

FRONTLINES



All Out!

Burnt out and fed up, ONA members join forces to demand a better contract for better care



P. 8



P. 11

CONTENTS

ONA Mail | 3

President/First VP Messages | 4, 5, 34

Members Get Loud! | 6

Queen's Park Update | 12

Know Your Rights | 14

All Out!

Burnt out and fed up, ONA members join forces to demand a better contract for better care | 18



Nursing News | 24

Health and Safety | 29

Practice Matters | 30

ONA in Action | 32

For Your Benefit | 35

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FRONTLINES

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ONA is the union representing 68,000 registered nurses and health-care professionals and more than 18,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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Tears of Joy

I was reading the *Toronto Star* news section when I turned the page and saw a full page ad celebrating Bill 124 being struck down by the Ontario Superior Court. A picture of Doug Ford topped the copy (see ad, right).

I nearly cried when I saw it. Thank you, ONA, for your relentless work to have Bill 124 repealed. Of course, I knew it had been struck down as I have followed this fight since it began, but that ad has power.

I have been an RN for 47.5 years and am still practising part-time. All I have ever wanted to be since the age of four is a nurse, and I continue to be proud to be a part of this profession.

Before I retired from full-time work, I taught in a baccalaureate program. One of those courses had a focus on political action as a profession and how to engage personally. The fight against Bill 124 would have framed that course during the past couple of years. Students would often ask me if political action really works and I would cite examples of where it does. Nothing compares to this situation.

The Premier has appealed the decision, costing taxpayers unnecessary expense and demonstrating further his disrespect for nurses. The court was equally clear that this legislation is unconstitutional, so the fight is not over completely. I know that ONA and other nursing organizations will continue to advocate on behalf of all nurses in Ontario.

Again, thank you so very much.

ELIZABETH EDWARDS, RN, BScN, MSN



No appeal.

A month ago, Ontario's Superior Court ruled that Doug Ford's Bill 124 is unconstitutional. It was a powerful moment - a condemnation of the legislation, and a huge affirmation for nurses and a million other Ontario workers.

For more than three years, Bill 124 unfairly suppressed wages and cancelled people's rights. This deliberate undervaluing of nurses occurred during the pandemic, contributing to record levels of stress and burnout. Nurses responded by leaving their jobs and even their profession. The resulting nursing shortage has become a health-care crisis that is affecting every patient in this province.

By accepting the court's decision, the government could take responsibility and send a clear message that it's a new day for health care in Ontario, a gesture that would begin to repair the damage they've caused. But if Ford appeals the decision, the injustice of Bill 124 will continue and its toxic effects on public health care will spread. And then Doug Ford will face the judgement of a higher court - the court of public opinion.



nursesfightingforchange.ca



Sweet Defeat

Congratulations on the defeat of Bill 124! We all deserve better than what was happening in our province and in our profession.

Good job, everyone!

ELIZABETH MCATEER, RN



The Good Fight

Just a short note to let you know I thought your ad in the *Globe and Mail* was brilliant.

Please keep fighting the good fight. I will continue to send messages of my own to the Premier and Health Minister.

In solidarity,

KERRY BADGLEY



Fascinating Fact

Front Lines is redesigned to include a letters to the editor section (ONA Mail) in November 2017.



HAVE SOMETHING TO SAY?

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

Events and Observances



The following are key happenings and commemorative dates until the next issue, which we are acknowledging and/or celebrating provincially (and you can do so locally):

- ▶ **May:** National Physiotherapy Month
- ▶ **May** (various dates): ONA Health and Safety Caucuses
- ▶ **May 1:** May Day (International Workers' Day)
- ▶ **May 8-14:** Nursing Week (see page 6)
- ▶ **May 9:** Indigenous Nurses' Day
- ▶ **May 17:** International Day against Homophobia, Transphobia, Biphobia
- ▶ **May 19:** Personal Support Worker Day
- ▶ **June:** Pride Month (events happening all summer)
- ▶ **June 20-21:** ONA Provincial Coordinators Meeting (PCM) (Thunder Bay)
- ▶ **June 21:** National Indigenous Peoples Day (see page 15)
- ▶ **June 22:** PCM half-day Education Session (topic TBD)



Check ona.org for more information.

From Interim ONA President/
Region 2 Vice-President
De la présidente par intérim, AIIO/
Vice-présidente de la région 2
BERNIE ROBINSON, RN



Follow Bernie at twitter.com/BernieReg2VPONA.

Public Health Care Belongs to Us All

I HAVE A STRONG MESSAGE FOR PREMIER DOUG FORD:

keep your hands off our cherished public health-care system!

While he made no mention of his privatization plans in the provincial election campaign a year ago, his government recently introduced Bill 60, conveniently light on details, that allows private clinics to perform thousands more surgeries (see page 12). He claims this is to tackle the growing backlog of surgeries caused, in part, by the COVID-19 pandemic, and that no one will have to pay out of pocket, but ONA knows better.

The fact is public hospitals are grossly underutilizing their surgical suites due to severe government underfunding and a crippling – and unaddressed – shortage of nurses and health-care professionals. So, when Premier Ford says “the status quo isn’t working” in trying to justify these privatization plans, he’s not wrong. But he fails to recognize one very important thing: he created it.

ONA fears Bill 60 could spell the beginning of the end of our public health-care system as we know it. And so, we immediately did what we always do. We spoke out.

As part of a coalition of five Ontario health-care unions (CUPE/OCHU, OPSEU, SEIU Healthcare and Unifor), and along with our friends at the Ontario Health Coalition, we decried the move, highlighting that it will diminish access to publicly funded health care, increase wait times, risk lives and significantly worsen staffing shortages while diverting public dollars into the hands of private shareholders.

As if that wasn’t alarming enough, Bill 60 contains no mechanism to ensure disclosure or transparency for private clinics, unlike our public hospitals. What assurances do Ontarians have these clinics will be regulated and safe, won’t upsell them on unnecessary services, and poach nursing staff from our already strained public hospitals? When you consider that the most broken parts of our health-care system are the ones already privatized, such as home care and long-term care, horrifically evident during the pandemic, it’s cause for even greater concern.

Our joint message to Premier Ford is simple: Ontario’s public health-care system is not yours to dismantle and sell; it belongs to us all. Stop diverting money to privatized clinics and fund public hospitals at least at the rate of the Canadian hospital average – Ontario is pretty much bottom of the barrel – to allow

for population growth/ageing and inflation; and implement a substantive public hospital staffing retention program.

ONA and our allies will never stop fighting for this – and we clearly have the public on our side. A recent poll conducted by Abacus Data on behalf of the National Union of Public and General Employees found that 89 per cent of Canadians agree health care should be universal and based on needs, not paycheques. And so, we all have a role to play in stopping Premier Ford’s privatization plans in their tracks.

On a personal – and much happier – note, I want to thank you all for your guidance and assistance as I assumed the ONA presidency on an interim basis last November. As you can see from these pages of *Front Lines*, it’s been quite the wild ride! By the time you read this column, a new ONA President will be elected, whose term starts on May 1, and I will return to my role as Region 2 Vice-President. I can assure you that whomever you chose to lead this powerful union is more than up to the task and will face our challenges, including privatization and the nursing shortage, head on with immense strength and determination – and with the full support of the entire ONA Board of Directors. And, I have no doubt, all of you as well.

Les soins de santé publics nous appartiennent à toutes et à tous

J’AI UN MESSAGE FORT POUR LE PREMIER MINISTRE

Doug Ford : ne touchez pas à notre précieux système public de soins de santé!

Bien qu’il n’ait fait aucune mention de ses projets de privatisation au cours de la campagne électorale provinciale il y a un an, son gouvernement a récemment présenté le projet de loi 60 qui, comme par hasard, contient très peu de détails, et qui accorde aux cliniques privées le droit d’effectuer des milliers de chirurgies supplémentaires (voir page 12). M. Ford prétend que le but de ce projet de loi est de s’attaquer à l’arriéré croissant de chirurgies causé en partie par la pandémie de COVID-19, et que personne n’aura à payer un sou de sa poche. Mais l’AIIO y voit clair.

Le fait est que les capacités des blocs opératoires des hôpitaux publics sont largement sous-utilisées en raison d’un grave sous-financement de la part du gouvernement et d’une pénurie criante d’infirmières et d’infirmiers et de professionnels de la santé qui n’a pas été corrigée. Ainsi, lorsque pour essayer de justifier ces plans de privatisation le premier ministre Ford affirme que « le statu quo ne fonctionne pas », il n’a pas tort. Mais il ne veut pas reconnaître pas une chose très importante : c’est lui qui l’a créé.

SUITE À LA PAGE 34



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



Follow Angela at twitter.com/4angiepreocanin.

You Were Everywhere!

IT'S NOT VERY OFTEN THAT I'M AT A LOSS FOR WORDS.

Yet, I was completely overwhelmed – and, yes, at times speechless – by the way ONA members banded together the past couple of months to participate in a series of escalating actions to fight for better staffing, wages and care in light of an extremely difficult round of hospital bargaining.

You wore our stickers at work and posted photos on social media to inspire your colleagues to do the same. You showed up at our All-Out Pickets across the province despite some frigid temperatures (-30 in Thunder Bay)! You turned downtown Toronto streets into a sea of black, pink and white for our All-Out Shut-Down Protest. You were literally everywhere, and I'm not exaggerating when I say that *that* momentum, that unity – not to mention the extensive media coverage we received throughout – is unlike anything I have ever seen. I encourage you to read the cover story for all the details and check our social media channels for many more photos.

Back in November when Premier Doug Ford despicably enacted the notwithstanding clause and through Bill 28, forced CUPE education workers back to work before they even went out and to accept their final insulting offer, some members asked me why ONA was so involved in their protests. I told you then that CUPE supported ONA countless times in the past and wouldn't hesitate to do so again when the time comes. While that time came sooner than we thought, I hope you saw and felt that overwhelming support for yourself. Our union friends promoted and marched alongside us at our pickets and rally; I lost count of all the different union flags waving alongside ours. While there's no doubt ONA is a strong union in itself, when joined by our union allies, our combined voices are much more amplified. It was that solidarity that helped CUPE win their fight with the Ford government – and will help us win ours.

I want you to know that while you are out there with our allies advocating on the front lines and on the streets, we're doing everything in our power as well. In fact, I recently presented ONA's recommendations to the Standing Committee on Finance and Economic Affairs for Budget 2023 (see page 12). And I didn't mince words.

I was clear that the very issues that drove us to the streets – unsafe staffing levels, working conditions and wages –

must be addressed if our province is to retain and recruit desperately needed nurses and health-care professionals and to ensure safe patient care. That includes fair pay and backpay for wages withheld for three years due to Bill 124 – which, despite being struck down by the courts as unconstitutional late last year, the Ford government continues to challenge – wage parity with hospitals across all health sectors; 10 permanent paid sick days; additional full-time nursing positions to reach a minimum 70 per cent; a robust recruitment strategy to bridge the RN care gap; and measures to ensure your safety, such as guaranteeing access to N95 respirators or a higher level of protection and actions to tackle the growing epidemic of violence in health-care settings.

The Ontario budget will be tabled by the time you read this column and no matter what it does – or doesn't – contain, there's one thing I hope you take comfort in: there's no doubt in my mind that the Ford government also heard and saw us like never before. They know that we, along with our union allies, won't stop advocating for our patients and ourselves until we get what we need and deserve.

Vous étiez partout!

IL NE M'ARRIVE PAS SOUVENT D'ÊTRE À COURT DE MOTS.

Pourtant, j'ai été tellement impressionnée – et parfois même, j'en étais sans voix – par la façon dont les membres de l'AIO se sont regroupés au cours des derniers mois pour participer à une série de mesures progressives pour lutter en faveur d'une meilleure dotation en personnel, de meilleurs salaires et de meilleurs soins, dans un contexte marqué par une ronde de négociations extrêmement difficile pour le secteur hospitalier.

Vous avez porté nos autocollants au travail et publié des photos sur les médias sociaux pour inspirer vos collègues à faire de même. Vous vous êtes présenté sur les lieux de piquetage partout dans la province malgré des températures glaciales (-30 à Thunder Bay)! Vous avez transformé les rues du centre-ville de Toronto en une mer de noir, de rose et de blanc lors de notre manifestation pour un arrêt de travail total. Vous étiez littéralement partout, et je n'exagère pas en disant que cet élan et cette unité – sans parler de la vaste couverture médiatique que nous avons reçue tout au long du processus – sont sans précédent. Je vous encourage à lire l'article de couverture pour en savoir plus et à consulter nos médias sociaux pour voir de nombreuses autres photos.

En novembre, lorsque le premier ministre Doug Ford a scandaleusement adopté la disposition de dérogation et, par le projet de loi 28, a forcé les travailleurs de l'éducation du SCFP à retourner au travail avant même d'accepter leur dernière offre insultante,

SUITE À LA PAGE 34





MEMBERS GET LOUD!



Fascinating Fact

Nursing Week becomes a formally recognized ONA event for the first time, and Locals hold events throughout the province in May 1987.

Nursing Week Balances ONA's Past and Future

Reflecting on our past, thinking about our future. That perfectly describes Nursing Week 2023.

As ONA celebrates our 50th anniversary and all we have accomplished while recognizing that we continue to face unprecedented challenges to the nursing profession, the five regional representatives on our Nursing Week Team chose a very appropriate theme for Nursing Week, May 8-14: *Lasting Impression, Forging Our Future*.

