



Representing ONA Members at: CBS, Chelsey Park NH, Elmwood NH, Extendicare NH, LHSC MRT&D, LHSC CE & RN, Middlesex Terrace NH & Meadowpark NH

Local Coordinator Report - James Murray

Inside this issue:

CBS Report	3
Chelsey Park Report	
Extendicare NH MRT&D Report	5
LHSC CE & RN Report	6
LHSC RN HR&E Report	9
LHSC RN OH&S Report	10
LHSC RN Professional Practice Report	11
LHSC RN RTW Report	16
Meadowpark NH Report	
Middlesex Terrace Nursing Home Report and LHSC CE/RN Nurses Week Activities	17

2017 is well underway and I look forward to taking on the role of Coordinator for Local 100 in addition to my role as Bargaining Unit President for the LHSC RN and Clinical Educator Groups.

It is with great respect and appreciation that I thank Dianne Popp for stepping into the LC role last year, and agreeing to continue to support me this year in the role of Vice Coordinator. Dianne's many years of LTC Nursing experience and calm demeanor have been and will continue to be a great asset to Local 100.

This term of office takes us through to the end of 2018, and my goal is to increase member engagement in the Union. Over the past few years, as BUP for the LHSC RN and Clinical Educators, the Union has seen a significant increase in member engagement concerning their labour relations issues, and this is a good thing. My goal as Local Coordinator will be to increase member engagement in the governance of our Union. **YOU ARE THE UNION.** Your participation in determining how the Union can best represent you is crucial. Without your input, ONA's decisions may not reflect the needs of the membership. The Local Annual General meeting will take place on March 14th. This is your opportunity to tell your Union what you expect from us, and for the Union to tell you what we are doing to support you. I hope to see you there.

Here is some of what ONA has been doing over the past few months.

- Updated position statement on the *Duty to Report under the Nursing Act and the Regulated Health Professions Act when Acting in the Role of Union Representative*. This statement clarifies the different duty to report a possible breach of standards when acting as a representative in a labour relations matter, as opposed to becoming aware of information in the course of one's practice.
- A newly created statement on *Medical Assistance in Dying (MAID)*. It explains the need for clear policies and guidelines from the employer, the right to object to participation in MAID, and the importance of education and support to avoid criminal liability.

HOW TO REACH US?

Coordinator Report cont'd

- ONA is calling codes to highlight issues of concern to our members. Code White symbolizes the painful reality of workplace violence against nurses, while Code Blue signifies our concern that inadequate hospital funding and continuing cuts to RNs are risking the very survival of our publicly funded and administered health-care system and flat lining patient care. Radio, transit shelter, cinema ads and social media ads are key components of the campaign. Log on to nursesknow.ona.org to learn how you can help.

The Ontario Nurses' Association says that nurses in Ontario and across Canada will push to be included in Bill C-211. The private member's bill proposes the creation of a national framework for Post-Traumatic Stress Disorder (PTSD) that, so far, is aimed at first responders, veterans and the military. Canadian Federation of Nurses Unions President Linda Silas says she believes the fact that 94 per cent of nurses are women might be playing a role in their being excluded. "When you're talking about female workers, the symptoms of PTSD are very different," she said, and are often misdiagnosed as depression.

An amendment was passed at the recent Biennial Convention that future March Provincial Coordinators Meetings will be replaced by Joint Sector Meetings with the intent to engage more Bargaining Unit Presidents in the work of our union, this first sector meeting is scheduled on March 21-22. While Local 100 supported this amendment in principal, we did express our reservations concerning the cost of such an undertaking.

Nurses' Week 2017

Every year Nurses of all classifications celebrate Nurses week in conjunction with the birth of one of our most famous comrades, **Florence Nightingale**. Born in Florence, Italy, on May 12, 1820 and part of a wealthy family, Nightingale defied the expectations of the time and pursued what she saw as her God-given calling of nursing. During the Crimean War, she and a team of nurses improved the unsanitary conditions at a British base hospital, greatly reducing the death count. Her writings sparked worldwide health care reform, and in 1860 she established St. Thomas' Hospital and the Nightingale Training School for Nurses. A revered hero of her time, she died on August 13, 1910, in London.

While Florence was a pioneer, we shouldn't forget other great Nurses like Mary Seacole, and Clara Barton. **Mary Seacole** was a pioneering nurse and also a heroine of the Crimean War, who as a woman of mixed race overcame a double prejudice. Born in Jamaica in 1805, Mary learned her nursing skills from her mother, who kept a boarding house for invalid soldiers. Although technically 'free', being of mixed race, Mary and her family had few civil rights - they could not vote, hold public office or enter the professions. An inveterate traveler, she visited Cuba, Haiti and the Bahamas, as well as Central America and Britain. On these trips she complemented her knowledge of traditional medicine with European medical ideas. In 1854, Seacole travelled to England again, and approached the War Office, asking to be sent as an army nurse to the Crimea. She was refused. Undaunted Seacole funded her own trip to the Crimea where she established the British Hotel near Balaclava to provide 'a mess-table and comfortable quarters for sick and convalescent officers'. She also visited the battlefield, sometimes under fire, to nurse the wounded, and became known as 'Mother Seacole'. Her reputation rivaled that of Florence Nightingale.

Clara Barton was born on December 25, 1821, in Oxford, Massachusetts. She became a teacher, worked in the U.S. Patent Office and was an independent nurse during the Civil War. While visiting Europe, she worked with a relief organization known as the International Red Cross, and lobbied for an American branch when she returned home. The American Red Cross was founded in 1881, and Barton served as its first president.

