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# Report from the President

ONA Provincial Coordinators Meeting Highlights  
November 18-19, 2015



Dear ONA Members,

I am pleased to provide the following report from ONA's November 2015 Provincial Coordinators Meeting (PCM) in Toronto.

I would first like to thank the leaders and members of ONA for the overwhelming support and trust in re-electing me as your Provincial President for the next two years. I am honoured and privileged to have the confidence of the members of our great Union. As I move into my seventh consecutive term as your Provincial President, I will continue to work with the Board to build strong teams and ensure the best decisions are made for all our members. We have a great deal of work to do!

Congratulations to Vicki McKenna, who has been re-elected as your First Vice-President for her sixth consecutive term.

I learned as a child to stand on principle, to stand for what is possible and to stand for what is right, even if the ground is crumbling beneath your feet. I have stood my ground on your behalf with employers, the Ministry of Labour (MOL) and Ministry of Health and Long-Term Care (MOHLTC). It isn't easy. Churchill once said, "You have enemies. Good. That means you stood up for something in your life."

Now, and over the next two years, we are defining the battles that could alter the DNA of our union. What we do will have a major effect on the rest of Ontario. We will be moving forward on four main challenges over the next two years:

1. **Bargaining across all sectors in Ontario:** Our members are depending on us to be their voice and to advocate on their behalf. We are beginning negotiations for a new Hospital Central Collective Agreement on behalf of our 50,000-plus members in the hospital sector. Soon after we will commence central bargaining for our 5,000 members in the nursing homes sector. We will also be bargaining in non-participating long-term care homes, community care access centres (CCACs), homes for the aged, community, industry/clinics and public health, where we will be seeking improvements and the best possible conditions of work for our members. We experienced a very unpleasant first week of bargaining with the Ontario Hospital Association (OHA) team, led by Jason Fitzsimmons, who comes from human resources in the private energy sector. He has already shown great disrespect for our profession, stating outright that the quality of care has not changed at all with the reduction of RNs, and he has already displayed a clear agenda of wanting to gut our wage grid and benefits in every possible way – benefits we have fought long and hard for. We expect bargaining will be extremely difficult in all sectors over the next two years, and we are ready for the challenge!
2. **Cuts to RN positions:** Erosion of our work, inadequate staffing levels, inappropriate staffing and extremely challenging workloads prevent us from providing safe, high-quality patient care. It also has led to an escalation of violence against our members in their workplaces. Since January 2015, 625 RN positions have been cut in the province, resulting in the loss of 1.2-million hours of nursing care to our communities. Zero-per-cent growth in operating funding for hospitals for four years in a row has only made matters worse for our RNs, who are often the first to be cut when hospitals look for ways to balance their budgets. We are also seeing cuts in every sector of the health-care system. It's not surprising then that ONA continues to hear from our front-line members about the devastating impact of nursing cuts on patients and on their ability to provide safe, high-quality care. Understaffing and excessive workloads mean more patient complications and infections, higher morbidity and mortality levels and readmissions, longer waiting times and poorer health outcomes. In addition, there is a

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strong correlation between insufficient staffing levels and an increase in violence in our members' workplaces. We will continue to press for a moratorium on RN cuts and for appropriate staffing levels.

- Nurse Health Program:** Our work with the College of Nurses of Ontario (CNO), Registered Nurses' Association of Ontario (RNAO) and the Registered Practical Nurses Association of Ontario (RPNAO) in the development of a program to support nurses with mental health and addiction issues is ongoing. On a related issue, we are trying to stop the CNO's terrible treatment of our members with mental health and addiction issues. CNO has been putting their names up on its website, denying these nurses the respect and dignity they deserve for all the care they have provided to their patients. It is a violation of their human rights and we continue to litigate this matter.
- Membership engagement:** The No. 1 priority you have identified is engaging interested members across ONA in the work of our union. The Board has been working diligently for some time to encourage our front-line members to become active and involved in our union, and we will continue to support members who are willing to step forward. We are doing everything we can to give them the tools they need to be great ONA leaders.

Roughly 20 per cent of our RN members will retire in the next five years and the concern is that their positions will not be filled. It could be continued attrition of nursing positions by "stealth." Who will replace them? RPNs? PSWs? Health care aides? Unregulated "care associates"? Unless we are willing to do something about it, we are not going to be able to prevent the erosion of our jobs and the harm that will result to our patients, clients and residents.

One cut is too many. One injury is too many. One death is too many. We need your help!

One of our main priorities for discussion at the December Board meeting will be how we can move our campaign out to each of your workplaces and each of your communities. If you are vocal and motivated, you can work on a campaign. If you have members who are vocal and motivated, ask them to join in.

