The following is a summary of ONA’s key activities and successes since the last “The Work of the Union” update in spring 2016.
An arbitration award was released for our 55,000 hospital members, which provides wage increases of 1.4 per cent in each year of a two-year contract, retroactive to April 1, 2016, and improvements including better vision, hearing aid and dental implant coverage, stronger language intended to combat violence in the workplace, and some necessary amendments to the employer’s punitive attendance awareness policies.

The award also requires employers to provide pertinent staffing information to ONA to better inform the parties as they enter into the next round of bargaining; as well, the arbitrator expressed a concern about the amount of contracting out to agency nurses, and as a result, imposed a new level of penalty relating to such usage.

Considering other professionals who work in male-dominated areas, such as police and firefighters, continue to receive wage increases that widen the gender equity gap, we vow to continue to commit to ongoing pay equity negotiations.

Bargaining Unit Presidents in the hospital sector came together for a sector meeting in Toronto to learn details of the arbitration award, which they were able to take back and share with their front-line members.

Throughout contract talks with the Ontario Hospital Association (OHA), ONA’s Hospital Central Negotiating Team, chaired by Local 99 Coordinator and Kingston General Hospital Bargaining Unit President Cathryn Hoy, remained committed to our members’ priorities as identified in our recent Have a Say bargaining questionnaire.

Central bargaining on behalf of ONA’s 3,000 nursing home members broke down after eight days of negotiations when the employers, representing 179 provincial nursing homes, failed to table a monetary offer for wages and benefits, instead proposing concessions and takeaways.

At the outset of bargaining, the goal of ONA’s Nursing Home Central Negotiating Team was to obtain equity with our members in the homes for the aged and hospital sectors, the same parity recognized in virtually every other province in Canada and where many of these employers operate homes.

While mediation will take place in the fall, followed by arbitration if necessary, ONA is willing to return to the bargaining table at any time.

Collective agreements for our 10 community care access centres (CCACs) expired on March 31, 2016 and a bargaining strategy is being developed.

With our precedent-setting arbitration award against Sault Area Hospital striking down the controversial vaccinate-or-mask policy introduced at a small number of Ontario hospitals, ONA’s work continued to ensure this harmful policy ceases in every workplace where it is in effect.

ONA successfully argued a Region 3 employer violated the collective agreement by awarding a position to an external candidate with no experience rather than to an RN with more than 20 years of clinical experience, which clearly sets out principles for all employers to ensure fairness in job selection processes.

We continued to meet with the OHA on our proposed gender-neutral
ONTARIO NURSES’ ASSOCIATION

ONA UPDATE: FALL 2016

The Membership Education and Event Team’s most recent teleconnect provided ONA leaders and members with information on the basic characteristics of a successful Internal Responsibility System.

ONA members responded overwhelmingly to our call to tell us what they like and what could be improved as we redesign our website to reflect the changing times.

Online visits to our website and Facebook and Twitter pages remained strong and steady in the first few months of 2016, with the top issues viewed being news about RN cuts in workplaces, bargaining updates and the exclusion of nurses in post-traumatic stress disorder legislation.

ONA has also contacted each CCAC to advise that we agree with the findings of the Review Services Office of the Pay Equity Commission, which states that due to the reorganization and restructuring of our Bargaining Units as well as the new job classes, the employers have failed to maintain pay equity, but we disagree with the conclusion that ONA does not need to be involved in the evaluation of jobs.

Thanks to strong advocacy from ONA, staffing changes to the intensive care unit (ICU) at Brockville General Hospital, which would have negatively affected patient care, were reversed, with the employer agreeing to eliminate the RPN role from the ICU and reintroduce the permanent charge nurse role.

The most recent hospital contract interpretation teleconnect provided information on bereavement leave.

Proposed restrictions on third-party issues-based political advertising in the public interest should be lifted as nurses must have a significant voice in advocating for their patients, ONA First Vice-President Vicki McKenna told the Standing Committee looking into Bill 201: The Election Finances Statue Law Amendment Act.

As the Victorian Order of Nurses (VON) is restructuring and appearing in court to solidify the terms and conditions of its bankruptcy protection (which does not apply to VON Ontario), ONA, as a creditor, is reviewing all of the court’s orders, and is gathering information and taking positions to protect our members’ pension plan.

