



Ontario Nurses' Association

December 2011

Suite 301,
746 Baseline Road E.
London, Ontario N6C 5Z2
Phone: 667-0937
Fax: 667-2072
Email: local100@skynet.ca

Please join us for our
Annual Christmas
Celebration at the
Lampighter Inn at
Thursday, December
8 @ 7:30 p.m.

Inside this issue:

CBS Report	3
Chelsey Park Report	4
Elmwood Report	
LHSC Allied Report	5
LHSC RN Report	6
LHSC OH Report	7
LHSC New Contract	9
Language Highlights	
Meeting Notice	13

Local 100 Newsletter

Representing Members: Canadian Blood Services, Chelsey Park, Elmwood, Extendicare, LHSC (Allied & RN), Meadowpark and Middlesex Terrace

Local Co-ordinator Report - Jill Ross

Changing of the guard

The Local is undergoing transformation this year with another change in bargaining unit leadership.

Diane Strachan, the LHSC Nursing Bargaining Unit President has accepted a position in Risk Management at the hospital. Diane worked tirelessly for the nurses at LHSC for 5 years as the BUP and before that as VP of Professional Practice. We are sad to see her go but I believe she will continue to advocate for nurses in her new role.

We welcome James Murray into the position as Bargaining Unit President on an interim basis until the Local elections in the fall of 2012. I know James will do a great job for the LHSC nurses.

That brings the number to 3 new Bargaining Unit Presidents to the Local. A record has been set for Local 100.

The November Provincial Coordinator's meeting (PCM)

As a result of the Nursing Week draw, five nurses attended the PCM with the 3 of our executive members. Four of these nurses had never attended an ONA event such as this and I think I can safely say that they were overwhelmed by the ability of our Provincial President, Linda Haslam-Stroud to speak off the cuff and for hours at a time without missing a beat. They were also blown away by the activities of their union with the Provincial Government and the College of Nurses and, with their commitment to care for the safety of our 57,000 members. They all attended an education session on Remembrance Day entitled "When the College Comes Knocking", which spoke to the importance of notifying the Legal Expense Assistance Program prior to responding to the College. I can't stress enough the importance of making this contact and taking direction from our LEAP team re: speaking to the College.

Highlights from the PCM

Linda Haslam-Stroud thanked the attendees for their continued support as she was acclaimed once again as the ONA provincial President. Some

quotes from her opening statements *"When I think about ONA, I think about our union. Eight years ago, I'm not sure we felt comfortable saying that word. Today, I say very proudly that I am President of the nurses' union! Yes, we are a union; yes, we are professionals; and yes, we will continue to be the voice of health care to employers and the government."*

"And I need you to do the same. Unions are under attack, there is no question about it. You read it in the newspapers every day. Are you aware that nurses are being called the bloated public service deserving of wage freezes? I need each and every one of you to counter this information, stand up in your communities and say" I am a registered nurse or allied professional, and I am a proud member of a union."

Bargaining in difficult times

The nursing home sector received their arbitrated settlement. It was disappointing that they have not yet received wage parity with the hospital sector. It was a very difficult round and always difficult when it is left up to the decision of an arbitrator.

New ONA membership cards

As of January, members will receive a new ONA membership card that is a **permanent lifetime card**.

New Bargaining Unit E-mail accounts

ONA has launched a new web tool, called Find/ Contact your Bargaining Unit President- making it easy to contact your BUP an easy one step experience for ONA members. Go to the ONA website to view the new web tool.

CNO Personal Liability Update-A win for ONA

Do you remember the previous newsletters where changes to the Regulated Health Professions Act (RHPA) were mentioned in terms of our liability insurance? The word "personal" crept into the discussion and raised big flags for ONA. It has been confirmed now that the government will not be proclaiming amendments to the RHPA regarding personal liability. Translation- you are still covered by the ONA Liability Insurance Plan in addition to your employer's insurance. Therefore- you are not required to purchase additional liability insurance. The letter writing campaign by our members no doubt left an impression.