"This theme beautifully encapsulates what matters to our members: being respected and remembered for your commitment to nursing, your dedication to providing safe, high-quality health care, and the critical role you play as advocates for your patients, profession and our health-care system in general," said First Vice-President Angela Preocanin. "We must carry this legacy forward, fight for respect for our work and health and safety, and continue to take pride in the tremendous value nurses provide and the impact we have."

Many of your Bargaining Units are planning a return to in-person Nursing Week events this year to honour the year-round commitment and achievements of RNs, NPs and RPNs (check our website at ona.org/nw for ideas), and we urge you to participate if you feel comfortable. We'd love to hear and see how you did so at frontlines@ona.org.

We also encourage you to download and post our Nursing Week social media shareables and bilingual Nursing Week poster. The eye-catching



poster, which also strikes the perfect balance between our past and future, can be placed at appropriate locations in your workplace, with the permission of your employer, and in your community, such as grocery stores and banks, again with permission. We're also including a keepsake letter-sized version with *Front Lines*.

As well, as a small token of our deep appreciation for

all you do and how hard you fight, you'll find a special gift with this issue. We hope it serves as a constant reminder that your union is always right at hand. If you didn't receive your gift or if it was in any way damaged, contact the Communications and Government Relations Team at CGRIntake@ona.org.



Learn more about Nursing Week at ona.org/nw.

Tell Us Your Vision, Win a Gift Card!

Celebrating our past 50 years has us pondering the next 50 and beyond!

With that in mind, we are running a special social media contest this Nursing Week asking members to tell us your vision for the future of nursing.

As a special incentive, we will be awarding prizes for the top 10 entries, which will be featured in upcoming issues of *Front Lines*. Nine entries will receive a \$10 Tim Horton's gift card, with a grand prize of a \$50 Tim Horton's gift card given to the best overall submission. So, please get out your crystal balls and use the following hashtags when posting your stories to Facebook, Twitter or Instagram:

- **#ForgingOurFuture**
- **#NursingWeek2023**

ONA Bids Farewell to Beloved Local Leader

It is with heavy hearts we announce the passing of one of ONA's most active Local leaders, Linda Dow-Sitch, on January 16.

Described as "kind and generous" by those who knew her, Dow-Sitch, former Local 4 Coordinator, was dedicated to supporting the nursing profession and safe quality health care. A 1987 graduate of Lakehead University, where she earned an Honours Bachelor of Science Degree in Nursing, Dow-Sitch worked for 33 years as a long-term care nurse, mostly at Summit Place in Owen Sound.

"Linda took great pride in being an RN," said Local 36 Coordinator and close friend Gaetane Blom. "She was a dedicated, caring nurse for countless families – and her own."

Dow-Sitch's involvement with ONA was equally as impressive, starting with her role as union rep for Summit Place, followed by Bargaining Unit President. She went on to serve as Local 4 Coordinator from 2009-2015, and then Vice-Local Coordinator until her retirement in June 2022. Throughout those years, she sat on numerous union committees and was her Local's political action lead, planning a variety of activities for her members, including staffing tables at fall fairs and participating in Labour Day parades to promote the latest ONA campaign.

"She was a great ONA leader, mentor and teacher, who always gave 110 per cent for her members and to her roles on the Local 4 executive," stated Local 4 Coordinator Pamela Lobsinger. "What a fantastic soul this world has lost. She was always a bright spot and told fantastic stories that you could learn something from. And despite her health and personal struggles, you could always count on her for a smile and a laugh."



One-time Local 4 Coordinator Linda Dow-Sitch, inset, looked for any opportunity to advocate for ONA, her members and their patients, including at the 2017 Port Elgin Labour Day Parade with current Local 4 Coordinator Pamela Lobsinger.

Dow-Sitch was also an active member of the Grey Bruce Labour Council (GBLC), which noted she attended every meeting, lending a hand wherever she could. For that reason, the GBLC/Workers Health & Safety Centre awarded her with their Health and Safety Activist of the Year in 2019.

"I admired her and loved her sense of humour," added Blom. "She was able to find the best in others and was non-judgmental. She lived her life to the fullest, was fun to be with and loving, and she appreciated nature. She meant a lot to many people. I do miss my dear friend."

ONA sends our sincere condolences to her family, friends, Local 4 members and all her fellow members and colleagues.



Health Care Needs Nurses, Local Campaign Emphasizes

Local 6 has certainly found a creative way to launch a discussion! As part of their public awareness campaign, the Local handed out t-shirts during their holiday dinner last December, reading "value nurses" or "value health-care professionals" on one side with the other side stating, "a bed is just a bed without a nurse" or "stop privatization, save public health care." "We asked members to wear them at work, hoping to spark conversations with patients and families about the health-care crisis, shortage of nurses and how privatization of health care by the Ford government will only further strain nursing resources," said Local 6 Coordinator Jane Penciner, seen here, second from left, with members Edsel Mutia, Margaret Lim and Harinder Sahota. "The goal is to get the public to understand that health care needs nurses. Inflicting wage restraint legislation [Bill 124] upon nurses in a pandemic led to many leaving Ontario for better pay in other provinces. We need to compensate nurses fairly to sustain our public health-care system."

HHS Members Launch Campaign to Protect Scrub Nurse Role

At the request of the five operating room nurses interviewed for this story, we have changed their names to protect their identities. One member, so distraught by this situation, has since left.

A group of ONA members who launched a campaign against their employer's harmful decision to eliminate the scrub nurse role has an important message to relay: this could be coming soon to a hospital near you.

“Life and death”

In late 2021, Hamilton Health Sciences (HHS) decided to cut nurses in operating rooms (OR) at its General, McMaster and Juravinski sites, replacing them with unregulated workers, called OR assistants (ORAs), who have completed just a 10-week micro-credentialing course at Mohawk College.

“There are two main roles for nurses in the OR,” explained Shannon Williams. “The first is a circulating nurse, who takes care of anesthesia, but is not on the scrub team. The other, the scrub nurse, is right beside the surgeon, assisting with equipment, medication and retraction. They see trouble coming before it happens and can step in, so it's important they're a nurse. Whoever made this decision doesn't understand that role. The employer says ORAs will only scrub in procedures with a predictable outcome, but any patient under a general anesthetic can become unpredictable.”

“While our employer did background work, partnering with Mohawk College and involving stakeholders and others, they never once asked the nurses who work in these ORs every day for our input,” added Melissa Yim. “It's a slap in the face to those of us who went through all this education to get to where we are today.”

And while these OR nurses are very concerned about what this change in model of care means for their professional standards, they are even more concerned about its impact on their patients.

“They're not in the care of someone who is knowledgeable about anatomy and biology,” said Terry Sigrid. “If a surgery starts going wrong for a patient under anesthesia and unable to advocate for themselves, another scrub person must be found and scrub in. This will cost valuable time that could mean the difference between life and death.”

“Started to make noise”

While the OR nurses immediately pushed for a meeting with the employer to discuss their decision, they were instead given a very brief presentation during one of their regular Zoom professional practice in-service days.

“You couldn't directly ask a question, you could only put a question in the chat,” noted Andrea Moore. “I asked if we could sign a waiver releasing us from any responsibility because the ORAs are unregulated and not trained properly. They didn't have answers. We didn't get answers from the College of Nurses of Ontario either and we take our practice very seriously. That's when I thought this is being downplayed and we need to do something.”

And they certainly did.

“We contacted ONA to find out how they could help us organize a campaign because a lot of us just wanted to run to the public,” said Williams. “The union gave us the roadmap for pushing back. From there, we looked for at least three nurses from each site to join our Action Committee and we just started to make noise.”

That noise began through “honest and open communications with other nurses, finding out their concerns about this model of care and constantly following up with them,” said Sigrid, noting committee members talked to



“Many people stopped to talk,” said Myranda Sutton of the booth the OR nurses set up at the Rockton Fall Fair last year. “We got over 300 signatures! (Region 4 Vice-President) Erin Ariss and (ONA mobilizer) Stacey Papernick had a competition to see who could get more. They were so positive.”

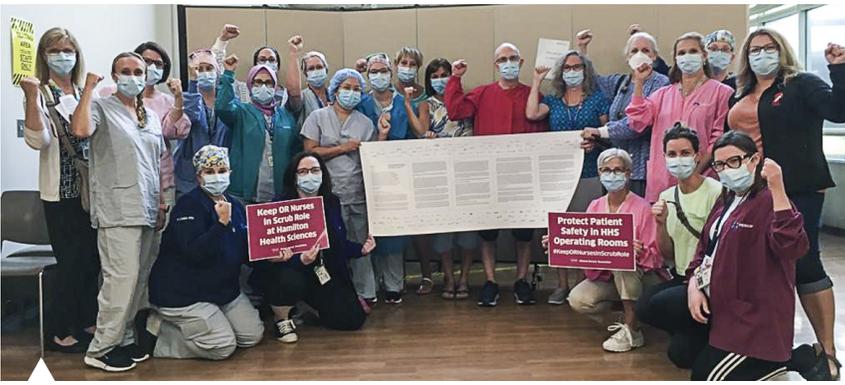
them face-to-face after hours and via phone and personal emails.

As a result, the Action Committee was able to obtain the signatures of 85 per cent of OR nurses from all three sites for a letter to the Chief Nursing Executive outlining their concerns and asking to remove ORAs from the scrub nurse role. They didn't receive a response.

Disappointed but undeterred, they utilized the same techniques to gather the signatures of 84 per cent of nurses for another letter, this time to President and CEO Rob MacIsaac, who granted a meeting. While the 20 OR nurses from all sites who met with him reported they felt he listened, “he didn't take any change of position, so we moved to the next phase,” said Williams.

That meant getting the public involved to help pressure him and the hospital's Board of Directors. Action Committee members and other supporters began canvassing door-to-door and engaging their family and friends to obtain signatures for a petition to the government. Myranda Sutton took a lead on finding other creative ways to get people to sign.

“We attended the Rockton Fall Fair and Hamilton Labour Day parade and



A life-sized letter signed by the vast majority of OR nurses was hand-delivered to the HHS President and CEO.



HHS OR nurses and their supporters let it be known at a rally outside the General site in December that they aren't backing down in their fight to preserve the scrub nurse role.

went through the crowds,” she said. “I run a meet-up social group that plans activities, and at a couple of events, I brought petitions, which people took and brought back signed. I googled festivals, and went to whatever I could find. There was a corn hole tournament, a chili and butter tart competition, and a super crawl. We attended a music and arts festival. I even found a Pagan festival at the park where I play tennis.”

But perhaps the highlight was a well-attended rally outside the General site in early December, which garnered significant media attention. Along with the OR nurses, hospital staff, the ONA Board of Directors, other ONA members/staff and supportive politicians, “the rally involved community members, passionate retirees who want to help, and other unions,” said Yim, who noted that social media was the driving force in getting information about the rally and the situation in general to a wide audience. “The rally was powerful, and we got more signatures.”

“Slippery slope”

In fact, at last count, 3,685 signatures have been gathered for the petitions, which were read in the legislature, “with Health Minister Sylvia Jones erroneously stating that these ORAs are only prepping for surgeries,” said Yim. “Wrong, these ORAs are fully scrubbed in and functioning as a scrub person right alongside the surgeon.”

Dispelling such myths with the public has proven fruitful, “with most shocked to hear about HHS’s plan,” said Moore. “The real tragedy is that people don’t understand what’s going on. When they come into a surgery, they think everybody’s a doctor and a nurse. They sign a consent, and if you’re not giving them all the information, I believe that’s a lie by omission.”

And it’s for that reason the OR nurses think every Ontarian should take an interest in their fight.

“It’s a big step to put unregulated workers in this kind of unpredictable critical practice setting,” said Williams. “And our fear is it will start a slippery slope because if it happens here, it can happen anywhere.”

Sigrid concurred, pointing out another flaw in the plan: “If this continues to be pushed as a model of care in the OR, valuable, knowledgeable and experienced RNs will leave – some already have – because they can’t support it.”

“Hopeful”

The first ORAs completed training in January 2022, came to the OR for orientation/preceptorship that spring, and “the hospital has recently stated some can work independently, but a float nurse – a new assignment – must be readily available,” explained Williams. “It’s ridiculous.”

Despite that, the nurses are trying to be optimistic.

“We haven’t yet had the outcome we wanted – the role to be removed or at the very least changed – but I’m still hopeful,” said Sigrid, who added that while “life is busy and the Action Committee takes a lot of time, energy and commitment, getting to know my colleagues at the other sites and the ONA team has been a plus.”

Sutton agreed, noting, “I don’t even know who to be mad at. Is it the Ford government, the Ministry of Health, or the hospital, which is being told to make their budget work? What I do know is that for change to happen, it has come from the CEO and Board.”

And the only way to achieve that is to “keep going,” said Moore, who noted this campaign has brought her out of her comfort zone. “If we can continue to educate the public, we’ve accomplished something. It’s been frustrating, but all the nurses who say, ‘I’m coming to this event,’ or ‘I’ll sign that letter’ keeps us motivated.”

As does the assistance of other ONA members.

“Please share what is happening at HHS,” concluded Yim. “Get in touch with Premier Ford, Minister Jones and your MPPs, and ask why HHS is compromising patient care and safety. We knew this wasn’t going to be an easy fight, but we really need you.”

Happy Anniversary, ONA!

