

Fellow Ottawa Hospital ONA members,

As you are now aware, The Ottawa Hospital is in the middle of training its staff for the new 42 million dollar EPIC project set to roll out on June 1st, 2019. EPIC is part of a project between several other health care partners in the Ottawa area that will help standardize processes and documentation that interact with the Ottawa Hospital on a daily basis. This is called Project Fusion. This is a massive undertaking involving all of the TOH's 15,000 staff, and will encompass every aspect of the hospital's functioning. Although we can see that this project is important to help reduce costs and to improve patient and staff safety, several problems have been brought to the union's attention which I will try to answer here.

On-line modules:

The online modules are in a video format so need audio capability. Many of the TOH computers in the clinical areas do not have this capability. We do not advocate for our members to be wearing headphones in the clinical areas as the CNO would not look favorably upon this if something negative happened to a patient and we have had members disciplined in the past for doing this very thing. If you absolutely have to use headphones make sure that you have someone safely covering your patients while you complete the modules.

If you cannot complete the modules during working hours due to workload then you need to let your CCL, APN or manager know so that they can put mechanisms in place to facilitate this. If they ask that you do this at home or if you ask them if you can do it at home due to workload issues you need to get pre-approval to do so and find out how much time they are willing to pay you to complete it. I advise getting this approval in writing.

If you experience technological issues connecting to do the modules, you need to let your immediate supervisor know as quickly as possible so they can fix it or put alternatives in place. This is important because you can't do the in-class sessions until such time as you complete the online modules. If the census is low, I would hope managers would not be sending staff home early if there is staff working who have not had a chance to complete the modules due to workload challenges.

In-class training:

We have been told that managers are being left to operationalize the in-class training at the unit level on their own. It is being done completely different on every unit based on current sick leave and availability of PT or casual to cover operational challenges. Because of this, certain units have the ability to backfill the training better than others. Some are offering the staff the choice of attending during scheduled shifts, some the opportunity to attend on a non-scheduled work day at straight time under article 9.07 of the Central Collective Agreement. Others are scheduling part of it during a scheduled work day and then are staying later to complete the rest of it. Others are just posting

several dates and telling staff they have a choice of what dates to pick from but if they don't then one will be chosen for them. Others are just slotting their staff in wherever they want without any consultation with their staff.

If you have questions about how your manager is slotting yourself and other staff in for this training, respectfully ask them why other units seem to be able to facilitate this but your unit does not. Article 9.07 in the Central Collective Agreement states they must endeavor to make an attempt to schedule this during a nurses scheduled working hours we take the position that they must make a real and concerted attempt to do so. Given that they have known about this rollout for over a year now one would expect that they would have been able to facilitate this more than they have. Have they asked casual or PT to pick up more hours during this time? Have they tried to reduce patient flows during this time, in areas where they have Collins Day are they taking advantage of it as a day to offer training.

Recently we have also heard that some areas have asked their staff who are off on Matt leave to come back in for a day to facilitate in class training, there is no requirement for staff to do so and managers are being followed up with if they do.

Vacation denials:

We are being told that some areas are universally denying any vacation during this time frame. If this is the case we need to know so we can look at potentially filing grievances. We would expect a bit of a decrease in the vacation quota but not an outright denial. Senior management continually tells us that they have never told their managers to deny all vacation. Another issue is staff were not made aware of any decreases or problems granting vacation when they were putting in their vacation requests on the planners, if this was done ahead of time then they could have made a more informed choice and adjusted their vacation requests appropriately. Another issue that has come up is some managers are preferentially granting staff vacation based on their circumstances instead of based on their seniority as per the Collective agreement.

Education:

We have been told that many areas are not able to access the education funds they traditionally have used to help pay for courses. At TOH it was one 7.5 hour day for PT and X 2 7.5 hour days for FT. Unfortunately, this is not a contract right. It is up to the hospital's discretion as to how they utilize these education funds and we have been told that they made a corporate decision to use these funds to help supplement staff training for EPIC so this may end up using any funds available for the rest of the year. It would have been good to have put the message out ahead of time so that staff could have looked for alternate funding ahead of time or decided not to take certain courses.

Grievances:

We are taking the position that any and all mandatory education such as EPIC, NVCI and Desouza are to be done on a nurses scheduled work shift and are willing to look at

filing grievances over this on a case by case basis. We are also taking the position that even though article 9.07 states mandatory training and e-learning are supposed to be done on a nurses scheduled work hours, if they are not for some reason then all other collective agreement premiums still apply. Examples of this would be if the training forced other shifts to put a PT's into OT, or 5th shift, 3rd weekend, or short turn around premiums. Also, if you are FT and being asked to come in on your day off to cover for staff to attend training but not as training for yourself then we would consider that OT. If you are one of the lucky ones who have had this scheduled on a work day but it is not for the whole shift and you are asked to go home early by taking vacation, stats, or banked time for the rest of the shift then we would consider this a short term layoff and you could exercise your right to bump. See articles 10.08 for more details.

I have no doubt that this will improve patient care and the working environment for staff in the long run; however, we have concerns about the implementation process that we wanted to bring to your attention. You will note that the point of contact for any of these issues is your immediate supervisor and that is because they are being given discretion as to how they operationalize the roll out of EPIC so they should also be the ones to help fix any issues.

Sincerely,

Marc Page

Bargaining Unit President, The Ottawa Hospital,

Local 083 Coordinator.