

ONA LOCAL 80
REPS MEETING

Tuesday March 21, 2023
McLaughlin Auditorium EG18a

Executive Committee (5):

Paul LoStracco, Serge Ganzburg, Jane Gaanan, Duane Stockley (for Helen Middleton),
Debbie Varadas.

Regrets:

Marva McCalla, Mercedes Barillas, Jennifer Brown

Members (31):

Natalie Bartlett, Anna Borsuk, Ray Ann Carter, Wendy Daley-Davis, Jan Flynn, Marletta
Galzote, Jean Paolo Gatmaitan, Norisha Ghany, Alisanne Gillespie, Adriana Gonzalez,
Shawne Gray, Carolyn Jardine, Joselyn Jose, Celia Leibovitz, Wai Man Li, Robert
Maguire, Liliana Ortiz, Mikita Patel, Rose Payne-Thomas, Sophie Phillips, Jane Powell,
Thalia Rawlins, Karlene Reid, Long Tran, Cedric Russell, Susan Serrano, Helen Seto,
Maureen Thomas, Kathleen Valdez, Alexandra Wood, Leon Yan.

Call To Order/Land Acknowledgement

- Call to order at 0800 hours by Serge Ganzburg.
- Land acknowledgement for ONA Local 080 by Serge:

We acknowledge the land we are meeting on is the traditional territory of many
Nations including the Mississaugas of the Credit, the Anishinaabe, the Chippewa,
the Haudenosaunee and the Wendat peoples and is now home to many diverse First
Nations, Inuit, and Metis peoples. We also acknowledge that Toronto is by Treaty 13
with the Mississauga's of the Credit.

Adoption of Agenda

Moved By: Shawne Gray 2nd Robert Maguire

Motion to Accept he Minutes of 2022 Reps Meeting – Tuesday October 18, 2022

ADOPTED AS READ _____ ✓ _____

ADOPTED AS AMENDED _____

Moved By: Cedric Russel 2nd Kathleen Valdez

Roll Call & ONA Rep Escan Highlights

Leon Yan – PACU	Staffing issue. Process of hiring. Filled 8 new lines. Have sick leaves and temp leaves.
Kathleen Valdez - CRCU	Staff shortages. Recruiting process not great. CRCU getting bad wrap of being so busy so hard to get people to come. Staff tired and burnt out. Doubles more than usual.
Marietta Galzote – C5	Busy Unit, Always working short. Seems the new norm. Always getting new nurses. Have a few senior nurses that stay. Rest always leave and so senior nurses having to train these new nurses continuously. At night having to move beds around.
Jean Paolo Gatmaitan – SDS	Staffing main challenge. Filling gaps when staff sick or away is difficult. New manager coming this week.
Liliana Ortiz – M5 – BU/MNU	Same as everyone, short staffing. Hard to get time off especially senior nurses because of skill mix. Manager has 5 shift rule for P/7 and so staff difficulties to get time off. Students assigned and slow us down so raised this issue.
Ray Ann Carter – D6	Short staffed like everyone else. New staff being hired so burden to senior nurses. Hard to keep nurses because unit very heavy. When 2 short, seems normal to not replace but get PSW's instead to support unit. Standby double pay. If only 1 short they do not call standby. Still have 8hr shift so at 1530 need to pick up more patients and difficult when already busy.
Long Tran – CMH	Staffing big issue. We give chemo and so getting certified chemo nurses a big issue.
Sophie Phillips – NICU	Staffing issues as well. Just implemented standby. Concern with not getting vacations because we are short staffed. New initiative where bring cameras so parents can view their babies while at home. Concerns raised about this.
Natalie Bartlett – NICU	Short 30 people. Same shifts only 14 staff and have really sick babies. Won't use agency nurses.
Shawne Gray – OCC	PCM actually have concerns about our vacancies. Concerns with ergonomics, head sets a big issue. Push back on not granting vacation time. Do not use agency staff, only use float pool of retired nurses who come back casual.

	<p>Chemo unit – have to be certified and try to encourage staff to fill out workload forms. Staff reluctant to fill out.</p> <p>Set up a What’s app group to get information out to all members.</p>
Duane Stockley – WCH	<p>Have more vacancies, never seen before. In past never had staffing issues but seeing this more and more lately.</p> <p>Changes in morale & the way management is behaving. E.g. Submitting schedules a few days late, etc.</p> <p>Disrespectful behaviours of management and directors on the rise towards our members and need to figure out how best to deal with it.</p>
Debbie Varadas – RT BUP	<p>Still no CA in place. In process of negotiating a CA. 10 lines vacant so continuously working short. New staff no experience so takes a while to get trained.</p>
Karlene Reid – LTSE/LTSW	<p>Staff do not stay long.</p>
Joselyn Jose – B3 SSU	<p>Continually supporting ICU’s. Since last meeting things got worse. No longer have our procedure beds but now have ward patients, so unit much heavier. Often will have 3 patients at night when supposed to be short stay and procedural patients only. Also need to support Cath lab.</p> <p>Fully staffed currently but staff sent to be tele nurse, etc.</p>

ONA Education Session

“LEAP: Investigations beyond the CNO”.

Facilitator – Adrienne Anderson

Key areas discussed were:

- How the LEAP team and LEAP intake process works.
- How coverage under LEAP Plan works.
- The rights to speak with legal counsel before responding to questions.
- Rights and Responsibilities in coroners’ investigations and inquests.
- Rights and Responsibilities in criminal investigations and hearings.
- How the privacy commission addresses complaints under PHIPA.
- Rights and Responsibilities in Ministry of Health and Long Term Care inspection interviews.

Questions & Answer period followed.