Finding 50 Years of ONA History

As ONA celebrates our 50th anniversary, members from the Scarborough Health Network have stumbled upon some fascinating union history of their own.

“When Local 111 went through some changes a few years ago, Local 24 put decades of history into a storage unit,” said Lori Lopes, who was the Bargaining Unit President at the time. “Peggy Dawson was the new Local Coordinator and Lisa Begg was our Treasurer. We went to the storage locker together and found 50 years of history. Eight hours later, we weren’t finished going through it all.”

Local 111 had represented ONA members at the hospital’s Birchmount and General sites and Local 24, the Centenary site. When the hospitals merged to become Scarborough Health Network, Local 24 joined Local 111. Prior to that, Local 111 had rented a townhouse for its office, using the bedrooms as offices, the dining room as a boardroom and the finished basement for membership meetings. When the Local gave up the space in favour of an office at the Centenary site, much of the content was moved into a storage locker, as the new space wasn’t big enough to house it all.

“We had a moving sale when we left the townhouse and members came out and purchased some of the office equipment, chairs and desks,” said Dawson, an intensive care unit nurse at Scarborough General for most of her career. “But there was still a lot left. We knew we had a storage locker, but not what was in it. Nobody had gone into it for two years, and so as an executive, we decided to take a look and see if we could downsize – or if there was anything we needed.”

What they found was a total surprise. “We came across the typewritten paperwork that established ONA as the bargaining agent for the nurses at Scarborough General,” she revealed. “Coincidentally, it was from 1974, the year I was born. There were meeting minutes in those big legal books from the 1970s and ’80s. The former Local 111 President had a lot of plaques of the *Front Lines* magazine covers, and whenever ONA had a big victory, she would frame and hang the accompanying documents. We went through everything and decided what needed to be shredded or retained. We obviously wanted to keep all the artefacts.

Pictures of several items were shared on Local 111’s social media platforms, and some framed items are currently hanging in their Centenary office. Others have been shared during Nursing Week. But for the most part, Dawson said the Local still isn’t sure what to do with many of them.

“We have a very small office space and they won’t fit,” she noted. “We have bulletin boards at all three sites and have talked about circulating some items so people can see where we were and where we are now. Maybe it will tweak their memories of something special. Scarborough General has a lot of senior staff, who are slowly retiring. People I work with are now celebrating 30 years and more. For a lot of them, it’s the only place they have worked since graduation.”

The same goes for Dawson, whose mother was a nurse at the hospital for her entire career.

“My brother and I were both born there,” she said. “When I was younger,



“I like looking back to where we were to see how far we’ve come, especially because I have such a personal connection to the hospital,” said Local 111 Coordinator Peggy Dawson, holding a typewritten document from 1974 establishing ONA as the bargaining agent for Scarborough General Hospital, where she has worked throughout her career.

« This is not only my workplace, it’s my community hospital. And I’m so happy to preserve a piece of our history. »»

– Local 111 Coordinator
Peggy Dawson, RN

I’d have the car on a Friday night and be the designated driver. And at 4 a.m. on my way home, I’d stop in the emergency department where my mom worked the nightshift and ask, ‘does anybody need a coffee?’ and then go on a coffee run. So, this hospital has been a big part of my life. My dad has been treated there. My mother passed away there. I still live in the community, and it’s where I go. I had my babies there. Not only is it my workplace, it’s my community hospital. And I’m so happy to be able to preserve a piece of our history.”



The Puck Drops Here: Members Score Hockey Tickets in Honour of ONA's 50th

When it came to engaging members at the launch of our 50th anniversary year, you could say we really scored!

This past January, February and March, ONA partnered with the Ontario Hockey League (OHL) to offer 40 pairs of discounted tickets for nine games throughout the province in honour of this milestone. Included in the price was a one-of-kind hockey jersey featuring our eye-catching 50th anniversary logo. Both ONA and the OHL promoted the games on social media.

ONA members who attended were treated to far more than just the action on ice. At each game, one was chosen to drop the puck at centre ice while the announcer told the crowd a little bit about them. Announcements over the speakers and via the jumbotron, which displayed our 50th anniversary logo, along with a trivia contest during intermission, educated the public on the impact of ONA. To reinforce this point, fans received a special ONA promotional item on their way out with the slogan, *Celebrating our past, fighting for our future*.

"I had the honour of dropping the puck at the Ottawa 67s game," said Cheshta Sharma, a Local 83 member who recently joined staff. "It was an exciting experience. While I was waiting to do so, I met the person who was singing the national anthem. We were both quite nervous, but ended up motivating each other! When a member of the public was chosen to answer questions related to ONA's history for a prize, you could hear the crowd cheering him on and helping, which was beautiful. I truly felt energized during that game, and I would highly recommend!"

Local 31 Bargaining Unit President Sue Croxford couldn't agree more, noting, "it was a dream come true and a real 'Canadiana' moment to drop the puck at the Kingston



Faceoff! ONA members were quite literally front and centre, dropping the puck at recent ONA-sponsored OHL games across the province. Pictured are (counter clockwise from top left) Monique Storozuk at the Soo Greyhounds game on January 8, Sue Croxford at the Kingston Frontenacs game on January 20, Sarah Martin at the Guelph Storm game on January 22, and Cheshta Sharma, who has recently joined ONA staff, at the Ottawa 67s game on February 17. On page 2 of this issue, Region 5 Vice-President Alan Warrington (second from left) is surrounded by members at the London Knights game on February 17.

Frontenacs game. It was wonderful being able to represent our members at such an important event as we celebrate our 50th anniversary."

The games were very popular with our members, with almost all selling out. Where they didn't, we offered free tickets to nursing students in college/university programs in the area.

ONA has lots more exciting activities planned to celebrate our 50th anniversary, culminating in our Biennial Convention in November. Check out our anniversary hub for the latest and come back often at eventmobi.com/celebrate50/. Material is also available at ona.org/celebrate50.



QUEEN'S PARK UPDATE



Read ONA submissions at ona.org/submissions.



OHC Executive Director Natalie Mehra

Ford Unveils Hospital Privatization Scheme

As one of his first acts when the legislature resumed in February, Premier Doug Ford tabled new legislation to privatize the delivery of some surgeries.

This will mean allowing private, for-profit corporations to open surgical clinics to perform cataract surgeries, hip and knee replacements, some gynecological procedures and more. These private clinics will draw staff and funding from our public hospitals, destabilizing our workplaces even more.

ONA is working with the Ontario Health Coalition (OHC) and our fellow health-care unions to fight back against this dangerous scheme.

“Patients are languishing longer and longer on wait lists and paying more and more out of pocket to seek care in these private predatory clinics that are now emerging across Ontario to sell us our health care in violation of one of the core tenets of public Medicare in this country: That you shouldn’t be charged for medically needed health-care services,” OHC Executive Director Natalie Mehra told our All-Out Shut-Down Protest at Queen’s Park on March 2 (see cover story). “It’s shameful.”

Ontario to be Short 34,800 Nurses in Five Years: FAO

The news goes from bad to worse.

A special health care report from

the Financial Accountability Office (FAO), Ontario’s independent financial watchdog, projects Ontario be short 34,800 nurses by 2028. The government will also be short \$21 billion to cover its commitments over a six-year period to expand hospitals, long-term care and home care, it adds.

A few weeks early, the FAO found that the Ford government spent \$1.2 billion less than it budgeted on health care so far this year. Across all sectors, the government has underspent its budget by \$6.4 billion.

ONA knows this nursing shortage, and cuts by stealth are eroding the quality of health care in Ontario and contributing to burnout and severe understaffing across all health sectors.



ONA First Vice-President Angela Preocanin, RN

ONA Delivers 2023 Pre-Budget Submission

On February 14, ONA provided a pre-budget submission to the Standing Committee on Finance and Economic Affairs, which ONA First Vice-President Angela Preocanin presented.

The submission laid out our recommendations to improve working conditions for nurses and health-care professionals across all sectors, including increasing wages, bolstering the workforce with minimum staffing ratios, investing in workplace safety and stopping privatization.



NDP Leader Marit Stiles

New Ontario NDP Leader

Davenport MPP Marit Stiles became the new Leader of the Official Opposition, the NDP, on February 4, and has made the Ford government’s mistreatment of nurses and health-care professionals one of her key issues during Question Period.

Both MPP Stiles and Green Party Leader Mike Schreiner spoke in support of ONA’s bargaining demands for our central hospital agreement in the legislature and at our All-Out Shut-Down Protest on March 2 (see the cover story).

“I want to thank every single one of you for being on the front lines today and every day,” she told the crowd. “We know you’re out there in our hospitals defending our public health-care system. We know that every day you’re standing up for all those who are struggling, waiting for care and at risk. We hear you, we see you and we will keep standing with you. We’re not going to back down because you’re not going to back down.”

Feds to Increase the Canada Health Transfer

In February, Ontario reached an *Agreement in Principle* with the federal government for \$8.4 billion in new health-care funding over 10 years.

The two governments will negotiate the terms of the agreement, but the federal government will require that the funding go towards increasing access to family health services, supporting the health-care workforce, access to

mental health care, and improving access to electronic medical records.

The Canadian Federation of Nurses Unions, which composed an ONA-supported letter to the Prime Minister and Premiers that appeared in the form of an ad in the *Toronto Star*, welcomed the proposal from the federal government to increase the Canada Health Transfer and establish bilateral agreements with the provinces and territories. But they warned the new funding must be backed by both real accountability and quick action to address the dire shortages of nurses plaguing health care across the country.

Ford Loses Charter Case on Third-Party Election Spending

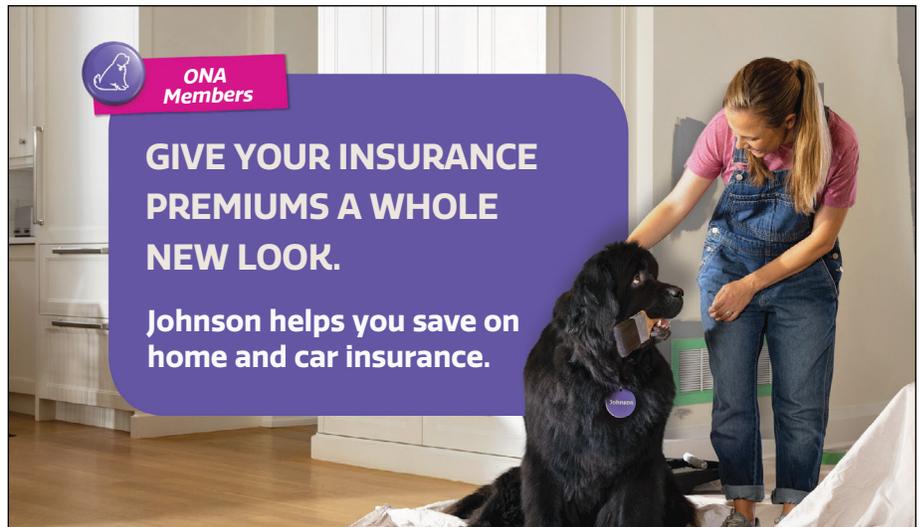
We won again!

In the lead-up to last year's provincial election, the Ford government used the notwithstanding clause to ram through an anti-democratic bill aimed at silencing his critics. Bill 307 amended sections of the *Election Finances Act* to severely restrict third party political advertising for more than a year prior to an election.

Other changes prevented interested groups from sharing or coordinating resources, imposed extremely frequent reporting requirements and created steep penalties for violations. The changes also broadened the definition of political advertising, muddling the distinction between issue-based communications and those that explicitly target a party or candidate.

The case was brought against Bill 307 by the Ontario Secondary School Teachers' Federation, the Elementary Teachers' Federation of Ontario, Ontario English Catholic Teachers Association and the Working Families Coalition, which includes ONA. And on March 6, the bill was ruled unconstitutional by the Ontario Court of Appeal.





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KNOW YOUR RIGHTS

“Every day is a learning experience,” Member Stresses

The non-Indigenous population has some learning to do to make Indigenous peoples feel safe at the bedside and beyond, Local 17 Treasurer Brenda Tabobondung says.

While Tabobondung, who has worked as an emergency department (ED) nurse for most of her career, is not Indigenous herself, “I have lived on Wasauksing First Nation for 43 years, and am a very strong advocate for Indigenous peoples. I married a wonderful Indigenous man. I’ve learned the culture and traditions and have many years of experience working with the First Nations population.”

That included providing diabetes consulting and education as a certified diabetes foot care nurse with Diabetes Services on Wasauksing First Nation for five years, and helping set up and run Shawanaga First Nation Health Clinic 25 years ago. That provided the community with nursing and physician care so they didn’t have to find transportation to Parry Sound, 25 miles away, which can be difficult. Because the funding was pulled to a different area five years later, Tabobondung currently works with the centre four days a month through its Home and Community Care Program. In that role, she mostly assists elders and their families connect to appropriate caregivers, such as the palliative



Fascinating Fact

ONA launches a human rights and equity initiative to further highlight major observances, including Black History Month, International Women’s Day, Pride and National Indigenous Peoples Day in 2015.

care team in Parry Sound, and with any emergencies. She also does patients’ blood work to decrease transportation costs to that town.

Fear of the Unknown

Throughout her life, Tabobondung has witnessed anti-Indigenous racism and discrimination, including towards her two daughters, and has had her own experience. When she applied for a nursing job under her Indigenous married name, she didn’t hear back; when she applied for that same job with her maiden name, she not only received a call, she landed the job.

