

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



JOIN US!

Windermere Manor
200 Collip Drive

Wednesday, November 22
6:30 to 7:30 (Holiday reception)
7:30 to 9:00 LOCAL General Meeting (Agenda previously circulated)

Local Coordinator Report - James Murray

2018-19 term Election results for ONA President, First Vice-President and Regional Vice-Presidents

President
Vicki McKenna (Acclaimed)

First Vice-President
Cathryn Hoy (Elected)

Vice President Region 1
Pam Mancuso (Acclaimed)

Vice President Region 2
Bernadette Robinson (Acclaimed)

Vice President Region 3
Andy Summers (Acclaimed)

Vice President Region 4
Laurie Brown (Elected)

Vice President Region 5
Karen Bertrand (Acclaimed)

Thanks to all candidates for their commitment to ONA. Local 100 will continue to work with all members of the Board to improve the working conditions and bargaining rights of our members.

Local 100 Annual Christmas Meeting

Join us at our Annual Christmas meeting and enjoy an evening out with your peers. Refreshments and hors d'oeuvres will be served along with draws for door prizes. LHSC Local negotiations, proposed constitutional amendments and provincial finance report (possible dues increase) will be discussed.

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HOW TO REACH US?

Coordinator Report cont'd

ONA Offices Christmas Closure

ONA Central offices will be closed Friday December 22, 2017 - Monday January 01, 2018. ONA Local 100 office will be closed on stat holidays only and available for urgent matters Dec 27-29, re-opening January 2

Participate NOW in the RN4Cast Study!

The RN4Cast Study is an Ontario-based study that is examining the relationship between nurse staffing and patient outcomes. This is an extension of the international RN4Cast Study and is being led by Dr. Linda McGillis Hall of the Bloomberg School of Nursing at the University of Toronto. If you are a nurse working in an acute-care setting, you can participate now. It is an online survey that will take about 15 minutes to complete.

The results of this study will provide valuable evidence about the relationship between RN care and patient outcomes. Please take the time to be a part of it! <http://tiny.cc/nursesurvey>

Biennial Convention 2017

The 2017 ONA Biennial Convention takes place Tuesday, Wednesday and Thursday, December 5, 6 and 7, 2017 at the Westin Harbour Castle Our annual Human Rights and Equity Caucus will take place on Monday, December 4 and a half-day of education session on Friday, December 8. Registration is open to all ONA members at <http://www.ona.org>

Nurses Know: Better Care Starts Here

On the heels of Local 100's successful media campaign, which focused Mental Health, ED wait times and staffing in PCCU, on Thanksgiving weekend, ONA central launched a new campaign. "Better Care Starts Here" illustrates the challenges of providing quality patient care in the face of RN cuts and overcrowding. ONA's multi-media campaign includes television ads, transit shelter ads, radio, social media and print ads, encouraging Ontarians to take action to fix what is ailing the system.

Celebrate Nurse Practitioner Week November 12-18!

The Ontario Nurses' Association recognizes the vital role that Nurse Practitioners (NPs) play in our health-care system. We celebrate the work of our Nurse Practitioner members during Nurse Practitioner (NP) Week, November 12-18.

NP Week is held annually to celebrate and bring recognition to NPs and to increase awareness of the exceptional care they provide to communities across Ontario

Celebrate Medical Radiation Technologists Week November 5-11

This year Medical Radiation Technologists (MRT) Week runs from November 5 to 11. This annual celebration recognizes -and raises public awareness of- the important role that MRTs play in our health-care system. The Ontario Nurses' Association (ONA) is proud to recognize the work of our MRT members. These highly skilled health-care professionals "bridge the gap" between sophisticated medical technology and compassionate patient care.

CBS Report - Carol Lobodinzski, BUP

Here at Canadian Blood Services, we have had a lot of ups and downs regarding the change in our role with the company which in turn reduced our hours over the past few years. Our hours are now the focus as they have dropped 50% of what we were getting prior to this change. We have from 12 to 15 nurses off on any given day throughout the week. Staff are available and want more hours!

