

## Report from the Chair

*Patty Rout - Chair, Hospital Professionals Division - OPSEU Local 348*

### 905/416 Agreement

We have been lobbying the OHA for over a year to extend the 905/416 agreement. On Nov. 25 2002 we tentatively agreed to an extension pending ratification by locals. The agreement only applies to OPSEU units in hospitals. The agreement builds better severance, seniority and bumping right provisions in addition to our collective agreement. The 905/416 agreement also refers to lab restructuring. The offer expires in 2006, bringing us in line with other hospitals agreements across the province.

This is a timely agreement for our members as lab reform has been discussed recently by Pathologists in the 416 area. Thanks to Pat Collyer for all her work in this area.

### Cancer Care Ontario

OPSEU recently met with Dr. Hudson, director of Cancer Care Ontario (CCO), and Victor Pathe, arbitrator to discuss human resource issues around the plan to amalgamate public hospitals with Cancer Care Ontario. We believe this will include the following hospitals: Sudbury Regional Hospital, Kingston General, Grand River, Hamilton Henderson, Ottawa, Port Arthur, Windsor Regional, Sunnybrook and Women's College Health Sciences Centre, and London Health Sciences. Sudbury, Ottawa and Hamilton will be piloted first with an aggressive completion date of the summer 2003.

Cancer Care Ontario will meet in February with all the unions involved to lay out the plan. Our organizing department is involved and we will keep you advised of any new details.

### Mental Health

OPSEU members working in mental health released a mental health research document in November. It is a comprehensive paper on how the

changes the government has made in mental health care have affected the patients. It is available from OPSEU.

### BPS Conference

The BPS Conference will be held June 6-8 2003 in Toronto. Traditionally the conference has been held in November, but feedback from the last conference was that it conflicted

with too many other events in November. A questionnaire will be included in your BPS credential mailing asking your local to confirm the top two issues in your workplace today. Please fill in this survey and return it with your credentials.



### Romanow Commission

Roy Romanow's final report is a comprehensive vision to protect and improve health care for all Canadians now and in the future. Medicare belongs to the people of Canada and not to corporate and government elites. He has prepared a plan to fix Canada's Medicare problems now and in the future.

His key message discredits private for profit healthcare. He rejects two-tier healthcare, user fees, out-of-pocket expenses or any other form of privatization.

Romanow rejects for-profit diagnostic services and Public-Private Partnerships (P3) hospitals. There is no evidence that using Public-Private Partnerships to build and operate hospitals saves money. The evidence

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## Report from the Chair (cont'd)

indicates they cost more in the long run. The largest effect has been bed closures and reductions of frontline staff. P3 Hospitals have been approved in Brampton and Ottawa and others such as Uxbridge have been floated.

Romanow's report has given our campaign to stop privatization of MRI and CT a boost. In Ontario, private MRIs were announced in November for York, Kingston and Kitchener/Waterloo. Private CT scans for Huntsville/Bracebridge, Thunder Bay and Brantford. A combination MRI/CT was announced for Durham and Oakville. Target dates for openings are March 2003 and comes with a bonus of \$50,000 if they open on time.

Romanow says there is no evidence to show the private sector can deliver cheaper health care or improved access to care. Why should someone who gets hurt on the job have his or her MRI before someone who does not get hurt on the job?

We have written letters to Health Minister Tony Clement, met with MPPs and held a press conference at the legislature where we explained to this government that private facilities will drain our professionals from the public system to a system where there is no 24/7, no shift work, no working statutory holidays and an easier case load.

We may work in the background but no one enters a hospital without coming in contact with a health professional.

Clearly, profits should not be made on the backs of the sick! We must fight to keep Romanow's recommendations alive. It is interesting that Romanow and the provincial Conservative government recognize the shortages but the OHA does not!

### NUPGE Secretariat

After several years of discussions, the National Union of Public Government Employees (NUPGE) has agreed to form a secretariat to represent unionized health professionals from across the country, and to

give a national voice on issues facing unionized health professionals.

We have an obligation to look at our workplaces today. We now have a national voice to speak out on our issues.

Dec. 9 - 10 is the first chance for the secretariat to speak to MPs about the value of implementing Romanow's recommendations. Cindy Stewart, our representative from the secretariat, OPSEU's Sue McSheffrey and Patty Rout will attend to talk about shortages, poor pay, MRI privatization, and working conditions.

