
Report from the President

**ONA Provincial Coordinators Meeting Highlights
March 8-9, 2016**



Dear ONA Members,

I am pleased to provide the following report from ONA's March 2016 Provincial Coordinators Meeting (PCM) in Toronto.

I want to begin this report with a message of hope – hope for the future, hope that things will get better, hope that the nursing profession you have chosen and love will once again leave you feeling like you have provided the best possible care you can for your patients, clients and residents at the end of a shift.

We are hearing so many tragic stories from you, our Bargaining Unit and Local leaders, and our front-line members, about how hard it is as you deal with excessive workloads, understaffing, the threat and actuality of layoffs, the stress and strain of burnout, and the numerous incidents of violence in your workplaces.

Our front-line members need to know that ONA, their union, is fighting to improve their work lives and is attacking the issues that are impacting on them. They need to know they have over 500 Bargaining Unit Presidents diligently advocating on their behalf.

What is a true leader? A true leader is one that is going to be able to lead through the tough times. A true leader gives our members hope – hope that we are going to have their backs, like they have their patients' backs.

It's easy to lead when you have a win or something positive to take back to your members. It's much harder to lead when things are a challenge and you don't seem to be making much headway. Our members are looking to us as leaders to improve their work lives. They see us taking on and dealing with issues on their behalf and that gives them the hope to keep fighting to provide safe, quality care for their patients.

If we keep our eye on the ball, our members will see that we are not going to give up, and they will draw from that the hope and strength they need to keep fighting.

We just got through three difficult weeks of bargaining for our 50,000 hospital sector members. Hospital employers wanted concessions in benefits and wages. I'm here to tell them that we are in there fighting back.

Because of our hugely successful advertising campaigns, everyone wants to know what Ontario's nurses are saying and thinking. We need to get loud. We need to make sure our message continues to get out.

And there is hope. We are hoping for some quick wins at the provincial violence leadership table, including the Ontario government requiring violence prevention plans be included in hospital quality improvement plans and having Local Health Integration Networks (LHINs) include accountabilities regarding violence in the workplace,

Your stories and your members' stories about violent incidents at your facilities are how we got there. We need this to continue.

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The key message is to stop the RN cuts and everything will flow from that. We are seeing cuts to RN positions across the board as hospital administrators try to balance their budgets on the backs of the RNs.

Since January 2015, we have seen 1,200 RN positions cut, which has meant the loss of more than 2.3-million hours of front-line care from the system. We have seen almost 500 RN positions cut just this year alone.

The short-sightedness of these continued cuts is nothing short of tragic. Our message is to end these cuts, and the Minister of Health, Dr. Eric Hoskins, is listening, but we need to keep the pressure up. We need to keep asking, where in your "Patients First" agenda are the RNs and what are you going to do about RN cuts?

I'm thrilled to tell you that the Registered Nurses Association of Ontario (RNAO) is coming to bat with us. They received 17,000 responses to a petition on their website. RNAO has agreed to take up the fight for you and we will keep that going!

Now we are asking you, our front-line leaders, to get involved, and to ask your members to get involved. So far hundreds of our grassroots members are coming out to our rallies and getting on the front pages of their local newspapers. People are asking about our campaign, **Nurses know.**, and how they can help.

Communities are catching fire with this message and we need it to continue. What are we fighting for? Safe, high-quality patient care, the type of care provided by our RNs and allied health professionals.

The fight is getting employer groups like the Ontario Hospital Association (OHA) on side, but so far it seems the OHA wants to reduce the RN complement by changing the skill mix. They want to cut staffing and services.

We have finally been able to get the government's attention, and they are listening to us because of you.

We will continue to hammer home the message that we want to see:

1. An end to the further erosion of any RN positions.
2. Improvements in hospital-based operating funding to help us provide safe, quality patient care.
3. A multi-year nursing human resource plan to address the significant and entirely inappropriate RN-to-patient ratio. Shame on Ontario for continuing to have the second-worst RN-to-patient ratio in Canada. Our patients continue to pay the price for provincial hospital funding freezes and cuts in hospital, long-term care, home care and public health, pushing us to do more with less. Ontario needs more RNs, not fewer. The evidence shows the devastating impact of RN cuts on patients and our ability to provide safe, high-quality care: excessive workloads, more complications, increased infections, higher morbidity and mortality rates and readmissions, longer wait times and poorer health outcomes. And yet, the provincial government has not yet implemented a moratorium on RN cuts.
4. A fully integrated public home-care system rather than the current piecemeal arrangements.
5. Enforcement of a staffing standard in long-term care, so we can ensure we have enough staff for our vulnerable residents.
6. An action plan for violence prevention in the health-care system that includes appropriate staffing levels.

Thanks to your advocacy, we have been given the green light by the Ministry of Labour (MOL) to discuss staffing levels as a way to eliminate violence in our workplaces. We can talk about staffing models, core competencies and the skills needed to provide safe, quality care where staffing is an issue.

We will make it understood that as our workloads have increased, so have the violent attacks.

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And we are gaining ground. Recently, we were on the front page of the Hamilton Spectator talking about violent incidents in Hamilton facilities. We are in newspapers across the province showing the direct correlation between understaffing of RNs and the increase in patient violence.