We have language which was added to our contract back in 2014. We have used this language to submit a grievance both group and Union. We have completed step one which is basically submitting our forms to management and now waiting for a response. Following this we can proceed to step two which deals with the response from step one. Once our grievance has been finalized, I can share the info with you.

There has been a lot of talk regarding layoffs so I want to clarify what this means in the event we win our case. As our language reads, management can offer voluntary terminations to those who qualify for the CBS pension (ages 55 and up), but no regular Nurse shall be subject to an involuntary layoff solely due to non-bargaining unit employees performing donor screening. Voluntary termination offers would need to be canvassed to see who is interested. This affects those closest to retirement (55 to 65 years old), then by seniority and based on how many offers granted. A nurse shall not be eligible for the provisions of the Career Bridging Program if accepted this package. This is only to clarify what would happen in the event we are able to succeed in getting voluntary packages to those close to retirement and in return raise the hours of those remaining.

We are in the midst of negotiations with the goal of working hard to better our working conditions. We will meet for ratification once we have a contract to present to you.

Chelsey Park Report - Dianne Popp, BUP

Happy Holidays to Everyone. Please come out to the Christmas general meeting!

With the recent lay offs and grievances, there has been almost monthly meetings with the employer. The most recent meeting was cancelled due to investigations. Just a reminder to never meet with management without union representation- either myself or Vivien. You do have the right to know what the meeting is about prior to the meeting. In this environment it is best to know what you are stepping into.

Our most recent meeting to discuss PRC (workload) forms has been rescheduled but it will move forward. With the possible change in nursing model it is even more important that you complete them for your own safety if nothing else. Management can't say they were unaware of the problem. It is crucial that everyone monitors the schedule to ensure we have our 9 shifts of RN coverage daily - this does include myself and Laurie, and let me know if we missed the mark. This is especially key when an RN calls in sick. We must maintain this number moving forward. it hasn't been an issue in the past but is now.

Yes there was lay off notices that went out as most are aware the union is fighting to keep these positions. We are still meeting with management to create a plan and to discuss where the 150 hours of RN work is going; it can't be given to the NOS 's or RPNS. Keep your eyes open. Let me know!!

Extendicare Nursing Home Report - Lynsey McIntyre

This year is almost over and shortly we will be heading to the Biennial Convention in Toronto. This convention provides plenty of information about ONA and the things that are happening within the union. I will bring all new information back to the members, so be on the look out for the information!

Please ensure you are completing your workload forms. It seems we are continually working short, and completing the PRC form can provide knowledge of the struggles. Online versions of the forms are at <https://www.ona.org/member-services/professional-practice/workload-report-forms/>. As always, if management is asking to speak with you, you are entitled to union representation and I would be happy to attend with you.

The last Local General Meeting of the year is being held Wednesday November 22nd 2017 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 CE/RN - James Murray, BUP

Ministry of Labour Appeal

A big win for Mental Health Nurses! Following several days of mediation, on October 27th the Union and the Employer signed a Memorandum of Settlement (MOS) in regards to the Unions appeal of the Ministry of Labour Field visit orders of May of 2017. Significant improvements in safety have been achieved for not only Mental Health Staff, but all employees of LHSC. In addition to many other requirements, the employer must:

1. Revise and implement improved flagging policies, measures and procedures;
2. Implement a new and updated Violence Training Program;
3. Report to the Joint Health and Safety Committee on discussions with Honeywell on improving the current Panic Alarm System;
4. By November 15 the hospital will ensure that a security guard, with authority to place hands on and detain a patient, is staffed at the B7 reception area from 0700-2300 daily.
5. By January 15, 2018 the Hospital will implement a mandatory search policy, inclusive of metal detecting equipment on all patients and visitors on B7.
6. Safety huddles will be implemented on Adult Inpatient Mental Health (AIMH) no later than December 31, 2017.
7. A third party risk assessment of security measures on AIMH will be completed.

The complete Memorandum can be viewed on the Local website. Thank you to all the Mental Health Nurses who advocated for themselves and their peers. Your assistance made this process possible.