ONA acknowledged May Day 2016 by reflecting on the rights and advances the labour movement has brought to all working people over the years, including parental leave and the two-day weekend.

Ways in which ONA’s Legal Expense Assistance Plan supports members in long-term care (LTC) was the focus of the most recent LTC teleconnect.

ONA continued to produce tip sheets on a variety of labour relations and other issues to assist our Local leaders and members.

The evaluation system for pay equity, which will be used to evaluate all ONA job classes as well as potential male comparators.

Following the long-awaited decision of the Pay Equity Tribunal for Nursing Homes, which confirmed that ONA members in the proxy sector are entitled to maintenance, we have met with the homes to negotiate a new gender-neutral comparison system and evaluate the RN job class and other positions.

This year, ONA is looking at webinars as an alternative to some Treasurer teleconnects.
Government Relations/Work with Allies

While the spring phase of ONA's Nurses Know campaign, which demands a moratorium on disastrous cuts to RN positions throughout the province, continued to feature a strong provincial component in the form of radio, television, print and transit ads, along with a significant social media component, the real focus was in our Locals.

ONA kicked off Nursing Week 2016 with a media conference at Queen’s Park, where First Vice-President Vicki McKenna, University Health Network Bargaining Unit President Cyndra McGoldrick and nursing students joined NDP Leader Andrea Horwath in announcing that Ontario hospitals have cut 1,455 RN positions since the beginning of 2015.

At the media conference, McKenna said the value of adequate RN staffing cannot be overstated, while Horwath called for an end to RN cuts, noting these RNs should be helping patients, not getting pink slips.

Nursing leaders from across the country, including ONA First Vice-President Vicki McKenna, called on the federal government to implement a universal Pharmacare program during a special briefing at the Council of the Federation meeting in Yukon, noting it would save Canada’s health-care system $9 to $11 billion annually.

McKenna also liaised with Ontario Premier Kathleen Wynne, telling her that savings from a Pharmacare program could be allocated to providing increases to cash-strapped hospitals to address continuing RN cuts and workplace violence.

Leaders from nursing unions across Canada, including ONA President Linda Haslam-Stroud, toured hospitals in New Zealand to experience the country’s Care Capacity Demand Management Programme, which addresses inadequate nurse and midwife staffing in light of the increasing complexity of patients.

ONA responded strongly and swiftly to the release of the Canadian Institute for Health Information’s Regulated Nursing Report 2015, which reveals Ontario now has the dubious distinction of having the worst RN-to-population ratio of all Canada’s provinces, calling it “devastating for patients.”

In meetings with representatives from the Ministry of Health and Long-Term Care and a follow-up letter, ONA stated criteria for the Nursing Graduate Guarantee (NGG) program should clearly indicate a proviso that if there is a reduction of RNs or RPNs on the same unit that an employer is applying for the NGG funding, NGG grads should not be utilized on the same unit as the reductions.

ONA First Vice-President Vicki McKenna met with the Nurse Practitioner (NP) Association of Ontario to discuss ongoing NP issues and try and find common areas of lobbying.

On behalf of the country’s nurses, including those represented by ONA, Canadian Federation of Nurses Unions President Linda Silas met with Federal Health Minister Jane Philpott to discuss nurses’ ongoing work on and recommendations for the next Health and Social Accord, also calling on all levels of government to implement coordinated health human resources planning and Indigenous health strategies.

ONA met with union counterparts from the Ontario Public Service Employees Union, the Canadian Office and Professional Employees Union and the Canadian Union of Public Employees regarding changes proposed in the government’s discussion paper related to community care access centres (CCACs) moving into Local Health Integration Networks (LHINs).
and the implications for labour relations, including under which legislation our members will be accountable.

- We have raised some very serious questions regarding the fragmented approach to care for patients and their families under the existing model of CCACs and in the transition of home care services from CCACs to LHINs, which must ensure the stability of home care services and staffing.

- ONA continued to vigorously pursue an amendment to have front-line RNs included in Bill 163 (post-traumatic stress disorder coverage for first responders), including sending a letter to the Premier, engaging in discussions with the Labour Minister, providing an expert opinion from a renowned forensic psychiatrist who is surprised nurses aren’t covered, and producing a lobby kit for our Locals.