We cannot back down. Our members are looking for hope, and we are that hope.

Nurses know. We know there is increased violence because of the cuts. We know our patients are dying because of the cuts. We know that patient morbidity is increasing because of the cuts. And we know our patients are depending on us. Enough is enough!

I hope you convey to our members my message of hope, and let them know there is a light at the end of the tunnel. I am just so proud of the work you and our front-line members are doing to make sure our voice is heard at every level.

I am asking you to continue that fight.

Along the theme of hope and working together to achieve success, PCM attendees were thrilled to hear from guest speaker Sami Jo Small, a former gold-medal Olympic hockey player who is now a motivational speaker. Small provided a message of hope, persistence and the art of not letting a setback get you down.

Facing obstacles as a young girl trying to play hockey when it was still mostly a boys' game, she shared her experiences of how teamwork and encouragement helped her ride the highs and lows of her athletic career. Said Small, "When you are part of a team, you are stronger together."

That is a valuable message for you, our leaders, and for our members on the front lines.

Now, and over the next two years, we will be moving forward on four main challenges:

1. **Bargaining across all sectors in Ontario:** Our members are depending on us to be their voice and to advocate on their behalf. To our extreme disappointment, hospital central bargaining got off to a dismal start and we are now moving to binding arbitration. We will soon commence central bargaining for our 5,000 nursing home members, where Vicki McKenna will be taking the lead, and we will also be bargaining in non-participating long-term care homes, community care access centres (CCACs), homes for the aged, community health, industry, clinics and public health, where we will be seeking improvements in wages, benefits and working conditions, including our workloads.
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. Zero-per-cent growth in operating funding for hospitals for almost five years in a row 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 is not surprising that ONA continues 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. We will continue to fight for a moratorium on RN cuts and for appropriate staffing levels. We are hoping the funding announced in the 2016 budget for hospitals will help alleviate this situation.
3. **Nurse Health Program:** We have succeeded in having a Nurse Health Program initiated. 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) on a program to support nurses with mental health and addiction issues is ongoing. CNO is very aware that its treatment of our members with mental health and addiction issues requires changes that respect our members and support any disability. CNO has been putting our members' names up on its website, denying these nurses the

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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.

- 4. 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 to encourage front-line members to become active and involved in our Union, and we will continue to identify members who are willing to step forward. We are doing everything we can to give them the tools they need to be ONA leaders. In addition, the Board has considered the suggestion that our annual March PCM be changed to a joint sector meeting for our leaders in all sectors. This has been proposed as a potential Constitutional Amendment, to be brought forward for discussion and possible vote at our Biennial Convention in November along with three other proposed amendments. The four proposed amendments are briefly discussed later in this document, and detailed information can be found in the PCM materials. This is engaging the Bargaining Unit representatives in the work of the Union for the benefit of all.

The rest of this report summarizes information presented during the PCM on the work of the Union. More comprehensive information can be found in the PCM materials.

Nurses know. Advertising Campaign

Ontario's health care is ailing, and nurses know what is wrong and how to fix it! That's the core of our current phase of the **Nurses know.** campaign.

As the most trusted stewards of patient care and as front-line care providers, nurses are in a perfect position to advance the conversation about the multitude of issues that are contributing to a decline in our health care. The trust the public invests in us gives our advertising campaigns that much more impact. And so, to promote our position that more RNs and better, safer care are what Ontario residents need – not more nursing cuts – ONA launched the next phase of our **Nurses know.** campaign to ratchet up this message and keep it on the forefront in the media and in the public's conversation.

One of our main priorities is to move our **Nurses know.** campaign out to each of your workplaces and each of your communities. The real work is done at the Bargaining Unit level with our Bargaining Unit Presidents, Local leaders and leadership teams. As such, we are bringing the campaign to you locally.

Our education session this week was devoted to providing you with the tools you need to carry our messages forward, by engaging news media, using social media effectively, planning actions and events, and lobbying government representatives. During the session, we explored the development of our campaign and provided tips and techniques for engaging all of our workplaces and communities in the fight for better health care. You can find great information from the education session on our website in the Executive Section. See the manual, *"It's time to take action for better care"* at: http://www.ona.org/executive_home/pcm_biennial_documents/march16.html.

Full details of the campaign and its roll out are contained in my President's Report in the PCM materials. You can also watch a video on the campaign on our youtube channel at: <https://www.youtube.com/user/OntarioNurses>. To visit our dedicated campaign website, go to: <http://nursesknow.ona.org>.

The campaign message will also be the core theme for Nursing Week 2016, being celebrated by ONA members from Monday May 9th until Sunday May 15th. Our Nursing Week theme this year is: **We are Ontario's nurses. Nurses know.** See below for more on Nursing Week.

Ontario Budget

The provincial budget unveiled on February 25 provides an increase for hospital funding, which we expect to see invested in front-line RNs. It has been appalling to watch the Ontario government starve our hospitals of much-needed funding over the last four years and we hope this new funding will be used to

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improve the quality of care for Ontarians. It is very important that Health Minister Eric Hoskins signal hospitals to invest this increased funding wisely and to respond to the tens of thousands of Ontarians who have requested a moratorium on RN cuts.

