Making Meaningful Differences in Your Workplaces

When we ask our members what your number one concern is as a health-care professional, the answer is almost always the same: workload.

What some of those members do not know, however, is that ONA has a very effective and unique tool to bring the employer to the table so we can work together to improve the quality of care for our patients and working conditions for ourselves: the professional responsibility complaint (PRC) process, first awarded in the ONA hospital central agreement in 1977.

More and more since that time, ONA, through the collaboration of our Professional Practice Specialists, Labour Relations Officers, elected leaders and members, has secured and implemented numerous settlements with your employers – many of them binding – to try and resolve workload issues before they escalate to the final step in the process: the Independent Assessment Committee.

These are real and meaningful measures employers must act on, and I can assure you that ONA is there every step of the way to make sure they do. You will read about some of those landmark successes in Practice Matters and our flagship publication, Front Lines.

So the next time you and your fellow members are faced with what you may consider the “overwhelming” task of completing an ONA workload form, which allows you to document your concerns and start those important discussions with your employer, remember all the positive changes that can come about as a result of nurses speaking out. And please fill them out!

You can find out more about our workload report forms and obtain a copy through your Bargaining Unit President or our website at www.ona.org/PPforms.

Member Engagement Key to Workload Success

HIGHLY MOTIVATED LEADERS and engaged members willing to share their touching personal stories proved to be the winning combination in reaching one of the quickest professional responsibility complaint (PRC) settlements in ONA’s history.

Workload issues began to escalate in the emergency department (ED) of Northumberland Hills Hospital, a medium-sized facility in Cobourg that receives approximately 120 ED visits per day, in December 2015, mostly relating to staffing and security during the night shift and on weekends, and worsened in June 2016. By the time Professional Practice Specialist Susie Blair was called in to consult in August 2016, approximately 35 workload forms had been received.

“They Ran Away with It”

“I went in to offer some coaching and assistance to the servicing Labour Relations Officer (LRO) and the Bargaining Unit leadership team on gathering the evidence they needed to help support their position and preparing for their Hospital-Association Committee (HAC) meeting,” said Blair. “But the members really ran away with it.”

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That was evident from the very beginning. When Blair held a meeting to discuss where RNs felt the biggest challenges were in the ED, almost everyone but those working showed up. Based on that discussion, Blair and the PRC rep came up with an action plan, identifying the issues and what nurses needed to support their work and resolve the issues.

In late August, the Bargaining Unit leadership team and LRO presented the RNs’ concerns to a HAC meeting, which was also attended by the Chief Nursing Executive (CNE). The PRC rep, with the assistance of Blair, also presented a well-researched PowerPoint to outline PRC themes, vacancies, current trends and how the nurses feared their ability to meet their professional standards and hospital policies were at risk because of workload issues. The employer immediately agreed an additional meeting was needed.

During that meeting, held in early October, two RNs shared their heartbreaking and disturbing stories of worklife in the ED. ONA also asked for the professional responsibility review tool to be completed for discussion at the meeting.

“EMPLOYER IMPRESSED”

“The employer was impressed and by the end of that five-hour meeting, a settlement had been reached – less than three months from the start of the process,” said Blair (see sidebar for details of the settlement).

While implementation of the settlement was monitored by ONA for the next four months, the RNs report the working environment has greatly improved.

What Was Achieved

- Increase in RN staffing by one RN 12 hours on the night shift seven days/week.
- Increase in RN baseline staffing by one RN 24/7.
- Great improvements in security resources.
- Additional triage training and education.
- Adjustment of nurse practitioner hours to help with peak times.
- Increase in physician coverage by two hours per day.
- Regular rounds by a respiratory therapist.

“Workload forms were coming in at least 10 a month before the PRC, and maybe now we get one every three months about overcapacity and surge during a blitz,” said Blair. And while the one 12-hour night shift RN agreed to was a temporary position until the employer received approval from its Local Health Integration Network, the CNE used the data from the PRC rep’s PowerPoint presentation and in February, that RN position became permanent.

“MEMBERS EXCITED”

“This was a big win for our members, and a great success for staffing and patient care,” added Blair. “While it was a lot of work for them, they are excited by the outcome and impressed with the entire PRC process.”

