



MEDline

The Hospital Professionals Division Newsletter

March 2003

Implement Romanow now!

By Patty Rout, Chair, Hospital Professionals Division

Hospital workers in Ontario know how to save health care. We must implement the Romanow Report now.

We see the problems clearly:

- For-profit services are proliferating. Ontario has used a funding crisis to try to prove the system does not work and the “more efficient” private sector can do the job better.
- Private companies are gaining a larger share of the health care market. MDS now sells to 380 locations and 17,000 physicians. MDS now controls 55 per cent of the distribution of medical supplies and 30 per cent of the Canadian laboratory market.
- The Ontario government wants private hospitals established. They have announced P3s in Brampton, Ottawa, and soon Uxbridge.
- Homecare is controlled by



Members of Local 659 rally Feb. 13 in Sudbury to protest shortages in the health professions. More Day of Action pictures inside.

Day of Action – Day of Pride!

By Aimee Axler, Chair, HPD Central Bargaining

Let me begin with huge congratulations to HPD members for their courageous actions on Feb. 13! You were fabulous! I know that for most this was a difficult decision to make. In the end you stood firm, shoulder to shoulder, to show your hospital, the government, the media and the public, that staff shortages are a reality – and they are threatening patient care. The solution is a competitive central agreement for the 60 bargaining units in this round of bargaining: an agreement that will attract new staff and encourage existing staff to stay.

Feb.13 was a success by any measure. Many of you found new solidarity with your own local members. Media coverage was

Lab Reform - an update

by David Hancock—Public Policy

In a recent e-mail, Marnie Cooper, Manager in the Ministry of Health and Long-Term Care, in charge of the Laboratory Services System Development responded to questions about the Lab Reform Recommendations.

Q. Do you expect any of the lab reform recommendations in the province to be implemented soon?

A. The planning process is dependent on where providers are, as they begin to plan. The recommended implementation in the plans is over a period of three to five years.

Q. I understand Toronto is moving forward in lab restructuring. If this is true, could you give me any information you might have or a contact on this issue?

A. The process on laboratory planning in Toronto has started. The Regional Steering Committee will have its first meeting on Feb. 4.

Helen Zulys at the OHA is the person you should contact for information.

Q. Do you expect that the Human Resource shortages will impact on the planning?

A. Each region is expected to work on a Human Resource plan for physicians/scientists and technical staff. Given the current shortages in health care professionals, this is seen as a key area by the stakeholders that needs to be addressed.



HPD members in Cornwall braved the cold Feb. 13 as part of a province-wide protest on our HPD Day of Action.

There is also a website that you can access for more information. It is www.gov.on.ca/health/login/orlsp. If this does not work, type in everything but "orlsp." When prompted for the password, then type in "orlsp."

A note from the Treasurer

Thanks to those locals who have sent in their 2003 Division dues. If you aren't one of those locals, this is just a friendly reminder that the 2003 Division dues are now due. As well, there are still some Locals that have outstanding dues from previous years.

Since the BPS Conference is coming up in June, I would urge Locals to make sure that they are paid up by then. The following by-law will be strictly enforced at this conference:

Article 10 Division Meetings

10.13 Each delegate from a Member Local or Member Unit which has paid Division Dues and is in good standing, is entitled to one (1) vote...."

So, if your Local is not paid up prior to the conference please bring your Local's cheque book or you will not be entitled to vote. Please make cheques payable to "Hospital Professionals Division."

Thank you,
Pat McNamara- Treasurer
158 Hammersmith Ave,
Toronto, Ont
M4E 2W8

Health and stress-related conditions on the job

By Frank Pezzutto, Chair Health and Safety, Local 662, North Bay

Stress is the result of any emotional, physical, social, economic, or other factor that requires a response or change. It is generally believed that some stress is okay (sometimes referred to as “challenge” or “positive stress”) but when stress occurs in amounts that you cannot handle, both mental and physical changes may occur.

“Workplace stress” then is the harmful physical and emotional responses that can happen when there is a conflict between job demands on the employee and the amount of control an employee has over meeting these demands. In general, the combination of high demands in a job and a low amount of control over the situation can lead to stress.

Fear of job redundancy, layoffs due to an uncertain economy, increased demands for overtime due to staff cut-backs act as negative stressors. Employees who start to feel the “pressure to perform” can get caught in a downward spiral of increasing effort to meet rising expectations with no increase in job satisfaction.

