is our collective responsibility."

And as Bertrand moves to her next adventure, she issues a challenge.

"If there is a committee position open in your Bargaining Unit, ask someone. You never know where their leadership journey will bring them, and it's your opportunity to help shape them. That is leadership well done! I believe we are up to the challenge to reach higher, to be the best, to stay the best, to accomplish our own goals and achieve our own excellence! It's your union, your future."

ONA President Says Goodbye: “You have been my family”

After 16 years leading our union, it's time for Vicki McKenna to say so long.

“It has been my absolute honour and privilege to have served as President of this powerful union for four years and as First Vice-President for 12 years before that,” she said. “During this time, ONA has changed for the better. More than 10,000 new members have joined, many of whom are politically active. And while we have certainly had more than our fair share of challenges along the way – no more so than these past 20 months – we have accomplished so much together.”

That might be an understatement. Under McKenna's leadership, we have resolved dozens of members' workplace issues; settled thousands of grievances and arbitrations; won precedent-setting decisions, including on pay equity maintenance and for members who suffer traumatic mental stress injuries; ensured the voice of members is heard by a series of inquiries, including the Long-Term Care COVID-19 Commission; launched initiatives that have real teeth to address the racism and oppression so many face; lobbied tirelessly for the safety of our members throughout the pandemic – and long before. And we have held the government's “feet to the fire” – one of McKenna's favourite phrases – on decisions that negatively impact your working lives.

“ONA has an impressive history and I'm just thrilled to have played a part in that,” she said. “I hope you are as proud to be a part of ONA as I have always been.”

Raised in a strong union family, McKenna has been an ONA member for more than 30 years and an activist for almost as long. An RN since 1979, mostly in a day surgery unit, she served in various positions on the union executive at London Health Sciences Centre, including as Local 100 Coordinator. She was also on many ONA provincial committees and teams, including the Hospital Central Negotiating Team, before being elected onto the Board.

It's no wonder then that McKenna, who retired on December 31, 2021, is now ready to switch gears to focus full-time on her growing family. That includes her husband David, son Steve, who is stationed in Alberta, daughter Cassandra, son-in-law Shawn and her first grandchild, Alice.

“My family has been incredibly supportive all these years and I have missed them so much,” she said. “It's not easy to have a spouse who is away more than she is at home. I'm looking forward to our new life together and seeing what's ahead. I will also be able to visit my son on a more regular basis, and hang out with Alice, who is now walking and exploring her surroundings. It's a very exciting time in my family. But that is not to say that I didn't have a family here at ONA. I did and I do.”

Noting that it takes a village, McKenna added she is deeply appreciative to ONA staff for their steadfast support and to Board members, past and present, whom



she has bounced ideas off over the years and who have, in turn, provided her with sage advice.

“I couldn't have accomplished anything without them. And while saying goodbye is bittersweet, I leave knowing ONA is in the very capable hands of new President Cathryn Hoy and First Vice-President Angela Preocanin, who, along with the rest of the Board, will continue to transform ONA into an even more engaging union, firmly guided by our Strategic Plan. I have faith in the people who lead this organization and I have faith in our members.”

And it's to those members she said she owes the greatest debt of gratitude.

“I can't thank you enough for everything you have done to make my job that much easier,” she said. “As I depart, I urge you to continue this work. ONA needs you now more than ever to fight for your rights, your patients, residents and clients, your profession and our health-care system. Opportunities abound and I encourage you to embrace them. Dive in. Be persistent. I will not be leading you, but I will be cheering you on from the sidelines. As an ONA retiree, I plan to be an active participant in my union and my community. Best of luck to you all; please take care of yourselves and each other.”

◀ **Vicki was relentless in her advocacy for our members and those under your care. Our union, our profession and indeed our health-care system are all the better because of her.** ▶

– ONA President Cathryn Hoy, RN



NURSING NEWS

ONA Campaign Highlights “Perfect Storm” of Nursing Shortage, Pandemic Demands

ONA’s most recent public awareness campaign is telling it like it is: Ontario is in a full-blown nursing crisis.

Featuring both radio and social media ads (video and static), the five-week campaign, which ran this past fall, delivered a strong message that the chronic nursing shortage is wreaking havoc on our health-care system, noting that without nurses, health care will fail. With huge backlogs exacerbated by the pandemic, including delayed surgeries, postponed tests and undiagnosed illnesses, nurses and health-care professionals will once again be expected to fill the gaps, the campaign stated.

“With this campaign, we hoped to raise awareness on the severity of the nursing shortage and its profound

Keep Nursing Strong

KeepNursingStrong.ca

impact on patient care and the mental health and wellbeing of nurses and health-care professionals, made all the worse by the pandemic,” said ONA President Cathryn Hoy. “And we did just that. The campaign also highlighted the positive actions that can help resolve the crisis, keeping nurses on the job and putting Ontario’s health-care system back on solid ground.”

The public was encouraged to take four actions to show their support for the province’s nurses and health-care professionals: send a letter to their MPP and Premier Doug Ford that solving the nursing crisis must be a priority; download, print and display our campaign posters; reach out to a nurse in their community to start a conversation; and speak directly to politicians to draw attention to the issue.