“Living in a First Nations community, I believe stereotyping comes from ignorance of the unknown,” she said, “In my career, I’ve seen a nurse say about an Indigenous patient, ‘send him to triage, he’s drunk, you can smell it on his breath’ without doing an assessment or asking him any questions. You can’t label a person by the colour of their skin; that same smell could indicate diabetic ketoacidosis. When an Indigenous person goes for health care or any sort of help, they are very, very scared and it can take a good six to eight months or more



Local 17 Treasurer Brenda Tabobondung proudly wears her nephew’s beautiful logo.

All in the Family: Member’s Nephew Creates Indigenous Logo for Big Clients

Tabobondung shares with *Front Lines* the inspiring story about how her 23-year-old nephew Tyler Tabobondung Rushnell, an Anishinaabe artist from Wasauksing First Nation who lives in Trenton, received a very special request.

“Tyler created a logo for the Toronto Marlies and the Toronto Maple Leafs for their respective Indigenous Celebration games in January. His jersey featured a shoulder patch on each arm of a thunderbird and the Tkaronto Maple Leafs logo. Tkaronto is a Mohawk word that means place in the water where the trees are standing, which is said to refer to the wooden stakes that were used as fishing weirs in the narrows of local river systems by the Haudenosaunee and Huron-Wendat. We went to the unveiling of Tyler’s jerseys, which were auctioned off after the Leafs game for more than \$15,000, with all funds going to the Toronto Council Fire Native Cultural Centre. We’re so proud of him. He received a lot of publicity and people have been contacting him left, right and centre. What makes me shine is that our Indigenous youth are coming out and expressing their talents. They’re not regressing and hiding. And that is a huge accomplishment.”

to trust the individual they're working with. They fear how they're going to be treated and accepted – and with very good reason.”

She is equally concerned about the other serious issues Indigenous peoples face, such as a lack of clean water and inadequate housing, noting, “many are removed from their traditions and cultures because there is nowhere for them to live on their reserves, which takes them away from their traditions and culture. When you live on a First Nation, it's a family and by living somewhere else, you feel that disconnect. And it's through no fault of their own.”

Education is Key

For that reason, Tabobondung, who was instrumental in having a large dream catcher made for the window of her ED to show appreciation for the Indigenous population and make them feel welcomed, believes education is key to bringing about change.

“The more education we can get out to people, the better because there is so much they don't know,” she said, adding that she is constantly fearful for the safety of her daughters and granddaughters because of all the missing and murdered Indigenous women. “We now have education about Indigenous children being pulled out of their homes, sent to residential schools and how they were treated there, but people may not know that some came home and couldn't handle the trauma, and that's where multi-generational trauma kicks in. Many survivors were fearful of their children learning their language, traditions and culture because of the way they were treated. First Nations children also don't get the same amount of funding for education in the public school system, so it's up to the parents who may have switched them over for a better education to pay the difference. The non-Indigenous

« I don't have to be Indigenous to support the rights of Indigenous peoples – and neither do you. I'm hoping to bring about more education and understanding, so we can end racism and stereotyping. »

– Local 17 Treasurer Brenda Tabobondung, RN

population has a lot of learning to do.”

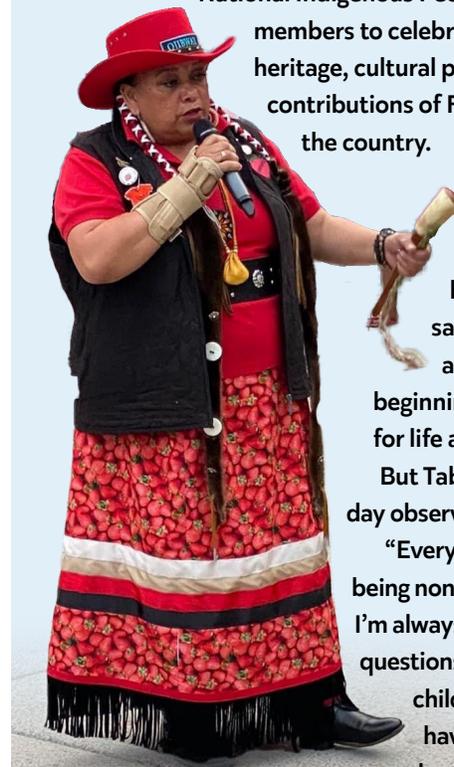
Tabobondung stressed the same is true of providing care at the bedside.

“We need to treat all individuals the way we were trained – through full assessments – and not make assumptions based on the colour of their skin,” she said, strongly recommending the San'yas Indigenous Cultural Safety Training Program

(sanyas.ca), which “is a real eye-opener” and can be completed online at your own pace. “Once we're educated, we can transfer that to our co-workers and call out racism and disrespectful behaviour at the bedside – and beyond. The better we understand, the safer Indigenous peoples seeking care will feel. Let's become one and realize we all have the same coloured blood.”

Indigenous Peoples Day is June 21

National Indigenous Peoples Day is coming up and we urge all ONA members to celebrate, recognize and honour the distinct heritage, cultural practices, spiritual beliefs and outstanding contributions of First Nations, Inuit and Métis people across the country.



In honour of the occasion, which is held on June 21, the summer solstice and longest day of the year, events are held throughout the province, including sacred Sunrise Ceremonies, a deeply spiritual and personal ceremony to welcome the beginning of a new day and express appreciation for life and nature.

But Tabobondung stresses this can't be just a one-day observance.

“Every day is a learning experience for me because being non-Indigenous in an Indigenous family, I'm always asking my husband and my daughters questions,” she said. “My daughters are teaching their children the Anishinaabe language, and they all have Indigenous names. That's beautiful to me because it means that the culture and traditions are still alive. I encourage others to learn as much as they can too.”

Out and About! Pride Events Happening Soon

With Pride events just a few weeks away, you can be sure that ONA and our members will be out again!

ONA is proud to recognize and support the diversity of our members and staff, and to join in the fight against discrimination based on an individual's sexual orientation and/or gender identity. We believe in everyone's right to dignity and equal treatment on the job and elsewhere.

"Pride activities give members of the LGBTQI2S communities the opportunity to celebrate their diverse histories, experiences, backgrounds and the progress they have made while reflecting on the work we still must do together," said Region 1 Vice-President Dawn Armstrong, who holds the portfolio of human rights and equity. "We were thrilled to return to in-person events last summer after a two-year hiatus due to the COVID-19 pandemic, and we encourage all members to get involved in Pride, however that looks for you, lend your support and celebrate."

And please send your stories and photos to frontlines@ona.org so we can share how you did that with your fellow members. In the upcoming weeks, the ONA website will list key Pride events in



a community near you. The Toronto Pride Parade, the biggest in Canada and one of the largest in the world, is slated for June 25 and ONA hopes to have an impressive contingent once again (our website will contain information on how you can join).

We wish you all a very happy Pride!



See more at ona.org/pride.

BH/BFM Illustration Shows Strength of Members

ONA has decided to mark Black History/Black Futures Month (BH/BFM) 2023 differently.

By reaching out to Black artists in the community, this year ONA was able to commission a Canadian artist to create an illustration for BH/BFM, which was used for our bilingual poster, social media shareables and Zoom background. Alexis Eke (pictured), an illustrator and designer based in Toronto, said the goal of her pieces is to increase the representation of Black women in design and offer a space for deep reflection.

"In this particular illustration for ONA, my aim is to unify the themes of 'Black Resistance,' nursing and the strong female presence within the nursing community," she explained. "These are a wide spectrum of topics, and I incorporated the many gradients of colour in the background to highlight that. Warm, vibrant colours and shapes are used repeatedly

throughout this piece to visually present the strength, perseverance and hope nurses have ignited in their communities and that many nurses possess within themselves."

ONA recognizes the significance of this piece and its link to the theme "Black Resistance" for nurses and health-care professionals in Ontario.

Eke's stunning illustration joins a plethora of material on our website to commemorate BH/BFM, including historical information, digital offerings, resources from other organizations and a detailed list of events across the province.

"It's very important that we celebrate the many achievements and contributions of Black Canadians, who have done so much to make Canada a culturally diverse, compassionate and prosperous nation," said Region 1 Vice-President Dawn Armstrong, who holds the portfolio of human rights and equity. "We know that our Black members



continue to face discrimination and racism in the workplace and are underrepresented in nursing leadership roles and specialty nursing areas. This must change, and so we encourage all members to raise your voices and be advocates."



Visit ona.org/bhbfm.

ONA Embraces International Women’s Day

It was the hug felt the around the world.

Under the theme, *Embrace Equity*, ONA recognized the achievements and honoured the struggles of all women on International Women’s Day (IWD) on March 8, with many members and staff joining special events, including a march in downtown Toronto. The goal of IWD was to create a global conversation about why equal opportunities are no longer enough while challenging gender stereotypes and discrimination and calling attention to bias. Throughout the world, people were asked to strike the #EmbraceEquity self-hug pose, take a photo and post on social media using the hashtag #IWD2023 to show solidarity and encourage others to help forge an inclusive world.

While ONA is leading the way in tackling women’s issues and having much success, the statistics are nonetheless sobering.

The 2022 State of Gender Pay Gap Report shows that the uncontrolled gender pay gap is 82 cents for every \$1 that men make, noting that while the pay equity gap is closing over time, it’s at a glacial speed. The report further states that “due to the economic turmoil of COVID-19, women – especially women of colour – have disproportionately faced unemployment at higher rates than other years.” Closer to home, as of 2021, the gender pay gap for full- and part-time employees is 0.89, according to Statistics Canada, which means women make 89 cents for every dollar men do. And Indigenous and Black women make even less.



“Together, we must continue to raise our voices to improve women’s working lives,” noted Interim ONA President Bernie Robinson.

VON Bargaining Begins



 Read bargaining updates at ona.org/bargaining.

Just as ONA members in the hospital sector fight for a fair contract that allows them to provide safe care to their patients, our Victorian Order of Nurses (VON) members prepared to do the same. Orientation for our new VON Central Negotiating Team (VONCNT) took place in Toronto in mid-March, with bargaining talks beginning on March 28 for three days, and continuing on May 16. If arbitration is necessary (not known at press time), it will occur on June 26. ONA’s negotiating priorities are based on member responses to our recent *Have Your Say* bargaining survey. The VONCNT consists of (sitting, left to right): Manager, Administration Vicki Romaniuk; Lucja Masoom, Local 14, VON Thunder Bay and District; Chair Lorna Thompson, Local 43, VON Toronto/York-Peel; Tammy Bertrand, Local 7, VON Brant, Haldimand, Norfolk; Manager II – Negotiations Long-Term Care/Community Pat Carr; standing (left to right): Labour Relations Officer (LRO) Tam Gallagher; Chief Negotiator Steve Lobsinger; First Vice-President Angela Preocanin (ex-officio); Manager II, Negotiations Team Marilynn Dee; LRO Shelley Spencer; Region 3 Manager David Cheslock.

All Out!

Burnt out and fed up, ONA members join forces to demand a better contract for better care

When we said we were going “all out” in our quest for better staffing, wages and care, we weren’t kidding.

In fact, ONA members from all corners of the province banded together like never before to participate in a string of escalating actions for our recent *Better Care* campaign. The campaign, one of our largest to date, was timed to coincide with negotiations with the Ontario Hospital Association (OHA), which represents participating hospitals, this past January to let our employers and the Ford government know that nurses and health-care professionals can’t provide better care without a better contract.

“Despite your sacrifices to keep our underfunded and broken health-care system afloat, made even more evident during the pandemic, you were ‘rewarded’ with regressive legislation that put your health at risk, suppressed your wages, breached your constitutional rights and overrode your collective agreements – all of which is driving nurses and health-care professionals out of their jobs, the public service and, in some cases, the province,” said Interim ONA President Bernie Robinson. “It’s not surprising then that we’re facing the worst nursing crisis in decades, and those who remain are dealing with extreme workloads that affect your ability to provide safe patient care – and leave you burnt out and fed up.”

The results of ONA’s recent *Have a Say* bargaining survey made it crystal clear: You need a collective agreement that addresses soaring inflation and the wage-suppressing Bill 124, which was deemed unconstitutional by the Ontario Superior Court of Justice last November (but the Ford government is appealing), and provides concrete retention and recruitment strategies. The proposals our Hospital Central Negotiating Team (HCNT) presented to the OHA did precisely that, but were met with resistance, making this round of negotiations particularly challenging.



“While the HCNT gave it their all at the bargaining table, we knew it would take the strength and unity of a strong majority of our members to achieve a fair contract,” noted First Vice-President Angela Preocanin. “We asked you to join us in our fight – and you certainly did!”

Sticker Up! Unity Action

Working with Local leaders and our Negotiations Team, ONA immediately planned a series of coordinated collective actions to support hospital bargaining, and disseminated this information, along with a plethora of helpful resources, via regular email communications, our stunning webpage (ona.org/bettercare) and social media channels, and during our newly created Hospital Contract Action Team meetings, opened to all hospital members. Those who attended committed to raising awareness with other members about the bargaining process in general (ona.org/bettercare/#basics for a bargaining primer), our bargaining demands and how achieving them is directly related to how many get involved in the actions.

“The support we were shown during these meetings from ONA staff and others was fabulous,” said Local 97 Coordinator Liz Romano. “We felt well-prepared to push out plans.”