Panel Presentation- Ensuring grads have a Strong foundation

The panel included Deans and Professors from nursing programs. Discussion occurred around the expectations of students during their practicum and upon graduation. To quote-"By working with nurses and preceptors in day to day practice, students gain invaluable real life professional experi-

ence in real time. We want our students to have the best, high quality placements working with you." (Dr. Mallette, ONA PCM, 2011). The difficulty continues to be finding placement for 4000 nursing students without burning out the preceptors.

I believe that in Local 100 workplaces, we may have an opportunity to find a way of balancing our patient responsibilities with our abilities to mentor these new grads. It is important work and for those that have newer grads in your areas, the excitement they bring to the profession is catching. Believe me as I rode the train home with Karli from the PCM, I got off that train with pep in my step! Hope to see members at our Christmas meeting - Dec. 8th at the Lamplighter.

CBS Report: Terrie Foster, Interium BUP

I would like to thank all those who attended our general membership meeting in September. We discussed plans to move forward with the formal professional practice reporting process and we also discussed priorities for the next contract. Since that time we have scheduled an education session about professional practice. For those who were unable to attend I will circulate copies of the materials used. The plan is to have general membership meetings quarterly so we can all get to know each other better and have a public forum to focus on our direction as a bargaining unit team. If you have any agenda items that you would like discussed at the general membership meeting please forward them on to your reps.

In September and October our reps had the opportunity to attend ONA education sessions. The areas offered this term were grievances, navigating the collective agreement, the human rights code, as well as occupational health and safety training. We all learned a great deal from these sessions and look forward to applying that knowledge at Canadian Blood Services.

An important point I would like to discuss here in a public forum is the importance of bringing concerns that may result in a grievance to your reps as soon as you become aware of them. This is important because our contract (9.01) states "*concerns shall be discussed with the Clinic Services Manager or designate within ten (10) working days after the circumstances giving rise to it have occurred or ought reasonably to have come to the knowledge of the nurse*". If there are grounds for a grievance and these timelines have not been followed it makes it very difficult for us to move forward. Since we are solutions focused we want to deal with issues as soon as they come to light.

Also I would like to acknowledge the hard work and dedication our reps have given our union over the past many months. Our members are very grateful for the service you give as we couldn't function as a bargaining unit team without you.

I wish you all a safe and happy holiday season.

Chelsey Park Report: Dianne Popp, BUP

Wow, Christmas is just around the corner!

Remember you should get four (4) consecutive days off at either Christmas or New Year's on an alternating basis from year to year. For those granted time off at Christmas, the Employer will endeavour to provide Christmas Eve, Christmas Day and Boxing Day off. For those granted time off at New Year's, the Employer will endeavour to provide New Year's Eve and New Year's Day off. In the event of conflict, bargaining unit seniority shall be the decisive factor. Christmas and New Year's time off shall be posted by November 15th and regular scheduling may be waived from the 15th of December to the 15th of January in order to accommodate the employees during this period. If you have an issue or concern, please bring it to the BUP [Dianne Popp] in writing.

FYI- By reporting workload concerns and completing a professional responsibility workload report form (available on each floor) every time there is a workload concern, a practice issue or an unsafe condition, the responsibility is shifted back to the employer. Please complete the forms each and every time- they are discussed at ONA/Management meetings.

Please remember if you have been called for a meeting with management, please take union representation.

Elmwood Report: Kim Robinson, BUP

Hope everyone has a Merry Xmas and a safe and happy holiday. Another year has passed by very quickly. Again with many changes.

We are again without an ADOC, we have many new RN's and several have left (we will miss this all). Our contract was arbitrated and we received our award in November (as little as it was). Most of us are disappointed, but hopefully the next one will be better.

Welcome James to your new position as BUP @ LHSC and congrats on your new position Diane, everyone will miss you.

Hope to see everyone at the Xmas meeting. Any questions or concerns please let me know.

Extencicare Report: Aiden Burton, BUP

Well another year is coming to an end. I hope that this year has been a good one for all and that next year is even better.

I have copies of the "Highlights of Award and Items in Agreement Between ONA and Participating Nursing Homes" in my office. This is part of our new collective agreement for the term of July 1, 2011 - June 30, 2014. I think I have handed it out to most but if you haven't received a copy, please let me know. Our Home arbitration date is set for December 13, 2011. I will give you updates, when I

know something.

