

MEDline

The Hospital Professionals Division Newsletter



November 2001

Report from the Chair

Patty Rout - Chair - Local 348

Hospital Professionals make our mark at BPS Conference

The Broader Public Sector (BPS) Conference Nov. 2-4 was one of the most successful conferences I have been to in years. Joan Jessome from Nova Scotia Government Employees Union (NSGEU), and Cindy Stewart from Health Sciences Association of British Columbia (HSABC), spoke to us about their experiences mobilizing their members and the battles they fought with governments to win collective agreements.

Last summer the Nova Scotia government ordered NSGEU members back to work. In British Columbia the government, realizing that the HSABC had a very good chance of winning an arbitrated settlement, imposed a government contract on them.

Cindy Stewart remained at the conference to help in our mobilizing session. She brought her experiences and perspectives for attaining a good collective agreement. This discussion was beneficial for all!

We then moved to our two-day division meeting with a memorable presentation on facing management by Maureen Hennessey.

The conference was very valuable for all of us and the Hospital Professionals Division

felt a large part of the proceedings.

Sunday we elected a new executive. A hearty welcome to Marissa Forsyth who replaces Jim O'Leary and to Dave Hancock who replaces Karen Parsons. And thanks to both Jim and Karen for all their hard work!

As we move into December we begin negotiations. We will supply you with regular updates on the progress of negotiations.

We have asked you to reach contacts throughout your local and bring that information back with you to demand setting.

We hope to be able to get information out quickly to all our members through these contacts. Communication is the most important part of mobilizing our members. We need everyone involved - including those not in Central - to accomplish our objectives.

Health and Safety Chair's Report

Frank Pezzutto, Health and Safety Chair - Local 662

Bill 57 And Hazard Specific Training

Bill 57 (the mega bill, gutting the Health and Safety Act) was in the last MEDline. The Bill had First, Second and Third Reading and Royal Assent in two days.

Here are changes to the WSIB policy (formerly WCB). The most important is the addition of "chronic pain" as a compensable injury. Same sex partners are now recognized as beneficiaries.

Hazard specific training for the certified worker has to be completed by December 31, 2001. These courses can be taken through the Workers Health & Safety Center. For more information call the center at

1-888-869-7950.

If your employer tells you to take courses for certification call the WSIB at 1-800-663-6630 to confirm. It is the only agency that can approve courses.

See *Health and Safety* page 2

In this MEDline

Chair's Report	1
Health and Safety	1
Reflections	2
Public Policy	3
OHA Poll	5
Your Executive	6

Health and Safety

from page 1

I have taught several H&S courses for both OPSEU and the Workers Center. One of the most enjoyable courses I taught was to high school students using the handbook "The First Step...Student Safety Handbook." It is an excellent book for students going into the workplace. It is available for \$25.00 from the London Occupational Safety and Health Information Service (LOSH). For more information call (519) 433-4156.

Shocks to Morgue attendants

If you receive a deceased for autopsy with an implantable cardioverter defibrillator (ICD) in place, it will deliver a shock when disconnected prior to the autopsy.

You should contact an arrhythmia device or pacemaker clinic and ask them to attend to the deceased by bringing a programmer, who knows the device, to turn it off. If they are unavailable or unable to do this, the device can be removed if you wear rubber gloves.

Using wire cutters, cut the leads as closely as possible to the connector block to prevent inappropriate detection of EMI (electromagnetic interference).

Cleaning and handling:

Once removed, clean the device in a solution such as Cidex, but be aware that it is still active and may arc, shock, or snap when immersed in the solution.

Therefore, you should handle it with a rubber-handled tool. Then place it in a non-conductive container like a plastic bag and return it to the arrhythmia device or pacemaker clinic for disposal.

Reflections on two years in OPSEU

Chris Luscombe-Mills, OT, Sector 10 Div. Exec.-Local 466

We are all only too used to change these days: Bill 136 votes; program management; cut backs; increased work load; Harris politics; and for the former AAHP:O members a new union as well.

The change has been challenging, interesting, at times frustrating and at other times overwhelming. Our heads spun at the first BPS Conference and again at the Annual Convention. To be one of 100,000 members in OPSEU, and one of 13,000 in our own Hospital Professionals Division gave us a new perspective that took a bit of getting used to. Even members who have been around a long time say it takes years to learn all the aspects of the organization, and like everything else it changes too!

As Patty Rout said in her chair's report of the Executive's Activities we have been busy with a wide range of issues important to us as Hospital Professionals. Defending and improving our Collective Agreements and working for appropriate wage scales is always the central issue of the union.

There are, however, many other important issues. The Division Executive has many roles. One is to be the lobbyist for the Division. Working with the Health Council, we lobby the Executive Board of OPSEU to inform them of the Division issues and have input into Union policies and decisions. We lobby agencies, politicians, Ministers, Boards, Commissions or Colleges informing them of the



issues affecting members of our Division, and the actions we need them to take.