View the ads at keepnursingstrong.ca/

Dead Last: Latest RN Numbers Released

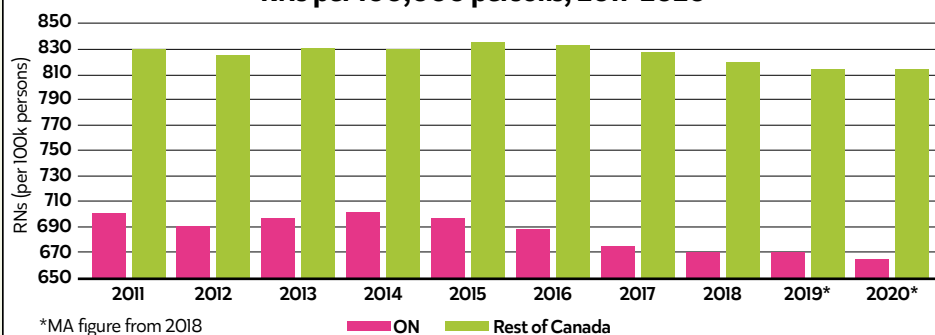
The Canadian Institute for Health Information has released its 2020 data on the ratio of RNs per 100,000 population, and the picture remains grim for our province.

In fact, Ontario maintains the dubious distinction of being in last place out of all provinces in Canada. The statistics show that in 2020, there were 97,920 RNs employed in Ontario, or 665 per 100,000 population, down from 671 RNs the year before. That compares to an average of 814 RNs per 100,000 population in the rest of Canada. As a result, Ontario needs even more RNs – 22,000 – just to come up to the national average ratio.

“It is beyond troubling that Ontario is continuing to go in the wrong direction with our RN numbers,” said ONA President Cathryn Hoy. “We were desperately short before the pandemic – in fact, we are in a nursing crisis at this point – but now nurses are even more burned

out and exhausted. They’re fed up with being disrespected with legislation such as Bill 124, and they’re retiring earlier than planned or looking at other careers. ONA has been talking to the government for years about what they are going to do to build our nursing workforce for the future, but there hasn’t been a concerted effort on their part. We need government funding and policy to retain the nurses we have and recruit desperately needed new ones. ONA will never stop pushing for that.”

ONTARIO'S DECLINING RN WORKFORCE RNs per 100,000 persons, 2011-2020



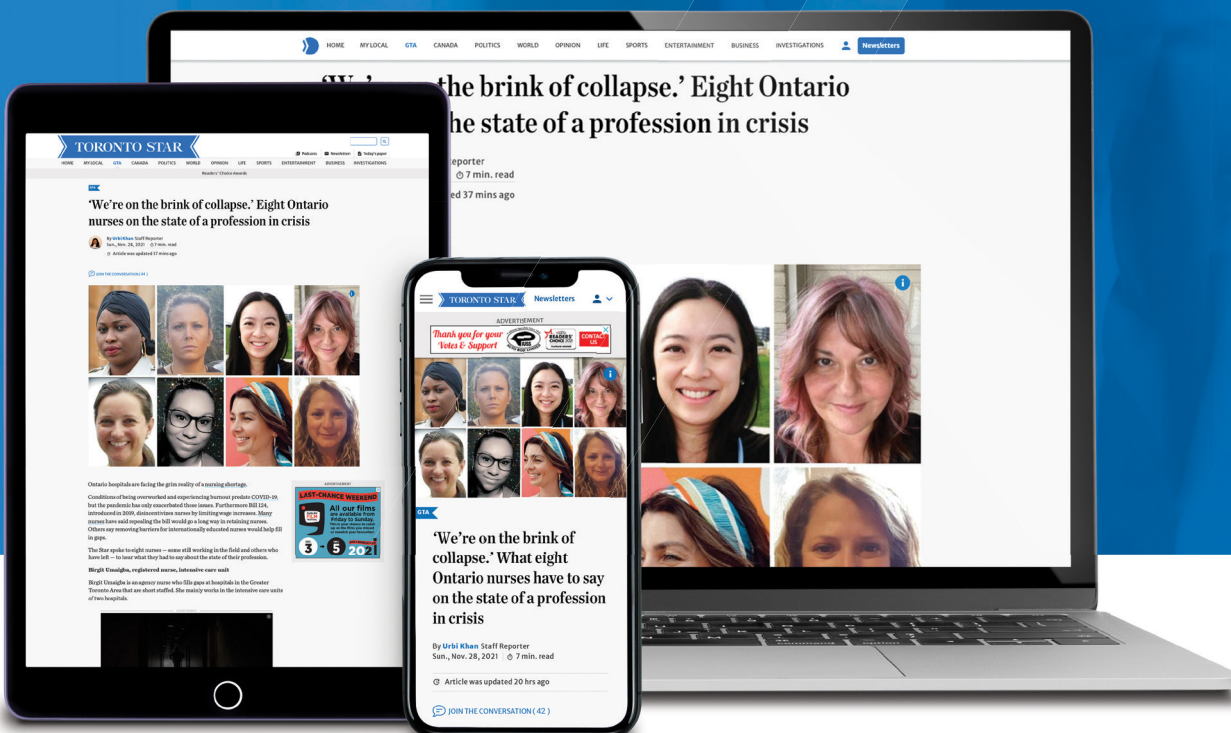
» TORONTO STAR «

"THANK YOU" IS NOT ENOUGH.

While there are no words to summarize our gratitude - a thank you is not enough. As we have listened to your stories, it is clear: nursing is in crisis. That is why we are covering issues facing frontline nurses and health-care professionals. We will be highlighting voices from your professions to spotlight the gravity of the crisis.

ONA Members are eligible for a complimentary **12-month subscription** to the Toronto Star.