The real work is done at the Bargaining Unit level with our Bargaining Unit Presidents, Local leaders and leadership teams. We will be discussing strategies and best practices at the Board on how we can enhance that connection with our Bargaining Unit leaders, and how we can get you all to rally around the issues that are priorities for our grassroots members.

I believe our leaders are stronger than ever and I'm proud to be president of ONA, knowing you are out there working hard on behalf of our members every day. I invite you all to join with our leaders across Ontario to articulate the message that we want to hold the line on cuts and bargaining concessions, and that we are not going to back down.

Please join in our campaign, **The Truth Hurts. Nurses Know.** (See below for more details on the campaign.) Be there to help us protect our rights, protect our jobs and protect the work we are doing for our patients, clients and residents, who look to us to advocate on their behalf. And let's all be there to support our nurses with mental health and addiction issues.

We must continue to reach high and to make sure our members know that ONA is their lifeline. Our members and our patients expect no less.

### **The Truth Hurts. Nurses Know.**

Our patients continue to pay the price for the provincial hospital funding freeze, and cuts in long-term care, home care and public health, pushing us to do more with less. We continue to hear from our front-line members about the devastating impact of nursing cuts on their patients and their ability to provide safe, high-quality care, with excessive workloads, more patient complications and infections, higher morbidity and mortality levels and readmissions, longer waiting times and poorer health outcomes.

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And yet, the \$100,000 public salary disclosure list – the “sunshine list” – shows that administrators continue to enjoy high salaries.

Nurses are the most trusted stewards of patient care. As front-line care providers, we are in a unique position to advance the conversation about the multitude of issues contributing to a decline in our health care. The trust invested in us by the public gives our advertising campaigns that much more impact.

To promote our position that more RNs and better, safer care are what Ontario residents need – not more nursing cuts – ONA launched a fall advertising campaign, **The Truth Hurts. Nurses Know.**, to ratchet up this message and keep it on the forefront in the media. This campaign also ties in the impact of funding cuts to increased violence against our members in their workplaces.

The ad campaign rolled out provincially during the week of October 19 after debuting in Kingston. It featured radio, transit, TV, print, advertorials and social media advertising. It was launched formally at a media conference held at Queen’s Park on October 22. We worked with MPPs to have a question on nursing cuts raised during Question Period in the provincial legislature that day.

Full details of the campaign are contained in my PCM report. To see our dedicated campaign website, go to <http://nursesknow.ona.org>.

We are now investigating next steps for keeping the campaign message alive into the new year. We will be developing other engagement strategies to promote the petition and make sure our voices are heard. I encourage everyone to continue taking part in the campaign by sharing post cards, sharing your pictures holding "Nurses Know." signs on social media, wearing buttons, contacting your local MPPs and/or sending them letters, and writing letters to the editors of your local newspapers.

Thank you to all of you for promoting our campaign messages in your communities. We have made a difference!

### Ontario Government Violence Task Force/ONA Violence Prevention Strategy

Our efforts to make violence prevention in our workplaces a front-burner issue are bearing fruit. The Ontario government has established a violence prevention task force to address the abuse experienced by our nurses and allied health professionals in their workplaces. I have been appointed to this executive committee, along with the deputy ministers from the MOL and MOHLTC, as well as the OHA’s Chief Executive Officer.

We began meeting in September. The initial focus will be hospitals but will expand to include other sectors as well over the three-year mandate of this group. Having a prominent role on this committee proves that the government is hearing the concerns ONA has raised about the dangerous situation in our workplaces. Our place at this table will give our members a voice in improvements in safety that will help keep us and our patients safer.

Based on advice from this committee, Ontario will develop an implementation plan to make hospitals safer, reduce incidents of workplace violence in hospitals and the broader health-care sector, change attitudes towards workplace violence and improve the workplace safety culture regarding violence. I hope it will also lead to mandatory reporting of all incidents and put some teeth behind calls for better staffing and hospital security. I know the four subcommittees will do great work on our behalf. The OHA also held a violence roundtable with hospital employers, which ONA attended. Hopefully this will motivate hospital employers to pick up the pace.

The incidents our members are experiencing are not just one-offs. Our members are telling us that there are daily occurrences of violence taking place in all sectors and that there has been an increase in the frequency and severity of attacks. It has been a long-acknowledged but poorly addressed problem that is

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now epidemic. Many cases go unreported partly due to a culture of acceptance that violence is part of the job, and yet our nurses are trying to provide the best care possible under very difficult circumstances.

For that reason, ONA launched a violence prevention strategy, *Recognize Violence. Report It. Unsafe Workplaces Hurt Patients Too*, to give our members the tools to recognize violence in their workplaces and to help them report violent incidents consistently and effectively.