A nurse is a highly skilled health care professional who combines the art of caring with scientific knowledge and skills developed through their education and career. Be Proud, Happy Nurses Week!

Coordinator Report cont'd

Just say No to Private Health Care

Ottawa physician Dr. Charles Shaver has been quietly pushing for more private medicine through opinion columns popping up in newspapers across Canada. Front-line RNs know just how much the enormous role of private, for-profit care has impacted the Ontario health-care system, and continue to speak out against for-profits. Research has shown:

- The Ontario system already has a great deal of private, for profit health care, yet wait times have not been shortened. In fact, studies have shown that for-profit health care institutions provide inferior care at inflated prices.
- For example, for-profit renal dialysis centres have a nine-percent higher mortality rate, for-profit hospitals have a two-per-cent higher death rate, and for-profits are more frequently cited for quality failures. Nurses will continue to speak out against those who seek to promote more for-profit care because it simply wrong and shortsighted to shift tax dollars to profits or release any control to ensure there is quality care for the patients who need it.

ONA Leadership Conference – Activist Member

ONA is pleased to be accepting applications for attendance at our Leadership Conference - Activist Stream. We encourage any member that has an interest in ONA, particularly those that have had little to no engagement with ONA, to think about applying for this fantastic learning opportunity! The conference will be held at the Oakwood Resort, Grand Bend. The deadline for submitting your Expression of Interest (EOI) Form is April 19, 2017 @ 1200 hrs. Receipt of EOI forms will be acknowledged by email. All candidates will be notified, by email of the status of their application no later than June 7, 2017. Selected participants who require a leave of absence to attend should contact the Local for assistance. Salary replacement, travel, meals and accommodation (within policy) are covered by ONA. The Activist stream is limited to a maximum of 25 registrants.

Local 100 Bursaries for 2017

Local 100 is pleased to offer twelve \$1000 Bursaries available to members and/or their children.

- Five (5) for LHSC RN and Educator BU members to use to expand their Nursing knowledge (can include a course, workshop, conference, etc.).
- One (1) bursary shall available to a LHSC RN and Educator_member's child who is enrolled in post-secondary education.
- One (1) for LHSC MRT&D members to use to expand their knowledge (can include a course, workshop, conference, etc.)
- One (1) bursary shall available to a MRT&D member's child who is enrolled in post-secondary education.
- One (1) for CBS member to use to expand their nursing knowledge (can include a course, workshop, conference, etc.)
- One (1) bursary shall available to a CBS member's child who is enrolled in post-secondary education.
- One (1) for a LTC member to increase their knowledge (can include a course, workshop, conference, etc.), or a LTC member's child to use who is enrolled in post-secondary education.
- One (1) \$1000 bursary, in honour of Gail Hathaway, for a LHSC RN/CE member who is enrolled in post diploma education, which benefits the profession.

Full details and application forms will be available at the March 14 General Meeting and then posted on <http://onalocal100.on.ca>

CBS Report - Carol Lobodinzski, BUP

The past few months have brought good news for our members. We have come to a resolution on the 2 grievances that we have been working on for the past year. First, in regards to the seniority accrual being based on a 7.5 hour vacation day taken, we have rectified this by recalculating the seniority list back to February 2016. It has affected only a few staff members, so please check your seniority list posted on the ONA board. Secondly, we are very close to a resolution on our grievance regarding compensation for the role of Nurse Consultant. I will keep you informed once we reach a settlement. Another issue which came up but we were able to solve without filing a grievance, is regarding the SDO days. Following a misinterpretation of how to give us the 2 days off together within one week of a pay period, we had 2 schedules go out with some noticeable changes which upset some members. We have corrected the misinterpretation and you will now see the Sundays as an OFF day again.

We have been trying to get management to increase the number of staff off for vacation. You will notice that during the months of July and August when clinics are down in numbers, 3 staff have been granted vacation. There are a few pending in other months as management will not commit to making this decision at this time. If you are denied, please let me know so we can speak to management, especially if you notice on the schedule that there are a lot of people off that week. Our contract is up for renewal as of April 1st, 2017. You may think we just finished renewing our last contract and you are right as we settled late at our last round and negotiated 2 years instead of 3 years. Please bring forward any concerns about our current contract so we can start to compile a list of any changes we can negotiate for. I will put out another form to survey our members in the next month.

Nurses Week is the second week of May and if anyone has ideas, please let Joan M. know.

Lastly, I will be attending a sector meeting in March. All of the BUP's across Ontario will be attending. This means I will meet with the other BUP's from CBS. I am looking forward to this and will provide you with an update on that likely near the end of March. Have a great spring and hope the snow stays at bay.

Chelsey Park Report - Dianne Popp, BUP

Local issues interest arbitration occurred Feb 1 and we are waiting for the arbitrator's decision. Once it has been handed down I will let everyone know. Once this is completed, our collective agreements will be printed. Remember, you can access our collective agreement on either the ONA website [ona.org] or ONA Local 100 website [onalocal100.on.ca].

With major workload issues on every shift, please fill out the Professional Responsibility Workload forms- these are for your protection and needed if change is to occur. With the decrease in our CMI there will be staffing decreases to come which will only increase the workload. Let me know if you need me to e-mail the PRC forms or sent a paper copy to you. Please remember to keep a copy for yourself and send me 2 copies. Remember, you need preapproval for OT- please call management to get this- do not work for free. This does not help our cause.