The relentless requirement to work at optimum performance takes its toll in job dissatisfaction, employee turnover, reduced efficiency, illness and even death. Absenteeism, illness, alcoholism, “petty internal politics”, bad or snap decisions, indifference and apathy, lack of motivation or creativity are all by-products of an over-stressed workplace. Stress can have an impact on your overall health.

Our bodies are designed, pre-programmed if you wish, with a set of automatic responses to deal with stress. This system is very effective for the short term. Experienc-

“The combination of high demands in a job and a low amount of control over the situation can lead to stress.”

ing stress for long periods of time (such as lower level but constant stressors at work) produces:

- increased blood pressure
- increased metabolism (e.g., faster heartbeat, faster respiration)
- decrease in protein synthesis, intestinal movement (digestion), immune and allergic response systems
- increased cholesterol and fatty acids in blood for energy production systems

- localized inflammation (redness, swelling, heat and pain)
- faster blood clotting
- increased production of blood sugar for energy
- increased stomach acids

Luckily, there are usually warning signs that indicate trouble coping with stress before any severe signs become apparent. These signs are listed below.

Physical: headaches, grinding teeth, clenched jaws, chest pain, shortness of breath, pounding heart, high blood pressure, muscle aches, indigestion, constipation or diarrhea, increased perspiration, fatigue, insomnia, frequent illness.

Psychosocial: anxiety, irritability, sadness, defensiveness, anger, mood swings, hypersensitivity, apathy, depression, slowed thinking or racing thoughts; feelings of helplessness, hopelessness or of being trapped.

Behavioral: overeating or loss of appetite, impatience, quickness to argue, procrastination, increased use of alcohol or drugs, increased smoking, withdrawal or isolation from others, neglect of responsibility, poor job performance, poor personal hygiene, change in religious practices, change in close family relationships.

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Health and Safety
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Where stress in the workplace is caused, for example, by a physical agent, it is best to control it at its source. If the workplace is too loud, control measures to deal with the noise should be implemented wherever possible. If you are experiencing pain from repetitive strain, workstations can be re-designed to reduce repetitive and strenuous movements.

Laughing is one of the easiest and best ways to reduce stress. Share a joke with a co-worker, watch a funny movie at home with some friends, read the comics, and try to see the humour in the situation.

Learn to relax, take several deep breaths throughout the day, or have regular stretch breaks. Stretching is simple enough to do anywhere and only takes a few seconds.

Take charge of your situation by taking 10 minutes at the beginning of each day to prioritize and organize your day. Be honest with your colleagues, but be constructive and make practical suggestions. Be realistic about what you can change.

****From Canadian Centre for Occupational Health and Safety**

Traumatic Mental Stress

The WSIB recently revised its policy on Traumatic Mental Stress. As before, a worker won't be entitled to benefits for

traumatic mental stress due to an employer's employment decision or actions (e.g., layoff due to plant closure). How has the policy changed?

A single sudden and unexpected traumatic event

Previously, entitlement was accepted if a worker witnessed a single sudden and unexpected traumatic event of a horrific nature, **or** was harmed or threatened with violence in the workplace. Entitlement has now been expanded to also include being the object of harassment that involves physical violence **or** the threat of physical violence **or** being placed in a life-threatening or potentially life-threatening situation. The event must arise out of and in the course of employment, and be:

- clearly and precisely identifiable
- objectively traumatic; and
- unexpected in the **normal** course of work.

Some examples might include:

- witnessing a fatality or a horrific accident
- being the object of an armed robbery
- being the object of a hostage-taking; or
- a worker's family, friends, or co-workers being the object of a death threat.

The worker must have suffered, witnessed or heard the traumatic event (e.g., speaking with the victim on the

radio or telephone as the event is taking place).

A series of events causing the cumulative effect

Sometimes an occupation will expose a worker to multiple, sudden and unexpected events. In these cases, a decision-maker must establish from clinical and other information that there were prior traumatic events which led to the worker's current psychological state, even if the worker was able to tolerate them in the past. A final reaction to a series of sudden and traumatic events is considered to be the cumulative effect. The last traumatic event that triggers the cumulative effect may not be the most traumatic in a series of events.

An acute reaction – immediate or delayed

An acute reaction is a significant and severe reaction by the worker to work-related traumatic event(s) that have a psychiatric/psychological response. It can be immediate (four weeks or less) or delayed.