One of the key pieces in our strategy is the Violence Prevention Tool Box, a box of materials developed for use by Bargaining Unit leaders that includes the Workplace Violence and Hazards Report Form. The tool box is filled with advice, samples and reporting forms for documenting violent incidents, flagging security issues and for collecting and telling your members' stories, along with a variety of posters and pamphlets, sample hazards, concerns and recommendations for workplace violence, template letters to employers and the MOL, and a guide to ONA resources that can provide additional information.

All of the related forms, documents and videos are on our website at <http://violence.ona.org/>, which is updated regularly to ensure it contains the latest resources and materials to raise awareness about this important issue.

By using the materials in the tool box, our Bargaining Unit leaders and front-line members are reporting incidents and providing stories of their experiences with violent incidents in their workplaces. This is incredibly useful information for us because documenting and reporting violent incidents is how we collect the evidence we need to help ensure safer workplaces.

We will continue to share our members' stories, include policies in our staff accountabilities and ensure CEOs and health administrators know that violence will only end if they are committed to stopping it. Please continue to encourage your members to visit our website's violence prevention page and to use the feature that helps them easily submit their stories of workplace violence with the click of a button, so that others can feel encouraged and supported in providing stories of their own.

Remember, your employers have the ultimate responsibility under the *Occupational Health and Safety Act (OHSA)* to protect your health and safety. Failing to implement policies, measures and procedures that protect our members, and failing to adequately train their managers and staff to deal with violence and abuse is a violation of the Act. We have had employers charged by the MOL for failing to comply with the legislation.

It is an upward battle, and we need to do our part. Our Bargaining Unit leaders and front-line members must hold our employers accountable to ensure the safety of both our members and their patients. By working together to pressure employers to staff our workplaces appropriately and ensure health and safety laws are enforced, we WILL eliminate violence in our workplaces. Remember, violence is NOT part of our jobs!

Along those lines, ONA has endorsed an Institute of Work and Health (IWH) study looking into whether violence legislation is making a difference in protecting workers, what the challenges are to compliance, and if workers can identify what measures, procedures and training employers have actually implemented as a result of legislation that they feel is protecting them or preventing injury.

### 10<sup>th</sup> Anniversary of the Lori Dupont Tragedy

On November 12, we marked the 10<sup>th</sup> anniversary of the tragic murder of our member Lori Dupont, a recovery room RN at Windsor's Hotel-Dieu Grace Hospital, by a doctor. The doctor subsequently killed himself and the coroner's inquest found that he had routinely and aggressively harassed her in the workplace, and in fact had harassed and abused other nursing staff at the facility. An ONA documentary about the tragedy, which was played at the PCM, can be viewed at: <https://www.youtube.com/watch?v=-1neJKOgJRU>.

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When ONA contacted the Dupont family to participate in the documentary, we asked them to reflect on some of the positives that have come out of what happened. Lori's father responded, "There can be no good, no positive from the loss of our daughter." Frankly, Lori's dad is right. Broken hearts will never mend.

Lori's tragedy did, however, lead to some changes. We were successful in achieving amendments to the *OHSA* related to violence in the workplace – changes that others had wanted for a decade but were unsuccessful in obtaining. And we have succeeded in achieving changes to the destiny of young nurses following in Lori's footsteps.

Liz McIntyre, ONA's General Counsel, who was a key player in achieving those changes, walked us through the events leading to Lori's death and the subsequent inquest.

"Sadly, Lori's story is an endless saga of remorseful 'if only' and 'what if,'" said Liz.

"The video brings back memories of the first call when we learned about this unthinkable event. I remember being so frustrated by the Ministry of Labour, which refused to treat this as a workplace fatality. ONA saw the tragedy through the lens of occupational health and safety and was determined to make that the issue. As a result, this tragedy has led to some positive changes in the *Act*."

"ONA has made a real impact. The dial has moved on systemic attitudes on workplace and domestic violence. ONA is taking its members on a path of empowerment to better deal with the reality of violence in the workplace, and that is such a good thing," Liz added.

"Still, despite amendments to the legislation, not enough has changed in our workplaces since Lori's death. Measures to protect our RNs and our patients from violence are inadequate. We need policies and laws that are enforced so that we can hold employers, CEOs and Boards of Directors of health-care agencies accountable for the safety of their workers."

### Liz McIntyre Named Honourary Member

For her work on the Lori Dupont inquiry and in many capacities as ONA's General Counsel over four decades, Liz was named an honorary ONA member. She is the only non-nurse to ever have been awarded this honour.