I know everyone is walking on egg shells around management, please do not meet with management without union representation. If I or Vivien is not available, do not meet with them. Representation by a LRO can be arranged. Mary Moyer has decided to step down as our ONA OH&S representative. If anyone is interested in replacing Mary, please let me know. Meetings and inspections are paid time. Also you will be trained as Certified Representative. Thank you for all of your years of hard work as our representative, Mary.

Our next BU meeting will be the end of April- watch for the sign on the ONA board.

Extendicare Nursing Home Report - Lynsey McIntyre

At the end of last year we voted on a new Collective Agreement, and I wanted to thank those of you who took the time to vote. The Nursing Homes Template and Collective Agreement has been finalized and is now available on the ONA website. We should be seeing hardcopies soon, and they can be picked up in my office once they are available.

Just a reminder- If management asks to speak with you, I am always available to accompany you. Don't forget to ask to have your union representative present and they will arrange a time with me.

The Local General Meetings this year are scheduled for March 14th at the Local 100 Office at 7:30 p.m. and Wednesday, November 22 at the Windermere Manor at 7:30pm. Please join us to keep up with the latest information about what's happening in our union!

LHSC MRT&D - Janice Bell, BUP

Unfortunately, our Arbitrated, albeit expired collective agreement has not yet gone to print, as we have been waiting no less than six weeks for Angela Hodgson to sign it. I have sent her a second reminder, requesting this time for her to bring the copies to be signed to negotiations on February 28th, where the rest of us may sign them, to which she has since responded and agreed. Surely, the previously Arbitrated c/a should be signed off before we start negotiating the next c/a, don't you think?

Courtney Timmermans has volunteered/agreed to be our premiere "Return to Work/Accommodation" representative and as such, will be attending an ONA workshop on April 5, 2017 in Burlington, to receive the training necessary to help her fulfill these new responsibilities. Courtney will no doubt return with a plethora of useful information to help those members seeking guidance in the return to work plan process or the accommodation process. As we're almost six months into our one year trial for the vacation selection LOU, please give Ang Rulton or myself written feedback on how you feel that it is working. Are there any issues that you don't think have been addressed? If so, then identify what they are and include any suggestions you have, for their resolution. This subject is appropriate to be brought forward at a Labour Management meeting. Management had agreed to keep "the book" up to date. Have you experienced occasions where it wasn't and consequently there was uncertainty as to whether you would get the time off?

This segues to a related issue: If a situation arises where you have been denied vacation or return time on a day that another member is covering, in an area that's not within our b/u, ie. covering as a booking clerk or as a nurse in PR, please inform me. We are aware of this happening with dosimetry as well, but that is work within the bargaining unit. The Union is taking issue with this (not so infrequent) practice, particularly if a member is being denied a vacation or return time request, while another member could be covering them instead of performing work outside the bargaining unit. If this situation were to arise and no resolution was found after the member had approached the Manager, as per Article 8.03 (first paragraph), then it is possible that it could result in the Union filing a grievance. So consider the situation to be time sensitive and follow the time lines of the grievance process as laid out in Article 8 in the collective agreement. The member would need to complete Local 100's Fact Finding Questionnaire asap, which I previously sent out to the membership on August 30, 2016. The member would forward their digital copy to the BUP, whereupon it would be forwarded on to the LRO for consideration for filing a grievance. Of course, I don't need to tell you that this process would not be completed before the day off requested would have transpired. However, if a practice that disenfranchises a member is never challenged, it may well be repeated in perpetuity.

Just a reminder to please ensure that all correspondence with Management/the Employer is ultimately secured in writing. Particularly if you have a hallway conversation of relevance/significance, follow it up with an email saying something to the effect, "I just wanted to confirm, regarding our recent conversation . . ." Keep a copy of said corre-

LHSC MRT&D Report cont'd

spondence where you will be able to find it, should you need to reference it in the future. In addition, all relevant correspondence with our coordinators should be cc'd to the Manager, to ensure that she is aware of all situations. You will recall when Kim Crawford revealed at a staff meeting last fall, that she was unaware that members were being asked to use LOA's instead of vacation days.

In closing, it is important to continue to complete AEMS reports and Professional Responsibility Report Forms (PRWF) as the need arises. Without documentation, we have no way to substantiate any argument for change.

LHSC (CE & RN) - James Murray, BUP

I regret to report that Colleen Parfrey-Roefs has made the decision to resign as the Professional Responsibility Representative to devote more time to her family. With the weddings of two daughter's to plan, the recent loss of her mother, and other family health issues to contend with, life has placed other demands on Colleen's already very busy life. Colleen has been very active in the Union for many years, acting as a Unit Rep and then graciously accepting the role of Practice Rep almost 5 years ago. Colleen has also served on the Central and Local Negotiating Teams. Colleen and I have shared some very long and trying days on those committees! The Union owes Colleen and her family a great debt of gratitude for her dedication, commitment and time she has given with the members of LHSC. We wish Colleen the best in the future and hope that when life slows down, she will reconsider her decision and run for Union office once more. Thank you Colleen!

Fortunately for us, long time Unit Rep and JHSC member Lorri Skellet has agreed to take on the huge role of Practice Rep for the VH site. Kathy Burgess has stepped into the Practice role temporarily while she mentors Lorrie who is currently getting her feet wet reviewing PRW forms and attending member Lunch and Learns. Lorri is a very seasoned and experienced Nurse/Union activist who has a passion, and an obvious ability, to advocate for our members. Thank you Lorri and welcome to the team.