Nurses on the Geriatric Behavioural Unit will also see some safety and practice improvements as a result of their advocacy through the Professional Responsibility Process/Hospital Association Committee. Staff will see the Nursing Station enclosed, Safety Huddles implemented and additional support staff during peak times.

Hospital Central Negotiations Update

The Hospital Central Bargaining Committee has completed their week of orientation. The Central Collective Agreement was reviewed, along with the results of the member survey. Once again, very disappointing that fewer than 10% of the membership responded to the survey. Regardless, the bargaining priorities have been identified and proposal development has begun. I am honoured to have been elected for a third time to represent Region 5 members at the bargaining table. Bargaining with the OHA will take place from January 22, 2018 through February 4, 2018.

LHSC CE/RN cont'd

Local Agreement Negotiations RN Update

Members of the Local Negotiations RN team include myself, James Murray, Bargaining Unit President, Ellen Ledingham UH Site Rep, Kathy Burgess VH Site Rep, Alan Warrington UH ICU, Laurie Tichborne, VH PACU, James Gibbons UH ICU, Sue Russell VH Oncology, and Sarah Prescott, UH ICU. We have had our initial planning meeting and will be distributing the "Have Your Say" in early December. Bargaining proposals are based on the issues identified by the membership. Please take the time to share your bargaining priorities by completing the survey.

Vacation

The Employer continues to find new ways to restrict a Nurses ability to access vacation. Some areas are counting a Nurses scheduled days off as part of their vacation entitlement. If this has happened to you please let us know ASAP. Another problem is with off planner requests. Often these requests are being denied due to "operational requirements," yet the employer has made no attempt to cover the request. Again, if this is happening to you please let us know. Please keep in mind that grievances provide us with the evidence to support changes to the Local Agreement. This is referred to as "demonstrated need," and what an Arbitrator needs to see before awarding changes to Collective Agreement language.

Compression Stockings

A settlement has finally been reached in the many long standing grievances over compression stockings. All the individual grievors will be notified of the settlement.

Did You Know?

1. If you are scheduled for a 4 hour shift you are must be paid for the entire 4 hours and not 3.75hrs.
2. Article 14.13 – If you are required to travel to work or return home as a result of reporting to or off work any-time between 2400-0600hrs, or at any time while on standby, the hospital will pay transportation costs either by taxi or the nurses own vehicle at a rate of \$0.40/km
3. Claims submitted for compression stockings require a prescription and a diagnosis. Pre-approval is not required. It appears that reasonable and customary charges are approximately \$140 for knee length and \$190 for thigh length stockings. If you have any difficulties with a claim please contact the Union asap.

LHSC MRT&D - Janice Bell, BUP

As far as where we're at regarding the grievance(s) that have been filed on behalf of our b/u with respect to LHSC's mandatory masking policy for those staff members who have not been immunized against influenza, I did some "digging." Our grievance is in abeyance, while St. Mike's Hospital from Toronto receives its Arbitration Award for the same/similar grievance. The head of ONA's litigation team in consultation with other ONA Central "higher ups," arrive at their decision as to which hospital they take to task, based on size of the group and best evidence. Their last hearing date in a series of hearings for St. Mike's, is reported to have been June 22, 2017. So, knowing how long it can take to get an Award, it could be a few more months before the outcome is known, unfortunately, probably not in time for this year's flu season.

On the subject of our Interest Arbitration, although an Arbitrator has not yet been confirmed, we can say that the Arbitration date will likely be in the latter part of 2018. And our experience has proven the old adage to ring true . . . good things come, to those who wait.