Our patients in long-term care will see increased funding for nursing and personal care. That will assist in addressing the high acuity of our residents. Community care will help build capacity as the system continues to transform. In addition, long-overdue funding for nurse practitioners (NPs) in the community is also included in this budget.

The budget was delivered in the context of a provincial deficit forecasted to be \$4.3 billion in 2016-17, with the government reaffirming it is committed to balancing the budget in 2017-18 as promised during the 2014 election campaign. Funding for the health sector increases overall by almost \$1 billion (an approximately 1.9-per-cent increase) from \$50.8 billion to \$51.8 billion in 2016-17.

New Federal Government

We are continuing efforts at the federal level on national health priorities with our partners, the Canadian Federation of Nursing Unions (CFNU), Canadian Labour Congress (CLC) and Canadian Health Coalition (CHC). Our four key issues are:

- Adequately fund our public health-care system.
- Develop a health human resources plan to hire more nurses and stop RN cuts.
- Develop a national prescription drug program.
- Develop a safe seniors' strategy to deal with severe understaffing in long-term, community and home care.

During the election, the federal Liberals promised to restore fair and balanced labour laws that acknowledge the important role of labour unions. The government announced legislation, Bill C-4, that would repeal the regressive anti-labour bills C-377 and C-525. C-4 has now received second reading. If this bill passes, it is a huge win for the labour movement and for protecting your rights as union members. Federal Labour Minister Mary-Ann Mihychuk says she hopes the legislation signals a new relationship with labour after almost a decade of acrimony under the Conservatives.

Wear White Campaign

The 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/estore to view our wide range of apparel that is perfect for this campaign.

Nursing Week 2016

As always, Nursing Week is celebrated during the week in which Florence Nightingale's May 12th birthday falls, and as I reported earlier, begins this year on Monday, May 9. ONA's Nursing Week theme this year, **We are Ontario's nurses. Nurses know.**, builds on our provincial advertising campaign message.

I'd like to thank our five front-line members for volunteering to be part of the Nursing Week Advisory Team and ONA Region 2 Vice-President Anne Clark for assisting in chairing the meetings. The team members are: Rosa-Marie Mandziak, Region 1; Deborah Proulx, Region 2; Diane Ackerman, Region 3; Kara Northgrave, Region 4; and Brittany Freer, Region 5.

The Nursing Week Planning Guide was sent out to Bargaining Unit leaders in late February and is posted in the Executive Section of our website with all order forms (buttons, posters, etc.). A generic version is available on our public side without order forms as the supply of buttons and posters is limited. Our Nursing Week bilingual poster with the "tear away" section is sent out in March in two sizes (large poster-sized and an 8½ x11-inch small version). We send out a standard number based on the size of

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your Bargaining Unit, along with an order form if you want more. As well, there is an order form for Nursing Week buttons that you must fill out and send in, as buttons are provided by request only.

If you want to invite myself, First Vice-President Vicki McKenna or your region's Vice-President as a guest/guest speaker to your Nursing Week event or for a site visit, you need to fill out a request form in advance. Look at times before and after Nursing Week as well. The form is included with the Nursing Week planning materials.

ONA's eStore has a wide range of products and promotional items at great prices to give out as gifts to your members. A flyer has been distributed that shows samples of what is available. Included are white scrub tops and black pants that are perfect for Wear White Wednesdays, as well as pens, mugs and other items. Visit our eStore at www.ona.org/estore.

Violence Prevention Campaign

Our campaign continues at the provincial and Bargaining Unit levels. The provincial government's Executive Team, made up of the Deputy Ministers of Labour & Health, OHA's CEO and myself, is overseeing the Leadership Table and working groups that are developing violence prevention initiatives for nurses in hospitals. Our deadline for finalization is the end of 2016. We will then look at roll out for all health-care workers in hospitals and then homes and communities.

Documenting and reporting violent incidents is how we collect the evidence to help us ensure safer workplaces. To assist in this effort, see our violence prevention webpage at <http://violence.ona.org/>.

Government Relations

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

Late-Career Funding: Due to our advocacy, the Ontario government has pulled back from its plans to end this program and has committed to making sure the funding is provided earlier.

New Graduate Guarantee: The Ontario government approved only about half of the previous \$66-million funding for this program. The program will continue with new funding guidelines.

Bill 109 – Proposed Amendments to the *Public Sector Labour Relations Transition Act (PSLRTA)*: Bill 109 received royal assent on December 10, 2015. ONA believes the amendments to *PSLRTA* would not stand charter scrutiny. Most recently, the government has suggested a 75-per-cent threshold, which would be determined in regulation. ONA's position is that the threshold should be 95 per cent. ONA believes the proposed threshold is contrary to workplace democracy and will continue to voice this objection to the Ministry of Labour (MOL). We are also discussing a Charter Challenge.

Nurse Practitioner (NP) Funding: The Ontario budget for 2016 allocates \$85 million over three years to ensure that primary-care teams and clinics can effectively recruit and retain qualified inter-professional staff. It is our understanding that this funding will address competitive NP compensation issues.