Scan to redeem or visit www.ONA.org/TorStar



National Day of Action Only the Beginning, CFNU President Says

The following was written by Canadian Federation of Nurses Unions (CFNU) President Linda Silas, RN.

Across the country, nurses are angry and fed up. It's no wonder – they have been expected to put up with too much for too long.

Years of chronic understaffing, and the problems arising from this, have been made acute by the impacts of the COVID-19 pandemic. After the hollow applause faded, decision-makers have largely failed to deliver adequate solutions or accord nurses even basic respect.

That's why nurses and their supporters took part in a national Day of Action this past September 17, organized by the CFNU and its member organizations [including ONA]. More than 25 in-person events were held across the country, including a media conference in Winnipeg, a car convoy in Edmonton, and workplace outreach and community pickets in Atlantic Canada. Virtual actions were organized in Saskatchewan and Ontario, while individual supporters flooded social media with images and stories.

These actions took place just days before Canadians headed to the polls in the September 20 federal election, raising the profile of nurses' issues when it counted most. Thousands of people participated, gaining media attention and capturing public awareness.

Our message? We are done asking for the basics; we demand action to fix the nursing crisis. This means addressing understaffing through retention and recruitment efforts at the national and provincial levels.

Despite the incredible momentum, history teaches us that politicians rarely deliver real solutions – especially costly ones – if they are not pressed to do so. So, the national Day of Action was only the beginning of this fight.

The CFNU has taken swift action following the election. We called on the Prime Minister to urgently meet with nurses and experts to deal with critical staffing shortages, and we prepared briefing sessions with major political party caucuses to gain their support for federal action.



With close to one million workers, the health-care workforce amounted to eight per cent of GDP in recent years, so we know it is high time we had a national health human resources strategy.

The CFNU is taking the next steps in this fight by launching a national study for nurses to “Be Heard.” We are also partnering with provincial unions to host discussion sessions where members can ask questions and share their feedback. The insights gained from these efforts will inform the demands we bring to premiers and the federal government.

For the first time in many years, there is real national attention on health staffing, which is perhaps the most crucial factor affecting our working conditions and patient care. Unions, nurses and supporters have a unique opportunity to press forward for better and safer health staffing and the far-reaching improvements that this will deliver – for everyone.

Ford Government's Appeal over Student

The Ontario Court of Appeal has dismissed the Ford government's bid to overturn an earlier decision that quashes its so-called Student Choice Initiative, which put the very fate of Canadian Nursing Students' Association chapter schools at risk.

The court affirmed the 2019 decision by the Divisional Court, ordering the Ford government to pay \$20,000 in costs to the respondents.

To watch a wrap-up video of the day, visit:

- <https://youtu.be/7I-yWBpbq3Y> (English)
- https://youtu.be/8_xluCYhgbQ (French)



Nurses Rely on ONA, Nursing Scholarship Winners Say

In our final installment, *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 full essays at ona.org/students



MACKENNA FERREIRA:
Daughter of Loralie Ferreira
from Local 7, Norfolk General
Hospital

“ONA works as a voice for nurses and nursing students across Ontario, with the goal of ensuring better working conditions, wages and quality health care. I find comfort in the knowledge that I have the support of an organization that fights every day for my rights and my future career, the same way they have since 1973. When patients need an advocate, they rely on nurses. When nurses need an advocate, we rely on ONA.”



JAKOB SCOTT:
Son of Kimberley Scott from
Local 19, Bluewater Health

“For almost 50 years, ONA has advocated for nurses and their rights. Advocating for nurses is an important job that directly affects the health, safety and ability of nurses. By fighting for adequate staffing ratios, appropriate working conditions, allotment of proper personal protective equipment, scheduling according to contracts, the provision of legal counsel and defence against malpractice, ONA is caring for nurses so nurses can care for you.”



KATIE BETHUNE:
Granddaughter of the late
Patricia Bethune, former ONA
President

“The efforts of people like my grandmother led to real improvements in our health-care system and in the field of nursing in Ontario. ONA works tirelessly to improve the working conditions of their members, allowing nurses to focus on their important work. I feel confident knowing that because of ONA, I will always have a voice in the work I do as a nurse.”



ALANA LIPCSIK:
Daughter of Lee Anne Lipcsik
from Local 70, Hamilton Health
Sciences

“When one examines its many contributions in the life of a nurse, it is evident that ONA goes above and beyond. Those contributions have assisted in shaping the remarkable nursing profession we have today. To know ONA is to value ONA. For my mother, aunt and cousins, ONA is a union that they can rely on for assistance, guidance and security. I propose that ONA will be the same for me, if not more.”

Choice Initiative Dismissed

The Student Choice Initiative, announced in January 2019, would have allowed post-secondary students to opt out of paying for services deemed “non-essential,” including student-led programs such as clubs and campus newspapers. (Then) Training, Colleges and Universities Minister Merrilee Fullerton said the initiative was created to make sure students had more control over how they spend their money.

That spring, the Canadian Federation of Students, along with the York Federation of Students, launched a court

challenge against the move, supported by ONA, arguing it unfairly targeted student unions and constituted a politically-motivated attack that threatened the autonomy of universities.

“Mandatory fees for student associations have been in place in universities since the 1960s,” Justice Grant Huscroft wrote in the decision. “Given the role played by student associations in university governance, the framework is a profound interference in university autonomy – not a mere fettering of the universities’ discretion, as the Minister submits.”

IN BRIEF...**Ontario ED Doctors Plead for “Dignified Wage” for Nurses**

An open letter signed by more than 350 Ontario emergency department (ED) doctors states acute care nurses are leaving the profession in droves, creating a “dangerous” staffing shortage in part because of the Ford government’s Bill 124.