### Contract enforcement

#### **Benefits:**

Local presidents, please remember to ask your human resource department for a copy of your benefit coverage.

We sent the local presidents a plan document of the minimum coverage your hospital can offer in October. If you are not receiving the benefits in this agreement, then contact your human resource department and make them aware of this. If necessary, grieve under Art. 20 in the central agreement.

#### **Callback:**

The Employment Standards Act (ESA) says you cannot be forced to work more than 48 hours in a week. You can voluntarily agree to work more than 48 hours but after 48 you have the right to refuse.

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Tired of all the callback? Buy an answering machine! Start to document all your extra hours in the department. Fill out workload complaint forms. Discuss the issues with your supervisor and raise it at labour management meetings. If you cannot resolve the issue, send the complaint to your CEO.

See your health nurse about the affect all the overtime is having on you. Consider harassment charges if your manager becomes difficult about you not wanting to work the overtime.

If the work is mostly call-back, ask your manager to consider implementing a new shift.

Use the documentation to confirm the overwork. We have a professional responsibility clause in our contract that deals with overwork-- use it! This article in the central agreement is Article 6.03.01. Also grieve under Article 1.01.

We are eliminating new jobs in our workplaces by working all the extra overtime. Management is

happy as long as the hours are covered. We have a responsibility to the patient, but we also have an obligation to look after our quality of life!

Your Division Executive would like to say that 2002 has been an invigorating and exciting year. We want to thank you the members for the hard work and support over the past year.

Looking forward to your continued support!  
-Your Division Executive

## On the lighter side

Marisa Forsyth, communications

*This was an e-mail that was sent to me. I hope you enjoy it as much as I did!*

### **New Employee Rules**

**Sick Days**— We will no longer accept a doctor's note as proof of sickness. If you are able to go to the doctor, you are able to come to work.

**Surgery**— Operations are now banned. As long as you are an employee here, you need all your organs. You should not consider removing anything. We hired you intact. To have something removed constitutes a breach of employment.

**Personal Days**— Each employee will receive 104 personal days per year. They are called Saturday and Sunday.

**Vacation Days**— All employees will take their vacation at the same time every year. The vacation days are as follows: Jan. 1, Jul. 1, and Dec. 25.

**Your Own Death**— This will be accepted as an excuse. However, we require at least two weeks notice as it is your responsibility to train your own replacement.

**Restroom Use**— Entirely too much time is being spent in the restroom. In the future, we will follow the practice of going in

alphabetical order. For instance, all employees whose names begin with 'A' will go from 8:00 to 8:20, employees whose names begin with 'B' will go from 8:20 to 8:40 and so on.

If you're unable to go at your allotted time, it will be necessary to wait until the next day when your turn comes again. At the end of three minutes, an alarm will sound, the toilet paper roll will retract, and the door will open.

Thank you for your loyalty to our company.

## Brenda's Story

Health and Safety Report - Frank Pezzutto, OPSEU HPD Health & Safety Chair

*"Nobody knows how long I have... This is going to kill me, but it could be worse. There are worse things to have besides HIV and Hep C, even together. There are worse things."*

It's hard to imagine worse things, especially after going to the doctor. It wasn't sex and it wasn't drugs. Brenda Tippett got sick at work.

Brenda's a lab technologist. Working with blood is her job. She never thought it could mean her death.

"No matter how much you love your job, no matter how good you are, your job may cost you your life." Brenda says.

It happened at St. Paul's Hospital in Saskatoon, in June 2000. Brenda was at work, using a blood cell counter called the Coulter STKS. It's a common but crucial machine. The blood that pumps through it carries everything from the flu to fatal diseases.

Lab technologists feel the pressure to get the results back to doctors and patients as quickly as they can. That night, as she had done hundreds of times before, Brenda loaded the blood samples on the cartridge and started it on its way. That night the cartridge jumped off the conveyor belt. That set off alarms. When that happens you have to rectify the problem: You have to manually reposition the cartridge. When she was taking her hand out she got cut.

The piece of the machine that cut Brenda is called a "stripper plate". The stripper plate on the machine Brenda was using that night has now been replaced with a newer plastic version. The odds of Brenda being infected at work are so low that colleagues, and the hospital were reluctant to believe

a single cut could have been so devastating.