Personal Support Workers (PSWs): The Ministry of Health and Long-Term Care (MOHLTC) is moving forward with its two-year PSW "wage enhancement" initiative in the community. Originally announced in April 2014, the \$4-per-hour increase is being phased in over three years, with a base wage of \$16.50 per hour effective April 1 of this year. The government has recently invited ONA to attend further meetings looking at "sustainability of the PSW workforce." The MOHLTC ended its funding for the Ontario PSW registry but is considering a number of options to ensure a safe and competent PSW workforce.

Canada Health Accreditation Report: This year's report provides information on key workplace safety and violence prevention findings. The observations of peer surveyors at the on-site surveys and staff responses to questions in the Worklife Pulse Tool (WPT) provide valuable information that may contribute to positive changes for responding to workplace violence within the health-care system. This national

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report presents aggregate data on workplace safety and violence prevention from health-care organizations participating in the Accreditation Canada Qmentum program, as well as results from the WPT. The report quotes ONA extensively, including statistics and recommendations for safer workplaces and violence prevention.

“Patients First” Discussion Paper on Community Care Access Centre (CCAC) Restructuring: ONA met with OPSEU, COPE and CUPE unions regarding CCACs moving to LHINs. We discussed the implications for labour relations, including under which legislation our members will be accountable. ONA made a submission on the discussion paper, which is available on our website under Political Action/Government Submissions. ONA has raised some serious concerns regarding the fragmented approach to care for patients and their families under the existing CCAC model. But we also have some real concerns about the impact on our members of the transfer of employment and responsibility from CCACs to LHINs. You can access the Ministry’s “Patients First” Discussion paper at this link: http://health.gov.on.ca/en/news/bulletin/2015/docs/discussion_paper_20151217.pdf

Physician-Assisted Dying (PAD): On December 14, 2015, the MOHLTC released a final report from the Provincial-Territorial Expert Advisory Group (EAG) on PAD, and held public consultations in January. The final report recommends provinces and territories advocate for certain changes to federal legislation. ONA remains committed to ensuring our members’ individual rights (conscience, religion/creed and privacy) are protected in any health-care facilities and practice settings where PAD is provided. ONA wants clear guidelines and supports in place that allow nurses to indicate whether or not they wish to participate in PAD, and provide them with a real choice that is equal to physicians as recognized in the *Carter* decision.

Post-Traumatic Stress Disorder (PTSD) Legislation: Bill 163 provides for PTSD coverage for first responders. ONA is advocating for the inclusion of nurses in the legislation. We are continuing discussions on this with the Labour Minister.

ONA Submission on Labour Ministry’s “Safe at Work Ontario” Strategy: The MOL’s Section 21 workplace violence 2014/2015 fiscal year report revealed gaps that are of a major concern to ONA, including the fact that there were no orders issued to hospitals under Section 32.0.5, failing to provide information about a person with a history of violent behavior to all workers at risk. Not even one order. Our members across the province tell us their employers still do not even have an electronic and visual flagging system in place, except for a few workplaces, which could forewarn all workers at risk about such a history, behaviours they could encounter, the triggers, and any interventions for the patient and the worker to keep both safe. This is unacceptable. At ONA’s 2015 health and safety training sessions, approximately 300 ONA health and safety reps were asked if they receive accident/illness notifications within the four-day timeframe, and with the prescribed information. Less than five per cent of them did. This confirms that the MOL inspectorate to date is still not holding health-care employers accountable under the *Occupational Health and Safety Act (OHSA)*, despite our numerous pleas to senior leaders at the MOL to do so. The MOL and MOHLTC need to hold leadership accountable for the health and safety of our nurses and all health-care workers. Doing so will not only protect nurses but patients as well. ONA believes the lack of attention to effective, consistent enforcement is putting our members’ at risk.

ONA Supplemental Submissions to the Ontario Changing Workplaces Review (OCWR): ONA made the following four key recommendations to the OCWR panel:

- Examine bargaining structures and processes in the health-care sector to reflect the significant restructuring that has occurred.
- Re-examine the appropriateness of Bargaining Units to reflect significant changes in the distribution of work amongst classifications and to ensure workers with the strongest community of interest be in a position to bargain collectively within the same union.
- Put in place bargaining structures and processes to ensure health-care workers are bargaining with "real" employers, i.e., those in control of the setting of standards, funding and distribution of work.

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- Conduct bargaining for all nursing professionals on a provincial or regional basis. Not only is this an efficient bargaining mechanism, it is consistent with equity within the profession, ensuring that nurse positions in all sub-sectors of health care are equally attractive to professionals.

In our view, a new model of sectoral, broader-based certification and bargaining procedures will serve to correct the imbalance between employers and employees and enable health-care workers to have an effective collective voice in their workplace as the province goes forward with restructuring in the health-care sector.

Nursing Student Outreach

The NCLEX exam continues to be a major issue for our student affiliates. CNO has been claiming an 88-per-cent pass rate for the NCLEX, however the first-time pass rate in 2014 was 84.7 per cent and was down to 68.1 per cent in 2015! CNO used to show the pass rates for the first, second and third attempts broken down by region, gender and age, but now is rolling up to all writes. Due to our advocacy, the government is now looking at amendments to the *Nursing Act* to allow for more rewrites of the exam, which CNO currently caps at three rewrites.