“As Ontario ED physicians, we need to inform you that, across the province, EDs are in crisis,” the letter, addressed to “fellow Ontarians,” reads. “Several [nurses] have died, hundreds have become ill with COVID and now nurses are leaving their profession in unprecedented numbers due to burnout, PTSD, and the utter disrespect they face from the Ontario government.”

The doctors single out Bill 124, which they say “amounts to wage suppression,” as a contributing factor, noting that “nurses have not received an increase in their salaries on par with inflation for more than a decade. This is unacceptable in the context of the sacrifices they have made to care for patients during this pandemic.”

The doctors are urging members of the public to pressure the Ford government to treat nurses with respect and pay them “the dignified wage they deserve.”

Quebec Tackles Nursing Shortage

Quebec Premier François Legault has announced a \$1 billion initiative to tackle the serious shortage of 4,300 nurses in the province.

Legault said his government’s plan will spark a “small revolution” in how work is organized in Quebec’s “almost dysfunctional” health-care system.

“We are going to reorganize nurses’ work by offering them predictable schedules that will allow work-family

balance,” he told reporters. “We are putting in place the necessary means to finally treat our nurses as they should. Nurses have been taking care of us for a long time and it’s our turn to take care of them.”

Among the problems: 40 per cent of nurses are part-time, and there has been an explosion in the use of mandatory overtime and in departures from the public system to the private system. Under the government’s plan, nurses will have better working conditions, with more predictability in their hours and less obligatory overtime.

Quebec also announced financial incentives to entice retired nurses and those who have moved to private agencies to return to the public system. They will give a \$15,000 bonus to nurses currently working full-time in the public system, with the same amount going to part-time nurses who move to full-time. In addition, the province will provide a \$12,000 bonus to nurses who move from private agencies to the public system, which will be higher – up to \$18,000 – in regions that are having more trouble keeping nurses, Premier Legault said.

Americans Trust Nurses, Think They are Underpaid, Poll Shows

A new poll from south of the border, which typically mirrors similar research in Canada, finds that most Americans have a high trust in nurses.

At least seven in 10 Americans trust nurses, doctors and pharmacists to do what’s right for them and their families either most or all of the time, the poll from the University of Chicago Harris School of Public Policy and the Associated Press-NORC Center for



Public Affairs Research reveals. As well, most Americans, regardless of political affiliation, think nurses and health-care aides are underpaid, it added.

When people get treatment or a service from a nurse or a doctor, they start building trust and then tend to return to those providers when they need more help or have questions about a health issue, said Michelle Strollo, a senior vice-president in NORC’s Health Research Group.

Pandemic Spurs Sudden Growth in Unionization

Canada’s union density rate — the percentage of employed Canadians who belong to unions — has risen amid the global pandemic, data from Statistics Canada shows.

The union density rate in 2020 was 31.3 per cent, up from 30.2 per cent in 2019, which is about where it has been since 2014. It peaked in April 2020 at 33.6 per cent, dipped in the summer, then rose and remained steady over the fall and winter, ending the year at 31.5.

Several Canadian unions, including ONA, attribute the increased interest to the many labour issues exposed by the pandemic, including serious health and safety concerns and the fact that non-unionized employees lost jobs at a higher rate, and the benefits and security that union membership brings in such uncertain times.



Significant Victory Clarifies Language on Premium Pay for Fifth and Subsequent Tours

ONA has won an important arbitration that will help clarify the interpretation of Local collective agreement language on premium pay for fifth and subsequent tours in the future.

The Case

The collective agreement of the urban hospital involved in this case entitles nurses to premium pay for any fifth and subsequent tours when they are working on a “four on/five off” scheduling model.

There are two exceptions to this entitlement. The hospital does not have to provide premium pay for fifth and subsequent tours when those tours are worked to satisfy days off requested by the nurse or the result of shift exchanges between nurses.

The Argument

This arbitration addressed a disagreement between ONA and the hospital regarding the interpretation of the applicable local language, which surfaced after several nurses had taken on extra shifts immediately preceding their four scheduled tours, making their fourth scheduled tour their fifth or sixth tour worked.

The employer argued that to qualify for the premium, all the shifts causing the member to work five or more shifts in a row must be scheduled by the employer. ONA argued that premium pay was required when fifth and subsequent tours were worked and that all of the consecutive tours did not need to be scheduled by the hospital.

Given that the employer had historically not paid the premium for the fifth and subsequent shifts in these circumstances, the parties agreed that the arbitrator’s interpretation of the agreement would be applied going forward.

The arbitrator found “nothing in the language...to limit the availability of the premium only to those fifth consecutive tours that have been scheduled by the employer.”



The Decision

Arbitrator Price interpreted the plain and ordinary meaning of the article in the collective agreement pertaining to this language, and ruled in favour of ONA’s interpretation.

Specifically, the arbitrator found that the premium applied to fifth and subsequent shifts worked and that there was “nothing in the language chosen by the parties to limit the availability of the premium only to those fifth consecutive tours that have been scheduled by the employer.” Further, the arbitrator noted that if the hospital’s interpretation was correct, it would have been unnecessary to include the two exemptions as they both speak to circumstances that do not involve the hospital scheduling shifts.

This decision is an important victory for ONA as it clarifies the interpretation of the local language going forward and entitles nurses to premium pay for any fifth and subsequent tours regardless of whether the consecutive tours were all scheduled by the hospital.