As members of a member driven organization we need to make our concerns known. As a member of the Division Executive, I believe it is critically important that the Executive hears from you so that we can truly represent the members issues.

Please contact a member of your executive – we need to hear from you.

Public Policy Report

Pat Collyer - Head of Public Policy Committee - Local 575

Self-Regulation of Sonographers and MRI Technologists

On Oct. 24, I attended a stakeholders meeting of the College of Medical Radiation Technologists (CMRTO) where information was provided about the coming self-regulation of Ultrasonographers and MRI technologists.

The College of Physicians and Surgeons, CMRTO and OAMRT (the professional association) support self regulation. The issue of self-regulation was referred to HPRAC in 1998, and there were submissions to HPRAC in 1999 and Feb. 7 2001, Elizabeth Witmer, Minister of Health and Long Term Care, approved self-regulation of Ultrasonographers and MRI technologists on her last

day in office.

The College will consider grandfathering those currently practicing as has happened when other professionals have become self-regulated. There is much work to be done by the College before these professionals become members of the CMRTO.

Controlled acts

Controlled acts must be added to the legislation and standards of practice and guidelines must be developed. The College must create a new title that will encompass these additional disciplines. The suggested name is the College of Medical Imaging Technologists. They projected it will be 2003 before a Canadian

examination will be available for sonographers; they proposed using the ARDMS examination until then. The College must approve accredited programs and examinations in the province for members. For MRI technologists the CMRTO proposes using the current CAMRT certification examination.

The registrar said many sonographers are performing controlled acts without formal authorization. She recommended sonographers ensure there is a delegated process for trans-vaginal and trans-rectal examinations in their facility. I urge you to approach your departments and ensure this process is in place.

RRCs Update

Professionals continue their struggle against the college

Liz McIntyre from Cavalluzzo Hayes, a law firm used by OPSEU has heard from Glenn Randall the following information regarding Registered Respiratory Care Practitioners (RRCs) who have been in the Quality Assurance (QA) process:

The QA Committee has granted an extension to Nov. 30, 2001 on all cases where people had an on-site ordered or who were of boycotting examinations.

By Nov. 30, 2001, members are expected to:

- * submit their Professional Portfolio,

- * submit their Peer Review Forms.

If RRCs comply with these two requirements, no further action will be taken.

If RRCs refuse to comply with these requirements by November 30, 2001, Randall told Liz McIntyre that they intend to order on-sites and may take further steps as set out in the Act.

The Respiratory Therapy Society of Ontario (RTSO)

website said its Executive still recommend people not comply until later in November when:

- 1) A new College of Respiratory Therapy of Ontario (CRTO) Executive will be elected and,
- 2) The Registrar will have submitted his resignation.

In the end, individual members will decide for themselves. The RTSO asks people to fax or email their view on the association's position.

See Professionals page 4

Professionals

from page 3

As further follow up, I and two RTs from The Scarborough Hospital attended the sessions at the OHA Convention Nov. 6 to hear the RTSO report on their Mediation talks with the college. The issue is governance, not process. The RTSO said that this is not just about QA, but that the college has not worked in good faith.

Many hospitals did not understand that RTs were not resigning from their jobs, they were just resigning from the college. Once they understood this, many have agreed to delegation of acts but most have sunset clauses for the delegation.

The RTSO has indicated to the Ministry of Health officials that it wants a new election of council members, an increase in the number

of professionals on council to 10 and a decrease of public members to five.

A RTSO QA committee has been formed to work with the CRTO QA committee to make changes.

Romanow and the Ontario Defenders of Medicare Convergence

Planning for the defense of public health care

The **Romanow Commission** on the future of health care in Canada is ready to go on tour.

The Liberal government says it will use the commission report to decide whether it will kill or cure Medicare in Canada. The commission is our opportunity to offer our own prescription. We must fight for the health of all Canadians. Please endorse the principles of public health care!

Roy Romanow will be travelling the country starting in January 2002. Presentations will be made to him then, so make certain you attend the meetings.

The **Ontario Defenders of Medicare Convergence** will be held by the Ontario Health Coalition Dec. 1 at the Toronto Sheraton Centre, Civic Ballroom 9 a.m. - 4:30 p.m. Many of us will be at the Central Demand Setting Meeting that day. However some OPSEU Hospital

Professionals Division members who are not delegates to the Central Demand Setting Meeting will attend the Convergence.

The Convergence will share the latest news on the Romanow Commission and Ontario health policy. It is an important opportunity for those concerned about defending Medicare to come together.