Liz has been working with ONA almost since its inception. A senior partner at Cavalluzzo Shilton McIntyre Cornish, Liz has made many noteworthy contributions on ONA's behalf, including:

- She served as counsel before the SARS Commission conducted by Justice Campbell. The "precautionary principle" that stemmed from that inquiry, largely thanks to Liz, served as the foundation for ONA's approach to Ebola and other communicable diseases.
- Her arguments at the Lori Dupont inquest were compelling and pivotal. She argued strenuously that Lori's tragic murder was a workplace fatality – not just an incidence of domestic violence that happened to have gone horribly wrong in the workplace, and that it should rightly fall under the jurisdiction of the *OHSA*. As mentioned earlier, it led to significant amendments to the legislation.
- She remains involved in a similar case in which a young ONA member was harassed by a physician. That nurse calls Liz her "rock," saying she would have been unable to muster the courage and stamina to withstand her lengthy battle without Liz's support.

Liz is a constant presence at our provincial meetings, addressing delegates on key issues of the day, such as the privacy of patient health records and protecting the human rights of nurses with mental health disabilities and addictions. She has eloquently but effectively presented ONA submissions before government bodies. She has also been recognized by her peers as one of the "best lawyers in Canada" in the practice areas of labour, employment and human rights. In 2006, she was awarded the Law Society Medal by the Law Society of Upper Canada.

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### Canadian Federal Election

As you know, the Liberal Party swept into government with a decisive majority on October 19, with Justin Trudeau elected Prime Minister. ONA was fully engaged in the Canadian Federation of Nurses Unions (CFNU) election campaign promoting issues that matter to our patients and to us as health care professionals, including: adequate funding of our public health system; a health human resources plan to hire more nurses and end RN cuts; a national prescription drug program; and a safe seniors strategy to deal with the severe understaffing in long-term, community and home care.

We hope our newly minted federal government, with a fresh new mandate, will invest in health care and a robust nursing workforce, and that the repressive anti-labour policies of the former Conservative government (Bills C-377 and C-525) will be shelved for good. The hard work begins now as we set out to influence the new Trudeau government to fulfill its election promises and stand up for health care. See my PCM report for a summary of the Liberal's six specific pledges for health care.

ONA will be working with the CFNU to determine our key priorities at the federal level, and we will be working with Ontario's new Members of Parliament (MPs) to lobby for early implementation of commitments on the negotiation of a new Health Accord.

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### Wear White Campaign

This campaign for wearing white on Wednesdays or otherwise has been embraced by many of our members, and is being supported by individual members, units and, in some cases, employers. Our goal is to take back our work and be recognized as RNs by wearing white. Blue was chosen by our RPN members. Go to our eStore at [www.ona.org](http://www.ona.org) to view our wide range of apparel that is perfect for this campaign.

Some members have reported that their employers have a dress code policy and will not let them wear white uniforms or dress outside of the designated uniforms for their facilities. If your collective agreement does not contain any provision about a dress code or uniform, the employer can implement a policy. But the policy must be reasonable, clear and consistently enforced. The reasonableness of a dress code policy will be determined by balancing the legitimate business interest of the employer and the personal rights of employees. An employer would have to show objective evidence that wearing white threatens or has a prejudicial effect on the employer's image. In the hospital sector, the question has been raised by an arbitrator as to whether a "wear white" policy would negatively affect health outcomes.

In workplaces where the employer has not specifically implemented a uniform, there should be absolutely no prohibition against a nurse wearing white on Wednesdays. If there is a uniform policy, the employee needs to comply with that policy. If ONA disagrees with that policy, we can file a grievance if we do not like the uniform. We would likely be successful with the grievance. But in the meantime, the nurse would need to comply with the policy and wear the uniform. If the employer's concern is that wearing white is a political statement, either because it states "ONA" on the scrubs or "RN," our members have the right to free expression and there is nothing improper about identifying one's profession. Furthermore, many nurses already wear ONA pins and/or ONA lanyards.

We have learned of a very recent decision out of British Columbia where a policy prohibiting the wearing of shorts and jeans in the office was struck down as unreasonable. It summarizes the law quite well. So, in a nutshell, you have the right to wear white on Wednesdays! If there is a policy in place forbidding it, we could likely successfully challenge it.

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### Government Relations

Please see my PCM report for more detailed reports on the following key issues:

#### *Ontario Health System Funding Reform*

PCM attendees heard that we are now in the fourth year of phase-in for a new hospital funding model, introduced by the MOHLTC in 2012. This new model shifts funding towards an activity-based system

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called "patient-based funding." Hospitals previously received their funding primarily in global budgets. The government argues that global funding did not provide opportunities to change funding to meet the demands of populations and it provided little incentive to improve performance or quality of services. It is our view that hospitals will be forced to compete for volumes of some procedures. Some hospitals may lose funding for certain clinical procedures because they are not able to meet the provincially-mandated price to perform the procedure. Regrettably, it may result in fewer services, less funding and the elimination of nursing jobs. And, if the government continues with zero-per-cent base hospital funding for 2016-17, cuts to vital hospital services and nursing positions will become untenable and patients will suffer needlessly.