These plans started on February 2 with our Sticker Up! Unity Action, held during our first week of talks with the OHA. We asked members to wear our eye-catching *better staffing, wages and care* stickers – 68,000 were sent to Local leaders to distribute to members – at work to show that you stand behind our HCNT and to send

a strong message to your employers that they need to stand behind our priorities as well.

“This was one small thing I could do to let my employer know that we’re all doing the best we can with so little, and that we deserve so much more,” said a hospital member who asked to remain anonymous. “My employer can absolutely pressure the OHA to get us a good contract – and I sincerely hope they did. And if hospital members get better, my hope is that all ONA members will get better.”

We also asked members to take photos with these stickers and share on social media. Your response was overwhelmingly positive, with our Sticker Up posts seeing the highest engagement of all 2023 posts up to that time.

“I emailed details of the day to every member and stuffed envelopes with stickers for every floor,” said Hôtel-Dieu Grace Healthcare Bargaining Unit President and HCNT member Jo-Dee Brown, who also sent many reminders. “I got my first picture at 7 a.m. from a night shift nurse. As soon as I got one, I posted on Twitter and Facebook and tagged ONA. Even though we were in bargaining, social media posts were something I could manage during the moments we were waiting for responses from the OHA.”

All-Out Pickets

And the momentum just grew from there – as did the immense media coverage!

On February 23, we escalated our actions to All-Out Pickets to share our demands directly with our communities at large and ask for their support, with Local leaders and front-line members taking the lead.

While the weather couldn’t have been less cooperative, with a major winter storm hitting a large part of the province the night before, members were not deterred. In fact, you came out in droves, joined by members of the ONA Board of Directors, staff, union and community supporters, retirees and students, at more than 40 pickets across the province outside your workplaces and Conservative MPP constituency offices, including that of Premier Doug Ford.

“I was heartened to see you carrying our *better staffing, wages and care* signs and your homemade ones, chanting, talking to the media, handing out leaflets to passersby and explaining our issues so eloquently, and waving to cars, many of which honked loudly in support,” noted Robinson. “The pickets ranged in size from several hundred in larger cities to just a few at our smaller Bargaining Units, but all were equally important.”



Hospital Team Gives Their all

Despite the constant roadblocks they faced, members of our Hospital Central Negotiating Team never wavered in their quest to reach a fair contract at the bargaining table. Pictured are (sitting, left to right): Monique Storozuk, Local 46, Sault Area Hospital; Jason Dupras, Local 20, North Bay Regional Health Centre; Chair Rachel Muir, Local 83, The Ottawa Hospital; Elizabeth (Betty) Audibert, Local 26, Niagara Health System; Jo-Dee Brown, Local 8, Hôtel-Dieu Grace Healthcare; middle row (left to right): Chief Negotiator Steve Lobsinger; First Vice-President Angela Preocanin (ex-officio); Interim President Bernie Robinson (ex-officio); CEO Andrea Kay (ex-officio); Manager II, Negotiations Team Marilyn Dee; back row (left to right): John Lowe, Local 21, Huron Perth Healthcare Alliance; Serge Ganzburg, Local 80, Sunnybrook Health Sciences Centre; Jane Penciner, Local 6, North York General Hospital; Laurie Rogers, Local 238, Halton Healthcare Services; Kate Magladry, Local 83, The Ottawa Hospital.

In fact, at our smallest and one of our most northern picket sites – Blanche River Health in Englehart – where there are only a handful of members, Bargaining Unit President Carrie Knox reported that “the positive feedback from the community and how enthusiastic they were to show their support through a collection of signatures for nurses who are undervalued by the government was heartwarming and inspiring to us as a team. The picket was a great success. We heard over and over again how the public feels nurses are mistreated with detrimental effects on patient care. We’re appreciated by them and need to stand strong together!”

All-Out Shut-Down Protest

Members got that opportunity just one week later at our All-Out Shut-Down Protest outside the downtown Toronto Sheraton Centre hotel, where mediation with the OHA was taking place. That was followed by a march to Queen’s Park, where we literally shut down the streets!

“We wanted the OHA and Conservative MPPs to hear inside all the noise outside, and we’re fairly confident they did!” said Preocanin. “And on the off chance they didn’t, we dropped an enormous ‘I Support Nurses for Better Care’ banner, created by an art student commissioned by Local 6, from an outdoor overhead walkway right outside the hotel so they could see for themselves!”

Some Locals chartered buses to bring groups to the event, including Locals 55, 139 and 111, with Local 111 Coordinator Peggy Dawson noting that doing so “removed a barrier for people to get downtown, which isn’t easily accessible for a lot of them.”

As drummers drummed, the crowd (dozens of rows deep) chanted, and members of the HCNT waved from a hotel window while on their lunch break,

« Our health-care system is collapsing, and patients are suffering. Nurses are doing everything to ease the strain, but who is helping us? »»

– ONA member Laura Hanninen, RN

a series of speakers, including Robinson, Preocanin and five front-line members representing all ONA regions, took to the makeshift stage (the back of a truck).

“Sixty-thousand hospital members are struggling every day to care for our patients,” said member Trevor Cava from Region 1. “We’re here today to call on the OHA, our employers and Premier Ford to ensure better staffing and better wages so we can provide the care our patients deserve. We are essential, Doug Ford is not.”

Region 3 member Maureen McLeod echoed that sentiment, adding that “better wages will bring nurses back and help solve the nursing crisis” while Laurie Black-Vincent from Region 2, who works in the community sector, implored all Ontarians “to stand up and speak out for our hospital members before it’s too late.”

During the march to Queen’s Park down Toronto’s “hospital row,” members who were unable to join the rally, enthusiastically waved signs outside their facilities as the ralliers walked past.

Enough is Enough, Labour Leaders Say



In the midst of our campaign, ONA First Vice-President Angela Preocanin stood shoulder to shoulder with our allies in the labour movement at an Ontario Federation of Labour (OFL) media conference at Queen’s Park on February 21, as the legislature resumed sitting. “We’re here to deliver a clear message to the Ford government: Workers have had enough,” she said. “Nurses have had enough. Enough with the attacks on our rights and wages. Enough of starving our public health-care system while siphoning public dollars to expand private care. And enough of worsening critical staffing shortages that make wait times worse and hurt patient care. Without significant improvements to nurses’ working conditions, our public hospital care will continue to suffer. We are united in the fight for real wage increases for workers and strong public services for all Ontarians.” The OFL launched its own campaign, *Enough is Enough*, earlier this year with five key demands to tackle the province’s worsening cost-of-living crisis: real wage increases; keeping schools and health care public; affordable groceries, gas and basic goods; rent control and affordable housing; and making banks and corporations pay their fair share. Learn more at wesayenough.ca/.

Once at our final destination, several provincial union leaders, Ontario Health Coalition Executive Director Natalie Mehra and likeminded politicians got onstage for a second set of speeches, emceed by Canadian Federation of Nurses Unions President Linda Silas, who noted that “politicians should listen to you and nobody else,” and reiterated the need for solidarity. After all, ONA is the first public sector union to bargain since Bill 124 was struck down.

Support from Our Allies

And it was that support from our allies that made our events so successful. Not only did they come out in full force with their union flags, they were instrumental in promoting and supporting our actions in any way they could.

For example, Leadnow, an independent advocacy organization, launched their own campaign in support of our bargaining efforts, holding a phone zap on February 21 where participants made hundreds of phone calls to Premier Ford, Health Minister Sylvia Jones and members of cabinet, telling them to support ONA’s demands. Their email campaign saw more than 7,600 similar messages (at press time) sent directly to the government (see act.leadnow.ca/ontario-nurses/). Justice for Workers created their own posters in support of our All-Out Pickets and tweeted a map of Ontario showing their locations.

“On behalf of one million workers from across Ontario, we’re not going to waver in our support,” said Ontario Federation of Labour President Patty Coates. “We will be with ONA every step of the way, fighting for better staffing, wages and care. When we all stand together, we win. When we’re united, we win.”

The support from the public was equally impressive, with retirees Bill and Shirely DeConkey telling ONA, “we’ve had a need for nurses

« I became a nurse because caring for people is part of who I am. But sometimes I ask myself, how can I keep going? »

– ONA member Rachael Cooke, RN

throughout our lives, and have received 150 per cent care at all times. We support nurses 100 per cent.”

Next Steps

Despite the valiant efforts of our HCNT at the bargaining table and our members and supporters participating in these actions, mediation with the OHA broke down on March 2.

“The HCNT unanimously felt that the participating hospitals didn’t come to the table with a meaningful offer we could recommend to members,” explained Robinson. “While this round of negotiations was pivotal not just to our members, but to the very future of our health-care system, we were clearly shown these priorities are not shared.”

As a result, we will proceed to arbitration on May 2-3 with Arbitrator William Kaplan – the OHA has not negotiated a settlement at the bargaining table with ONA since 2011 – where we will ensure your priorities remain at the forefront. The arbitrator’s decision, final and binding, will be released a few weeks later. Negotiations for the Bill 124 re-opener, which addresses lost compensation for the last two rounds of bargaining, occurred on February 27 and because we were also unable to reach a settlement on that, we will reconvene arbitration for that issue as well. Check for updates at ona.org/bargaining.

Still, we are not defeated. At press time, ONA was planning next steps, and continued to urge members and Ontarians to contact their MPPs to voice their concerns and sign our petition at valuenurses.ca/mailler.

“Members were very engaged – and there is so much energy and power in

that,” said member Cara Silva. “It’s nice to hear the voices of Local leaders, but it’s even better to hear all the voices that make us a strong union.”

Preocanin couldn’t agree more, adding that “whether you showed up in person, wore a sticker or provided support online or some other way, you showed that nurses and health-care professionals will not back down and that we are stronger collectively – more so now than ever before. You laid the groundwork for the future because there will always be challenges, and we must continue to harness that power. We aren’t going anywhere!”

Sticking Up for Yourself!



As part of our Sticker Up! Unity Action on February 2, we asked members to share photos of yourselves wearing our *better care* stickers – and did you ever! In fact, you flooded social media, using the hashtag #SupportNurses, with selfies displaying your hard-to-miss stickers, meant to show solidarity with our Hospital Central Negotiating Team, in bargaining that day, and to send a strong message to your employers that they need to let the Ontario Hospital Association know they are behind your priorities. Above is just one example!



Learn more at valuenurses.ca/.

All-Out Pickets!

When we asked our members to get involved in our hospital bargaining campaign by holding and attending pickets right where you work and live on February 23, we couldn't have imaged the response! From Thunder Bay to Ottawa to London – and everywhere in between – you gathered outside your places of employment and MPP offices to demand a better contract so you can provide better care for your patients. Here is just a small sampling of the more than 40 pickets that took place on that day (go to our social media channels for many more photos).



TORONTO



ENGLEHART



HAMILTON



KITCHENER



OTTAWA



SCARBOROUGH



LONDON



ETOBICOKE (Premier Doug Ford's Constituency Office)



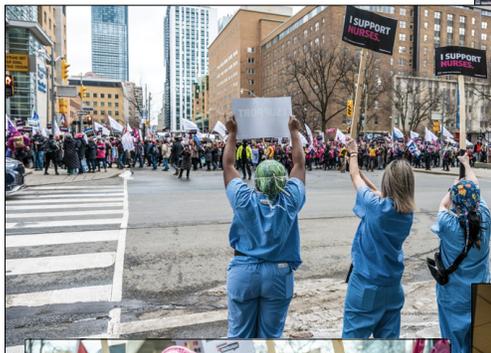
THUNDER BAY



SUDBURY

All-Out Shut-Down Protest!

You could say we went out with a bang! The first part of our *Better Care* campaign culminated on March 2 with a rally outside the Sheraton Centre in downtown Toronto, where the final day of mediation with the Ontario Hospital Association was taking place, followed by a march to Queen's Park. Hundreds of energized members, fellow unions, likeminded politicians, our supporters – and even former ONA President Linda Haslam-Stroud, who brought her grandchildren with their handmade signs! – attended to demand better staffing, care and wages. But don't just take our word for it, take a look for yourself!





ONA, Fellow Health-care Unions Deliver Holiday Wish to Premier

The five largest provincial health-care unions, including ONA, made it very clear to the Premier what they wanted for the holidays: for him not to appeal the court decision striking down Bill 124.

On December 20, not long after Premier Doug Ford issued his traditional season's greetings card to Ontarians, the five unions – ONA, CUPE, SEIU Healthcare, OPSEU and Unifor – delivered a life-sized “all we want for Christmas” card of their own to Queen's Park.

“While season's greetings focus on merry and bright, it's hard for front-line staff at Ontario's hospitals to feel festive as they continue to struggle with high patient levels, too low staffing, and the continuing exodus of co-workers,” the unions, which represent a total of 295,000 workers, said at the media event (top photo).

Soon after Bill 124, which limits wages and compensation to one per cent per year for three years to some public sector workers, came into effect at the end of 2019, ONA and our fellow unions launched a Charter challenge, calling the legislation discriminatory and an infringement on our right to free collective bargaining. Last November 29, the Ontario Superior Court of Justice sided with us and ruled

the bill unconstitutional and “of no effect.” That meant ONA could go back to the bargaining table to renegotiate issues related to total compensation that were constrained by the bill (see cover story).

To correspond with the media event, union members across the province, including thousands from ONA, also wore stickers that day reading, “Bill 124 NO MORE” as a visible, silent protest. Many took pictures of themselves wearing the stickers and shared on social media (see a couple on this page).