The evidence must be clear and convincing in the case of delayed onset that the psychiatric/psychological response is due to the sudden and unexpected traumatic event which arose out of and occurred in the course of employment.

Phase	Signs/Symptoms	Action
<p>Phase 1 - Warning</p> <p>Early warning signs are often more emotional than physical and may take a year or more before they are noticeable.</p>	<ul style="list-style-type: none"> • feelings of vague anxiety • depression • boredom • apathy • emotional fatigue 	<ul style="list-style-type: none"> • talking about feelings • taking a vacation • making a change from regular activities • taking time for yourself
<p>Phase 2 - Mild Symptoms</p> <p>Warning signs have progressed and intensified. Over a period of 6 to 18 months, physical signs may also be evident.</p>	<ul style="list-style-type: none"> • sleep disturbances • more frequent headaches/colds • muscle aches • intensified physical and emotional fatigue • withdrawal from contact with others • irritability • intensified depression 	<ul style="list-style-type: none"> • more aggressive lifestyle changes may be needed. • short-term counseling
<p>Phase 3 - Entrenched Cumulative Stress</p> <p>This phase occurs when the above phases continue to be ignored. Stress starts to create a deeper impact on career, family life and personal well-being.</p>	<ul style="list-style-type: none"> • increased use of alcohol, smoking, non-prescription drugs • depression • physical and emotional fatigue • loss of sex drive • ulcers • marital discord • crying spells • intense anxiety • rigid thinking • withdrawal • restlessness • sleeplessness 	<p>The help of medical and psychological professionals is highly recommended.</p>
<p>Phase 4 - Severe/ Debilitating Cumulative Stress Reaction</p> <p>This phase is often considered "self-destructive" and tends to occur after 5 to 10 years of continued stress.</p>	<ul style="list-style-type: none"> • careers end prematurely • asthma • heart conditions • severe depression • lowered self-esteem/self-confidence • inability to perform one's job • inability to manage personal life • withdrawal • uncontrolled anger, grief, rage • suicidal or homicidal thinking • muscle tremors • extreme chronic fatigue • over-reaction to minor events • agitation • frequent accidents • carelessness, forgetfulness • paranoia 	<p>Significant intervention from professionals</p>

Categories of Job Stressors	Examples
Factors unique to the job	<ul style="list-style-type: none"> • workload (overload and underload) • pace / variety / meaningfulness of work • autonomy (e.g., the ability to make your own decisions about our own job or about specific tasks) • shift work / hours of work • physical environment (noise, air quality, etc) • isolation at the workplace (emotional or working alone)
Role in the organization	<ul style="list-style-type: none"> • role conflict (conflicting job demands, multiple supervisors/managers) • role ambiguity (lack of clarity about responsibilities, expectations, etc) • level of responsibility
Career development	<ul style="list-style-type: none"> • under/over-promotion • job security (fear of redundancy either from economy, or a lack of tasks or work to do) • career development opportunities • overall job satisfaction
Relationships at work (Interpersonal)	<ul style="list-style-type: none"> • supervisors • co-workers • subordinates • threat of violence, harassment, etc (threats to personal safety)
Organizational structure/climate	<ul style="list-style-type: none"> • participation (or non-participation) in decision-making • management style • communication patterns

BPS Questionnaire

Please answer the following question which will help focus our HPD discussions at the BPS conference in June:

What are the two most significant challenges or issues that have affected your local in the past year?

1) _____

2) _____

Please respond by April 10, 2003. You can drop off your reply at the HPD booth at convention, or fax or e-mail Patty Rout, Division Chair at 905-725-7529/routp@hotmail.com

Romanow from page 1

the for-profit companies. Of 660 private home care agencies, 93 per cent are publicly funded. Extencicare is building eight new centers and will get \$10.35 per day per resident for 900 beds, totaling \$700 million over 20 years for Ontario taxpayers.

- Restructuring in Ontario has devalued the work of the health care professional. To cut costs, employers have slashed services. They have frozen wages, laid off workers, and used less qualified personnel. They have increased workloads and shifted full time work to part time work. Standards have fallen.
- The health sector is one of the unhealthiest places to work. Our members are suffering from burnout, fatigue and stress related problems.
- We face massive shortages.

We must lobby our MPs to implement Romanow now! The future of our professions and our families depends on it. Sign the Romanow petition on the Health Care website at opseu.org. Let's press the CLC to implement its June 2002 resolution on Medicare. Let's attend our labour councils and show health professionals do care about public health care.