HEALTH & SAFETY

Joint Health and Safety Committee: Your Safety Go-to!

Have you ever heard of the phrase “knowledge is power?” When it comes to health and safety, it certainly is the truth. The more you know about your workplace rights and responsibilities, the better you can use the information to prevent workplace injuries from occurring.

And your Joint Health and Safety Committee (JHSC)? That is your go-to for all things safety. They have your back and will help protect you and prevent workplace injuries and illness. During this pandemic, JHSCs have become more important than ever.

“Given that our members work in health care, COVID-19 and its variants of concern as well as community spread are reasons to improve precautions to prevent transmission in workplaces,” said ONA Health and Safety Specialist Michael Benoit. “JHSCs have been integral in advocating for our members so that they have access to appropriate personal protective equipment, including proper fit-tested N95 respirators.”

The Occupational Health and Safety Act

During the pandemic, the *Occupational Health and Safety Act* is still in effect. This means that the rules that are encased in the *Act* are still applicable and relevant. No Ford government legislation – such as Bill 195 – can overrule it.

“Our members, including JHSC member co-chairs, were reaching out to ask about whether employers can cancel JHSC meetings or employers not show

up,” added Benoit. “Our answer is no – employers must continue to hold JHSC meetings, provide committee members with reports, and listen and try to resolve health and safety problems. We found that a lot of employers arbitrarily cancelled JHSC meetings, which caused many issues for our members who needed to know the facts and information to keep everyone safe.”

ONA had to step in a couple of times to tell employers that the JHSC meetings had to continue, especially during the pandemic. “It is vital that the employer and workers come together as often as possible to resolve issues that, frankly, are a matter of life and death,” he said.

No Employer Cooperation?

Sometimes, issues cannot be resolved even after much reporting and discussion with your employer, supervisors and even the CEO. It is your right to escalate unresolved concerns as high and quickly as necessary to protect workers. This is when you may need to turn to the Ministry of Labour, Training and Skills Development (MLTSD), and your JHSC will assist with this process. The MLTSD has the authority to inspect



workplaces and issue orders to improve workplace safety.

Together with your JHSC and ONA leaders, it is best to build the case first. If the risk is not imminent, document your concerns and the remedies you are seeking that could protect workers in a letter to the CEO/Administrator. Outline any breaches of the *Act* and request action. Inform and copy the JHSC and your Bargaining Unit President (if you don't know who that is, go to ona.org/bup). Let the inspector know that you tried to resolve the issues by writing to the CEO for action, but the issues remain unresolved.

When the inspector comes to your workplace, ask to be part of the inspection and investigation. Take notes

Want to read more stories like this one? Subscribe to our health and safety-specific eBulletin, On the Safe Side:

<https://action.ona.org/hs-ebulletin>

ONA Ontario Nurses' Association

ON THE SAFE SIDE

Charges Laid against LTC Home Where ONA Member Died of COVID-19

The Ministry of Labour, Training and Skills Development has laid three charges against a London long-term care (LTC) home under the *Occupational Health and Safety Act* related to COVID-19 outbreaks in 2020 that infected residents and staff and took the life of ONA member Brian Beattie, RN.

"Kensington Village failed to maintain unexpired personal protective equipment (PPE) and follow legislation requiring it to provide RNs with easy access to N95 respirators," said ONA President Cathryn Hoy. "The home failed twice to provide timely notice to the Ministry, ONA and the Joint Health and Safety Committee that its staff had contracted COVID-19 at work, as required by the *Act*. Brian died of COVID-19 acquired at this home, and the majority of our RNs were infected."

While Ministry inspectors visited the home more than 10 times between May and June 2020 and issued orders related to hygiene, cleaning, social distancing and training, access to PPE was not included. Beattie had made complaints about PPE being denied and the stockpile of N95s being expired and locked up to prevent their use.

"This tragedy was preventable," added Hoy. "There were glaring violations at Kensington Village and we sincerely hope that the mistakes this employer made are a lesson to other facilities to take occupational health and safety and infection prevention and control seriously. These charges won't bring Brian back, but we hope they mean his tragic death was not in vain."

and document all involved, plus the details and evidence that was provided to the inspector. "Be sure to ask the inspector for a file number and when to expect the next steps," noted Benoit. "It's always best to capture as much information as possible with the inspector, so that a full picture is presented."

ONA is Here

It is the right of all ONA members to work in a healthy and safe work environment. Part of ONA's mandate is to take a strong leadership role in achieving greater gains in occupational health and safety. If you or your JHSC need assistance, ONA is here to help. Please contact your Bargaining Unit President, or if you are a Local leader, reach out to your Labour Relations Officer. ONA has many resources on hand to assist with your JHSC needs.

Your JHSC is your go-to in helping protect you and prevent work-related injuries and illness. They are an excellent resource and are on your side. Please reach out to them if you have any occupational health and safety concerns.

Ill Due to a Workplace Exposure of COVID-19?

Suffering from a Psychological Injury Due to Work-related COVID-19 Trauma or Stress?

Here what's you need to do:

- ▶ File a Form 6 with the Workplace Safety and Insurance Board (WSIB).
- ▶ Notify your employer.
- ▶ Seek medical attention.

You must file a claim within **six months** of the date of your exposure/illness. The WSIB will make a decision on your claim. If the WSIB denies your claim, contact ONA's WSIB Intake at 1-800-387-5580 (press 0 and ask for WSIB intake or dial extension 7721) or WSIBintake@ona.org.