- ONA lent our support at an Ontario Health Coalition (OHC) media conference for the release of its report, Beyond Limits: Ontario’s Deepening Hospital Cuts Crisis, which chronicles Ontario hospital cutbacks and closures from 2012 to 2016.

- ONA continues to lobby those debating Bill C-14 (medically-assisted dying) to provide nurses with an equal voice and recognize the vital role we will play, stating the legislation should balance a patient’s right to medically-assisted dying while protecting vulnerable populations, and for the right of nurses to choose not to participate should they be conscientious objectors.

- We are also calling on the provincial government and College of Nurses of Ontario to develop clear guidelines and standards regarding the scope of a nurse’s role in medically-assisted dying.

- Our Nurses Know campaign received a silver award in the International category for the best use of television and radio at the American Association of Political Consultants Pollie Awards, considered the Oscars of political advertising.

- We added to that award at the Canadian Association of Labour Media Awards one month later by winning the Dennis McGann Stroke-of-Genius Award for our Nurses Know transit ad, Best Audio Award for our Nurses Know radio ad (“The Long Day”) and an honourable mention in the Best Documentary category for our video, The Tragedy of Lori Dupont: Ten Years Later.

- The awards continued to pile up, as our Nurses Know campaign also won an APEX Award of Excellence, the campaign’s Social Squad was named the Grand Award winner, and ONA’s Front Lines magazine received an award for Publications Excellence.

- In the aftermath of the Fort McMurray wildfires, ONA donated $10,000 to the Canadian Red Cross in support of the continuing relief and rebuilding efforts.
ONA’s violence prevention strategy, which aims to eliminate or reduce the number of violent incidents health-care professionals experience in their workplaces, continued to gather momentum over the summer, as more and more members shared their stories with us.

A dedicated violence prevention campaign website – www.ona.org/violence – along with a tool box full of helpful information and resources are main components of the campaign.

The campaign has one major ask of members: to report all workplace violence incidents, which is their legal duty, so that employers are aware of all workplace hazards and can act on them and so the Ministries of Labour and Health and Long-Term Care understand how serious this issue is and fund and enforce preventive items for worker protection and patient safety.

The Executive Team, made up of the Deputy Ministers of Labour and Health, the CEO of the Ontario Hospital Association and ONA President Linda Haslam-Stroud, is overseeing the Leadership Table and the groups working on violence initiatives for nurses in hospitals, including documenting and reporting violence incidents and how to collect evidence to help us ensure safer workplaces.

The team’s deadline for finalization is the end of 2016; they will then look at a rollout for all health-care workers in hospitals followed by homes and communities.

In a substantial win for our union, ONA successfully appealed the Ministry of Labour’s non-issuance of specific orders to improve the safety and security of RNs and other front-line health-care workers in the forensic treatment unit at Brockville Mental Health Centre.

ONA is reviewing the decision carefully and the lessons we can apply at all of our workplaces as we strive to protect workers from threats of violence across the health-care sector.

The crucial decision regarding Brockville Mental Health Centre was also the topic of discussion at our most recent health and safety teleconnect.

The guilty plea by the Centre for Addiction and Mental Health of one of four Ministry of Labour (MOL) charges for failing to keep workers safe is “a good start,” ONA told the media.

At solemn Day of Mourning events throughout the province, ONA members laid wreaths and remembered Ontario workers who have been injured or killed due to work, including fellow members, RNs Lori Dupont, who was murdered at her hospital, and Tecla Lin and Nelia Larosa, who lost their lives to SARS.

ONA President Linda Haslam-Stroud wrote a letter to the editor of the Canadian Medical Association Journal, refuting its paper on the effectiveness of N95 respirators versus surgical masks in protecting health-care workers from acute respiratory infections, noting that
while not a perfect fit, these workers deserve to be protected by N95s.

Haslam-Stroud also met with Tom Teahen, former chief of staff for Premier Kathleen Wynne who has returned to the Workplace Safety and Insurance Board (WSIB), and he relayed that he wants every worker who is injured and has a legitimate claim to be confident that she/he will obtain all the necessary help from WSIB.