Since our last newsletter another nurse has moved on to a new job. We wish Jenny Halliday good luck in her new endeavors. You will be missed throughout the Home.

I want to remind staff about both of our evening job share lines. If any member decides to leave one part of the job share, the whole job share line reverts back to a full time and part time line. The remaining member of the job share automatically goes into the part time line and the full time line is posted. Anyone can apply to the full time line. If no one applies for the full time line, this is the only time the position will be reposted as a job share again. If you have any questions, please feel free to talk to me.

I hope everyone enjoys the Holiday Season and has a great New Year.

See you in 2012.

LHSC Allied Report: Janice Bell, BUP

Congratulations France! The Amazing Race theme for MRT week culminated in a run off between "France" (2100F) and "Canada" (CT-1), a challenge based on PPE, highlighting the safe handling of body fluids . . . Ewwwww! They were a spirited, competitive bunch, handling the final showdown with good natured rivalry, including but not limited to, verbal sparring, sabotage and kidnapping. You know . . . the usual antics you could expect! From decorating the treatment units and therapists/dosimetrists dressing up to reflect the country they represented, to solving clues with daily challenges, fourteen teams rose to meet the task at hand . . . even those embarrassing speed bump challenges! In the end, it was the 2100F



team that prevailed, both in the best decorated treatment unit category, as well as the overall winning team. Their team members included: Quinn Benwell, Kathryne Lee, Amanda Ouellette, Janelle Van Nynatten and Karen Woolvet.

Thanks to the imaginative efforts of this year's MRT week organizing committee: Jennifer Holland, Amanda Ouellette, Kim Paton, Wendy Schoen, Amanda Williams and Wendy Wells. Their efforts paid off in providing one of the most memorable MRT week celebrations ever, or at least since "Fear Factor"! Who will ever forget Karen Buck eating that octopus . . . **including** the eyes! Now that's a serious competitor!

I would like to take this opportunity to thank our sponsors this year, whose contributions helped make MRT week the success it was: Thanks to Cheryl Samson RMT, for providing 10 minute massages for the members who signed up and to the oncology physicians who provided the funding. Thank you to CIVCO, one of our suppliers, for providing the Abe's lunch on Wednesday. Thanks to ONA, we enjoyed another ONA sponsored morning break of bagels, muffins and fruit. My apologies for those who missed the "phantom" fruit . Evidently, it was significantly more popular than anticipated!

There is no new news for negotiations, as the dates still stand as December 2nd and 9th.

Since the last newsletter, we welcomed Llana Sookal from Credit Valley who started October 3rd and Patrick Quinn from Sunnybrook who started October 11th. Although we're sorry to see Sidney Phung leave us on November 25 for Credit Valley, we all understand it's ideal to live at least in the same city as your spouse! And Toronto is a long commute every weekend! Welcome back to Brooke Minten from mat leave. Kelly and Richard Galbraith welcomed a baby sister for Ryerson on Saturday, November 19, at 1:50pm. Kennedy Francis Anne Galbraith weighed in at 7lbs 12ozs. Congrats to all concerned.

The four interim "in charge" assignments, which launched October 3rd, will continue until December 31, as the non-union Coordinator position was recently posted, with interviews being conducted the week of November 21. Good luck to all candidates.

Just a friendly reminder that our Christmas General Membership meeting will be held Thursday, December 8, 2011 at 7:30pm at the Lamplighter on Wellington Rd S. Surprise me . . . come one and all! After all, 'tis the season for miracles!

Finally, I want to wish Diane Strachan, former BUP of LHSC, all the best in her new position in Risk Management. Her tireless work in her capacity as BUP of the LHSC nurses is already legendary and her presence within ONA will be greatly missed. I always said that Diane is someone you want on your side, not theirs. As the adage goes, "our loss is their gain". At the same time, we welcome James Murray as he steps up to fill in as interim BUP until the next elections in the Fall of 2012. James is serving as the VP of Human Rights and Equity for LHSC nurses' b/u as well as a member of the Occupational Health and Safety committee. James, "you've learned from the best, and Local 100 supports you and wishes you all the success possible".