We were pleased to welcome Kendra Davis, who has just wrapped up her term as the Canadian Nursing Students' Association (CNSA) Ontario regional director (ORD), and has embarked on her nursing career at London Health Sciences Centre in pediatrics. We also welcomed Grant MacNeil, the new ORD.

In her remarks at the PCM, Davis talked about her extraordinary experiences in working with ONA during her tenure as ORD, and thanked ONA for "standing up for all students in Ontario and nationwide."

"ONA has been instrumental in helping over 30,000 nursing students across Canada and 14,000 in Ontario alone," said Davis. "You helped us to have a stronger voice, provided support for us, welcomed us at your meetings and fought to make sure that the RN positions we have been preparing to take on for four years will be there for us when we graduate."

During our February Board meeting, the CNSA Ontario region gave Vicki McKenna an award for her dedication and commitment to nursing students.

ONA was again a gold sponsor of the CNSA 2016 National Conference, held at Sault College in Sault Ste. Marie, January 27-30. I attended January 27-28 and Region 1 Vice-President Pam Mancuso attended January 30. There were 326 students in total for the national conference, with 152 from Ontario.

Labour Relations Officer (LRO) Diana Kutchaw, RN, North District Service Team, presented a well-received workshop about our workplace violence prevention campaign. The ONA table at the career and exhibitors' fair was staffed by myself and ONA Campaigns Officer Ken Marciniec on our Communications and Government Relations Team (CGRT). Canadian Federation of Nurses' Union (CFNU) President Linda Silas attended the conference and staffed the CFNU table. HOOPP also had a table.

I was invited to speak to the official and associate delegates (ODs and ADs) from our nursing schools during their first Ontario regional executive meeting on January 27. Four new chapters have joined the Ontario region: Brock University, Laurentian University, Université Laurentienne and University Ontario Institute of Technology.

The Ontario region's strategic plan was reviewed and amended in one area in relation to innovation; it will now include "enhancing the nursing profession." A partnership agreement with indigenous nursing students was also discussed.

Linda McGillis Hall, RN, Associate Dean of Research and External Relations at the University of Toronto's Faculty of Nursing, was a keynote speaker at the conference. She has done extensive research on assessing the impact of changes to Canada's nurse licensing system. Her NCLEX study is ongoing and

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she is awaiting approval for publication of her preliminary findings; approval may be three to four months away.

Pensions

A full summary on our various pension plans is contained in my President's Report in the PCM materials.

Pay Equity Update

My PCM report contains a full summary of where we stand on pay equity in each sector. Here is a brief synopsis:

Central Hospitals

ONA continues to meet with OHA to work on a new pay equity plan. Our Pay Equity Team has developed a gender-neutral comparison tool that we have proposed to OHA for use in the central hospital bargaining process. The tool was presented to OHA at our October meeting. We now have their response, which was not helpful. They have totally rewritten the tool. We will continue with the process.

Central Nursing Homes

ONA will be meeting with the homes to negotiate a new gender-neutral comparison system (GNCS) and evaluate the RN job class and other positions. If there is a change in value that would create a "gap" between the 1994 assumed value of the RN position and the present day value, pay equity adjustments will be owed to the RNs. For the complete background on this, see my report to the PCM.

Community Care Access Centres (CCACs)

In May 2014, ONA filed applications with the Pay Equity Commission concerning the maintenance of pay equity in the 10 CCACs where ONA has bargaining rights. ONA's position is that because of the amalgamation of the original 42 CCACs into 14 units, the significant changes to the nature of the work performed by Care Coordinators and the addition of numerous new job classes, the original pay equity plans are no longer appropriate. The Review Officer agreed and has ordered the employers to evaluate key female and non-key female job classes within 90 days and disclose the information to ONA. This is a win for us, albeit ONA disagrees with the Review Officer's finding on how maintenance must be completed; it does not permit ONA job classes to access the current pay rates of their original proxy comparators – RNs in the hospital. It is our intent to ensure all new positions are evaluated to receive pay equity.

Public Health, Community (Clinics, Industry Home Care)

We are reviewing existing pay equity plans in these sectors to determine compliance. LROs continue to seek disclosure and in some cases, will proceed with initiating negotiations with employers for new or amended pay equity plans.

Constitutional Amendments

We began discussions on four Constitutional Amendments being put forward by your Board of Directors. If there is consensus on the four proposed amendments, they would go to our Biennial Convention in November for a vote. The four proposed amendments are:

- 1. Establish a common term of office for all ONA Board members:** Would amend Article 4:13 of the Constitution. This would bring ONA in line with our nursing union counterparts across Canada and other unions. It would require a vote for the five regional Vice-Presidents for a one-year term at the November 2016 Biennial. As well, the Board is supporting having a Biennial held in 2017 and a vote would take place for all seven Board positions for a common two-year term.
- 2. Online voting support for ONA Locals:** The Board has proposed conducting a pilot on a volunteer basis to assess the Local cost and effort involved in having a Local election via web/phone-based voting.
- 3. Strikebreaking:** Article 9.02 spells out member conduct considered to be detrimental to the Union, and is therefore subject to disciplinary action. The Board proposes adding to the list of such conduct to include crossing a picket line or working for an establishment at which ONA is on strike or lockout.