LHSC (MRT&D) Report cont'd

On August 15, 2017, Kathi (our LRO) and myself were invited to meet with members of People Services (aka HR), where they cited that large vacation and lieu banks were a liability to the Employer, ie. if they are taken and thus paid out much later, once the compensation rate has increased. It was at that meeting that we discussed the discovery, which apparently many of you knew already, that due to a coding anomaly, our lieu banks are divided into one that accumulates from overtime and appears on your pay stub and the other lieu bank accumulates from On Call. The problem with the present system is that some members are accumulating more lieu time than what we're allowed within the collective agreement as per Article 17.04, that being 37.5 hours in total. Although Kathi pointed out, that since the error of sorts was not intentionally made by the members, but rather by LHSC's pay roll system, no one should be forced to have the overage in their lieu banks paid down, but if a member chose to have it paid down, they would be allowed to do so. At a recent meeting of the Union Leads with Susan Nichols, VP of HR, she reported that HR is working on changing the coding for overtime, such that these two sources of lieu time will be combined and appear on your pay stub. That may well be their goal, but as it has not yet come to fruition, with Kim getting authorization from above, Barb is not yet at liberty to do any payouts from lieu banks. Henceforth, we're still in a holding pattern on the subject. In the mean time, when redeeming return time, be sure to inform Barb from which bank you are drawing.

We continue to remind our members to be accountable to the Internal Responsibility System (IRS), by completing AEMS reports and ONA's Professional Responsibility Workload Forms, the latter of which being ONA's forms, management cannot determine whether or not you should complete them. As a collective group, we are making a difference in our professional practice through addressing the gaps that affect our patients and our ability to practice. In terms of successes, your Union was also instrumental in ensuring that the permanent full time position vacated as a result of Deb Bourdeau's retirement, was permanently filled. Congratulations to Sonal Lad, as the recipient of the aforementioned full time position. We continue to stress with the Employer, the need for additional permanent full time positions. Management's position that our current need for staff is reflective of "unplanned absences and an unforeseen number of mat leaves," reflects a very short sighted vision. We, on the other hand, see that the posting of the plethora of temporary contracts, demonstrates that the absences and mat leaves will continue to occur and only the names and dates will change.

MRT week, is fast approaching, but by the time you read this, it will be but a recent memory. That being said, I will take this opportunity to thank ONA for generously providing us with a lunch in celebration of MRT week, again this year. A big thank you to Karen Buck for being instrumental again this year in the successful organization of this event.

As will be mentioned elsewhere in the Local Newsletter this month, our Christmas general membership meeting is being held a little earlier this year: The evening of Wednesday, November 22, 2017 at Windermere Manor. An yes, the hors d'oeuvres are definitely more than a cut above those at The Lamplighter. So, surprise the heck out of your b/u executive and . . . show up. You might even get a door prize.

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

Attendance Management (AMP)

Things to consider when sick and navigating the Attendance Management Program (AMP) at LHSC:

- They still must follow the Central Collective Agreement (C.A.) and exclude certain types of absences.
- If you have an assessed and validated disability (validated by occ health) then absences related to your disability is not included in the AMP. If you have a sick incident related to one of the Central C.A. exclusions (e.g. Surgery), then this is also not included in the AMP. If you are ill due to neither of the previous categories, then these absenteeism is monitored through AMP. To be excluded from AMP for any of the following exemptions,
 - **Serious Chronic Condition**
 - **Catastrophic Event**
 - **Medically Necessary Surgery**
 - **Ongoing Course of Treatment**
 - **Communicable Disease**
- Then you must fill out a sick exclusion form available from the Occupation Health website. Please request payment for the form. It is ONAs position this form is considered required and members should be compensated for the cost of the required documentation. If they decline payment please contact the ONA office. Please ensure the consent for Occ Health to contact your doctor without your knowledge is crossed out. Again, by contacting your AMP site representative they will assist you with this.

Human Rights and Equity Update

Jasen and Joanne will be attending The Human Rights and Equity Caucus will take place on December 4 in Toronto during the Biennial Convention that runs from December 5-7. Update to follow.

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

Unfortunately, it's time to say good-bye to another valued colleague and peer from the JHSC. Lorri Skellett has decided to focus on her role as VP, Professional Practice (VH) and bids adieu to many, many years of distinguished service on behalf of ONA members at JHSC- Thank you, Thank you!! Laurie Tichbourne (PACU-VH) was chosen to fill the vacant voting position on JHSC.