Vacation

To facilitate the transition from the old planner process to the new process, changes had to be made to posting dates etc. for this first round of vacation planning. These changes should have been communicated to you by your leadership, and will only impact this vacation planning cycle.

FEB 22

Planners are to be posted

FEB 22 – MAR 8

Top 1/3 submit on the planner and in writing

MAR 15

Planner with approved vacation is posted

MAR 15 – MAR 29

Remaining 2/3 submit on the planner and in writing

APR 7

Planner with approved vacation is posted

APR 7 – APR 14

LHSC (CE & RN) Report cont'd

RN's can submit for any quota that remains available, will be granted by seniority.

If you any questions about vacation please call the Union office for assistance.

London Health Sciences Centre - Registered Nurses' Vacation Entitlement Chart

Entitlement	3 week	4 week	5 week	6 week	7 week
	112.5 hours	150 hours	187.5 hours	225 hours	262.5 hours
	After 1 year	After 3 years	After 11 years	After 20 years	After 25 years
Vac Entitle Date/Hours	2016/1500	2014/4500	2006/16500	1997/30000	1992/37500
FT vacation hours accrual per pay	4.33	5.77	7.21	8.65	10.09

Critical Incidents and You – What You May Not Know

The Quality of Care Information Protection Act (QCIPA) was designed to create a protected zone in which members of the health-care team could have full and frank discussions about critical incidents. Most information provided during quality of care reviews was not required to be disclosed to patients, family members or in legal proceedings. The Public Hospitals Act had parallel provisions for information arising from critical incident meetings.

Definition of “Critical Incident”

Any unintended event that occurs when a patient receives treatment in the hospital,

- (a) That results in death, or serious disability, injury or harm to the patient and;
- (b) Does not result primarily from the patient’s underlying medical condition or from a known risk inherent in providing the treatment.

Because of pressure on the government for “transparency” in all health matters, effective July 1, 2017 changes to the Quality of Care Information Protection Act and the Public Hospitals Act will take effect. These changes will require:

- Mandatory reviews of every critical incident.
- The affected patient or his/her representative must be interviewed
- Disclosure to the patient or family which must include:
 1. The material facts of what happened.
 2. The consequences to the patient as they become known.
 3. Any steps the facility has taken or plans to take to reduce the risk of
 4. Further similar critical incidents.

Overall Effect of the Changes in the Law

- All critical incidents must be investigated.
- Considerably more information must be provided to patients or their representative.
- Information provided at critical incident meetings should be considered “on the record.”

LHSC (CE & RN) Report cont'd

Possible Legal Consequences

- Risk of disciplinary action by the employer, CNO
- Potential civil liability or criminal charges

What Should you do When Involved in a Critical Incident

- Make detailed notes and label them "For My ONA Lawyer Only"
- Contact LEAP
- Contact the Union office (519-667-0937)
- Advise your Leader if approached that you require Union representation before engaging in any discussion concerning the incident.

DO NOT ATTEND A CRITICAL INCIDENT REVIEW WITHOUT ONA REPRESENTATION.

Short and Long Term Disability

We continue to receive calls from Nurses regarding access to short or long term disability. If you find yourself off work and anticipate your absence will exceed 5 consecutive days off; please, please, please..... get in touch with the Union office and we will provide you with direction. The Union is not notified that Nurses are off work unless;

The Nurse is in receipt of WSIB.

The Nurse is in receipt of LTD.

The Nurse is absent for 23 months and not in receipt of LTD or WSIB.

If you are at the 30 week mark and will be applying for LTD, please call the office for assistance. DO NOT attempt to appeal an LTD denial on your own.

Nurses' Week 2017

Back by popular demand, "Coffee Coupons". Nurses week will be here before you know it. As the BBQ's have been such a great success, this year we will be holding two at each site. Plus, we've planned an evening of fun at the Palasad on Southdale Rd. Eat some food, form a team, and enjoy a game of ten pin bowling or billiards. All inclusive when you show your membership card. Take some well-deserved time to treat yourselves! Hope to see you there.

Hospitals in Surge

Media outlets have been busy reporting that Ontario hospitals are experiencing record numbers of emergency department visits. While many reports quote hospital officials blaming the patient surge on the flu, front-line registered nurses know that is not the whole story. For more than a decade, ONA has warned that our hospitals are dangerously overcrowded, understaffed and that closing beds (and cutting RNs) was leaving no "surge capacity." "Surge capacity" is the term for the optimal number of available beds in a hospital. Research has always been very clear – the ideal capacity rate is 85 per cent for our hospitals. Anything more leaves patients and nurses at risk, and results in hallway nursing. We have no capacity left for the unexpected or health-care emergencies. Hallway nursing is just what is happening now as admitted patients –lie on stretchers in hallways, linen closets and meeting rooms while staff try to discharge other patients to make room for more. Contact your Local MPP and tell them this can't continue. Our patients are at risk!

LHSC RN HRE/Attendance Report - Jasen Richards & Joanne Wilkinson, VP's

Report from Jasen:

Within the last few months and the recent changes to the ONA collective agreement there has been an influx of activity within the Attendance Management program. With consistent thorough documentation ONA has been able to retrograde or remove members from the AMP program. Please contact the office if you have any questions regarding this process and we would be happy to help.

The spring and summer is fast approaching, and Local 100 is planning on taking part in Pride London. Last years event was a big success and Local 100 showcased nurses commitment to building a diverse healthy community. We are also looking for other suggestions to volunteer in other community events. Feel free to contact the ONA office with both your suggestions or interest in volunteering with this years Pride London events.