LHSC (RN) Report: James Murray, Interim BUP

Many of you will have heard that Diane Strachan has moved on to a new role as a Risk Management Specialist with LHSC. I'm sure you will join me in wishing her all the best with this new endeavour. Her dedication to the Nurses and Patients of LHSC will no doubt continue in her new position. I can't thank her enough for her years of dedication to the Nurses and Patients of LHSC, her patience and wisdom, and her uncanny ability to accessorize. My name is James Murray and I have assumed the role of Bargaining Unit President until elections take place in the fall of next year. I am not new to the LHSC RN Bargaining Unit Executive, having served as first Vice President, Human

Rights and Equity, for the past several years. Jill Ross continues in her dual role as Local Coordinator for local 100 and Vice President, Health and Safety for LHSC RN Bargaining Unit. Jill Bishop also continues in her role as Vice President, Short Term Disability, WSIB, Long Term Disability and Rehab. Kathy Burgess and Colleen Roefs have graciously agreed to step in to fill the two vacant VP roles. Kathy will assume the role of First VP, Human rights and Equity, and continue on as Secretary/Treasurer of Local 100 and Colleen has agreed to assume the very important role of VP, Professional Practice. I am extremely grateful to and thank these dedicated individuals for the hard work they do on behalf of the RN members of Local 100. A special thank you goes to Ellie, the familiar voice on the phone that so many of you know, who supports the work of the executive members and has to put up with all my questions.

The hospital launched the new attendance management program this September. I encourage all Nurses to familiarize themselves with the new program and the associated attendance targets. The details of the program are available on the Human Resources Web page. The hospital attendance management program differs from the new collective agreement language regarding pay for sick time. **ANY ONA NURSE AT THE 6TH AND SUBSEQUENT ABSENCE FOR ILLNESS WILL HAVE THE FIRST 15 HOURS OF THESE ABSENCES UNPAID.** Each year will start a new count for each member and the year being used is the fiscal year – April 1 to March 31. This language is not about the number of DAYS you are off sick; it is about the number of TIMES you are off sick in the FISCAL year. **ALL NURSES SHOULD CONTACT THE OFFICE BEFORE ENGAGING IN ANY DISCUSSION OF THEIR ATTENDANCE WITH THEIR LEADER.**

The PSLRTA (Public Sector Labour Relations Transition Act) application continues. Further hearing dates before the Board of Labour are scheduled for January. As new information becomes available we will share it with you.

Ratification of the new local issues took place on Tuesday and I'm pleased to say it was overwhelmingly supported by the membership. Details of the new agreement can be found on the ONA bulletin board on the LHSC Intranet and page 9 of this newsletter. Please call the office with any question regarding the changes to the local contract language or any other concerns.

Thanks to the members of the negotiating team; Jill Bishop, Carol Farrell, Deb Kruz, Ingrid Ries, Kathy Burgess and Phyllis Malek for a job done well.

LHSC (RN) OH Report: Jill Ross, VP

I had an opportunity to attend a Human Rights and Equity caucus at the PCM and the week earlier a H&S symposium in London. Patti Boucher, from the Public Services Health and safety Association, discussed a new Canadian Standards Association, (CSA) standard around "Creating a psychological workplace".

It was startling to find out that 1/10 nurses struggle with depression. That we have a higher rate of depression than any other profession. The Worker's Health and Safety Centre released an article a few years back which stated by 2020, mental illness will be the number one occupational illness in

the workplace.

At the PCM, Bill Wilkerson- reaffirmed that depression is the leading cause of mental illness and the most common in the workplace. Bill until 2 years ago always felt nurses did a great job holding it together but in the last 2 years he has seen a change in his theory. Chronic job stress is a leading occupational illness in the workplace and is an early indicator of advancing depression. Bill is clear that the fear and frustration is not with the work we are trained to do but the climate we work in. Isolation is a predictor of depression and he states that there are many ways to isolate someone- answer questions with contempt; ignoring nurses workload complaints; not be inclusive in discussions or excluding someone from break conversations. Bill believes we need an Email cease fire- as the tone of emails can be easily understood or provides an opportunity for someone to respond with less care as it is not face to face.