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This would let members know up front that crossing a picket line is a serious transgression and that there is a penalty (i.e., fines, losing additional entitlements).

- 4. Replace the March PCM with a joint all-sector meeting:** This two-day meeting would take place in Toronto in the first or second quarter of each year (March or April). All Local Coordinators and Bargaining Unit Presidents from all three sectors of the Union would attend. This amendment to Article 6.32 would engage more of our Bargaining Unit leaders in the important labour relations work of our Union on behalf of ONA members.

Board portfolios

First Vice-President Vicki McKenna, Political Action and Professional Practice:

In her report, McKenna provided an update on current legislation impacting on our members, updates from our allies, including the Ontario Health Coalition, Canadian Health Coalition and CFNU, and issues involving the CNO and professional practice. Around Health Minister Eric Hoskin's promise of increased transparency for health professionals, ONA has raised concerns regarding CNO's efforts to increase the amount of information publicly available on its "Find a Nurse" online register. CNO wants to include oral cautions, criminal charges, discipline findings in other jurisdictions and interim suspensions. We strongly believe such information doesn't need to be made public. We have been talking to the College about what is required by law and what amendments can be put in place that don't violate the *Ontario Human Rights Code*, protects our members' professional practice and doesn't disclose medical health information on the internet. We are getting some traction on these issues. Your privacy should be protected and there should be a limit on what information is shared on a public website. McKenna also addressed LEAP constitutional challenges with a win in a test case that challenged CNO's practices with regard to members with mental health concerns who are subject to health inquiries.

Pam Mancuso, Vice-President Region 1, Human Rights and Equity:

ONA welcomes two new members to our provincial Human Rights and Equity Team, Jackie Chesterman and Melissa Grenier, who will represent the Lesbian Gay Bisexual Transgender group and the Disabilities group respectively. Returning for their final year is Yue (Lucy) Zhao, representing the Racialized Group, and Brigitte Goar, representing the Aboriginal Group. We are presently trying to confirm our Francophone representative. We welcome back East District Service Team Manager Kapil Uppal to support our team. PCM attendees heard impassioned stories from two members about their experiences in joining Pride committees and participating in the Pride parade, Kimberly Grandholme and Grian Garcia, who both attended a PCM for the first time. A video clip of their presentation is on our youtube page at: <https://www.youtube.com/user/OntarioNurses>

Anne Clark, Vice-President Region 2, Education:

Our member education continues to be highly successful and well-attended. In 2015, we delivered a total of 459 workshops throughout the province. Members are also using lecturettes and teleconnects to access education. Just over 50 per cent of those accessing education are executive members. The feedback has been very positive. We are in the final planning stages for our 2016 Health and Safety Caucus day in May, which will focus on workplace inspections and how to effectively prepare and present health and safety issues to the employer. Our Leadership Conference, scheduled for September 19-23 at the Oakwood Resort in Grand Bend, will accommodate 25 members in each of the Activist, Novice and Advanced streams.

Andy Summers, Vice-President Region 3, Labour Relations:

The All-Sector Strategic Bargaining Project Team (ASSBPT) provides direction to Bargaining Unit leaders and staff on key labour relations issues. Direction has been provided on the following topics:

- Ending estoppels.
- ONA members as supervisors under the *OHSA*.
- WSIB Guide update.
- Update the information, policies and procedures related to Bargaining Units without members.
- Benefits over age 65 or 70, depending on the sector.

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- Benefits coverage under our collective agreements.

ASSBPT reviewed negotiating team mandates and ONA's long and short-term bargaining goals in preparation for bargaining in 2016. ASSBPT continues to develop direction on the *Ontarians with Disabilities Act* and ONA members as both union representatives and regulated health professionals. The team is also reviewing and updating ONA guides and associated service delivery guidelines.

Laurie Brown, Vice-President Region 4, Occupational Health and Safety:

We were delighted to welcome new Vice-President Laurie Brown to her first PCM as a Board member. In her report, Brown indicated that violence prevention is a key focus under this portfolio in terms of keeping our members and patients safe in our workplaces. Our members need more information and training about the need to report hazards and to assert their right to safe workplaces. Brown encouraged leaders to get their members to provide stories about their experiences of violence in their workplaces to help us gather the critical evidence we need to advance our efforts for the protection of our members. More and more members are waking up to their health and safety rights.

Karen Bertrand, Vice-President Region 5, Local Finance:

Bertrand provided a report on Supplementary Funded Locals, Simply Accounting training and training for Local Treasurers. Novice Treasurers had a special Training Day on January 21 to bring them up to speed on their obligations and managing Local finances. A summary of calls and emails around the Simply Accounting program is contained in Bertrand's report in the PCM materials.