“Unfortunately, instead of showing us the respect we deserve, the government delivered us a lump of coal, officially announcing it would appeal the Bill 124 decision, holding it up in the courts, costing taxpayers millions of dollars and forcing even more nurses and health-care professionals to quit,” said ONA Interim President Bernie Robinson. “What's even worse is we found out around the same time that documents obtained under a Freedom of Information



request show that Ministry of Health officials recognized Bill 124 was a challenge for retaining nurses. And they are still appealing! We implore the government to withdraw this appeal immediately, and instead of fighting us in court, work with us on solutions.”

To sign a petition demanding Premier Ford stop his Bill 124 appeal, go to act.leadnow.ca/drop-the-appeal/.

Date Set for Bill 124 Appeal

The Court of Appeal for Ontario will hear the government's appeal of Bill 124 on June 20-22.

ONA has received a copy of the government's factum (their written argument) and is in the process of drafting our response, which is due on May 9.



Updates will be available at ona.org/about-bill-124/.



Fascinating Fact

ONA joins the OFL, OPSEU, SEIU, CUPE and community groups in a communiqué to the Premier opposing cutbacks in health care and social services in 1976.

Former ONA President Receives Prestigious Honour

She may no longer be President of ONA, but Vicki McKenna is still receiving accolades!

Late last year, the Ontario Federation of Labour (OFL), of which ONA is a member, chose McKenna as one of the union activists to be inducted into their Labour Honour Roll for 2022. She joins the late Roger Silva from COPE, the late Jeff Braun-Jackson from CUPE, the late John Rae from OPSEU and Jane Ste. Marie from OSSTF, who is retired.

« This is an important opportunity for us to highlight and acknowledge the tireless and unsung service that Sister Vicki McKenna gave to the people of Ontario. »

– Ontario Federation of Labour

“The names of these five distinguished activists will be added to the OFL Labour Honour Roll plaque on permanent display at the federation’s office,” the OFL stated. “We hope that their activism will inspire current and future generations of workers to dedicate themselves to the labour movement in progressive social change.”

McKenna served as President of ONA from January 2018 until her retirement in December 2021 and as First Vice-President for 12 years

before that. Raised in a strong union family, McKenna, who became an RN in 1979, served in various positions on the union executive at London Health Sciences Centre, including as Local 100 Coordinator, and sat on many ONA provincial committees and teams.

Under McKenna’s leadership, ONA resolved dozens of members’ workplace issues; settled thousands of grievances and arbitrations; won precedent-setting decisions, including on pay equity maintenance; ensured the voices of members were heard by a series of inquiries; launched initiatives that have real teeth to address the racism and oppression so many face; lobbied



Former ONA President Vicki McKenna, RN

tirelessly for the safety of our members throughout the pandemic (and long before), and held the government’s “feet to the fire” – one of her favourite phrases – on decisions that negatively impact our members’ working lives.

“Being inducted and having my name stand alongside so many incredible labour leaders is truly humbling,” McKenna said. “It’s such an honour.”

Previous ONA inductees in the OFL Labour Honour Roll since its 1984 inception include retired member/staffer Janiss Davidson (2007), former President Linda Haslam-Stroud (2018) and founding member/former President Rosemary (Swan) Briscoe (2021), who passed away that same year.



Fascinating Fact

The first President of ONA was Jean Lowery, RN.



View the list of all inductees from the past 39 years at ofl.ca/10627-2/.

ONA in the News

ONA was cited a total of **311** times in the news from December 1, 2022 to February 28, 2023.

86 newspapers | **108** radio stations | **73** television stations
26 online news sources | **18** magazines and specialty publications

Three ONA-written opinion editorials (including **one** to the *Toronto Star* jointly written with the Canadian Federation of Nurses Unions) were published.



Media cameras are squarely focused on Interim ONA President Bernie Robinson!

Students Comforted Knowing ONA has Their Backs, Winning Essays Show

The competition was fierce, but ONA has chosen the recipients of our 2022 Nursing Student Scholarships, our Reese Fallon Memorial Scholarship, and the Ontario winner of the Canadian Federation of Nurses Unions (CFNU) Scholarship.

The scholarships, worth \$1,000 each (except for the Reese Fallon Memorial Scholarship, which is \$2,000) are intended to assist students pursuing education in nursing or a regulated health professional field cover some of their post-secondary expenses. Applicants must be immediate family members of an ONA member and submit an essay of 300 words on the topic, "The Importance of ONA for Nurses" (see box below).

Fascinating Fact

A student affiliate ONA membership classification is established for Ontario members of the Canadian Nursing Students' Association at our Biennial Convention in November 2008.

Judging by their words, these aspiring nurses and health-care professionals really understand the critical work of our union, with most saying they look forward to becoming a member one day!

 [Read the full essays at **ona.org/students**.](https://ona.org/students)



Reese Fallon Memorial Scholarship NEO NAVIN, son of Vidhu Navin Kumar from Local 95, Unity Health Toronto

"To be a nurse means to devote oneself to caring for others, to embrace diversity and equity and to advocate for health and wellness in local and global communities. ONA fosters such values, allowing Ontario nurses to have a sense of unity, integrity and diversity. I believe the efforts made by ONA will greatly benefit my career as a nursing student and also as a future nurse in Ontario."



CFNU Scholarship AMEY GRACE RUSSELL, sister of Sarah Russell from Local 67, Providence Care

"ONA is an integral part of our health-care system in Ontario. It advocates for nurses with the government, which is important in the current political climate. As a future nurse, I am appreciative of ONA as I know that I will be protected and helped throughout my career. ONA is important to my future profession, standing together, united for better health care."



ELLA LACHIMEA, daughter of Lori Lachimea from Local 73, Thunder Bay Regional Health Centre

"Nurses and other health-care professionals are faced with many challenging situations daily. There are still multiple issues that must be addressed to create the safest environment in Ontario hospitals. By ONA bringing light to these situations, nurses feel they are heard. As a nursing student, I can see how vital the association is for nurses."



MARLEY LUNN, daughter of Jeffrey Lunn from Local 70, Hamilton Health Sciences

"ONA is a firm supporter of nursing students and their right to proper education and preparation for their careers. These students are the future of our health-care system, and without them our patient care level can't be maintained. ONA cares about these students and understands how crucial they are to the future."

Deadline to Apply for 2023 Scholarships Fast Approaching!

Do you have an immediate family member who is in or entering nursing school or receiving education for other health-regulated professions, and could use a little help? The deadline to apply for the 2023

ONA Scholarships (up to nine available at \$1,000/each, plus one \$2,000 Reese Fallon Memorial Scholarship), or the Canadian Federation of Nurses Unions Scholarship (one available at \$1,000) is July 1.

 For eligibility criteria and nomination forms, see ona.org/bursaries.



“Hanging by a thread:” Swift Action Needed to Address Workforce Crisis, CFNU Urges

Urgent action is needed in the wake of a parliamentary report acknowledging the difficult working conditions facing the country’s health workers, the Canadian Federation of Nurses Unions (CFNU) says.

Addressing Canada’s Health Workforce Crisis: Report of the Standing Committee on Health, released in early March, acknowledges that “the stress of the COVID-19 pandemic amplified pre-existing challenges in the health-care system, leading to widespread staffing shortages as well as exhaustion and burnout among health-care professionals.”

The committee, tasked with determining how the crisis can be addressed, received testimony from national and regional health profession organizations, educational institutions, not-for-profit organizations, individual health-care professionals and other health workforce stakeholders. CFNU President Linda Silas was among those, sharing solutions aimed at protecting patient care by better supporting the health professionals who deliver it.

“We are gratified the committee heard the voices of front-line nurses and acknowledged our challenging working conditions and extreme staffing shortages,” Silas said of the report, which issued 20 recommendations (see sidebar). “But acknowledging this crisis is only the first step. Parliament must follow up with swift action to provide relief to the thousands of nurses just hanging by a thread across the country. The federal government has an opportunity to provide leadership by investing in new initiatives to protect patient care and address the health-care staffing crisis before it’s too late. This must include listening to nurses and other health-care workers, and making sure our public health-care system is free and accessible for all.”



“Handshakes and funding deals are positive signs, but only if backed by action and accountability,” said CFNU President Linda Silas, seen here at ONA’s All-Out Shut-Down Protest at Queen’s Park on March 2. “We need concrete measures to retain nurses, return those who have left the system, and recruit the next generation.”



Read the full report at ourcommons.ca/Committees/en/HESA/StudyActivity?studyActivityId=11516538.

Making Change

The report provides 20 recommendations that outline ways the federal government can collaborate with provinces, territories, Indigenous peoples and health-care stakeholders to address the workforce crisis in Canada’s health-care system, including:

- ▶ Establishing a Pan-Canadian licensure for health professionals.
- ▶ Optimizing the scope of practice for primary care professionals, including NPs.
- ▶ Implementing a Pan-Canadian Health Human Resource Strategy to facilitate better identification of gaps in the health-care workforce.
- ▶ Improving Canada’s preventative health strategies.
- ▶ Creating incentives to encourage the retention and return of health-care workers.
- ▶ Developing strategies to recruit, train and support health-care workers for rural, remote and northern communities.
- ▶ Implementing a Pan-Canadian mental health strategy for health-care workers.

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recruitment@ona.org

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IN BRIEF..



ICN Congress to Take Place in Canada

The International Council of Nurses (ICN) will be hosting its 29th Congress in Montreal this summer.

In partnership with the Canadian Nurses Association, the ICN 2023 Congress will bring together nurses worldwide to learn, share and network under the theme, *Nurses together: a force for global health*. Through a series of inspirational speakers and plenary, regional and concurrent sessions, the event, which takes place July 1-5, will look at how the world can build on the lessons learned from the pandemic, from protecting nurses' rights, ensuring decent working conditions, optimizing nurses' scope of practice and fair pay, to driving nursing leadership, respect for the profession, and a greater impact on health policies at all levels.



Further information and regular updates are available at icncongress2023.org/.

B.C. Announces Enticements to Attract More Nurses

In an attempt to bring more nurses into their health-care system, the British Columbia government announced it will now pay fees for internationally educated nurses (IENs) and help finance former nurses who want to return.

B.C. Premier David Eby said the government will also spend \$1.3 million to set up a new pathway for IENs to assess more applications faster. Currently, candidates are waiting up to three years,

and the government's goal is to cut that to between four and nine months. As well, IENs will no longer be required to pay application and assessment fees upfront, which can total more than \$3,700. Financial support of up to \$4,000 to cover applications, assessments and eligible travel costs for current nurses to re-enter the system, along with up to \$10,000 in bursaries for any additional education they might need to get back to work, is also being offered.

British Nurses Walk out

Tens of thousands of nurses and ambulance service staff in Britain hit the pavement for two days this past February demanding better pay and staffing standards.

Nurses, represented by the Royal College of Nurses (RCN), and ambulance workers have been striking separately since late last year, but this walkout involving both is the largest in the 75-year history of the state-run National Health Service (NHS), with promises of more to come.

The health workers are demanding a pay rise that reflects the worst inflation in Britain in four decades and for the government to fill a record number of staff vacancies. While the government said such a pay increase is unaffordable and would only cause prices to increase further, the RCN noted that a decade of poor pay has contributed to thousands of nurses leaving the profession – 25,000 over the last year alone – with the severe staffing shortages impacting patient care.



HEALTH AND SAFETY

Nursing Dangerous Profession, WSIB Numbers Continue to Show

They may be new statistics, but they show the same old problems.

Late last year, ONA updated our *Working in Health Care: Injuries and Illness* infographic with the most recent statistics (2021) on lost-time injuries in health care compared to three other industries known to be exceedingly unsafe: mining, construction and manufacturing.

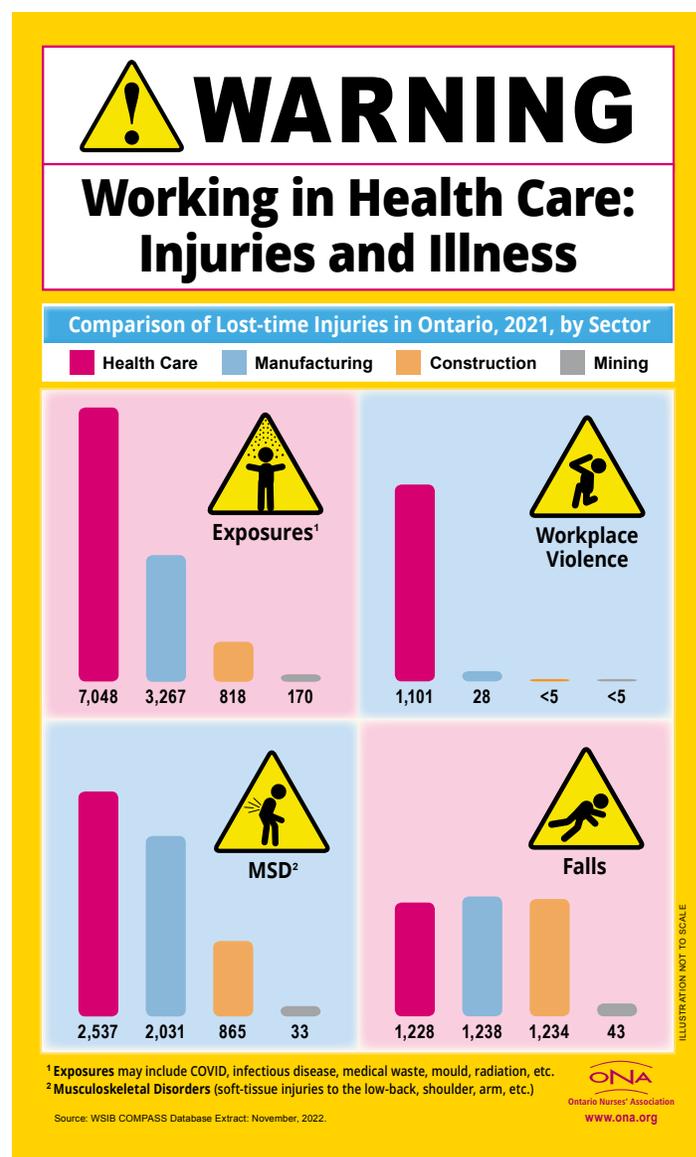
The statistics come from the Workplace Safety and Insurance Board (WSIB), based on its lost-time claims. Those claims are created when a worker suffers a work-related injury/disease, which results in them being off work past the day of the accident, losing wages/earnings or suffering a permanent disability/impairment.