Bill offered these tidbits-

Lack of sleep in a colleague should not be ignored- it is the symptom of many things that are not benign. **Fatigue is not a sign of weakness but a sign that nourishment is needed.**

It is important when people have been off due to stress related illnesses that we don't focus just on the leave or the return to work but on the process of renewal. Build a renewal process. Rescuing professions have a history of not taking adequate care- WE each need reaffirmation of our value. Depression is recognized where nurses say to each other- "how can I help?"

Make it a rule to reach out – if someone reaches out- reach back.

Change the framework in the workplace by asking "why not"

The JHSC over the last few months have seen increasing AEMS reporting around workload and that concerns us very much. Please call us, if you need us to be part of your renewal process.

Bill had a suggestion to begin that road to renewal- he believes we have lost our identity as a profession and the great pride we take in being a nurse. Tell what you think- Bill would like to see a return to the "elegant " and "spiffy" uniforms that identify us as a professional- Those freshly starched uniforms –say " I am an RN" and " I am proud to be an RN". I have fond memories upon graduation wearing that nursing cap as it made me feel I could do anything except disentangle me from the Croupette on my paediatric unit when my wings got caught up in the bars!

Have a Merry Christmas everyone-lets begin the New year building our own renewal plan.

**London Health Sciences Centre - Nursing BU
Ratification Information**

WHAT WAS ACHIEVED

Merged FT and PT Collective Agreement

Maintained superior benefits

Designation of number on Professional Development Committee (Article 9.02(a))

There shall be two (2) Union representatives on the Professional Development Committee.

FT Bargaining Unit President into the Collective Agreement

No longer a Letter of Understanding attached to collective agreement

Copy of new master 14 days in advance of posting

Fourteen (14) days in advance of the posting of the new master rotation. If both the Hospital and the Union have identified a violation of the collective agreement in the new master rotation such violation will be remedied prior to the schedule being posted in the unit.

Ability to retain up to 37.5 hours of earned Lieu Time beyond 90 days and used by March 31

If the employee and Manager mutually agree, the time off may be retained beyond the time referenced above to a maximum of 37.5 hours. Such time off will not be retained beyond March 31st of each year unless approved by the employee's Manager.

Those units that do not operate on Christmas Day, Boxing Day and New Year's Day, are exempt from such five (5) consecutive days off

This is a change for the OR and PACU

Clarity on scheduling for 2D2N

Full time only: The scheduling provisions contained in Article F-3 are applicable save and except for the following:

All schedules will be done on the basis that each full-time employee will be scheduled for one thousand and nine hundred and fifty (1,950) hours per year. Twelve (12) seven and one-half (7.5) hour tours will be scheduled in lieu of the paid holidays outlined in Article I-1. Three (3) additional eleven and one quarter (11.25) hour tours will be scheduled over the calendar year.

New part time Commitment and scheduling

Creation of 2 RPT categories (mastered and non -mastered)

Regular Part-Time Commitment

In accordance with Article 2.05, the predetermined basis upon which the commitment of the regular part-time Employee to be available for work as required and scheduled by the Employer, except where he/she is on approved vacation or approved leave of absence, shall be as follows:

Regular Part time "A"

Up to forty-eight hours (48) bi-weekly, based on the hours of the defined tours on the unit schedule in accordance with the master schedule

A minimum of every other weekend off except where a changeover to the alternate weekend occurs within the rotations as a result of a change in the master

Christmas and/or Boxing Day and three (3) of the remaining paid holidays as outlined in Article I, or New Year's Day and four (4) of the remaining paid holidays as outlined in Article J.

Regular Part time "B"

Maximum of twenty-four (24) hours bi-weekly, based on the hours of the defined tours on the unit schedule

Three paid holidays outlined in Article J

A minimum of one (1) weekend in each four (4) week period

Casuals

All other part-time Employees shall be considered casual Employees

Language for scheduling of RPT and casual pre and post schedule being posted

After the above has been followed and prior to the schedule being posted, any additional shifts on each unit will be offered (except as outlined in G-2 (f)) on each unit in the following order:

Regular Part-time on the unit (excluding job-sharers) on the basis of rotating seniority up to seventy-five (75) hours;

Nursing Resource Unit nurses who are qualified to perform the available work, up to commitment;

Casual nurses assigned to the Unit in a fair and reasonable manner.

It is understood that the Hospital will not be required to offer shifts which would result in overtime or premium pay.