During the meeting, Haslam-Stroud also identified improvements that are needed by the WSIB, including providing more extensive reasoning and clearly identifying the policy being relied on for denials; changing the psychotraumatic policy to allow psychotraumatic disability/impairment manifesting after five years; amending the Workplace Safety and Insurance Act to be compliant with the Charter of Rights and Freedoms regarding mental illness; expediting the significant Workplace Safety Insurance Appeals Tribunal backlog; and improving the quality of investigations and decision-making at WSIB.

ONA expressed our disgust that three charges laid against the Royal Ottawa Mental Health Centre under the Occupational Health and Safety Act (OHSA) for failing to protect workers, which stemmed from a 2012 incident where three healthcare workers were severely beaten by a patient, have been dismissed.

ONA joined fellow labour activists and injured workers to commemorate Injured Workers Day at Queen’s Park to pay respect to those who have been injured or killed at work and remind the government they cannot be ignored.

A successful and well-attended Safety Week was held at Toronto East General Hospital to raise staff awareness about health and safety and the role of the hospital’s Joint Health and Safety Committee.

We received several important WSIB appeal victories recently, including one that will result in a loss of earnings benefit of almost $485,000 to a part-time 30-year veteran RN, who suffered a disc herniation and aggravation of pre-existing spondylolysis in the lumbar spine in March 2004 when she was pulled off balance by a patient she was trying to prevent from falling during toileting.

ONA President Linda Haslam-Stroud met with Guelph General Hospital’s CEO to discuss workplace violence issues, as this hospital has a systemic failure to follow the OHSA and protect nurses.

The reviews were very positive for ONA’s May interactive Health and Safety Caucuses, which focused on developing the skill base of our members with real life scenarios that will empower them to prepare and engage their units in dealing with health and safety concerns at their workplaces, and how to work effectively through Joint Health and Safety Committee meetings and present issues to the employer.

Student Affiliation

After ONA sent a strong letter to the Minister of Health and Long-Term Care regarding the controversial NCLEX-RN for entry to practice, the College of Nurses of Ontario approved a motion allowing unlimited rewrites of the exam and moved out an expedited consultation process during the summer.

Nursing students across the province have been singing ONA’s praises for our NCLEX-RN win, with many personally thanking us for speaking out on issues important to them and lobbying for changes.

Johnson Inc., the provider of the ONA members’ benefit plan, announced the recipients of its 2015 scholarship program: Jeffray Behr and Rina Patel, children of ONA members.

At the June Provincial Coordinators Meeting, Canadian Nursing Students’ Association (CNSA) Communications Director Caitlyn Patrick told delegates that ONA has been a great supporter of nursing students over the years, adding “I don’t know what we would do without you.”

Board members continued to participate in regular conference calls with CNSA leaders and campus delegates to learn about their issues firsthand so we can take them forward to the government and nursing stakeholders.
ONA members helped us gather 35,500 signatures on our Nurses Know petition for better care, which urges the government to commit to fully restoring hospital operating funding, create a fully-funded health human resources plan, ensure hospitals have enough resources to provide safe, quality and integrated care for clinical procedures, and stop plans to move such procedures into private clinics.

They also reached more than 250,000 people through our virtual rally, which allowed them (and other supporters) to donate their social media reach by having a campaign message broadcast from their Twitter or Facebook account at a coordinated day and time to dominate the feeds of as many people as possible.

Locals requested 44,000 Nurses Know materials, more than 15,000 of which were customized to cuts happening in their communities.

As part of the Nurses Know campaign, members shared with us more than 55 personal stories of how front-line care is being impacted by cuts and underfunding of our health-care system.

For the next step of our campaign, members wrote letters to their MPPs demanding RN cuts be stopped and encouraging friends and families to do so as well.

On two separate days during Nursing Week, ONA members from Windsor and Hamilton, where dozens of RN positions are being eliminated, converged on Queen’s Park to deliver thousands of our petitions, watch the reading of those petitions in the legislature, listen to a question on RN cuts during Question Period and meet with their MPPs.

RN cuts were addressed in the Ontario legislature 16 times, thanks to members bringing this issue and their petitions to the attention of their MPPs.

Following extensive lobbying by ONA, including a media release and mass rally staged by our members at Local 75, St. Joseph’s Healthcare Hamilton decided to “pause and reassess” its decision to replace RNs with practical nurses in its Level 2 NICU, part of a plan to slash $26 million from its $550 million budget.