What a challenging year it has been in health and safety! ONA Reps (RN, Clinical Educators and Allied) continue to strongly voice our concerns at the JHSC table. We continue to see frequent issues of violence (verbal & physical) throughout the organization. Issues have been raised about inappropriate training for staff that is floated to the Annex (MH Overflow at VH). Incongruences in Personal Protective Equipment, Additional Precautions and Violence Flagging in different access points to our facilities: Inpatients (IP) vs Outpatients (OP) such as Ambulatory Clinics vs Hybrid Areas (both IP & OP) such as Dialysis, Medical Imaging and ED have been pointed out and we look forward to correcting issues that put our members at risk. A recent health & safety mediation settlement with LHSC has been achieved, please stay tuned for details.

As I write this, scary news comes in from an Emergency Department in Cobourg, where an elderly couple was being seen and the husband pulled a gun and shot his wife; then upon arrival from law enforcement was shot dead. A reminder that we cannot simply live by the notion "that'll never happen here". We must remain vigilant and caution

LHSC RN Occupational Health & Safety - cont'd

about complacency when these events arise.

Currently, there are several items that are being discussed legislatively that have important impacts for our members; I'd like to highlight two of these:

- Ontario Workplace Violence Leadership Table that released its report (Spring 2017) entitled: *Workplace Violence Prevention in Health Care Progress Report*, (<https://www.ontario.ca/page/preventing-workplace-violence-health-care-sector>) and,
- Bill C-211 "Federal Framework on Post-Traumatic Stress Disorder Act"

The Leadership Table Report highlights 23 recommendations that seek to enable healthcare organizations deal with the high prevalence of violence. The following is from the report:

Executive Summary: *"There must be zero tolerance for workplace violence; one incident of workplace violence is one too many".*

"Violence against our health care workers affects us all. It impacts our families and our communities. Ontario's skilled and compassionate health care workers are our health care system's greatest asset. By tackling violence in our health care sector, we'll be creating safer environments for our workers and improving patient care."

Minister of Labour, Hon. Kevin Flynn

Minister of Health and Long-Term Care, Hon. Dr. Eric Hoskins

Until such time, as we see the appropriate measures put in place to reduce the unacceptable frequency with which Nurses are subjected to workplace violence, rest assured that all your ONA health and safety representatives will persevere. No longer should Nurses feel compelled to be subjected to all forms of violence as "just a part of the job". In no other work environment would such behaviours from patients, families and co-workers be acceptable and it shouldn't be here at LHSC.

A major shift in how we address Workplace Violence has been proposed with the report's recommendations put forth by all stakeholders engaged in its development. It is important that we demand the full implementation and sustainability of the proposals. Some of the system enhancements proposed includes:

- **Including workplace violence policies in hospital Quality Improvement Plans (QIP) going forward.** A novel concept that not only are patient focused (i.e. Wait times, Nosocomial Infection Rates etc) are important to focus on but how hospitals address violence will be assessed for the first time in QIP.
- **Increased supports for patients with known aggressive or violent behaviours.** Actually, putting in place the necessary resources to deal with these high risk individuals or helping them in whatever capacity keeps our Nurses safe.
- **Patient, family and staff input into triggers, behaviours and interventions.** Addressing the underlying issues that may predicate an individual to behaviours that put our Nurses in danger of injury (physical or psychological in nature)
- **Creating reporting systems for workplace violence incidents.** Creating a culture where all acts of violence are reported and appropriately addressed is the goal; we have a long road ahead of us. Let us be the examples for change each and every day!

I would encourage all members to look at the report as its development and effectiveness will only be as good as

LHSC RN Occupational Health & Safety - cont'd

the frontline staff who allow it to live and breathe. Remember, until we change our mindset about the work environment we want to work in, nothing will. Also, nobody wants to see their career end because of a serious act of physical violence or the inability to return to the workplace do to violence that exacts a psychological toll.