### **Price-Baker Report on Primary Care Reform**

On October 15, the MOHLTC released the Price-Baker Report on primary care reform. The report recommends a redesign of the primary care sector in Ontario based on the introduction of Patient Care Groups (PCGs), which are fund-holding organizations that are accountable to the MOHLTC through LHINs. Ontarians will be placed into these groups based on geography, and then rostered to a primary care provider (i.e., a physician or nurse practitioner contracted by the PCG). Some of the functions proposed for the PCGs are currently fulfilled by the CCACs, such as care connectors and care coordination. We remain committed to ensuring our members in existing primary care providers and CCACs are not negatively affected by any primary care reform the government undertakes. We will work with the government as primary care reform moves forward.

### **Auditor General's Report on CCAC Financial Operations**

On September 23, Ontario's Auditor General Bonnie Lysyk released her Special Report on CCAC Financial Operations and Service Delivery in response to a call for the audit from the Standing Committee on Public Accounts. Lysyk made 16 recommendations, including the overall conclusion that "the way in which CCACs operate and deliver services needs to be revisited." Ontario Health Minister Dr. Eric Hoskins has said the government accepts and endorses all recommendations. ONA will be seeking our place at the table as the government moves forward with these reforms and will be providing updates as they occur.

### **MOHLTC Bundled Care Funding/Projects**

On September 2, the Ontario government announced an expansion of the bundled care model, introducing six new or expanded projects. In a bundled care approach, a group of health-care providers is given a single payment to cover all the care needs of an individual patient's hospital care and home care. This approach is also known as an "integrated funding model." As a patient moves throughout the system and back to her/his home, the majority of her/his health care team remains the same. Services are coordinated around the patient's short-term needs, resulting in fewer emergency department visits and less risk of being readmitted to hospital. These changes impact many sectors (hospitals, CCACs, home care providers and primary care) and many care providers, including ONA members, in six of the LHINs.

### **Labour Law Consultation**

The Ontario government is undertaking a review of the *Labour Relations Act (LRA)* and the *Employment Standards Act (ESA)*. ONA has been involved in that consultation, urging the government to make meaningful changes for our members and all Ontario workers. We provided a written submission and verbal presentation to the Ontario Changing Workplace Review on September 18 at Queen's Park. ONA's recommendations include:

- **Promote dignity and respect for all working people:** Increase minimum standards for wages and benefits, promote job security, workplace fairness, post-age 65 benefits and improve *ESA* enforcement.
- **Encourage and promote unionization:** Card-based certification, full disclosure, full protection for union members during organizing or a strike/lockout.
- **Improve the labour relations process:** First collective agreement arbitration, ban the use of strikebreakers, mandate benefit continuation during a strike/lockout, empower the Ontario Labour Relations Board (OLRB) to amend Bargaining Units and review bargaining structures.

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### **Public Sector Labour Relations Act (PSLRTA) Reform**

The government announced in its spring budget that Ontario plans to amend *PSLRTA* to reduce unnecessary strife, by ensuring that when changes are made to the structure of public workplaces, workers undergo the disruption and expense of a vote only when there is a reasonable prospect of success. The province says it will introduce a minimum threshold necessary to trigger a vote under the Act. ONA met with the MOL to oppose the proposed changes to the legislation. We believe this is counter to workplace democracy. On November 26, we presented a submission on Bill 109 to the Legislative Standing Committee. Bill 109 proposes that merger votes will not take place under *PSLRTA* if any union represents more than 60 per cent of the employees. This means that any union that represents less than 40 per cent of the employees would not have its name on the merger ballot for the vote. It is our contention that workplace democracy must be allowed to play out rather than be predetermined through an arbitrary designation. By depriving union members of the union of their choice, on the basis that they fell below an arbitrary minimum percentage of a newly integrated Bargaining Unit, is an unnecessary infringement of their charter right to the union of their choice. Our submission is posted on ONA's website under political action/submissions to government. I will keep you informed as Bill 109 proceeds through the legislative process.

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### **Nursing Student Outreach**

You've heard me say this many, many times in the past, but it's worth repeating: students are the future of our profession and are the advocates and union activists of tomorrow. As such, ONA is proud to support and advocate for nursing students, to provide opportunities for their engagement and development, and to celebrate their contributions and role. In fact, working together with students to improve our shared working conditions, advocate for high-quality public health care and advance the nursing profession is a top ONA priority.

National Nursing Students' Week (NNSW), held November 15-21, is a time for nursing students to celebrate their chosen profession and their journey in getting there. It is also an important opportunity for ONA to connect with the nursing students in our communities and to show our support. Each chapter school affiliated with the Canadian Nursing Students' Association (CNSA) organizes its own local events. I encourage you to connect with your local students! They want to learn from us, and we have a lot to learn from them.