Local 8 members at Windsor Regional Hospital told the media the hospital is in chaos as 169 RN positions remain on the chopping block, nursing schedules are posted late with gaps in schedules where base staffing needs are not being met, RNs are working excessive amounts of overtime, and the hospital is resorting to bringing back retired staff.

Local leaders took up the cause after ONA sent a Lobby Kit on Nurses and Post-traumatic Stress Disorder (PTSD) to each one, asking for help lobbying written support from their local MPP to include nurses in the PTSD legislation.

In various cities throughout the province, ONA members joined the call for the province to extend health coverage to
all residents, regardless of their immigration status, by participating in OHIP for All campaign launch rallies and signing the petition.

Delegates at the June Provincial Coordinators Meeting in Sault Ste. Marie showed their caring side by participating in four community projects to give back to our host city, including cleaning a Pow Wow ground, planting perennials at a local hospice and painting a neighbourhood resource centre.

Throughout the province, members joined the important dialogue on devastating cuts to local hospitals and services at Ontario Health Coalition (OHC) town hall meetings.

As a follow-up to those meetings, the OHC held a province-wide referendum asking if the government should stop the cuts to hospitals and restore services, funding and staff to meet our communities’ need for care, and 99 per cent of voters, including many members, said yes.

Local 100 staged a lunch-time information picket outside London Health Sciences Centre to inform the public that their employer has cut 250,000 RN hours, or 140 RN positions, over the last four years.

Local 73 members showed their support at the 20th-anniversary celebrations for National Aboriginal Day in Thunder Bay.

Members from Ottawa joined members of the ONA Board of Directors and staff at a Parliamentary Breakfast on Pharmacare.

A large contingent from Local 3 headed to the Lindsay stop of the OHC’s Giant Rocking Chair Tour, which raised public awareness of the need for improved standards of care at the province’s long-term care homes.

Thirty applications were received for ONA’s Member Secondment Program, which will be running again this year with four positions available for highly experienced RN members for temporary work terms within ONA.

The four successful candidates are: Wingham and District Hospital Bargaining Unit President Brigitte Goar; Local 15 member Melissa Layman; Sudbury and District Health Unit Bargaining Unit President Ronda Sawyer; and Shelby Linseman, who has served as Bargaining Unit President for Brockville Mental Health Centre.

ONA members continued to stand up for their patients and stand out from the crowd of health providers by embracing the Wear White on Wednesdays campaign.
In an effort to further promote equity issues, ONA’s Human Rights and Equity Team put an additional focus on six major days of observance – International Women’s Day, International Day for the Elimination of Racial Discrimination, National Day of Mourning, National Aboriginal Day, Pride and Labour Day – which includes tailored information and a number of resources, such as posters, that are easily accessible on the ONA website.

To show support to our lesbian, gay, bisexual and transgender (LGBT) members and recognize and celebrate the existence and contributions of LGBT people to our communities, ONA Board members, Local leaders, grassroots members and staff join Pride parades and other special events throughout the province.

ONA has reached a settlement with the College of Nurses of Ontario (CNO) that will change how the College deals with members in recovery from health issues, particularly those with addictions.

Previously, the CNO’s practice was to ask the Fitness to Practise Committee to find nurses in recovery from addiction “incapacitated,” even if they were able to practise safely by following treatment recommendations, but under the settlement, the CNO recognizes its human rights obligations, agreeing that nurses in recovery will not be found “incapacitated;” information on its website will provide less information about the practice restrictions; no further reference to those nurses will be made on its website once restrictions are lifted; and for nurses already found incapacitated, the CNO will remove from its website references to “incapacity,” “past findings” and out-of-date practice restrictions.

ONA is also pleased the College has agreed to communicate its change to employers so that the nursing community can move forward with a more dignified and respectful approach to nurses with health conditions.

ONA’s Legal Expense Assistance Plan (LEAP) Team succeeded in a test case that challenged the CNO’s practices regarding members with mental health concerns who are the subject of health inquiries, with the two sides agreeing to a settlement that this particular member should be allowed to participate in a non-public undertaking that contains terms and conditions, which would avoid having her health information posted on the College’s Find a Nurse.

LEAP is also pursuing a test case to challenge the fact that members’ health information stays on the public register for six years from the date the Fitness to Practise Committee imposes Terms, Conditions or Limitations (TCLs), even though most TCLs run for a maximum of five years.