“This story shows how critical the involvement and engagement of our Local leaders and members are in the PRC process,” concluded ONA First Vice-President Vicki McKenna. “And that kind of engagement is hard for the employer to ignore.”

Northumberland RNs’ Recipe for Success

Professional Practice Specialist Susie Blair offers the following best practices from the PRC looking into the Northumberland Hills Hospital’s ED:

- Having a dedicated PRC rep made all the difference, as the Bargaining Unit President is already wearing so many hats.
- Do your research: Working with ONA staff, gather evidence from members on the unit and other sources, as needed.
- Personal stories presented to the employer are very powerful.
- Utilize Article 8 in the collective agreement, which calls for a meeting with the employer within 10 working days of a workload issue arising.
- If you aren’t getting anywhere, put PRCs on the agenda of your next HAC meeting.
- Remember, ONA Professional Practice staff are here to help!
ONA MEMBERS FROM the Intensive Care Units (ICU) at the Birchmount and General sites of The Scarborough Hospital certainly knew how to show a united front to their employer when discussing their professional responsibility complaint(s) (PRC).

With issues ranging from serious understaffing to a lack of supplies such as IV solutions and tubing, the RNs knew they needed to do something to grab the employer’s attention. So, when the first PRC meeting was held with the employer in February, more than 40 members marched into the room wearing their Local 111-sponsored white scrub tops with black pants, a nod to ONA’s Wear White on Wednesdays campaign (and it wasn’t even a Wednesday!), which encourages RNs to stand up for their patients and stand out from the crowd of health providers by wearing white.

“I was speechless,” said Professional Practice Specialist Tammy Lowe, who led the meeting. “I wanted to make sure there were 10 places in the meeting room as I thought maybe five or six members would come, but it was standing room only in a very small room. The employer was completely overwhelmed and needed to take a break. They came back and asked me if the members could leave, but I told them it’s their right to be there and they weren’t going anywhere.”

The show of solidarity clearly paid off as at the next meeting, the employer was much more engaged “and came to the table quickly with positive movement on our recommendations,” said Local 111 Coordinator and The Scarborough Hospital Bargaining Unit President Susan Brickell. They also booked a bigger classroom, which was needed, as this time close to 50 members showed up in white! While the Minutes of Settlement was pending at press time, Lowe said members coming together in a sea of white made the employer stand up and take note.

“It had a huge impact,” she said. “The employer didn’t realize the working conditions were so bad; they said they didn’t have a chance to gather evidence. I pointed to all the members standing behind me in the meeting room and said there is all the evidence you need! It was very empowering to have their support, and I could feel their confidence rising.”

“We will continue to hold the employer’s feet to the fire in following up with any and all concerns in the critical care areas,” added Brickell. “With the support of ONA, our Labour Relations Officer Karen Todkill and Tammy, we will continue to use the PRC process to ensure we are able to provide the care required for our patients.”
New Tool to Help Members, Staff Advocate for More RNs

IN ONTARIO, RNs are being replaced with less qualified providers and the roles of these providers continue to be blurred. We don’t have to tell you that.

In response to this issue, ONA’s Professional Practice Team has reviewed the literature available on this topic and developed a list and brief summary of articles to support our members and staff in advocating for more RNs.

The tool, Nursing Skill Mix, A Synopsis of the Literature, also provides additional resources for use in the professional responsibility complaint process.

“With the plethora of information out there supporting our stance that fewer RNs at the bedside results in increased rates of morbidity and mortality for our patients, we thought one reference document with summaries of the literature would be very beneficial to our members and staff,” said ONA First Vice-President Vicki McKenna. “While it’s not meant to replace the advice and guidance of your Labour Relations Officers and Professional Practice Team, it is an excellent companion in advocating for our positions and our patients.”

Nursing Skill Mix, A Synopsis of the Literature is available on the Professional Practice section of our website at www.ona.org/pp.

ONA Opposes Negative Labelling by CNO

THE ONTARIO GOVERNMENT has made changes to the Regulations under the Nursing Act to allow Nurse Practitioners (NPs) to prescribe controlled substances if they have the required education.

ONA applauds this long-awaited change as a positive step that will help ensure Ontarians receive better access to health care: NPs have much to offer our over-burdened health-care system.