Because she works with blood, Brenda had been tested for infectious diseases before and always tested negative. But a few months after the cut, the tests were positive for HIV and Hepatitis C. Brenda is getting workers compensation. The hospital has accepted that she's sick as a result of the cut, but insists Brenda deserves some of the blame because she stuck her hand where it didn't belong.

The hospital says staff are well-trained professionals who are very much aware of the hazardous environment they work in. Individuals nevertheless have a free will, and are able to cut corners or develop work habits that may not always be compatible with policies and procedures.

### Hazardous environment

Brenda Tippett says she's not the only lab technologist that has put her hand inside the Coulter STKS machine to release a jammed cartridge.

She was trained on the analyzer. When cartridges jammed her training tech would reach in and un-jam them. Brenda took a short cut, but even if she'd followed the manufacturer's procedure, which says— keep your hands clear while the machine is running— it might not have saved her. The lab workers weren't concerned about being cut on the stripper plate because it wasn't supposed to be sharp. It's sharp

because of the mechanics of the machine. As tubes rub against the plate, it sharpens it a little more each time.

Brenda didn't know anyone else had been cut on that machine. But just a few weeks before, a co-worker had been cut. She didn't get sick and staff weren't told about the incident. Hospital officials say they didn't know about the earlier incident until after Brenda's accident.

*Disclosure* placed calls to several labs around the country where the Coulter STKS is used and found a third case of a technologist who'd been cut on the stripper plate. Documents from the FDA in the U.S. show two cases of cuts on the stripper plate.

Beckman Coulter's reaction: replace the stripper plate on those machines. Under Health Canada guidelines, the company didn't have to tell anyone about the injuries. That's because Coulter determined the accidents were the result of user error. Coulter says it has no other reports of users who claim to have contracted an infectious disease from the machine.

Yet just days after Brenda was cut, Coulter showed up at the St. Paul's lab for a little maintenance work. A few months later, they decided to replace the plate altogether. But the machine that cut Brenda wasn't the only one fixed. Coulter replaced the plates all over the province.

If your lab is still using a Coulter STKS, contact your Health & Safety committee and insist the plate be replaced. (As broadcasted on *Disclosure*, Feb. 26 2002)

## Fiscal advisory committees—a waste of time?

Viewpoint— by Jan O’Leary and Patty Rout

There was a time when we both fervently believed unions needed to be active in the Fiscal Advisory Committees in each hospital. Unions or any member of the committee could submit a dissenting report that would hold the hospital accountable for its budget. We no longer agree that we as union members should sit on Fiscal Advisory Committees.

Many hospitals are faced with budgetary constraints and operational reviews. The budgets we see are not line-by-line budgets. The information we see is limited to what they want us to know.

Often the information includes possible layoffs and program cuts. We are left with attempting to guess what they mean to do. We don’t need to sit on these committees to discuss potential layoffs. Our collective agreements set out the proper process for dealing with layoffs.

### Rubber stamp

The hospitals are using the

union as a rubber-stamp. They want to announce to the government, their boards and the public that they have engaged in an open discussion with all stakeholders, including unions.

Sure we can provide a dissenting report, but the impact will be limited. An occasional board member may respond, the Tories certainly do not care and the public may not understand.

### Selective paperwork

This process smells of TQM. Will management use our participation against us? You bet. Will they tell the public, the board and the government that the union was part of the process that approved layoffs, service reductions, and increased workloads? For certain. Will they segregate the non-union groups we are trying to tag on because they believe we endorsed the cuts in our own departments? Probably.

Do you think we are playing into the fear mongering when we

hear their words of closures and cuts? Does it make us tread more lightly where we should be stamping our feet?


At a time when all our members are stretched beyond their limit, we should avoid anything that does not directly benefit our members. We should not be wasting our time deciphering the enormous amount of selective paperwork sent as part of the Fiscal Advisory process.

We should spend the energy protecting and improving our collective agreements!

**WANTED!** Information on what is happening in your negotiations.

If you are not included in the central negotiations process, please contact Marisa at: [moforsyth@yahoo.com](mailto:moforsyth@yahoo.com) or call 519-736-0477.

Authorized for distribution:



Leah Casselman, President

## Hospital Professionals Division Executive

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