After the schedule has been posted, additional shifts which become available on each unit will be offered (except as outlined in G-2 (f)) in the following order:

Regular Part Time on the unit by seniority who have not been scheduled to commitment in accordance with Article G-1;

Regular Part Time on the unit (including job-sharers) on the basis of rotating seniority up to seventy-five (75) hours;

Nursing Resource Unit nurses who are qualified to perform the available work, up to seventy-five (75) hours;

Casual nurses assigned to the Unit in a fair and reasonable manner.

It is understood that the Hospital will not be required to offer shifts which would result in overtime or premium pay.

Regular Part-time employees who do not wish to be considered for additional shifts must notify their Coordinator in writing by March 1st and September 1st each year. In the event a Regular Part-time employee's availability changes from above due to an unforeseen circumstance, such employee will notify the Coordinator of such changes in writing. Such changes will be in effect for the remainder of the time period as outlined above.

After the schedule has been posted and should a category A or B part-time employee have his/her scheduled shift cancelled within twenty-four (24) hours prior to the commencement of such scheduled shift and should the Hospital have an opportunity within that same twenty-four (24) hour period, the same category A or B part-time employee will be given the first opportunity to work that shift.

A tour will be deemed to be offered whenever a call is placed by the Hospital.

Where the parties agree that a nurse has been missed for a tour in accordance with Article G-2 c) and (d), the affected Nurse will be offered a tour at a time mutually agreed to by the Nurse and his/her Coordinator.

Language for call in of premium shifts

After the schedule is posted and should overtime be requested by the Hospital, the tour will be first offered to a full time nurse. If such tour results in any additional premium payment (e.g. consecutive week-

end) the shift need not be offered.

Process for vacation planner and choosing into Collective Agreement nurses in top third seniority must choose first

The vacation quotas for each unit/area as set by the Hospital Manager or Coordinator will be filed with the Bargaining Unit President prior to February 21st of each year and posted on each planner for applicable unit/area. It is understood that the full time and regular part time quotas may be integrated in units where only one (1) employee is allowed off in a twenty-four (24) hour period.

For the period May 1st to April 30th the Hospital will post a visible vacation planner in each unit/area by February 21st of each year. It is understood that an integrated vacation planner will be posted for units/areas with integrated quotas in accordance with Article J-1 (b).

Nurses in each unit will indicate on the vacation planner their vacation preferences for the period from May 1st to April 30th of any given year.

Nurses in the top third of the seniority list will request by March 21st of each year. Changes in vacation request by such nurses after March 21st will be considered in accordance with Article J-1 (f) The planner shall be removed on April 15th. A photocopy of this draft planner will be submitted to the Bargaining Unit President on request.

For the period May 1st to April 30th, the same vacation time requests must be submitted in writing by:

March 21st for those nurses in the top third of the seniority list and April 15th for the remainder of the nurses.

Improvements in Violence language

Improvements in RTW language - addition of the RTW Committee

LOCAL General Meeting

GENERAL MEETING NOTICE

Thursday, December 8/11

Lamplighter Inn

591 Wellington Road

START: 7:30 p.m.

1. Call to order at 1930 hours. Report on attendance.
2. Adoption of agenda.
3. Reading and adoption of the last general membership meeting minutes.
4. Business arising from the last bargaining unit meeting.
5. Treasurer's report.
6. Report from Bargaining Units: Canadian Blood Services, Chelsey Park, Elmwood, Extencicare, LHSC (Allied and RN), Meadowpark and Middlesex Terrace
7. Local Co-ordinator Report
8. New Business:
9. Adjournment

LOCAL 100 EXECUTIVE COMMITTEE

Local Co-ordinator	JILL ROSS
Secretary/Treasurer	KATHY BURGESS
BUP—CBS	TERRIE FOSTER
BUP—Chelsey Park	DIANNE POPP
BUP—Elmwood	KIM ROBINSON
BUP—Extencicare	AIDEN BURTON
BUP—LHSC (Allied)	JANICE BELL
BUP—LHSC (RN's)	JAMES MURRAY
BUP - Meadowpark	ANDREA VAINCOURT
BUP—Middlesex Terrace	DARREN SMITH