“The infographic is meant to demonstrate how dangerous work in health care is and the significant occurrence of workplace violence,” said Region 5 Vice-President Alan Warrington, who holds the portfolio of occupational health and safety. “Nursing leads the way with workplace violence among front-line workers.”

In fact, the other three other sectors don’t even come close, with a combined total of 38 lost-time injuries related to violence on the job compared to 1,101 for health care. Health care is also significantly higher in terms of exposures and musculoskeletal disorders (MSDs), and while similar to manufacturing and construction when it comes to falls, the numbers are unacceptably high.

“As if these numbers aren’t sobering enough, health-care employers lag far behind their industrial counterparts in addressing occupational health and safety issues,” added Warrington. “If workers are not protected from health and safety hazards, their patients are not safe either.”

Warrington noted the infographic will feature in ONA’s five regional Health and Safety Caucuses this May under the theme, *Preventing and Responding to Psychological Injuries in the Workplace*. *Front Lines* will report on the Caucuses in the next issue. Learn more at ona.org.



Fascinating Fact

ONA wins a challenge under the Charter of Rights and Freedoms in April 2014, allowing members who must take “stress leave” or have a mental disorder arise or exacerbated due to expected, chronic or non-traumatic workplace events, to make WSIB benefit claims.



Read about health and safety and download this infographic at ona.org/ohs.



Mount Sinai Hospital in Toronto becomes the first ONA Bargaining Unit to win the professional responsibility clause in July 1977.

More Could have been done to Recruit, Retain Nurses, Kingston IAC Finds

An Independent Assessment Committee (IAC) has issued dozens of recommendations to address the serious issues raised by ONA members in the Mental Health and Addiction Care Program (MHAP) at Kingston Health Sciences Centre.

Between January 2019 and September 2022, 212 Professional Responsibility Workload Report Forms, the tool for members to document their workload and practice concerns, were completed by the RNs on the unit, primarily due to inadequate RN staffing that put both patient care and their professional standards at risk. Other issues reported included escalating and increasingly aggressive incidents of violence, a lack of support and responsiveness by leadership and a lack of financial investment in staff professional development.

“Multiple instances were documented reporting the nurses’ inability to simply keep up,” said ONA First Vice-President Angela Preocanin, who holds the portfolio of professional issues. “There just aren’t enough of them.”

Despite repeated attempts to resolve these serious issues with the employer, nothing was done. As a result, members on the unit, supported by our Professional Practice and Labour Relations staff, escalated their concerns to an IAC, the final step in ONA’s unique Professional Responsibility and Workload process when all other avenues to reach resolution have been exhausted.

During a four-day hearing last October, a panel of three nursing experts listened to both sides, including first-hand accounts from the ONA members affected. After thoroughly reviewing the evidence, on December 5, the IAC issued its report, agreeing with ONA that despite the pandemic and political climate contributing to the nursing and health-care crisis, more could have been done to retain and recruit RNs to the hospital. The panel also agreed that our nurses provided an abundance of evidence and creative solutions to solving inadequate staffing resources to which the employer failed



to act, and that a critical need existed in this unit for the employer to promote standardized, evidence-based practice and reduce the variability of care by implementing quality standards in mental health.

The IAC made 64 recommendations (see box) in five key areas: Human Resource Planning and RN Staffing Levels; Education, Training and Professional Development; Violence Risk, Patient Acuity and Complexity; Morale and a Toxic Work Environment; and Leadership and Communication.

Key Recommendations of the IAC Report

Among the report’s 64 recommendations, the employer will:

- ▶ Assess the full- and part-time staffing complement annually to ensure it meets patient care requirements on the unit.
- ▶ Add a Charge RN on the night shift.
- ▶ Increase baseline staffing by one RN 24/7.
- ▶ Resume biweekly Violence Risk Working Group meetings, with nursing input.
- ▶ Develop an evaluation process to monitor and measure the impact of implementing changes on the unit that affect the nurses’ work lives, scheduling or practice environment.
- ▶ Ensure all managers, supervisors and designates complete supervisor training.
- ▶ Develop a formal organizational structure to enable nurses to provide input and feedback into all policies that impact on their work.

The IAC report calls for an increase of **three, 12-hour** shifts per day or **13,140** RN hours annually.



Read the full report at ona.org/pp-iac.

The IAC panel stated for many shifts there are inadequate nurses to meet the patient care requirements, which leads to unsafe patient care in an unsafe work environment, and that RNs are being asked to perform more work than is consistent with proper patient care.

While the IAC is not an adjudicative panel and its recommendations are non-binding, once the actions to be implemented are signed off in the Minutes of Settlement, they become binding on the parties.

“It was very evident how incredibly upsetting this situation is to our members on that unit and how passionate they are about ensuring safe patient care,” concluded Preocanin. “This is an excellent report for our members that, if implemented, will result in a much more positive practice environment. The employer has expressed an interest in coming together with us and working on these changes. We will ensure that they do.”

ONA Improves Workload Form for HCCSS Members

After a thorough review of our Professional Responsibility Workload Report Form (PRWRF) for members in the home-care sector, ONA has released an improved version.

“A PRWRF allows members to document issues when there are serious workload or practice issues in their place of employment,” said First Vice-President Angela Preocanin, who holds the portfolio of professional practice. “We strongly urge members to take time to fill out your workload forms when your workload prevents you from delivering safe quality patient care. History has shown this documentation can make a tremendous difference to your ability to provide safe patient care. Take a look at the successful Independent Assessment Committee Reports on these pages, for example!”

Last year, ONA Professional Practice Specialists met with members from four Home and Community Care Support Services (HCCSS) Bargaining Units, including Bargaining Presidents and Professional Responsibility Workload Reps, to review the existing PRWRF for the former Local Health Integration Networks (now HCCSS). Based on that review, an enhanced form was developed, along with a helpful tool highlighting different regulatory college standards, which serves as a companion document. PRWRFs are also available for members in other sectors.



 **Download the revised documents at ona.org/member-services/professional-practice/hccss/.**

New IAC Infographic Highlights Significant Achievements

As you have read on the previous page, ONA members are having a great deal of success when it comes to resolving their serious workload and practice issues through ONA’s unique professional responsibility complaints process. And now you can see just how much!

Our Professional Practice Team has developed a handy new infographic tool (shown below), which outlines recent successes achieved for our members through Independent Assessment Committees, highlighting the number of workload forms submitted, the recommendations and next steps.

Effectively improve workload issues
Going to an Independent Assessment Committee (IAC) gets results!

Quality of workload report forms is important (comments must be substantive)

Members start completing forms → Professional Practice Involvement → Advancement to IAC → IAC Hearing

ONA has recently had major successes with three IACs:

<p>Guelph General Hospital – Special Care Nursery</p> <p>67 Forms submitted</p> <p><i>Quality evidence identifying:</i></p> <ul style="list-style-type: none"> gaps in patient care negative patient outcomes escalating aggression from patients and families poor and inadequate orientation poor morale among staff 	<p>St. Mary's General Hospital – Emergency Department</p> <p>220 Forms submitted</p> <p><i>Quality evidence identifying:</i></p> <ul style="list-style-type: none"> inadequate baseline RN staffing to manage patient volumes and acuity insufficient training and mentorship supports gaps in patient care challenges to meet infection control measures toxic workplace 	<p>Southlake Regional Health Centre – Medical Assessment and Consultation Unit</p> <p>114 Forms submitted</p> <p><i>Quality evidence identifying:</i></p> <ul style="list-style-type: none"> high volumes of patients requiring infection control precautions patients exhibiting violent behavior lack of education, orientation, leadership, and communication lack of support staff
<p>31 IAC Recommendations</p> <p><i>Key areas included:</i></p> <ul style="list-style-type: none"> the addition of a resource nurse (1,950 RN hours annually) implementation of an acuity tool improved education, professional development, and orientation/mentorship, equipment 	<p>79 IAC Recommendations</p> <p><i>Key areas included:</i></p> <ul style="list-style-type: none"> an increase of 5 RNs (21,900 RN hours annually) enhanced orientation and mentorship supports improved skill mix requirements improved security supports 	<p>157 IAC Recommendations</p> <p><i>Key areas included:</i></p> <ul style="list-style-type: none"> increased RN staffing (27,740 hours annually) RN/RPN ratios of 60/40 nurse to patient ratios of 1:4 on days and 1:5 on nights a dedicated clinical educator for 24 months a 24-hour charge RN with no patient assignment

In all 3 IACs, key recommendations address:

- ✓ Staffing/skill mix
- ✓ Professional Development
- ✓ Violence Prevention
- ✓ Leadership
- ✓ Infection Control
- ✓ Medication Practices
- ✓ Housekeeping
- ✓ Processes, Policies and Procedures

Next Steps
Currently in all 3 IACs, the Employers are working collaboratively with ONA to implement the recommendations and positive steps forward are being taken.



 **Check it out at ona.org/wp-content/uploads/ona_iacinfographicimage_2022.png.**

Access a wealth of professional practice information at ona.org/pp.



ONA Wins Significant Case Reaffirming NPs' Inclusion in Bargaining Unit

More than 50 nurse practitioners (NPs) have joined our union following an arbitrator's ruling that they should be included in an ONA Bargaining Unit.

Background

In 2017, three hospital sites – St. Joseph's Health Centre, St. Michael's Hospital and Providence Healthcare – merged to form a single employer, Unity Health Toronto. ONA and Unity Health Toronto entered into a Memorandum of Settlement (MOS), which included the description of the ONA nursing Bargaining Unit, as well as some inclusions and exclusions. However, we both agreed that the question on the inclusion of nurse practitioners (NPs) in the newly formed Bargaining Unit would be referred to and decided by an arbitrator.

At the time of the award, six NPs were employed at the St. Joseph site and were included in the ONA Bargaining Unit while the 51 NPs at St. Michael's Hospital were excluded. Providence Healthcare didn't have any NPs. As per the MOS, ONA and Unity Health Toronto were prevented from relying on any prior inclusion or exclusion of NPs or failure to contest their inclusion or exclusion in any of the previous Bargaining Units when interpreting the "recognition and scope" clause. Under this clause, ONA asserts that if NPs are RNs, employed by the hospital and engaged in a nursing capacity, then the role of the NP is included in our Bargaining Unit and we have made a *prima facie* case (meaning the evidence is sufficient to support that case).

ONA has won many cases on the inclusion of NPs in the past, especially where the "recognition and scope" clause uses the term "nursing capacity" vs. other terms such as "nursing care," which has been defined more broadly and in line with the changing nature and what it means to be engaged in the practice of nursing.



The Arguments

The real dispute in the grievance centered on the inclusion of NPs at St. Michael's Hospital and whether or not:

- They are engaged in a nursing capacity.
- They are above the rank of supervisor, clinical leader/manager or patient care manager.

Unity Health Toronto argued that NPs don't perform nursing functions and are instead akin to medical doctors and engaged in a managerial capacity. In turn, ONA argued that NPs are RNs with a broader scope of practice, and any additional duties performed by them is the function of their extra training/education and broader scope of practice as RNs in the extended class. The fact that they perform different types of patient care doesn't mean they aren't engaged in a nursing capacity.

We also argued that there was no evidence of NPs exercising managerial or supervisory functions in a labour relations sense, which is distinct from exercising professional supervisory functions over RNs in the general class.

The Decision

Last November, Arbitrator Abramsky agreed with ONA and found that NPs fall within the collective agreement's "recognition and scope" clause and therefore included in the St. Michael's Hospital Bargaining Unit. In coming to this decision, he relied heavily on previous decisions on the inclusion of NPs.

As a result, ONA welcomes approximately 50 new NP members at St. Michael's Hospital, who were historically excluded from our Bargaining Unit.

WSIAT Decision Demonstrates Power of Persistence

The case of an ONA member who faced attacks on her credibility and character after an elevator incident left her unable to work, along with numerous Workplace Safety and Insurance Board (WSIB) denials and appeals, finally has a happy ending.

“Despite the horrific challenges this member faced far beyond the tragic accident itself, including the length of the legal process, the volume of denials and appeals from both sides, which involved an employer that disputed the legitimacy of the accident history and claimed injuries at every turn, she and ONA didn’t give up,” Labour Relations Officer Andrew Barclay said of the case, which first appeared in *Front Lines* in 2019. “While we never want cases to drag on this long, we hope other ONA members will benefit from this positive outcome and be inspired by this member’s incredible persistence.”