CEO/CAO Report on Operations

ONA's Chief Executive Officer/Chief Administrative Officer Marie Kelly reported on ONA operations and our many services. Topics included: WSIB, litigation and arbitrations, organizing and *Public Sector Labour Relations Transition Act (PSLRTA)*.

We also received a report on ONA's finances from Director Yvonne Carey-Lee. The report and budget is contained in the PCM materials.

Organizing

Since the November PCM, ONA has had the following successful certification applications:

- Centre D'Accueil Roger Seguin, Region 2 (9 RNs).
- Westmount Gardens London, Region 5 (8 RNs).
- OMNI Burnbrae Gardens, Region 2 (10 RNs).
- Roberta Place, Region 4 (12 RNs).
- Extencicare Haliburton, Region 2 (11 RNs).
- Bayshore Sault Ste. Marie, Region 1 (34 RNs and RPNs).

PSLRTA Campaigns

A *PSLRTA* run-off vote between ONA (84 members) and OPSEU (133 members) at **St. Mary's of the Lake Hospital, Kingston, and Kingston Mental Health** is scheduled for April 19-21. This is a crucial vote in that our members do not want to lose ONA. If you know any RNs in the OPSEU Bargaining Unit I urge you to talk to them about being part of ONA, the biggest nursing union in Canada. Talk to them about our secondary malpractice insurance, LEAP, our professional practice workload processes and how we are the best union for nurses in Canada! Local 67 Coordinator Anne Murray says the campaign is revving up in Kingston and they are working hard to influence OPSEU nurses into joining ONA.

On January 22, 2015, **Mount Sinai Hospital** and **Bridgepoint Active Health Care** announced the formation of the Sinai Health System, a new organization resulting from the voluntary amalgamation of the two hospitals. Joining as an affiliate is **Circle of Care**, a provider of home care and community support services. In anticipation of a possible *PSLRTA* vote, ONA's organizing staff has been assisting the regional Vice-President with membership engagement at Mount Sinai. However, both hospitals have said they will be keeping their separate locations and brands.

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Workplace Safety and Insurance Board (WSIB)

Representing members who have had a denial of their WSIB claim continues to be a major part of ONA's work. We have improved our work processes for WSIB service for our members and our WSIB LROs are focusing their efforts on writing appeal submissions and holding appeal hearings. We have recently had some important appeal victories, including a claim for traumatic mental stress.

We also continue to meet with staff from our union counterparts to strategize on how best to respond to WSIB policy changes and interpretations.

Tom Teahan, the premier's past Chief of Staff, has returned to WSIB and has called to reconnect.

WSIB Accommodations Steering Committee

ONA WSIB specialists sit on a provincial WSIB Accommodations Steering Committee, which has been looking to set up a section on the WSIB website that will include case studies on accommodation including mental health disabilities. The Committee has also been seeking documentation on RTW processes or procedures to address the barriers our members face, in particular the stigma of work related mental health disabilities. The Committee continues to work on developing case studies on successful accommodations that will also be posted on the WSIB website.

Return to Work (RTW) Staff Network

A template letter that will be sent to all members requiring an accommodation has been developed by the All-Sector Strategic Bargaining Project Team (ASSBPT) and is being made available to Bargaining Unit leaders. Work is being done by the Communications and Government Relations Team to develop an RTW section on the ONA website. We are also looking at linking to other helpful Job Accommodation websites. This is part of an overhaul of our website.

Influenza Update

Marie Kelly also reported on ONA's efforts to fight employer policies forcing our members to wear masks if they haven't received influenza vaccinations. If you recall, ONA won an important and precedent-setting arbitration award in September 2015 against Sault Area Hospital (SAH), which struck down the controversial "vaccinate-or-mask" policy introduced at many Ontario hospitals. The policy forced nurses and other health-care workers to wear an unfitted surgical mask for the entire flu season if they chose not to get the influenza vaccine.

After considering detailed evidence from six experts from across Canada and the U.S. over the course of 18 days of hearings, Arbitrator Jim Hayes found the policy to be unreasonable and "coercive" and undermines the collective agreement rights of employees to choose to take the vaccine or not. He also found that the mask was not an effective measure for patient safety. Vaccinate-or-mask policies have been highly criticized as a symbolic rather than scientifically based tool in the fight against influenza.

After the award came down, most hospitals agreed to amend their policies and remove the mask requirement during flu season. However, there are a number of outstanding hospitals refusing to agree and we are again going back to arbitration. We are winning this battle!

We are also taking the fight forward on the issue of Tamiflu.

In her general address to PCM attendees, Kelly lauded ONA's efforts as "the strongest and most strategic female-dominated union for women in this province."

Kelly, who assumes the role of ONA's Chief Negotiator upon the retirement of long-time ONA Director Dan Anderson at the end of this year, told attendees, "We have the power and the might to effect change. We are good at what we do."

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"I have learned that, in our world, the ground shifts around us all the time. When you have the government as your ultimate employer, they have such power and it is much more difficult than in the private sector," said Kelly.

"This round in hospital bargaining, the OHA is being led by Jason Fitzsimmons from the private sector. That was a big signal to us that the world is shifting again. This round we have two new staff, a benefits specialist and an economist. We can really argue back and forth with them on bogus numbers and push hard."