Report from Joanne:

As my term begins for the position of Vice President of Human Rights and Equity and Attendance Management, I would like to take this opportunity to thank the members of Local 100 who had the confidence in me to elect me into this role. It will be an honour to serve as your as representative.

Since University Hospital joined ONA in 2012, I have been a member of both the Local and Central negotiation teams, served as a unit rep, and have sat on the Hospital Association Committee (HAC) for six years. Needless to say, I have learned an incredible amount. I am confident I will be able to use my experience to date to serve you well as VP HRE/AMP.

Things have changed in the Central Collective agreement with regards to the Attendance Management Program, particularly how absences due to surgery from being included in AM Program. The newest Collective Agreement exempts surgeries from being included as an absence under the program:

Attendance Management - Article 12.15

*Days of absence arising out of a medically-established serious chronic condition, an ongoing course of treatment, a catastrophic event, absence for which WSIB benefits are payable, **medically necessary surgical interventions**, or days where the employee is asymptomatic and is under a doctor's care from the commencement of symptoms for a confirmed communicable disease (and has provided medical substantiation of such symptoms) but is required to be absent under the Hospital or public health authority protocol, will not be counted for the purposes of being placed on, or progressing through, the steps of an attendance management program. Leaves covered under the Employment Standards Act, 2000 and leaves under Article 11 **will not be counted for the purposes of being placed on, or progressing through, the steps of an attendance management program.***

You can reach me several ways: mobile: 226-926-0704, office: 519-667-0937, email: vp.hreuh.ona@gmail.com

LHSC RN Occupational Health & Safety - Ricki Dolsen & Alan Warrington, VP's

We continue to work hard at the JHSC table and behind the scenes as well. We have a dedicated group of Safety Representatives to work with for the next term, and we will continue to work hard on safety issues in this organization.

Our primary focus has been violence in our workplace and changing the organizational culture to reaffirm that violence is not a part of our job, but a **RISK** of our job. The identified high risk for violence areas: Emergency Departments, Medicine Units, and Mental Health continue to struggle with violence/contraband incidents on a regular basis. These areas, routinely, are utilizing security for code whites, standby, staff assists etc. Security guards are being stretched to meet the ongoing needs to keep our staff safe, due to the fact that there simply aren't enough. The JHSC workers tabled a recommendation, back in the fall, for an additional security guard in the Emergency Department successfully. This security guard will be located in the ED waiting room/triage area this should be in place in March. It is a small step in the right direction but we know we need more security in this organization. This is reflected in the number of security reports generated monthly. It has been highlighted that the security occurrence reports are significantly higher than the AEMs reports. Given this information we are asking that if at any time you are calling security for any kind of assistance to fill out an AEMs. Security guards do not always fill out an AEMs; they may just fill out a security report, and to date the JHSC has been unsuccessful at getting the narrative data of these security reports. We feel that we are missing a huge component of useful data so please fill out those AEMs! It is clear at this point it is the only way we are going to get the information we need.

As many of you are aware, LHSC has been struggling for many years with high occupancies throughout the organization. Notably the Emergency and Mental Health departments at VH have seen frequent need to find care spots for the mental health patient population. The annex has been utilized frequently and many times the overcrowding and lengthy times our mental health patients stay in ED is unacceptable. Recently, LHSC had an external assessment done by Corpus Sanchez International (CSI) to review the organization's programs for mental health. Improvements are sought, and rapidly, we will see the formation of a 12 Bed Geriatric Behavioral Unit established on C6-100 in March to help alleviate some pressures. The report highlighted a need to have more Mental Health service delivery commence in the ED and changes to this model of care are coming soon. For our members who work in these areas, please ensure that your SMG Violence Training is maintained and that you are wearing your Personal Panic Alarm (PPA) devices, especially when working in this high risk for violence work environments.

We want to take the opportunity to highlight the work that has been done in OBCU and MBCU. Margaret Van Puymbroeck and Ricki Dolsen met with OBCU to work through questions to their lift policy from JHSC meeting policy review. They had a group of dedicated staff members that were great to work with! There were concerns of appropriate PPE and availability on the unit primarily during delivery. There was an investigation that infection control took the lead on that included a JHSC member Natalie Beaulieu to ensure staff involvement from the area. The result of this investigation resulted in 4 additional PPE stations in the Antenatal area, three additional PPE stations in the triage area, as well as two non-sterile gortex gowns in each delivery room. There will also be work done on the ARI screening/flagging process in the triage area.

As for the MBCU threat of violence incident, meetings took place for the lack of measures put in place at the time of incident. As a result of the meetings there should have been an e mail sent out to staff informing staff of the potential risk of violence, and personal panic alarms or screamers should be available in your area. Please be advised that if at any time in any area of work if there is a threat of violence fill out an AEMs, notify your leader, identify a concern for your area safety for all staff, and please call the union office. There will be changes coming from this incident to how individual and general threats of violence are dealt with. We are committed to ensuring these changes happen to ensure the safety of our members when a threat of violence takes place.

LHSC (OH&S) Report cont'd

Upcoming events for health and safety: LHSC Safety Awards, ONAs Health and Safety Caucus, RSI Awareness Day, and a Violence workshop Day. We recognize that there are many workers that promote safety across this organization, and we would like to remind you that the LHSC safety awards are coming up in May. Please be on the lookout for nomination information coming out in the near future. Please consider nominating a worker or a unit safety group to highlight the work done to promote health and safety. Another event coming up in May is our ONA Region 5 (SW Ontario), Health and Safety Caucus which will be held in Stratford on May 16th 2017. We will be holding another Violence workshop in September, date to be announced.