Get involved in your local health coalition, and in OPSEU's lobby for Romanow Now! In the upcoming elec-

tions, support politicians who agree we must implement Romanow Now!

Health Action Assembly

The Ontario Health Coalition (OHC) held a Health Action Assembly Jan. 18 in Toronto. More than 400 health care advocates representing coalitions, unions, retirees and students met to prepare a plan to implement Romanow. We discussed plans to mobilize communities against P3 Hospitals and MRI/CT clinics, and for improving long term care/home care. The first action was Feb. 4 -5 at the First Minister's Conference in Ottawa. We'll have another event at the end of March when we expect the private hospitals to be announced. Mar. 31 is also the implementation date for private MRI/CT clinics in Ontario. Please call your OHC partners.

Public health care crusader Maude Barlow is traveling the province. See the MEDline calendar (page 8). Try to attend these key meetings about our future in health care. Contact Barb Linds (head office) blinds@opseu.org or me at routp@hotmail.com for your OHC contacts.

Central negotiations procedures approved

The OPSEU Executive Board approved the new HPD negotiations procedures Jan 23. After three years of consultation with members, the Board endorsed the changes, which will not affect the current

round of central bargaining.

HOOPP

A report commissioned by the Board's Pension Liason Committee on issues around ethical investment strategies, accountability to members and the union has been completed. The OPSEU Executive Board has endorsed the recommendations. Materials will be available at Convention.

Convention

The HPD caucus will take place Thursday April 3 at 5 p.m. Information will be in your convention package and on the notice board at convention.

A Healthcare Cavalcade will be held at Nathan Phillips Square about 2:30 p.m. April 5.

Cars and buses from across the province will converge at Nathan Philips Square. There will be many activities such as live bands, speeches, and clowns. Plan to attend.

Contract enforcement

Employer communications: are there limits? Can employers leave the union representa-

See page 8

Locations for private MRI/CT clinics:

MRI
 Kitchener/Waterloo/Guelph
 York Region
 Kingston
 CT
 Bracebridge or Huntsville
 Brantford
 Thunder Bay
 Combined MRI/CT
 Oakville/Mississauga
 Durham Region

**Day of Action
from page 1**

excellent – we were the big news all across the province – every major news outlet covered our story. On Feb. 14, we heard the OHA had agreed to central arbitration with no restrictions on our evidence.

Make no mistake – everyone is so impressed and proud of you. All of OPSEU, including personal congratulations from the Executive Board, President Leah Casselman, Vice-President/Treasurer Smokey Thomas, and OPSEU staff, were thrilled for your success. Other unions have expressed their admiration. We also received a letter from NDP MPP Peter Kormos, applauding your courage.

You took a stand for all the right reasons. After trying all other means you took a risk and did what you felt was



Members of Local 215 in Niagara were joined by families, friends, and supporters from other unions on Feb. 13.

right. You are amazing! And no discipline can ever take away the feeling of intense pride we felt for our professions and our union on February 13, 2003. On behalf of the Central Bargaining Team, thank you – for all of your help over the past year.

The OHA now knows that there are a lot more than the seven members at the OPSEU bargaining table!

**Chair's Report
from page 7**

tives out of these discussions? Can employers negotiate with employees without the union representative present?

The answer is NO! The employer does not have the right to undermine the bargaining

agent's ability to represent its members. Discussing bargaining issues interferes with the union's right to represent its members.

Among these are wages, credit for experience, hours of work and issues from labour management meetings.

If this happens, call your staff representative to file an unfair labour practice complaint that management is improperly interfering with the representation of its OPSEU members.

HPD Calendar of Events

- March 21** Central Arbitration
- March 24** Maude Barlow- Renfrew
613-432-7208
- March 25** Central Arbitration
- March 25** Maude Barlow-Timmins
705-232-4475
- April 1-2** Central Arbitration
- April 2** Executive Board meeting
- April 3-5** Convention
- April 5** Healthcare Cavalcade,
Nathan Phillips Square, Toronto
- April 10** Central Arbitration
- May 1-2** HPD executive meeting
- June 5** HPD executive meeting
- June 6-8** BPS Conference
- Oct. 3-5** OPSEU Editors Weekend



MPP Gilles Bisson joined members of Local 643 on the line in Timmins on the Day of Action

Wrapping things up - congratulations!