Continuation of Roll Call & ONA Rep Escan Highlights – Continued

Carolyn Jardine – C4	Echoing as everyone else. Staffing issue with no support.
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	Have been filling out workloads.
Celia Leibovitz – HOAC 6E/7E	On nights instead of 4 th staff have a PSW or 2. Our census is 20 but if below census by 1 or 2, don't get 4 th staff. A lot of new PAA's – and with change in payroll system, not getting paid properly. So need to go to a more experienced PAA to correct.
Jan Flynn – HOAC – POP	Staffing issue as everywhere. A lot of O.T. Moving to operating 7 days a week. A time when RN's were retiring and replacing with RPN's. However, with operating 7 days a week have hired a FT RN.
Anna Borsuk – CICU	Struggle with staffing. Focusing on quantity instead of quality. So many new staff being hired with no experience. Supplies not stocked properly so started filling out safety reports. Lower our expectations of safe staffing from 9 to 7. Staff the procedural beds with short stay unit nurses. Feel just filling in spots and not matter if that nurse is ready or not. Difficulty in getting time off. Families quite aggressive and don't get support we need.
Cedric Russel – LGSE	Nursing shortages an issue. Process of hiring a new manager. Also hiring SW with Masters. Asking for RN with experience.
Helen Seto – K1W	Transitional care unit. Challenge is the patient care supposed to be stable but bed flow sends any patient to us. Getting unstable trach patient, do not have access to RRT! Feel accountability issue. Sometimes no RN working in a shift. Safety an issue. A lot of changes happening. Staffing to census and not level of acuity.
Rose Pain-Thomas – PAC	Very stable unit. No manager right now. Staffing good, all good on this unit.
Norisha Ghany – CVICU	Hearing everyone talk about short staffing and other issues and hope that our leadership can tell us what's next and how is this all being addressed? PAA's not doing scheduling and moving to new schedule office. Also, have a new schedule coming out which is also stressful.
Serge Ganzburg	We can do what we can within the C.A. Reminder that we all need to follow workload process and fill out workload forms. Hospital often asks "Where is the evidence" and this can

	<p>only be done through workload forms. We can then follow process to address all these issues.</p> <p>We count on you the members to fill out these workload forms.</p>
Robert Maguire – OR	<p>We filled out 100 workload forms but they started poaching with new incentive of sponsorship but that took nurses away from other units so although can do more surgeries but nowhere to send patients.</p>
Susan Serrano – B5 ICU	<p>New schedule causing havoc ACNRT nurses scheduled for work but can't look after the patient. Inconsistencies with centralized scheduling. Increased workloads overall.</p>
Mikita Patel – HOAC – SDS, Block, & PACU	<p>Started weekends at HOAC to catch up with hip and knees upsetting because staff chose to work there because W/E off. Nurses led to believe they would be paid time and one half for month of April until schedule in place. Anesthesia are getting incentives to work the weekend.</p>
Wendy Daley – D2	<p>Same issues, nurse shortages every day. New manager since March. Vacant line available as of May someone leaving.</p>
Adriana Ortiz – VAT	<p>Staffing Okay. Do have some casual staff to help give us time off. Same amount of nurses on team but now have larger area to cover as in K wing – acute units only 1 night nurse.</p> <p>Manager saying trying to get blood tech for nights. All dependent on GRASP. But GRASP does not capture all that we do.</p>
Thalia Rawlins – ACNRT	<p>When go to units do not get fair assignment. Usually, get heavier assignments but unit staff not helping them.</p> <p>When request vacation do not get all time off and CSO tell us we have to find own coverage.</p> <p>Not filling out workload forms because tired and just want to go home after done work.</p>
Jane Gaanan – HOAC - OR	<p>Starting to work weekends as you have heard.</p> <p>Government funding to bump up OR's to get rid of backlog. Staff not happy to work weekends. Master schedule still being looked at and not voted on as yet.</p>
Maureen Thomas – Renal Unit	<p>Same issues with staffing. We have (off unit) external patients on other units.</p> <p>They use staff that should be on the unit so where we have 3 to 1 patient to put on dialysis, they send staff off unit causing shortages.</p>

	<p>New staff hired but as soon as trained they leave and go elsewhere.</p> <p>Manager not very supportive. Never see him on the unit. If issue arises, he just sends out bad e-mail with horrible tone but never comes to support anyone.</p> <p>Staff using incident reports against each other. If do not like someone, fill out incident report. Should be a learning experience but use it against staff.</p> <p>Inexperienced nurse coming in and putting more work on experienced nurses.</p>
Jane Powell – C6	<p>All issues surround staffing issues.</p> <p>All based around CSO. The staff are new there and they are inconsistent with how do things.</p> <p>CSO continually mess things up.</p> <p>Through workload we see positive change.</p> <p>Started the virtual observer trial on C6. Stay tuned.</p> <p>To fill out feedback form.</p>
Alisanne Gillespie – F2	<p>New building going up and will be ready to move in by next spring.</p> <p>New Master to be prepared.</p> <p>Replacing nurses with child and youth workers, RPN's PSP not being replaced and PAA's delivering trays.</p> <p>Equipment issues, no supplies.</p> <p>Sick calls not replaced.</p> <p>Harassment issues.</p> <p>Hostility between PAA's & PSP's.</p> <p>Night staff pretty sparse and getting more medical patients than we ever used to. E.g. Patient with NG tube and no one trained what to do with them. Patient came on a Friday evening when no supports.</p>
Alexandra Wood – BCBC - WCH	<p>Doing OK regarding staffing.</p> <p>Some changes made but had education to support role changes.</p>
Serge Ganzburg – Cath Lab	<p>Couple of vacancies currently.</p> <p>Issues with vacation time off.</p> <p>No casual nurses and don't use agency</p>

Adjourned @ 1455 hrs