Unfortunately, the College of Nurses of Ontario (CNO) has stated that, for NPs who do not receive this additional education, Find a Nurse on the CNO website will now show they are “entitled to practice with restrictions” on their license. For regulated health professionals, the term “restriction” carries strong negative connotations and suggests a nurse has done something wrong or has somehow fallen short.

ONA is staunchly opposed to this negative labelling and has advocated strongly with the government and the CNO. We have suggested to the CNO alternative ways of posting this information, which would recognize the achievement of NPs who are authorized to prescribe controlled substances, rather than stigmatizing those who choose not to do so.

The Minister of Health has assured ONA President Linda Haslam-Stroud that it agrees with ONA’s stance and will ensure the CNO changes its practice and stops publicizing this negative information.

Introducing ONA’s New Manager II of Professional Practice!

RECOGNIZING THAT NURSES and their union have a key role to play in advocating for the appropriate placement of health-care dollars, ONA’s new Professional Practice Manager II has done a 180 in her career. And she couldn’t be happier.

Kelly Farrugia, a 30-year nurse who was in a nursing leadership position in a small Southwestern Ontario town prior to moving to Toronto, joined ONA in April, working with Provincial Services Team and WSIB Manager Athena Brown.

“I have always advocated for nursing,” said Farrugia, who was a founding member of an organizational Nursing Professional Practice Committee and led the development of a community-based Nursing Recruitment and Retention Committee. “Over the years, I saw how we, as senior nursing administrators, made decisions that were not always based on evidence or the good of our patients, but often on the amount of money we had. I realized that as an RN myself, I was an independent practitioner who was required to provide the best, evidenced-based care to my patients and to advocate for my nursing staff to do the same. I was not loud enough in representing my profession, screaming, the money can be saved in other areas that do not clearly impact the health and well-being of Ontarians! This is the reason for my career path shift.”

And now, just a few weeks into her new role, Farrugia says she can’t imagine herself anywhere else and looks forward to being able to put her words into action.

“Advocating for nurses on the front lines, I will support them to use their voices to ensure they are able to provide the best care possible to their patients in all sectors,” she said. “I will support nursing leaders with facts, research and evidence so they can show that money spent on quality RN care not only saves money in the long run, but saves lives.”
THE REGISTERED Nurses’ Association of Ontario (RNAO) has reviewed 70 years of health-care research to create the comprehensive 70 years of RN effectiveness database, which is now available to the public.

Of the 626 research studies identified by RNAO’s scoping review, more than 95 per cent show RNs have a positive impact on a wide variety of health outcomes, including reduced mortality, increased quality of care, increased patient satisfaction, and cost savings.

Despite that, the most recent report from the Canadian Institute for Health Information, released on June 1, shows that the RN ratio per 100,000 population is worse than last year, with Ontario remaining at the bottom of the country for the second year in a row. Specifically, as of 2016, there were 703 RNs per 100,000 people in our province, compared to 839 RNs per 100,000 people in Canada. For Ontario to reach the average of the country, it would now require adding 19,126 RNs, versus 17,920 in 2015 and 16,659 in 2014.

“ONA members know how valuable their care is in ensuring patients have the best possible health outcomes, and the disturbing trend of Ontario RNs being replaced with less qualified health professionals to save money must stop now,” said ONA First Vice-President Vicki McKenna. “We are more determined than ever to fight the erosion of RN care, and I am truly inspired to see so many members using their roles as patient advocates to take the fight for safe, quality care to our politicians. We know that the value of proper RN staffing cannot be overstated.”

Attention all CCAC Members: Join our Upcoming Professional Practice Teleconnect!

ONA’S PROFESSIONAL PRACTICE staff holds several teleconnects each year to highlight trends and important new information and offer tips to assist with your workload and practice issues. These 90-minute teleconnects, moderated by ONA First Vice-President Vicki McKenna and featuring Professional Practice Specialists, are open to all ONA members.

The next teleconnect takes place on September 26 and will focus on professional responsibility complaints in the community care access centre sector, including collective agreement language, common issues and related professional standards, tools and settlements.

Notices, including pre-registration details, are circulated by email to Local leaders and posted on the professional practice section of our website in advance of each teleconnect.

For more information about our teleconnects, log onto www.ona.org/PPteleconnects.