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International Recognition Pours in for Local's Gripping Film on PTSD

More than one year after its release, the international accolades and awards continue for Local 8's powerful short film depicting the impact of everyday trauma on RNs and health-care professionals.

The almost six-minute film, *No Room to Grieve*, features a visibly distraught nurse in the shower agonizing over the tragic passing of a young accident victim in the emergency department (see *Front Lines*, winter 2020 issue, page 32). The structure, style and techniques of the film, the fourth and final in a series by the Local – the previous three focused on workplace violence – are meant to mimic the complexity of post-traumatic stress disorder (PTSD) symptoms.

"I don't allow grass to grow under my feet," said Local 8 Coordinator Sue Sommerdyk, who came up with the idea for the film series and has been involved in every step of the process with Helios Films. "If there's an issue, I want to address it. I want to try and fix it."

And she wants to share it. Since its release in 2020, *No Room to Grieve* has been featured in 10 film festivals worldwide, including Australia's Flickerfest and the Ibiza International Film Festival, and selected for a monthly spotlight by *Beyond the Short*, which included a behind the scenes overview. It was also given a full write-up on local news site, *WindsoriteDOTCa*, and was featured prominently in

an Italian nursing union magazine.

"We decided to submit it to some film festivals, which Helios took care of, to get a wider exposure to the issue of PTSD on nurses," said Sommerdyk. "We figured it was an effective and inexpensive way to get it into a lot of different venues. But then we started getting notified that it was nominated for *this* and nominated for *that*."



« We're just a little Local that made a little video and got international recognition. We won film festivals while getting out a very impactful message that nurses may be heroes, but we're humans too. »

— Local 8 Coordinator Sue Sommerdyk, RN



In fact, the film earned an honourable mention for Best Drama Short at the Los Angeles Independent Short Awards and was nominated for Best Indie Short and Best Special Effects. Closer to home, it was the winner of the Best Cinematography Award at the Toronto Independent Festival of Film, and received the Outstanding Achievement Award for Editing. It was also called "beautifully tragic" by renowned film producer Deborah Snyder. While Sommerdyk received certificates for the nominations and wins, because of the pandemic, no in-person festival events could take place.

Along with these achievements, Sommerdyk said *No Room to Grieve* has generated the most amount of engagement that Local 8's social media platforms have ever had, with the Facebook promotional post alone reaching more than 60,000 people, along with more than 51,000 viewers on Google Ads. The short film is officially listed on Internet Movie Database, more commonly known as IMDb, along with the full cast, including several ONA members and real paramedics, crew and film poster. Sommerdyk is listed as producer.

"I couldn't believe that one," she said. "That's a real accomplishment. You can't just put yourself on IMDb. I'm incredibly proud of this film and our members who are in it."

And if other Locals are feeling inspired by the vast reach of Local 8's film, Sommerdyk, who already has ideas for her next project, possibly on workload, when COVID-19 allows filming again, encourages them to "go for it," such as pooling funds to make a bigger impact, including with Local 8.

"When we started this, it was just talking to each other and saying, *what can we do?* Don't ever feel like you can't; you just have to try. Obviously, consult with ONA first to make sure your idea is appropriate – and then collaborate. I reached out to an eager start-up multi-media company and made a really good deal. From this collaboration, they have won awards. It was win-win for us both."



View the film at <https://youtu.be/bw8EGqrm-68>



Chronique de la
présidente, AIOO
CATHRYN HOY, RN

➔ SUITE DE LA PAGE 4

première ligne en pleine pandémie mondiale, vous avez organisé des rassemblements sécuritaires à l'extérieur des bureaux de circonscription de vos députés provinciaux et participé à des activités virtuelles. Vous avez participé à une série d'appels téléphoniques et de courriels avec le premier ministre Doug Ford. Vous avez travaillé dans nos centres de télésollicitation durant les élections fédérales. Vous avez rappelé à l'ordre vos employeurs en utilisant tous les outils à votre disposition. Vous avez écrit aux rédacteurs en chef de vos journaux locaux pour informer le public de la triste réalité à laquelle vous faites face. En fait, vous avez trouvé des dizaines de façons créatives de faire connaître votre mécontentement, en sortant bien souvent de vos zones de confort.

Je ne saurais insister suffisamment sur l'importance de ce point. À l'échelle provinciale, l'AIOO a tenté de travailler avec le gouvernement Ford et vos employeurs, a demandé réparation devant les tribunaux, a parlé aux médias à chaque occasion et a lancé une contestation fondée sur la Charte pour renverser le projet de loi 124. Mais ce sont vos histoires de première ligne qui dressent les portraits les plus vivants, les plus troublants, et dans bien des cas, les plus déchirants. Vous pouvez dépeindre la situation comme nul autre. Et parce que le public a un profond respect pour les infirmières et les professionnels de la santé – tous les sondages le prouvent – il vous écouterait et, espérons-le, défendrait vos intérêts.

Votre ténacité nous sera fort utile dans les mois à venir, alors que nous élirons notre prochain gouvernement provincial le 2 juin. Je n'ai pas besoin de vous rappeler l'enjeu. Et bien que le premier ministre Ford ait tenté de nous neutraliser en invoquant la disposition de dérogation sur la publicité préélectorale par des tiers, nous devons poursuivre nos actions collectives à l'intérieur de ces paramètres. Nous ne serons pas réduites au silence!