Of the 23 recommendations, I'd like to highlight the following:

Recommendation #3 "Embarking on a Journey to Create Psychologically Safe and Healthy Hospitals" <http://www.pshsa.ca/wp-content/uploads/2017/03/R3-VPRTLNEN0217-Embarking-on-a-Journey-to-Create-Psychologically-Safe-and-Healthy-Hospitals.pdf>

According to the report: In January 2013, Canada launched voluntary standard CSA Z1003, "Psychological Health and Safety in the Workplace." It further details some of the necessary ideological shifts needed. ONA will push for the following to addressed here at LHSC:

"Embarking on a journey towards a psychologically safe and healthy workplace is to stress the importance of identifying and addressing factors (including workplace violence) that negatively impact workers' physical and mental health. Creating a culture where the organization is seen by employees to be caring and responsive is an important aspect of an employer's implementation of a workplace violence prevention program. It also equates to better patient care".

The other legislative issue to highlight involves Bill C-211 "Federal Framework on Post-Traumatic Stress Disorder Act". This bill is currently being addressed in the House of Common and through the CFNU, ONA and member contacts with their MPs we will achieve the desired inclusion of Nurses at the Federal level.

As many of you are aware, Nurses were listed as first responders when Ontario first proclaimed May 1st First Responders Day, back in 2013. However, Nurses remain an excluded group to the PTSD Legislation announced in April 2016. This blatant disregard of the issues which impacts all nurses is simply another gender biased decision that needs to be remedied, yesterday! Many of the worker groups that were included are male dominated.

https://www.ona.org/wp-content/uploads/ona_ffeature_onallobbiestoincludernsinptsdlegislation_201705.pdf?x72008

I had the opportunity to attend the Canadian Federation of Nurses Unions (CFNU) Biennial, in Calgary, this past June. I attended a workshop on PTSD and found that there are varying degrees to inclusion of Nurses in provincial PTSD legislation. Manitoba does include Nurses in legislation and the Manitoba Nurses Union (MNU) highlighted some of their research with us.

In a study of Nurses with PTSD, showed these top five stressors that lead to PTSD:

1. Death of a child, particularly due to abuse
2. Violence at work
3. Treating patients that resemble family or friends
4. Death of a patient or injury to a patient after undertaking extraordinary efforts to save a life
5. Heavy patient loads

<http://traumadoesntend.ca/wp-content/uploads/2015/04/75005-MNU-PTSD-BOOKLET-SCREEN.pdf>

LHSC RN Occupational Health & Safety - cont'd

http://traumadoesntend.ca/wp-content/uploads/2015/04/traumadoesntend_Fact_Sheet.pdf

Please get involved to help correct this injustice, let your voices be heard; you never know when you might be the one in need of assistance due to PTSD and currently, you'd have to prove that the PTSD was caused by your work environment. This is a task that some Nurses have been fighting, for approved WSIB benefits, for over a decade in some cases due to PTSD.

Click the following to be heard: <https://www.ona.org/campaigns-actions/ptsd/>

I want to wish everyone an enjoyable season and prosperous new year with your friends, family and loved ones.

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

UH - James Gibbons

Workloads, nursing storages, burnout and all the other stuff.... Has made it more challenging for Registered Nurses to provide the safe quality care that our patients deserve. Ask any nurse what their biggest complaint is? They will tell you it's the workload. And if they don't, they are nowhere near the front lines. National we have seen a reduction in Registered Nurses by 0.3%, supply of Registered Nurses has dropped in Canada for first time in two decades at a time when the baby boomers enter retirement? Does this make any sense?

In 2014: 12,000 Nurses left the profession, and Ontario has had the largest decline in all of Canada. Studies have shown that by adding one surgical patient to a Nurses assignment, has a 7% increase in mortality. Also each patient added to a Nurse's assignment has been attributed to a 23% increase in Nursing burnout rates, and a 15% increase job dissatisfaction as a result of not being able to provide the care to their patients.

What I have seen with recent PRC's (professional responsibility workload forms), is that nurses often cannot meet their CNO requirement when left short by one Nurse. That means the baselines numbers are too thin, and we can't absorb any unexpected leaves. And we don't have any real sustainable way of replacing any short term leaves. Which you're so often left to just make do.