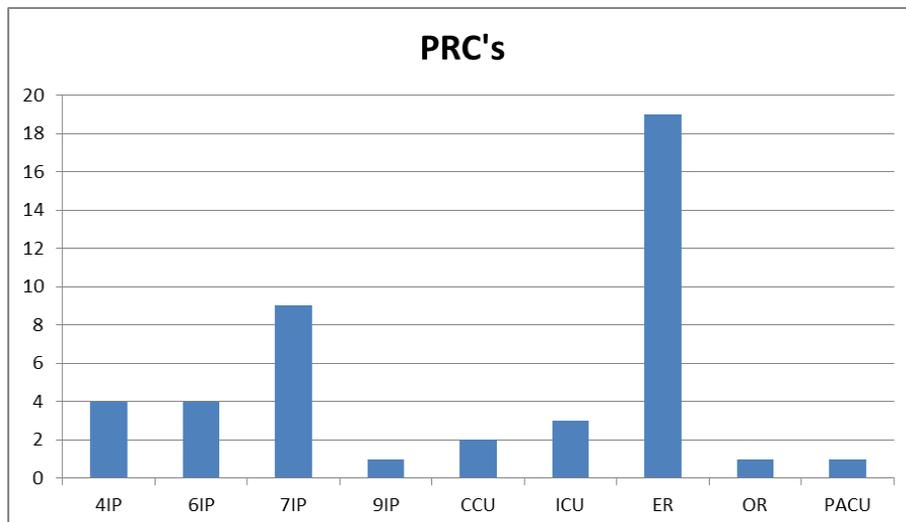
Work & Stay Safe!

LHSC RN Professional Practice - James Gibbons & Lorri Skellett VP's

Over the last couple of months we have seen a number of workload forms coming from multiple areas at the UH site. A total of 44 forms have been submitted. A problem was identified by which forms were misplaced in the LHSC mail room. And because of this you may have received a delayed response from ONA. We will be moving toward a new process for having the workload forms discussed at the unit level. Scheduled monthly meetings will be held on the last Tuesday of each month (both sites). Some of the problems we have been faced with are delays in booking meetings. We hope this will expedite the process.

The issues identified on the most recent workload forms are:

- unable to replace absence/emergency leave
- unable to replace sick calls
- baseline staffing not reflective of the acuity of that area
- patient safety (lack of basic monitoring equipment)
- lack of equipment and supplies
- lack of support staff



LHSC (Professional Practice) Report cont'd

PRC 101

We have a Professional Responsibility Clause which...

- Gives you a say in the quality of care you provide
- Provides a problem-solving approach that help you meet your professional standards
- Provides documentation evidence
- Provides you with union representation for practice concerns
- Provides for resolution of disputes

We have language in our Collective Agreement (ARTICLE 8) which...

- Helps Improve Patient Care
- Assist Nurses with Problem Solving
- Resolve Disputes
- Protects Nurses

So what is a Professional Practice Problem?

- It is anything that you feel Interferes with your ability to practice in a manner consistent with:
- CNO standards
- CNO practice guidelines
- Professional Association Standards (ORNAC, OPANA)
- LHSC's Policy

What are the 7 CNO Professional Standards?

- Accountability
- Continuing Competence
- Ethics
- Knowledge
- Leadership
- Knowledge Application
- Nurse/Patient Relationship

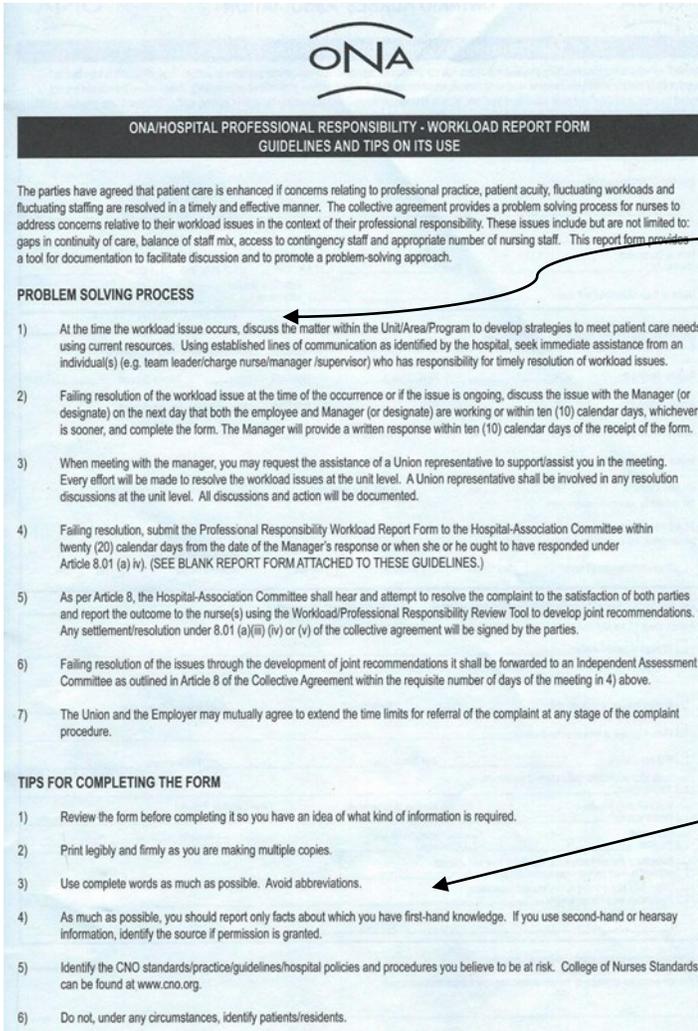
Not identifying Workload...