We were delighted to welcome back to our PCM nursing student leader Kendra Davis, CNSA's Ontario Regional Director, who thanked ONA for its continued support of nursing students. A fourth-year nursing student at Western University, Kendra spoke about the issues impacting our nursing students. One key issue is the National Council Licensure Examination (NCLEX) for entry to practice into nursing.

CNO and several other Canadian regulators recently made the dramatic move to require all new graduate and incoming nurses to Canada to take the computerized NCLEX exam. While the NCLEX has certainly increased harmonization of nursing examinations in Canada and the United States, significant concerns were raised regarding the consequences of failing the NCLEX in Ontario. For instance, if an applicant fails a registration exam three times, the CNO Registration Committee will review the application to determine if there are any extenuating circumstances, such as an unforeseen medical situation, that might give CNO a reason to annul one or more unsuccessful attempts. If there is no reason to annul an attempt, the applicant will be required to complete another approved or equivalent nursing program before another attempt can be made – yes you read that right!

We are asking CNO to adopt a retake policy similar to the majority of U.S. nursing boards, which allows applicants to write the NCLEX an unlimited number of times. For more on this issue see my PCM report.

Nursing students are the future of our profession and are the advocates and union activists of tomorrow. ONA is proud to support and advocate for nursing students, provide opportunities for their engagement and development, and to celebrate their contributions and role.

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### SUN Advocacy Derails LEAN

We were pleased to welcome Tracy Zambory, President of the Saskatchewan Union of Nurses (SUN), who made a presentation via Skype (teleconference) on the failed “budget-driven” LEAN management system of health care.

Tracy said SUN was initially quite willing to cooperate when LEAN was first introduced, but became an outspoken critic when it became obvious that it was negatively impacting on nurses and patients. In fact, due to SUN’s advocacy, Saskatchewan Health Minister Dustin Duncan cancelled a controversial \$40-million contract with the American firm directing LEAN’s implementation.

LEAN’s focus is “cost containment” and the elimination of “waste” from the system, and the purported “patient-centred care” system turned out to be anything but, Tracy told us.

“They said we would be consulted, but changes started to come and were implemented before we were told about it. LEAN was not being implemented in a patient-centred way at all,” she said. “They followed health care workers around with stopwatches to see how quickly we could work and we were timed on long we spent in the washroom. Implementation came from the top down. Staff input and expertise was disregarded. Decisions about patient care were being made by people with limited or no expertise. They would look at how much time was spent handing out medications and then medication errors started to occur because of the pressure. Basic supplies were bought in bulk and cheaply.”

Ultimately, workloads soared as did stress levels, while staff morale plunged.

“LEAN turned out to be completely inappropriate for a health-care setting. It was a budget-driven model of care that eroded our professional nursing standards, taking the complex RN process and pulling it apart into tasks given to Licensed Practical Nurses (equivalent of Ontario’s RPN),” said Tracy. “LPNs have an important role in the health care system, but they are not interchangeable with RNs. You just can’t apply business strategies to the nursing process.”

ONA watched Saskatchewan’s experiment with LEAN very closely and we are glad to see that SUN was able to put a stop to it. We need to ensure that we are aware of any LEAN activities in our Bargaining Units that are negatively impacting our work and patient care.

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### ONA’s Landmark Influenza Vaccine-or-Mask Win

ONA won an important and precedent-setting arbitration award against Sault Area Hospital (SAH), striking down the controversial vaccinate-or-mask policy introduced at many Ontario hospitals. This policy forced nurses and other health-care workers to wear an unfitted surgical mask for the entire six-month flu season if they chose not to get the influenza vaccine. The arbitration between ONA and OHA, involving SAH, was the lead case on this contentious policy. It will have a widespread impact on other Ontario hospitals. (Please note that not all hospitals are following this award).

Our position is NOT about the influenza vaccine. It is about employers coercing our members to wear masks six months a year if unvaccinated, when the scientific evidence overwhelmingly tells us that the mask is not reducing transmission rates. It is illogical to force healthy nurses to wear masks. It is our position that these policies are both unreasonable and contrary to our Hospital Central Collective Agreement, including Article 18.07, which states “hospital[s] recognize that nurse[s] have the right to refuse any required vaccination.”

Publicly “outing” nurses who choose not to receive immunization by making it mandatory for them to wear masks punishes the nurses for a personal health decision and coerces them into receiving the vaccination. It is a tool to drive up the vaccination rates rather than an evidence-based infection control measure. The first priority of our nurses across Ontario is of course the safety of our patients, but such coercive employer policies do not truly advance patient safety. Our collective agreement protects our patients if the Medical Officer of Health determines there is an influenza outbreak, by ensuring

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comprehensive measures are put in place to reduce the risk of transmission to patients. Receiving the influenza needs to be a true choice and part of a comprehensive, evidence-based infection control plan.