By Marisa Forsyth, Communications

Congratulations to all HPD members and staff on the historic Hospital Emergency Day of Action! Wow! Hospital administrators were seeing RED from one end of the province to the other. Not only were they seeing the red t-shirts, coats, hats, scarves and hair, some administrators' faces were turned all shades of red from anger and embarrassment. Imagine, healthcare workers actually walking out! But we did and in droves.

The e-mails that came in from the staff across the province made me so proud that it brought tears to my eyes. The Day of Action was a huge success. No longer will they doubt this division and what we can do.

Speaking of red, we ask everyone to **wear red** Thursday April 3 at Convention. Let's see a sea of red across the convention floor. Don't forget to come to the caucus after the



Members of Local 464 picketed at the Ottawa Civic campus in solidarity with HPD members in central bargaining.

day's business, and please ensure you pick up a copy of the current HPD by-laws for your local.

Logo Contest Winner.

Thanks to everyone who sent logo contest entries. The large number of great entries made it difficult for the selection committee. The winner is Darren Hildenbrand from Huntsville, who received \$200 for the winning entry. The logo is being fine tuned. We hope to have it by the Convention. Congratulations Darren!
What is an Audiologist, Chiropodist, Music Therapist...?

A new section of MEDline is being introduced, and we need

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“The action taken by OPSEU broke the logjam that had stalled contract talks and any hope of success at the bargaining table. Agreement on the single arbitration would not have been resolved had OPSEU not taken a stand. Our hospital professionals and their union should be congratulated for coming together to push for what’s right for patients.”

-NDP MPP Peter Kormos

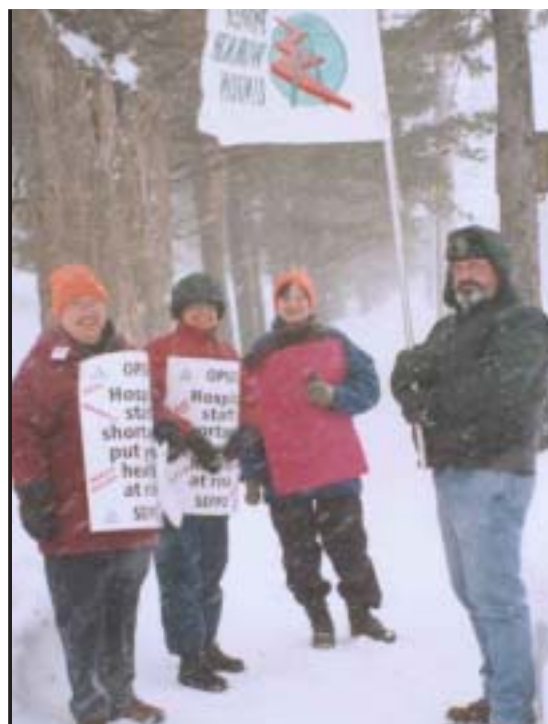
Wrapping things up from page 9

your help. Each MEDline will feature a few classifications. We need information about your classification, the work you do, education requirements etc. If you would like your classification to be featured in MEDline, please send this information to:

moforsyth@yahoo.com or call me at **519-736-0477**, or drop me a note at Convention.

Cap removed from Physicians

Why does there always seem to be money for physicians? I read in the paper recently that the Eves government quietly removed the wage cap on the physicians (unless they make \$450,000 or more) so that they can attract more physicians. Hmm... we have money to open P3 hospitals, MRI/CT clinics, and pay physicians more, but for the rest of us, the well is dry! Go figure!



A brother from the Power Workers Union joins Local 275 on the line in Kincardine.



Al Potvin of Local 715 Thunder Bay became the unofficial greeter for the Day of Action.

Keep in touch with us

MEDline is the newsletter for Hospital Professionals in OPSEU. Contact Patty Rout, HPD Chair, for more information.

See our web site at <http://www//opseu.org> Please see BPS/Health Care/Hospital Professionals.

Authorized by:

Leah Casselman, President

Hospital Professionals Division Executive

Chair	Patty Rout	Local 348	Oshawa Lakeridge Health Corporation
Vice-Chair	Mary Sue Smith	Local 464	Ottawa Hospital - General Campus
Secretary	Christine Luscombe-Mills	Local 466	Perth & Smith Falls District Hospital
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First Alternate	Bryan Mitchell	Local 570	Mount Sinai Hospital