- Increased Liabilities
- CNO Standards requires you to report issues that inhibit the delivery of safe, ethical, quality care.
- Creates a culture of acceptance
- Both Parties have something to lose!

What are some examples of a workload issue?

- Inadequate/inappropriate staff and/or skill mix for acuity/activity.
- Any delayed, incomplete or missed assessment, treatment or medication
- Non-Nursing duties and/or lack of support staff
- Lack of educational support, including staff not given adequate orientation and/or mentorship in area assigned
- Lack of adequate equipment and/or supplies
- Lack of leadership and/or leadership support

PRC 101 cont'd



- **When a workload occurs, seek help from your peers to try and resolve the issue(s). This may include someone within the ONA bargaining unit such as a charge nurse (CN) or a in charge person (ICP)**
- **If unable to resolve the issue(s), complete a ONA/Hospital workload form (PRWRF).**
- **Discuss the issue(s) articulated on the form with your Coordinator or designate within 10 days.**

- **Important tips when completing the form!**
- **Also keep a photo copy of the form in case the original goes missing.**

PRC 101 cont'd

ONARIO NURSES' ASSOCIATION

ONAHOSPITAL PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

Article 8 – Professional Responsibility provides a problem solving process for nurses to address concerns relative to patient care. This form is intended to appropriately identify employee concerns relative to their workload issues in the context of their professional responsibility. These issues include but are not limited to: gaps in continuity of care, balance of staff mix, access to contingency staff and appropriate number of nursing staff. This report form provides a tool for documentation to facilitate discussion and to promote a problem solving approach.

(Please Print)

SECTION 1: GENERAL INFORMATION

Name(s) Of Employee(s) Reporting: _____

Employer: _____ Unit/Area/Program: _____

Date of Occurrence: (day/mo./yr.) _____ Time: _____ 7.5 hr. shift 11.25 hr. shift Other _____

Name of Supervisor/Charge Nurse: _____ Date/Time Notified: (day/mo./yr.) _____

SECTION 2: WORKING CONDITIONS

In order to effectively resolve workload issues, please provide details about the working conditions at the time of occurrence by providing the following information:

Regular Staffing #: RN _____ RPN _____ Unit Clerk _____ Service Support _____

Actual Staffing #: RN _____ RPN _____ Unit Clerk _____ Service Support _____

Agency/Registry RN: Yes No How Many?: _____

Novice RN Staff on duty*: Yes No How Many?: _____

RN Staff Overtime: Yes No If Yes, how many staff? _____

*as defined by your unit/area/program.

If there was a shortage of staff at the time of the occurrence, (including support staff) please check one or all of the following that apply:

Absence/Emergency Leave Sick Call(s) Vacancies Off unit Management Support available on site? Yes No

SECTION 3: PATIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE

Please check off the factor(s) you believe contributed to the workload issue and provide details:

Change in patient acuity: _____

Normal number of beds on unit: _____ Beds closed: _____ Beds opened during tour: _____

Patient census at time of occurrence: _____

of Admissions: _____ # of Discharges: _____ # of Transfers: _____

Lack of/ or equipment/malfunctioning equipment. Please specify: _____

Visitors/Family Members Please specify: _____ Number of patients on infectious precautions Over Capacity Protocol Please specify: _____

Resources/Supplies _____ Interdepartmental Challenges _____ Systems Issues _____

Exceptional Patient Factors (i.e. significant time and attention required to meet patient expectations) Please specify: _____

Other: (e.g. Non-running duties, student supervision, mentorship, etc.) Please specify: _____

SECTION 4: DETAILS OF OCCURRENCE

Provide a concise summary of the occurrence and how it impacted patient care:

Please identify the Nursing Standard(s)/Practice Guidelines or hospital/unit policies that are believed to be at risk:

Check One Is this an isolated incident? An Ongoing problem?

Document who you made aware of the workload issue (name, date and time)

Regular staff: Is the normal baseline staffing

Novice: Any staff with <2years experience working in that area

Complete what you can, add anything that you feel contributed to the work load in the "other" section.

- CNO Standards**
- **Accountability**
 - **Continuing Competence**
 - **Ethics**
 - **Knowledge**
 - **Leadership**
 - **Knowledge Application**
 - **Nurse / Patient Relationship**

PRC - 101 cont'd

SECTION 5: REMEDY
 (A) At the time the workload issue occurs, discuss the issue within the unit/area/program to develop strategies to meet patient care needs. Provide Details of how it was or was not resolved:

(B) Failing resolution at the time of the occurrence, seek immediate assistance from an individual(s) who has responsibility for timely resolution of workload issues. Discussion details including name(s) of individual(s):

Was it resolved? Yes No

SECTION 6: RECOMMENDATIONS
 Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

Inservice Orientation Review nurse/patient ratio
 Change unit lay-out Float/casual pool Review policies & procedures
 Change Start/Stop times of shift(s). Please specify: _____
 Review Workload Measurement Statistics Perform Workload Measurement Audit
 Adjust RN staffing Adjust support staffing Replace sick calls, vacation, paid holidays, other absences
 Equipment (Please specify): _____
 Other: _____

SECTION 7: EMPLOYEE SIGNATURES

Signature: _____ Date: _____ Phone No./ Personal E-mail: _____
 Signature: _____ Date: _____ Phone No./ Personal E-mail: _____
 Signature: _____ Date: _____ Phone No./ Personal E-mail: _____
 Signature: _____ Date: _____ Phone No./ Personal E-mail: _____
 Date Submitted: _____ Submitted to (Manager name) _____

SECTION 8: MANAGEMENT COMMENTS
 The manager (or designate) will provide a written response to the nurse(s) within 10 days of receipt of the form with a copy to the Bargaining Unit President as per Article 8.01 (a) iv. Please provide any information/ comments in response to this report, including any actions taken to remedy the situation, where applicable.