Au cours des prochaines semaines, vous en apprendrez davantage sur la façon dont vous pouvez participer; je vous encourage également à consulter régulièrement notre site Web à ona.org pour obtenir l'information et les ressources dont vous avez besoin. Mais je tiens à souligner qu'être engagé sur le plan politique ne signifie pas nécessairement organiser un rassemblement ou participer à un centre de télésollicitation, quoique si vous le faites, c'est génial! En envoyant simplement un modèle de courriel à votre représentant élu et en discutant avec votre famille, vos amis et vos voisins des problèmes graves qui ont une incidence sur notre système de santé et vos fonctions au sein de celui-ci, vous jouez un rôle clé pour mettre notre province sur la bonne voie. Et quelle est la mesure la plus importante que vous pouvez prendre? Voter le jour des élections en faveur des soins de santé publics, et encourager les autres à faire de même.

Bien sûr, je n'assume pas ce rôle dans les meilleures circonstances. Mais je n'ai jamais hésité à relever un défi. Et je sais qu'avec la force de nos 68 000 membres, nous pouvons enfin obtenir le respect que nous méritons désespérément et le système de santé dont tous les Ontariens ont besoin. C'est parti!



Suivez Cathryn at twitter.com/cathrynhoy



Chronique de la première
vice-présidente, AIOO
ANGELA PREOCANIN, RN

➔ SUITE DE LA PAGE 5

médicale (MACU) étaient préoccupées par le fait qu'on leur demandait d'effectuer plus de travail que ce qui était conforme au soin approprié des patients, citant des problèmes dans les 114 formulaires de rapport de responsabilité professionnelle sur la surcharge de travail qu'elles ont remplis au cours d'une période de deux ans et un trimestre, comme le manque de personnel infirmier de base pour gérer le volume et l'acuité des soins à prodiguer aux patients.

À la suite d'une audience tenue en septembre dernier au cours de laquelle les membres ont offert des témoignages directs sur les défis auxquels elles font face au sein de l'unité de consultation sur l'évaluation médicale, l'IAC, qui est composé de trois infirmières autorisées qui écoutent les deux parties, a émis 157 recommandations sans précédent dans 12 domaines clés liés à la dotation, au leadership, à la communication, au recrutement et au maintien en poste, à l'orientation, à l'éducation, à la violence (Southlake a des problèmes documentés et bien connus dans ce domaine), à la sécurité de l'environnement, au contrôle des infections et à l'administration des médicaments, aux tâches et à l'équipement liés à des fonctions non infirmières.

Les points saillants de ces recommandations comprennent une augmentation du ratio de dotation des IA/IAA, qui passe de 50/50 à 60 % d'infirmières autorisées et 40 % d'infirmières auxiliaires autorisées; des ratios d'affectation infirmières/patients de 1:4 le jour et de 1:5 le soir; aucune affectation de patients 24 heures sur 24, 7 jours sur 7 pour l'infirmière responsable, afin qu'elle puisse fournir le soutien nécessaire au personnel et aux patients de l'unité de consultation sur l'évaluation médicale; et un formateur clinique de l'unité de consultation sur l'évaluation médicale à temps plein pendant deux ans, dès aujourd'hui. Je vous invite à lire toutes nos recommandations à l'adresse ona.org/member-services/professional-practice/iac-reports-summaries/.

Dire qu'il s'agit d'un rapport exceptionnel relève de l'euphémisme. Si ces recommandations sont appliquées, et l'AIOO travaillera sans relâche pour veiller à ce qu'elles le soient, cela améliorera grandement le milieu de travail de nos membres et la prestation de soins sécuritaires aux patients. Et tout cela parce que ces membres ont tenu bon et ont pris l'engagement de documenter leurs problèmes. C'est vraiment essentiel. Le pouvoir que nous avons en tant que syndicat découle de la force de nos membres et des ressources que nous consacrons à la lutte en tant que groupe uni. Chacun d'entre nous a un intérêt dans le changement que nous désirons opérer dans nos milieux de travail, alors je vous prie de vous renseigner sur notre processus relatif à la responsabilité professionnelle sur la surcharge de travail à ona.org/pp si ce n'est déjà fait, et remplir vos formulaires sur la surcharge de travail lorsque quelque chose ne va pas. Nous sommes là pour vous aider. Je sais que cela représente beaucoup de travail, mais nous avons les munitions dont nous avons besoin pour faire la différence. Et j'espère que cette histoire en est la preuve!



Suivez Angela at twitter.com/4angiepreocanin



FOR YOUR BENEFIT

Johnson Insurance: A “Benefit” for all Members!

ONA has a very long and valuable relationship with Johnson Insurance, which has provided benefits to health-care workers for more 30 years and understands the needs of our members.

The results are evident – all of our members are protected by ONA’s base program and almost 50 per cent have chosen to subscribe to Johnson’s voluntary insurance programs.

Basic Insurance Protection

A portion of your monthly ONA dues (\$2.50/month) is used to ensure that members are offered some basic insurance protection. Two types of insurance are provided: Base Plan Long-Term Disability Insurance (LTD) of \$250/monthly is available to members without employer-sponsored LTD programs, and all members have access to Base Plan Critical Illness insurance, which is a one-time lump sum payout. Critical illnesses covered include: life-threatening cancer, stroke, heart attack, arctic surgery, benign brain tumour, coronary artery bypass surgery, and occupational HIV and HEP C. Qualifying criteria exist for both insurance programs.

Voluntary Insurance Programs

In addition, Johnson offers our members voluntary insurance programs through an ONA affinity program. The program offerings have been designed by ONA members for ONA members to meet your insurance needs and fill gaps that may exist in your employer-sponsored programs.