### Pensions

PCM attendees received summaries of the status of our various pension plans. We heard from Victoria Hubbell of the Healthcare of Ontario Pension Plan (HOOPP), who reported that it is in great shape. We are delighted to hear that all part-time and non-full time employees who work at HOOPP employers now have the option to join the plan immediately. This is great news! We also heard that our members will not be required to enroll in the new Ontario Retirement Pension Plan (ORPP), as they currently are members of “comparable plans.”

### Pay Equity Update

My PCM report has a full summary of where we stand on pay equity in each sector. We continue to meet with the OHA to work on a new plan for our hospital members. Our Pay Equity team has developed a gender-neutral comparison system we have proposed to the OHA for use in the central hospital bargaining process.

### Have-a-Say Survey

Earlier this year, we asked our members to fill out an electronic Have-a-Say survey to help us determine your bargaining priorities for the upcoming round of negotiations. ONA's Director/Chief Negotiator Dan Anderson summarized the survey results.

### CFNU President Linda Silas

It was our pleasure to once again welcome CFNU President Linda Silas, who represents 200,000 nurses and nursing students, including ONA members, in affiliated nursing unions across the country. Linda provided a synopsis of CFNU meetings with First Ministers and plans for 2016, which include continuing to lobby for an end to nursing cuts, a safe seniors strategy and a national drug plan. “We expect better from the new federal government and all those MPs that were elected,” she said. “No organization in Ottawa does more work and gets better results than CFNU. Leaders know that nurses stick together!”

### Board portfolios

Under my portfolio of Communications and Government Relations, I'm proud to report that ONA has garnered some prestigious Communicators Awards:

- ONA won three “Pollie Awards” from the prestigious American Association of Political Consultants (AAPC). ONA won Best Use of Direct Mail gold awards for “Tim Hudak’s Plan” and “Is Your Family’s Health at Risk” and bronze for our “More Nurses” campaign.
- ONA’s media-focused newsletter, *Behind the Front Lines*, was honoured as a runner-up for “Best Pitch” in the prestigious PR Daily Awards. The competition was fierce with hundreds of entries from communication professionals and agencies worldwide vying for the honour.
- Our “More Nurses” campaign won silver for a “multiple-media campaign” at the Summit Creative Awards.
- In a diverse field of nearly 1,900 entries, ONA’s online video, *Report Hazards – Unsafe Workplaces Hurt Patients Too*, was one of just 82 2015 Grand Award winners from APEX. Judges praised our video as being “very persuasive, very cogently argued and very effective.”
- Our *Front Lines* magazine was also recognized, receiving an award for excellence in the “Magazines, Journals and Tabloid – Print” category.

**First Vice-President Vicki McKenna, Political Action and Professional Practice Portfolio:** The key topics for government relations in Ontario and federally have already been discussed in this report. In terms of professional practice, Vicki asked leaders to continue to encourage members to speak out when there is a risk to patients and to document their workload issues, which are endemic in every sector. “Overtime and illness rates are now about equal because nurses will continue to go to the wall for their patients. Every day, nurses leave their work feeling like they hope they haven’t missed anything,” Vicki said. “One of the ways of making inroads in addressing workload and professional practice complaints is reporting problems via workload reporting forms.” We heard from leaders on their successes in dealing

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with workload issues, including Cathryn Hoy, Bargaining Unit President/Local Coordinator for Local 99 at Kingston General Hospital, who spoke about a recent settlement over serious workload concerns, which brought significant improvements in the emergency department.

**Pam Mancuso, Vice-President Region 1, Human Rights and Equity Portfolio:** Pam provided a recap of another highly successful Human Rights and Equity Caucus that began our week with 225 members in attendance. The theme was “Challenging Racism in the Workplace.” ONA is launching an exciting human rights and equity initiative to champion our human rights causes even further, with a full roll-out in 2016. This initiative includes supporting six major observances: International Women’s Day (March 8), International Day for the Elimination of Racial Discrimination (March 21), National Day of Mourning (April 28), National Aboriginal Day (June 21), Pride (various summer dates) and Labour Day (first Monday in September).

**Anne Clark, Vice-President Region 2, Education Portfolio:** ONA’s very successful workshops continue to educate our members to be knowledgeable and skillful union members. ONA has launched a new workshop to help prepare leaders to have successful Labour-Management Meetings. ONA held another successful Leadership Conference in June, introducing its inaugural Membership Activist Camp, designed to train front-line members in union activism. Our education session this week dealt with the stigma of mental health issues and addictions and CNO policy.