We won our first decision in which the issue of including disability-related absences for the purpose of entry into and progress through an attendance management program is addressed, with the arbitrator ruling that the inclusion of such absences runs afoul of the Human Rights Code.
La vérité choque.
Les infirmières et les infirmiers le savent.

A template letter for members who are in the initial stages of seeking accommodation and who have return-to-work meetings scheduled has been developed to provide some basic information about the accommodation process.

ONA recognized the International Day of La Francophonie, which gives us an opportunity to celebrate the French language and Canada's rich French heritage and culture, while also reminding us to embrace the core values of peace, democracy and respect for human rights.

The title of the most recent human rights and equity teleconnect was, LGBT Rights are Human Rights – A Case Law and Legislation Update.

ONA continued our advocacy with the Ontario Human Rights Commission on its review of the CNO, as we want the barriers that prevent nurses with mental health disabilities from accessing employment removed.

The Human Rights and Equity Team highlighted key issues in each issue of Front Lines and the Human Rights and Equity Bulletin.

In a huge Public Sector Labour Relations Transition Act (PSLRTA) win, the RNs of Providence Care in Kingston (formed by the merger of St. Mary’s of the Lake Hospital, represented by ONA, and Providence Centre – Mental Health Services, represented by the Ontario Public Service Employees Union) chose ONA as their union, despite the fact far more nurses were represented by OPSEU heading into the vote.

We also welcomed allied health professionals from Health Sciences North in Sudbury through a certification vote, made all the more satisfying as we had originally applied to represent a smaller group of allied health professionals until the employer attempted to defeat us by more than doubling the number of employees who could be in the Bargaining Unit and entitled to vote, hoping the additional workers would have no vested interest in joining ONA.

ONA held two other successful certification votes during this time period: Trainyards Family Medical Centre (RNs, RPNs and medical office assistants) and ParaMed-Revera in Atikokan, Dryden, Fort Francis, Igance, Red Lake, Sioux Lookout, Vermilion Bay and surrounding areas (RNs and RPNs).

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The Retention and Recruitment Team fielded calls from RNs and allied health professionals seeking the benefits that ONA membership offers, and additional campaigns are underway.

We also continued to monitor the transfer of health services across the province and will file PSLRTA applications when necessary to protect our work.
Professional Issues

- ONA continued to make gains for our members in addressing their workload and professional practice concerns and has been able to reach settlements prior to having to advance to an Independent Assessment Committee (IAC).
- Following an IAC hearing in April, which examined the nursing practice and workload issues on the Sault Area Hospital’s medical short stay unit, an unprecedented 91 recommendations were issued, including the addition of a permanent RN with Additional Responsibility, and the need for RNs to take their scheduled breaks to help with the level of fatigue and low morale on the unit.

- Recommendations from our third IAC hearing for Humber River Hospital, this time in the hemodialysis unit where 187 workload forms were submitted in the past five years, included an increase in the number of RNs on the unit and a formal process to discuss monthly workload complaints.
- ONA First Vice-President Vicki McKenna met with the Ontario Renal Network to discuss its support of several initiatives implementing personal support workers in various home hemodialysis programs as we don’t believe they are an appropriate care provider in this setting.
- Nursing Week 2016 was a roaring success, with nurses and their colleagues celebrating and acknowledging all they bring to our health-care system during special events, many attended by members of the ONA Board of Directors.
- During the most recent professional practice teleconnect, participants received information on what is happening with medically-assisted dying legislation and what nurses need to know to protect themselves if they are asked to participate in this process.
- We continued to seek clarity from the College of Nurses of Ontario on its requirement that nurses must declare they have practised in the last three years to be reinstated, as we are particularly concerned for nurses who have not been practising for health reasons.
- Professional Practice Specialists participated in the Registered Nurses’ Association of Ontario’s (RNAO’s) Best Practice Guideline revisions, such as the Revision of Collaborative Practice amongst Nursing Teams.

- The most recent nurse practitioner (NP) teleconnect provided a well-rounded update on the government’s announcement regarding new funding for primary care and long-term care, bargaining throughout the province, pay equity, the impact of layoffs, and medically-assisted dying.

* To view “Work of the Union: Spring 2016 Update,” see the May issue of Front Lines or log onto the ONA website at www.ona.org/workoftheunion.