« We are very proud to offer these invaluable benefits to ONA members from our friends at Johnson Insurance, who provide such caring and compassionate service. »»

— ONA President Cathryn Hoy, RN

New Year, Enhanced Benefits!

ONA works with Johnson annually to renew offerings, and we are pleased to provide the following updates to our health insurance programs, effective January 1, 2022:

- ▶ **Base Plan LTD and Critical Illness:** We will be adding two conditions (major organ failure on waiting list and major organ transplant) to the Base Plan Critical Illness benefit, bringing total covered conditions to 10.
- ▶ **Voluntary LTD:** No change in rates, but Johnson will increase the LTD benefit maximum to \$6,000.
- ▶ **Dental Care:** No change in rates, but Johnson will offer a plan enhancement (removal of a \$200 first year late applicant restriction).
- ▶ **Life Insurance:** No change in rates, but Johnson will increase the Living Benefit from \$50,000 to \$100,000, and the Life maximum from \$250,000 to \$500,000.
- ▶ **Accidental Death and Dismemberment and Voluntary Critical Illness:** No change in rates.
- ▶ **Extended Health Care and Optional Hospital:** An 8.3 per cent increase in rates for the 2022 policy year, and Johnson will increase the annual drug maximum from \$2,500 to \$3,000.

Other insurance programs available to our members include Home and Auto, MEDOC (Medical out of Country) and Trip Cancellation.



For more information on filing a claim or becoming a subscriber, go to ona.org/member-services/member-assistance/ona-insurance-benefits/



GIVEAWAY WINNERS

On March 1, 2021, Johnson Insurance launched the “Superheroes in Scrubs Appreciation Giveaway” contest to help recognize and celebrate members as the real heroes who keep us safe, noting it is your dedication and service that has made the difference.

Congratulations to the following winners (we aren’t including their last names):

- ▶ **\$2,000 Grand Prize:** Barb S.
- ▶ **\$1,000 Secondary Prize:** Tania M., Megan V., Katrina M.

Employer Retirement Plans Alleviate Employee Stress, HOOPP Survey Shows

More than 80 per cent of employers that offer retirement savings benefits say they are key to retention/recruitment and helping employees manage stress, a new study reveals.

The 2021 Canadian Employer Pension Survey of 845 employers, conducted by the Healthcare of Ontario Pension Plan (HOOPP – the pension plan of the majority of ONA members) and Maru/Matchbox, also finds that 73 per cent of respondents agree that employees feeling financial stress are less productive while 76 per cent think it is important to offer retirement benefits to reduce that stress.

These findings mirror those from the third annual Canadian Retirement Survey from HOOPP and Abacus Data, released last June, which found that employees with pensions said they are important for keeping them at their current job (71 per cent), making a new job seem attractive (73 per cent), reducing stress at work (71 per cent) and keeping them focused and productive (69 per cent).

The studies also show consensus on the future of retirement in Canada, with the Abacus survey finding that 67 per cent of Canadians believe there is an emerging retirement crisis, and 70 per cent of employers saying the same in the Maru/Matchbox survey. Both sides also agree that employers play an important role, with 77 per cent of Canadians saying that employers have a responsibility to offer a pension plan so that employees can have adequate retirement income, and 56 per cent of employers noting it is their responsibility to help set employees up for success in retirement.

“Taken together, these two separate studies paint a clear picture

on how valuable retirement savings benefits are for both Canadian employers and employees,” said HOOPP Senior Vice-President of Plan Operations Steven McCormick. “While the pandemic has been difficult for many Canadian employers, those who have been able to weather the storm are optimistic about the post-COVID

future, and have a plan to hire. It is notable how important retirement savings benefits are for both attracting and retaining staff as well as increasing productivity.”



View the full study at
hoopp.com



« Everyone benefits – employees, employers, governments and the economy as a whole – when Canadians have retirement security. »»

– HOOPP Senior Vice-President of Plan Operations
Steven McCormick

SURVEY SAYS...

Of the employers surveyed in the 2021 Canadian Employer Pension Survey:

- ▶ **73 per cent** agree that employees feeling financial stress are less productive.
- ▶ **76 per cent** think it is important to offer retirement benefits to reduce that stress.
- ▶ **A vast majority** of those who already offer retirement benefits say they are very or extremely important to recruitment (83 per cent), retention (86 per cent) and stress management (85 per cent).
- ▶ **58 per cent** say portability of retirement benefits is at least very important, while just four per cent prefer non-portability.
- ▶ **70 per cent** believe governments should incent the creation of scalable and portable retirement benefits.



Know an Amazing Nurse?

Nominate them for the Nursing Now Ontario Awards!

For the third year, ONA, the Registered Nurses' Association of Ontario (RNAO), and the Registered Practical Nurses Association of Ontario (WerPN) are excited to hold the Nursing Now Ontario Awards to recognize and celebrate nurses for their contributions to nursing practice and the health and well-being of Ontarians. Never has this been more apparent than during the COVID-19 pandemic.

Awards will be issued to one nurse in each category:

- ▶ **Registered Nurse**
- ▶ **Registered Practical Nurse**
- ▶ **Nurse Practitioner**

The awards are open to all nurses who practise in any health setting across the province. Awards will be presented during Nursing Week, May 6-12, 2022.

←—————●—————→
For more information about the awards, criteria and nomination forms, visit:

<https://awards.werpn.com/nursing-now/>

Deadline for Entries: February 25, 2022