The Case

The accident occurred in November 2015 when the workplace elevator the member, a 32-year RPN veteran, was riding in dropped suddenly and stopped abruptly, trapping her inside. The member, who lost consciousness and had to be rescued, sustained head, neck and upper back injuries and was later diagnosed with a concussion, post-concussion syndrome (PCS) and post-traumatic stress disorder (PTSD).

The following April, WSIB denied initial entitlement on the basis that a personal work-related injury couldn’t be established. ONA appealed, arguing the WSIB hadn’t investigated the claim at all, instead taking the word of the employer at face value, and two years later, a WSIB reconsideration granted entitlement to neck, upper back and concussion injuries. The employer appealed, at one point stating the member made up the story to get benefits, and after the WSIB upheld the claim allowance, the employer appealed again.

In October 2018, WSIB retroactively paid Loss of Earnings (LOE) benefits from shortly after the accident until March 2, 2016, the date the member was discharged from hospital, but denied benefits and ongoing entitlement for the physical injuries beyond that date. The following March, a WSIB Appeals Resolution Officer (ARO) denied the employer’s ongoing appeal and upheld the claim allowance.

Three WSIAT Appeals

Thus began three concurrent appeals heard by the Workplace Safety and Insurance Appeals Tribunal (WSIAT):

- 1 An employer appeal asking for initial entitlement to all injuries and benefits to be rescinded.
- 2 An ONA appeal asking for ongoing entitlement, permanent impairment and LOE benefits for organic injuries.
- 3 An ONA appeal asking for LOE benefits related to PTSD.



Arguments and Testimony

During the WSIAT hearing, the employer again attempted to discredit the accident history, arguing it couldn’t have happened as the member described and wasn’t responsible for her injuries, and presenting “evidence” from an outside engineering company. They also argued the evidence didn’t support ongoing injuries to prevent the member from returning to work, noting they had offered modified work. On this basis, there should be no ongoing entitlement, permanent impairment or LOE benefits, they said.

The member provided witness testimony at the hearing, which given her PCS and PTSD wasn’t easy, but helped detail the accident and post-accident history. We also highlighted her credibility throughout the claim history, that the employer’s submissions and engineering reports didn’t prove the accident didn’t happen, and that the medical evidence from 2015 up until the 2022 final pre-hearing psychiatrist report were all consistent in outlining the member’s legitimate permanent physical and psychological injuries that prevented a return to work.

The Win

WSIAT allowed the member’s appeal in full. She was granted ongoing entitlement, permanent impairment and a non-economic loss benefit for her organic injuries (concussion/PCS). Full LOE benefits were also approved from March 3, 2016 to November 21, 2017 (because the *Workplace Safety and Insurance Act* allows a maximum of two years’ LOE for workers aged 63 or older on the date of accident, her maximum period ended on that date).



Chronique de la présidente par intérim, AIOO/
Vice-présidente de la région 2
BERNIE ROBINSON, RN

➔ SUITE DE LA PAGE 4

L'AIOO craint que le projet de loi 60 ne marque le début de la fin de notre système public de soins de santé tel que nous le connaissons. Nous avons donc immédiatement fait ce que nous faisons toujours : nous avons dénoncé la situation.

Dans le cadre d'une coalition de cinq syndicats de soins de santé de l'Ontario (Conseil des syndicats d'hôpitaux de l'Ontario/SCFP, SEFPO, SEIU Healthcare et Unifor), et avec nos amis de la Coalition de la santé de l'Ontario, nous avons dénoncé cette décision, soulignant qu'elle réduira l'accès aux soins de santé financés par le secteur public, allongera les temps d'attente, mettra des vies en danger et aggravera considérablement les pénuries de personnel tout en distribuant des fonds publics à des actionnaires privés.

Comme si ce n'était pas assez alarmant, le projet de loi 60 ne contient aucun mécanisme de divulgation ou de transparence des cliniques privées, contrairement ce qui est exigé de nos hôpitaux publics. Quelles assurances les Ontariennes et les Ontariens ont-ils que ces cliniques seront réglementées et sécuritaires, qu'elles ne leur imposeront pas des services inutiles et qu'elles ne débaucheront pas du personnel infirmier de nos hôpitaux publics déjà mis à rude épreuve? Quand on considère que les éléments les plus défaillants de notre système de soins de santé sont ceux qui ont déjà été privatisés, comme les soins à domicile et les soins de longue durée, ce que la pandémie a cruellement révélé, il y a lieu de s'inquiéter encore plus.

Notre message commun au premier ministre Ford est simple : le système de santé publique de l'Ontario ne vous appartient pas, vous n'avez pas le droit de le démanteler et de le vendre, il nous appartient à toutes et à tous. Cessez d'injecter de l'argent dans des cliniques privées. Financez plutôt les hôpitaux publics au moins au taux moyen des hôpitaux canadiens – l'Ontario est au bas de l'échelle – pour qu'ils puissent faire face à la croissance et au vieillissement de la population et à l'inflation, et mettez en œuvre un important programme de maintien en poste du personnel des hôpitaux publics.

L'AIOO et ses alliés ne cesseront jamais de se battre pour cela et il est clair que la population est de notre côté. Un récent sondage mené par Abacus Data au nom du Syndicat national des employées et employés généraux du secteur public a révélé que 89 % des Canadiens sont d'avis que les soins de santé devraient être universels et fondés sur les besoins, et non sur le compte en banque. Nous avons donc tous un rôle à jouer pour mettre en œuvre un terme aux plans de privatisation du premier ministre Ford.

Sur une note personnelle – et beaucoup plus heureuse – je tiens à vous remercier tous et toutes pour vos conseils et votre aide au cours de mon intérim à titre de présidente de l'AIOO depuis novembre dernier. Comme vous pouvez le constater à la lecture de ces pages tirées de Front Lines, ce fut toute une aventure! Lorsque vous lirez cette chronique, un nouveau président de l'AIOO, dont le mandat commencera le 1er mai, aura été élu, et je reprendrai mon rôle de vice-présidente de la région 2. Je peux vous assurer que la personne que vous avez choisie pour diriger ce syndicat puissant est plus qu'à la hauteur de la tâche et qu'elle relèvera nos défis, y compris la privatisation et la pénurie d'infirmières, avec une force et une détermination immenses, et avec le plein appui de l'ensemble du Conseil d'administration de l'AIOO. Et, je n'en doute pas, elle pourra également compter sur votre soutien à toutes et à tous.

➔ Suivez Bernie : twitter.com/BernieReg2VPONA.



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

➔ SUITE DE LA PAGE 5

certaines députés m'ont demandé pourquoi l'AIOO était si engagée dans leurs manifestations. Je vous avais alors dit que le SCFP avait appuyé l'AIOO à d'innombrables reprises dans le passé et qu'il n'hésiterait pas à le faire de nouveau le moment venu. Ce moment est venu plus tôt que nous le pensions, mais j'espère que vous avez constaté et ressenti ce soutien écrasant pour votre cause. Nos amis du syndicat ont fait de la promotion et ont marché à nos côtés sur nos piquets de grève et lors de nos rassemblements. J'ai perdu le compte de tous les drapeaux syndicaux qui flottaient aux côtés des nôtres. Même s'il ne fait aucun doute que l'AIOO est un syndicat fort à lui seul, lorsque nos alliés des autres syndicats se joignent à nous, nos voix combinées portent encore plus loin. C'est cette solidarité qui a aidé le SCFP à gagner son combat avec le gouvernement Ford et qui nous aidera à gagner le nôtre.

Je veux que vous sachiez que pendant que vous êtes sur la ligne de front et dans la rue avec nos alliés pour défendre nos intérêts, nous faisons également tout en notre pouvoir pour faire de même. En fait, j'ai récemment présenté les recommandations de l'AIOO au Comité permanent des finances et des affaires économiques pour le budget 2023 (voir page 12). Je n'ai pas mâché mes mots.

J'ai dit clairement que les problèmes qui nous ont menés dans la rue, soit les niveaux de dotation dangereux, les conditions de travail et les salaires, doivent être réglés si notre province veut garder et recruter les infirmières et les professionnels de la santé dont elle a désespérément besoin et assurer des soins sécuritaires aux patients. Les solutions comprennent un salaire équitable et une rémunération rétroactive pour les salaires retenus pendant trois ans en raison du projet de loi 124. Même si cette mesure a été déclarée inconstitutionnelle par les tribunaux à la fin de l'année dernière, le gouvernement Ford continue de contester cette décision. Il s'agit aussi d'atteindre la parité salariale avec les hôpitaux dans tous les secteurs de la santé, d'obtenir 10 jours de maladie payés permanents, de prévoir des postes supplémentaires à temps plein en soins infirmiers pour atteindre un seuil minimum de 70 %; de mettre en œuvre une solide stratégie de recrutement pour combler les lacunes en matière de soins infirmiers, d'adopter des mesures pour assurer votre sécurité, comme l'accès garanti à des respirateurs N95 ou à des équipements d'un niveau de protection plus élevé, et de mesures pour lutter contre l'épidémie croissante de violence dans les milieux de soins de santé.

Le budget de l'Ontario aura été déposé au moment où vous lisez cette chronique et peu importe ce qu'il contient – ou ne contient pas –, il y a une chose qui, je l'espère, vous rassurera : il ne fait aucun doute dans mon esprit que le gouvernement Ford nous a entendu et nous a vus comme jamais auparavant. Il sait que nous, ainsi que nos alliés syndicaux, ne cesserons pas de défendre nos patients et nos membres jusqu'à ce que nous obtenions ce dont nous avons besoin et ce que nous méritons.

➔ Suivez Angela : twitter.com/4angiepreocanin.



FOR YOUR BENEFIT

Employers Prioritizing Retirement Benefits to Support Staff, HOOPP Research Shows

The vast majority of employers surveyed say retirement benefits are a cost-effective way to reduce financial stress for employees, new research from the Healthcare of Ontario Pension Plan (HOOPP) and the Angus Reid Group finds.

The Canadian Employer Pension Survey, released late last year, shows that the top concerns for Canadian employers in 2022 included: greater competition for hiring and inflation (both at 82 per cent) employee burnout and labour shortages (both at 79 per cent) and high turnover (77 per cent). While employers recognize the value of retirement benefits for addressing these concerns, the current high-inflation environment is driving them to favour wage hikes instead, noted the survey of 778 Canadian business owners and senior leaders with 20 or more employees, meant to provide an overview of how employers around Canada see the current economic climate's impact on business, the state of retirement security in Canada, and the ability of retirement benefits to help with employee retention, recruitment and overall well-being.

"Current inflationary pressures are understandably leading many employers and workers to prioritize cash in hand, even as they recognize

the short- and long-term value of retirement benefits," said Steven McCormick, HOOPP's Senior Vice-President of Plan Operations. "It is arguably more important than ever for leaders to take measures that will help workers save for retirement, even when it is challenging to do so."

There was evidence in the survey of some momentum towards improved retirement security outcomes, with 17 per cent of respondents stating they had launched or enhanced retirement savings plans in the past year, or plan to do so in the year ahead.

"The survey found some significant correlations between benefits and a happy, productive workforce," added Demetre Eliopoulos, Angus Reid Group's Senior Vice-President and Managing Director, Research Services.

In fact, 85 per cent said retirement benefits are a cost-effective way to reduce financial stress for employees, with 78 per cent noting it is more of an investment in human capital than a cost to business. Most (84 per cent) are concerned about an emerging retirement income crisis, and feel they have a responsibility to offer a pension (75 per cent). There is also agreement that governments have a role to play, with 87 per cent saying governments



can save money by supporting more affordable and efficient pensions.

These findings corroborate conclusions from 2021 research by HOOPP and Common Wealth, *The Value of a Good Pension: The business case for good workplace retirement plans*, in which 66 per cent of respondents said retirement benefits help retain talent and 62 per cent believed they help with recruitment.

"While it is understandable that raising wages is a quicker fix for immediate current economic challenges, there is also widespread understanding of the power of pensions," concluded McCormick. "And it's encouraging to see there are some employers who are prioritizing retirement benefits as a way of supporting staff."



Fascinating Fact

HOOPP, then called the Hospitals of Ontario Pension Plan, becomes a jointly trusteed plan and holds its first Board meeting in November 1993.

« *The survey found significant correlations between retirement benefits and a happy, productive workforce.* »

— Demetre Eliopoulos, Angus Reid Group's Senior Vice-President and Managing Director, Research Services



Value nurses or lose them.

Public health care is bleeding experienced nurses. For three years, they've been raising their voices against Bill 124, the unconstitutional legislation Doug Ford crafted to suppress their wages. But Ford is ignoring them. Instead, he's watching from the sidelines while nurses exit the public health-care system that is failing them and their patients.

It's not too late to turn this around. At long last, nurses are able to represent themselves freely again at the bargaining table. They're firm in their demands: for better wages, better staffing, and better care for their patients. Nurses are speaking out and won't be silenced. They see a government that is diverting public money to for-profit health care at inflated prices, and they're saying: "Wake up." This is a critical turningpoint. If nurses don't get what they're worth this time, the bleeding will continue and the nursing crisis will be the new normal. And it will be patients, already waiting longer for care than they ever have, who will pay the price.



Ontario Nurses' Association

ValueNurses.ca