Management Signature: _____ Date: _____
 Date Response to the employee: _____ Date Response to the Union: _____

SECTION 9: RECOMMENDATIONS of HOSPITAL - ASSOCIATION COMMITTEE
 The Hospital - Association Committee recommends the following in order to prevent similar occurrences:

Dated _____

(1) Manager FORM PRC-2 10/06/14

Document in your own words how you and your peers dealt with the situations.

Document the response you were given by from the individual (s) who had the responsibility for a time resolution to the workload issue , such as the coordinator/AHC/CN/ICP. And was the issue resolved?

Personal phone numbers and email's!
DO NOT USE LHSC OUTLOOK EMAIL ACCOUNTS OR PHONE EXTENSION NUMBERS

LHSC RN RTW - Jill Bishop & Katie Warrington, VP's

More Changes, More Changes, More Changes!

Hello from your VPs of RTW and Accommodation.

Recently LHSC has changed the documentation required when an ONA member is off due to illness or a non-work related injury. Previously there was one standard form – the Disability Status Form (DSF). LHSC has now changed to three forms - the Abilities Status Form (ASF), the Cognitive Status Form (CSF) and they also they continue to provide the Disability Status Form (DSF). The relevant form is given to the ONA member by occupational health (ONA also has copies for you to view). This form is then taken by the ONA member to their physician/care provider for completion. On occasion occupational health has offered to fax the form to the ONA member's physician/care provider. This is not recommended as physicians/care providers may not realize that the ONA member's consent is necessary for form completion and it also does not give the ONA member an opportunity to keep their health information private by striking out the paragraph on the form that gives the organization full access. The ONA member should also have a conversation with their physician/care provider regarding the form, as we all know how varied our nursing roles and responsibilities can be. Illness and injury affects us differently in our work life. LHSC is still required to cover the cost of having the form completed – make sure you get a receipt from your physician/care provider. The forms state the cost should be up to \$25.00, but in our collective agreement it simply states “the full cost of obtaining the certificate” (article 12.14).

A DSF/ASF/CSF is not always necessary for all illness/non-work related injuries. A simple absence that prevents the ONA member from attending work for 5 or more consecutive days of work, may need just a note from their physician/care provider – a basic report that the ONA member has been seen by the physician/care provider for illness/injury and is now clear to return to full hours and duties. According to occupational health protocols, a DSF/ASF/CSF is required for absences greater than 2 weeks. If an employee has been absent for 3 or more working days occupational health should be contacted for further instruction.

Interacting with occupational health during a period of illness or injury can be very stressful. There appears to be many inconsistencies in what is required when an ONA member is off work, even though there are illness and documentation protocols available on the occupational health intranet site. Please know that ONA is here to help you through this maze of requirements. A quick call to the ONA Local 100 office at 519-667-2072 can put you in contact with Katie Warrington (UH) or Jill Bishop (VH) to provide the support you need while dealing with illness or injury.

Meadowpark Nursing Home Report - Andrea Vaincourt, BUP

Spring is just around the corner and with that comes the summer vacation request sheet.

There continues to be issues with workload. I urge you to please complete and submit your forms. Online versions of the forms are at <https://www.ona.org/member-services/professional-practice/workload-report-forms/>. There will be a Union/Management meeting coming up. If you have any specific concerns please feel free to let me know in person or send me an email.

Please come out to our Local meeting March 14, 2017 at 1930.

Middlesex Terrace Report - Breanne Trelford, BUP

Reminder to all staff to have a union rep present any time management wants to speak with you. I will be informed and a time will be set up.

The next general membership meeting is March 14, 2017 at 7:30pm, hope to see some of you there! A notice will be posted on the bulletin board with more details.

LHSC CE/RN - Nurses' Week Activities List - 2017

LHSC CE/RN Nurses' Week Activities - 2017
Monday, May 8
· BBQ-VH @ 11:00 to 14:00 (2 nd floor Link - beside Tim Horton's)
· Subs - OR @ UH/VH @ 1600
· Subs - Nights - UH @ 2200
· Subs - Nights - VH @2200
· Draw
Tuesday, May 9
· BBQ-UH @ 11:00 to 14:00 - 3 rd Floor by the Auditoriums
· Subs @ KCC - 11:00
· Draw
Wednesday, May 10
· BBQ-VH @ 11:00 to 14:00 (2 nd floor Link - beside Tim Horton's)
· Pizza's @ 1100 - BFMC/VFMC
· Pizza - OR @ UH/VH @ 1600
· Palasad Fun Night - 6:30 p.m. to 9:30 p.m. (Southdale Road)
· Draw
Thursday, May 11
· BBQ-UH @ 11:00 to 14:00 - 3 rd Floor by the Auditoriums
· Pizza's to KCC - @ 16:00
· Pizza - Nights - UH @ 22:00
· Pizza - Nights - VH @ 22:00
· Draw
Friday, May 12
· Grand Prize - \$1000 Best Buy