ONA is also changing the way we are organizing, added Kelly.

"We have hired a new staff organizer and we are determined to get every RN in this province in our union. We're a craft union, a legal term used by the Labour Board, with special rights to have every RN in our family. We are mapping the province out and finding out where the unorganized RNs are. We're going to find them," said Kelly.

"If you are as good as we are, and we are good, everyone is going to want to join our union. We're going to make the call to them and organize every RN in this province before the decade is out."

Institute for Work and Health (IWH) Research Proposal

ONA has supported the partnership development grant application from the IWH entitled *Healthy and Productive Work*. The objectives of the grant focus on identifying promising disability management practices to reduce work disability due to mental health conditions among health care workers in Ontario. We recognize the substantial burden of disability associated with mental health among our members and see the opportunity to work with the IWH to identify and evaluate innovative approaches to safe and timely return-to-work as a priority.

CNO – Human Rights issues

ONA continues its advocacy with the Ontario Human Rights Commission (OHRC) on its review of CNO. We want the barriers that prevent nurses with mental health disabilities from accessing employment to be removed.

The Ontario government has identified its wish for increased transparency with all *Regulated Health Professions Act (RHPA)* regulatory bodies. This adds another barrier in our fight for respect for our members' human rights. In response, CNO has proposed by-law changes that would increase the amount of information that will be publicly available on "Find a Nurse," the online register.

ONA has made a strong submission to CNO saying that these changes affect a nurse's rights to procedural fairness, privacy and freedom from discrimination on the ground of disability pursuant to the *Ontario Human Rights Code*. In particular, ONA has serious concerns about public disclosure of a number of categories of member-specific information that the College proposes to publish (oral cautions given by the Inquires, Complaints and Reports Committee [ICRC], criminal charges etc.)

I have suggested ONA offer teleconnects with our individual caucus groups throughout the year. We have tried this before but will see if there is any interest and uptake. The team will be working on having one for our LGBT group.

Occupational Health and Safety (OH&S)

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.

ONA will again be donating \$600 to the Occupational Health Clinics for Ontario Workers (OHCOW) for their Repetitive Strain Injury (RSI) Day Conference. Each year, the OHCOW Sudbury Clinic holds an RSI

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Awareness Conference that is broadcast across the world. With the aid of the eDome at Cambrian College, they broadcast this event over the internet so that anyone can partake regardless of geographic location.

Professional Practice

We continue to make gains for our membership in addressing their workload and professional practice concerns. In many cases we have been able to reach settlements prior to having to advance to an Independent Assessment Committee (IAC) hearing, such as a recent settlement for the Emergency Department at Kingston General Hospital. Upcoming IAC hearings include Humber River Hospital Hemo Unit, Sault Area Hospital (SAH) Medical Unit, Guelph General ER, and Haldimand War Memorial Hospital.

We spent significant time at hospital bargaining discussing our professional practice/workload complaint process. At the end of the day, the employer is trying its best to put up roadblocks during the process to prevent our patient care issues from being addressed. We will NOT give up this fight.

Member Secondment – Building ONA Leaders

Our launch of the new member secondment program in late 2015 was hugely successful. Marie-Claire Caron and Beth Thompson were the members chosen to participate. The first phase of their secondment ran from September to December 2015. They were mentored and trained during this phase.

Phase 2 began in January and runs until September. Caron and Thompson will apply their learning back in their Bargaining Units. The plan calls for them to return to ONA in September to complete their training. Both attended the June Advanced Leadership Conference in Grand Bend.

The end goal of this program is to increase the knowledge, skill and confidence of each successful candidate in grievance handling, and in negotiations as a secondary goal. We hope this experience will encourage them to apply for a servicing position within ONA.

We need to recruit more RNs on staff to replace long-term LROs who are retiring, or for other ONA leadership positions. We have budgeted an additional four positions to start in 2016.

June 2016 PCM/Biennial Convention

The June PCM will be held in beautiful Sault Ste. Marie at the Delta Waterfront Hotel, June 7-8, with the half-day education session on June 9. Registration information is forthcoming and a link for online registration should be live the week of May 3. We are holding our Biennial Convention November 15-17 at the Westin Harbour Castle in Toronto. The Human Rights Caucus is on November 14 and the half-day education is November 18. The link for online registration should be live the week of October 5.

March 2016 PCM Materials

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

Going forward

We continue to face many challenges. Every day, it seems, there are more mountains to climb and valleys to cross. Yet you all continue to stay strong and steadfast. Our members and our patients/clients/residents continue to need you to be their voice.

I want to leave you with this message of hope. Because of your strength, determination and steel will to do what is right for your members and your patients, clients and residence, our members see that and it gives them hope. Even when the challenges seem insurmountable, they know that we are there for them and that we have their backs.

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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 and the members you represent.

You give me the hope and the strength I need to lead the best union in Canada!

In solidarity,

ONTARIO NURSES' ASSOCIATION

A handwritten signature in black ink that reads "Linda Haslam-Stroud". The signature is written in a cursive, flowing style.

Linda Haslam-Stroud, RN
ONA Provincial President