We as Registered Nurses cannot just sit back and allow this trend to continue. You need to make your voice heard. You along with the help of ONA can make a difference. First step is to complete a PRC. Follow the process by allowing a person in a position of authority a chance to fix the problems. The problems must be resolved in a timely manner. If not, complete a PRC. Some coordinators may push back by saying you didn't come and talk to me first or I don't think this is a valid PRC. Not for them to decide! You only need to raise the issue/concern once. That person may have been the CN, ICP, AHC etc....

Next will be the follow up. Your coordinator may ask to speak with you. If you feel more comfortable having someone from ONA there, call the ONA office (519) 667-0937 and arrangements can be made.

VH - Lorri Skellett

We have been meeting on the last Wednesday of every month at VH to review your concerns for the ONA/

LHSC RN Professional Practice Report cont'd

Hospital Professional Responsibility Forms. This process is where we meet with Professional Practice, Area Leadership and ONA. These meetings have been working well to bring to light your issues and to achieve some resolution. If the issues are unresolved, they will be escalated to the Hospital Association Committee (HAC) to be heard. We would love to have any members attend any of the Workload meetings on the last Wednesday of every month. If you are interested in attending, please call the office at 519-667-0937 and ask for Lorri Skellett or Kathy Burgess. Having you at these meetings is crucial to emphasize your workload issues and inability to meet your CNO Standards.

If your area would like us to come and do a lunch and learn for the PRW forms, we would be more than happy to do so. Please give the office a call and let us know what dates work for your unit.

Some of the issues that we are currently dealing with are short staffing, inability to replace sick calls, skill mix, and not enough support staff.

At our Hospital Association Committee (HAC) meetings, it was stated by the employer that the After Hours Coordinator is for access and flow, and bed management concerns. They are able to perhaps pull resources from other areas to cover breaks, and assist with the increased activity of the unit if this will resolve the issues. If the workload is of a professional practice nature and concern, then the nurse MUST escalate to the leadership for their department on-call in order to shift the accountability to the most responsible leader to provide a safe work environment that enables you to meet your CNO Standards. Know what this pager number is and who is on call at the start of your shift. I would always make the call to the manager or coordinator on-call for your department if there is a practice concern that you can not resolve with collaboration among your peers. I would urge all the staff to review the CNO standards and pay attention to what the leadership is accountable for in each standard.

If you are looking for our contract information regarding workload, please see Article 8 - Professional Responsibility in the Collective Agreement (central agreement - orange book).

If you have any concerns that you would like to discuss with the ONA office, please do not hesitate to contact us with your issues at 519-667-0937.

Our goal is to assist you to practice in a safe environment that promotes the best care for your patients.

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
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

LHSC RN RTW - Jasen Richards & Katie Warrington, VP's

Whenever someone sustains a workplace injury it can be a tumultuous experience. As the Return to Work and Accommodation VPs we wanted provide some of the essential tips for working through this time.

There are 3 steps to complete when sustaining a workplace injury:

- Seek out the required medical attention as soon as possible, and when doing so, inform the health care provider it is a workplace injury. This ensures the required documentation is completed (Form 7).
- Complete an AEMS.
- Fill out a Form 6 (Worker's Report of Injury) on the WSIB website if you sustain any type/form of workplace injury. You can access the form by entering Form 6 WSIB in your search engine; it should come up in the initial search results.

WSIB process which can be very complicated and frustrating to navigate, but by completing the necessary medical documentation in a timely manner it can help make the process less stressful.

If you incur sick time due to a workplace injury, as part of the collective agreement are entailed to be paid sick time, while your WSIB claim is being processed (Article 12.11). In order to initiate this process you need to request from Occupational Health that you would like to exercise this aspect of the Collective Agreement.

As our Return to Work and Accommodation VPs we are able to guide you through the process and provide suggestions in regards to completing medical documentation along with assisting with return to work plans. Please contact us with you have any questions of concerns about this process. Jasen Richards, jasenrichards.ona@gmail.com/226-268-0038 or Kate Warrington, vp.rtwuh.ona@gmail.com/226-919-7831