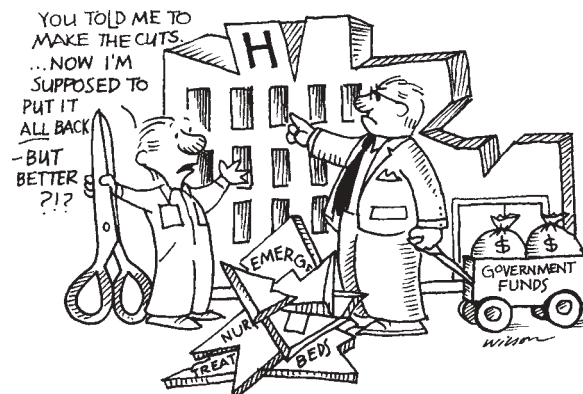
The Convergence will develop a

coherent escalating action and organizing plan to defend public healthcare in Ontario.

I will report in the next MEDline on the results from this meeting.

To register :
e-mail ohc@sympatico.ca or
fax 416-441-4073
For a registration form
call : 416-441-2502

There is no registration fee



OHA polls public on health care reform

The Ontario Hospital Association (OHA) and Environics today unveiled new poll results from a survey of the general public about options to reform the province's health care system. The study was released at the Annual OHA Convention and Exhibition at the Metro Toronto Convention Centre.

Findings

The findings suggest that although the public recognizes the need for health care reform in Ontario, there is significant resistance to many of the options suggested by health care experts and politicians.

However, analyzing the public's reaction according to themes of reform reveals a much different picture. Statistical analysis revealed that health care options can be classified into three major themes:

- 1) the application of new financing models (i.e. taxing use of the system, medical savings accounts, de-listing services, user fees, dis-entitlement of certain groups and reduced medicare coverage for middle/higher incomes);
- 2) the introduction of market principles into the management of the system (i.e. developing a system of private hospitals, allowing patients to pay for faster access, and encouraging

competition among hospitals); and 3) promoting wellness (i.e. expanding the responsibilities of nurse practitioners and other health care providers and shifting tax dollars from treatment programs to prevention programs).

Resistance to reform

The poll indicates that eight in 10 Ontarians are open to one or more approaches to health care reform. Only two in 10 appear to be resistant to any and all options for reform. The survey classified respondents into six major categories:

The Status Quo Preservers - 19 per cent of Ontarians - opposed to almost all suggestions for reform of the health care system and support the status quo;

The Radical Revolutionaries - 16 per cent of Ontarians - most open to radical change of the health care system, in terms of new financing models for the system, moving toward "free marketization" and wellness promotion;

The Conservative Revolutionaries - eight per cent of Ontarians - support the current system, but are also revolutionary since they are open to market-oriented changes;

The Negotiators - 14 per cent of Ontarians - open to negotiation because they are willing to consider some changes. They are open to some aspects of new financing, but they are strongly opposed to "free marketization" in the hospital system;

The Universality-Plus Advocates - 20 per cent of Ontarians - embrace the universality of the system but are also open to "marketization" changes that they believe may lead to better access to care. They also support moving responsibilities from doctors to other health care professionals;

The Status Quo Holistics - 23 per cent of Ontarians - are attached to the status quo in health care delivery and opposed to most suggestions for new financing models or "free marketization" of the system. However, this group is also interested in non-traditional health care delivery with a holistic view and support principles of "wellness."

Environics did the 30-minute telephone survey on a random sample of 1,001 adult Ontarians Oct.10 -19, 2001. The results have a margin of error of plus or minus 3.2 percentage points, 19 times out of 20.

Values

The study also explored respondents' values on dimensions such as: orientation to change and complexity, deference to authority and trust in various health care providers and others, attachment to family and community, concern about the future, technological anxiety and personal orientation to sickness and health.

Public Policy Report continued

Forum to focus fight back against privatization

The private market is on the prowl, eager to take over many of our public services. Assaults on many fronts are occurring. OPSEU has joined a coalition to fight back. We are defending public services on the basis of public health and safety, accessibility, environmental concerns and employee fairness.

As privatization encourages democracy's slide down a slippery slope, it lets the public take the risks and private corporations reap the profits. Concerned citizens and allied organizations will be holding a forum to highlight our fight to keep public services public.

I will be attending this forum and I hope others from the Metro/GTA area will attend as well.

OPSEU is proud to be one of the founding members of this coalition, bringing together many unions and other public interest groups to raise awareness of the impact of privatization and to let people know how their services are being damaged. The forum is called **We Pay, They Profit**.

The forum will include representatives from the front lines of many struggles to keep our services in public hands including: health, electricity, water, education, prisons, municipal services and others including OPSEU President Leah Casselman. Political comedian Greg Malone will host the evening and the presentation of the first ever Golden LEECH Awards, which recognize true private sector greed.

Keep in touch with us

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

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

If you wish to be added to OPSEU's e-mail lists, please contact lwilliams@opseu.org and mention you are with the Hospital Professionals Division.

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
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Job Security	Jan O'Leary	Local 659	St. Joseph's Health Centre
Public Policy	Pat Collyer	Local 575	The Scarborough Hospital
Chair - Central	Aimee Axler	Local 444	Kingston General Hospital
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