**Andy Summers, Vice-President Region 3, Health and Safety Portfolio:** Litigation continues to grind on with appeals of MOL decisions related to violence issues continuing at Brockville, Guelph and Cambridge, and court cases for violence related offences continuing at Royal Ottawa, Brockville and the Centre for Addiction and Mental Health. Andy will continue to work with the violence team on developing and supporting Bargaining Unit advocacy to end violence in our workplaces.

**Dianne Leclair, Vice-President Region 4, Labour Relations Portfolio:** Dianne reported on the work of our all-sector team, including an update of the Managing Disruptive Physician Behaviour guide. You can find the guide on our website. Dianne is leaving the Board at the end of this term (December). She was thanked for her dedication and commitment to her Region 4 members and to the portfolios she held.

**Karen Bertrand, Vice-President Region 5, Local Finance Portfolio:** Karen provided a Local Finance report and an update on Treasurer education plans for 2016 Treasurers. She encouraged member engagement by planning and identifying priorities and then incorporating them into Local budgets.

### CEO/CAO Report on Operations

Marie Kelly began her Report on Operations by saying it is an honour and privilege to take on the role of ONA’s Chief Executive Officer/Chief Administrative Officer on a permanent basis, offering her personal thanks to Board for their mentorship and desire to move our union forward, staff for their incredible knowledge and expertise, and Local leaders and members, who are the face of our union and the barometer of what’s happening on the front lines. Marie provided updates on ONA’s many services, including WSIB, litigation and arbitrations, organizing and finance.

### Member Secondment Program

To support the transition from this generation of leaders to the next, Marie described how ONA has launched our new Member Secondment Program. The successful candidates are Marie-Claire Caron, the Bargaining Unit President at Shouldice Hospital north of Toronto, and Beth Thompson, the Bargaining Unit President at Queensway Carleton Hospital in Nepean, on the outskirts of Ottawa. Marie-Claire and Beth have been working out of the Toronto and Ottawa District Service Team (DST) offices respectively. They trained in Toronto. You can read more about this program in my PCM report.

### OAITH Wrapped in Courage Campaign

Now in its third year, the Ontario Association of Interval and Transition Houses (OAITH) “Wrapped in Courage” purple scarf campaign is part of a broad strategy to raise awareness about domestic violence

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and violence against women, and to provide vital support to agencies that serve some of the most vulnerable members of our communities.

Shelters rely on community support to meet demand. They have faced a funding freeze since 2009, while the number of women serviced by shelters has increased by nearly 20 per cent in the past four years. Shelters are forced to turn away many women due to a lack of resources. ONA is a proud sponsor of this important campaign. Our support will have a direct and powerful impact on the lives of abused women and children.

As November is Woman Abuse Awareness Month, I strongly encourage all of you to support this important campaign in your communities, and to show abused women and their children that they are not alone. Purchase a purple scarf from OAITH to show your support. The purple scarf is a symbol of the courage of those who have faced violence, and an expression of the strength and support of an entire community united to end violence against women. Contact your local shelter and visit the *Wrapped in Courage* webpage at [www.WrappedInCourage.com](http://www.WrappedInCourage.com) for more information.

### Operation Christmas Cheer

This organization is something ONA can really get behind. It is a volunteer organization of labour unions that provides toys for kids, food hampers, grocery gift cards and traditional Christmas dinners for any group of workers who are on strike or walking picket lines during the holiday season, as well as cheer and support. It is currently supporting five locals on picket lines in Ontario, with a few more locals to announce strike/lockouts before the holidays. You can find more information on their website: [www.operationcheer.com](http://www.operationcheer.com).

### March 2016 PCM/ONA Biennial Convention

The March PCM takes place at the Westin Harbour Castle in downtown Toronto March 8-9, 2016, with a half-day education session on a labour-relations topic on March 10. We expect you will be able to register for the event online through ONA's website in early spring.

In one year's time, we will be gathering for our Biennial Convention, also at the Westin Harbour Castle, November 15-17, 2016. The week will begin on November 14 with our annual Human Rights and Equity Caucus and will conclude with our half-day education session November 18.

### November 2015 PCM Materials

All the materials from this meeting are posted electronically on ONA's website in the Executive section.

### Going forward

During these past few weeks and months, we have been challenged like never before. Yet throughout it all, you have remained steadfast. I am so proud of the work you are doing on the front lines and in your communities, and for your dedication and commitment to ONA. Our patients/clients/residents continue to need you to be their voice. And if this meeting is any indication, I know I can count on you. We are stronger together!

Sincerely,

**ONTARIO NURSES' ASSOCIATION**

A handwritten signature in black ink that reads 'Linda Haslam-Stroud'.

Linda Haslam-Stroud, RN  
ONA Provincial President