United Nurses of Alberta
News Bulletin
VOLUME 28, NUMBER 2
MAY 2004

PROTECTING SAFE NURSING and the TIME TO CARE

Decision time coming in Provincial Negotiations

Reporting Meeting called for May 31

RN Linda Jones shares a light moment with four-year old Carson.

Published by *United Nurses of Alberta*
six times a year for our members

Editor: Keith Wiley • Production: Kelly de Jong

Contact Us

Provincial Office
900, 10611-98 Avenue
Edmonton, AB T5K 2P7
PH: (780) 425-1025 • 1-800-252-9394
FX: (780) 426-2093

Southern Alberta Regional Office
300, 1422 Kensington Road N.W.
Calgary, AB T2N 3P9
PH: (403) 237-2377 • 1-800-661-1802
FX: (403) 263-2908

E-mail: nurses@una.ab.ca
Web Site: www.una.ab.ca

Executive Board

Senior Staff

PUBLICATIONS MAIL AGREEMENT #40064422
RETURN UNDELIVERABLE
CANADIAN ADDRESSES TO:
CIRCULATION DEPT.
330-123 MAIN ST
TORONTO ON M5W 1A1

SAFE NURSING, SAFE NURSING CARE

On April 28 I attended the Edmonton memorial ceremonies for the Day of Mourning for Dead and Injured Workers and it was very moving. There was a choral group that sang a powerful song. Called "More than a paycheck" the song talks about industrial work hazards and how they can affect a family. The chorus is heart-rending:

"We bring more than a paycheck
to our loved ones and families

We bring asbestosis, silicosis,
brown lung, black lung disease

Radiation hits the children before
they've even been conceived."

When I heard the song I couldn't help thinking of the nurses who battled SARS in Toronto. Some of them brought the disease home to their families. All of them brought home an incredible strain, whether it was the isolation of being quarantined or the stigma that nurses' families experienced in their communities. Every health care worker in Ontario was touched by the terror of SARS.

Every day nurses invest their personal health and the health of their families in their jobs.

That's why it is important we keep nursing work as safe as possible, for nurses and for our patients.

If we don't, we run the risk that we won't have the nurses our system and our fellow citizens need.

Of course this is central to our current provincial negotiations. It's a lot about respecting nurses and respecting the nature and value of our contribution. The heroic efforts of the Health Employees Union in British Columbia to defend their collective agreement and maintain publicly delivered health services speaks volumes about the insensitivity and disregard employers and governments have for the contributions made by public sector workers across this nation.

As I write this we are coming to decision time for nurses. At the Reporting Meeting on May 31 we will need to make very important decisions. I ask you to keep yourself well informed of negotiations as we approach the end of mediation. Your Negotiating Committee sent out a package of detailed information of the concepts for change discussed thus far. But negotiations are on going and we don't know yet what the outcome will be. So keep in touch with your colleagues, with your local UNA executive members and watch for more UNA information.

PROVINCIAL NEGOTIATIONS

DECISION TIME IS COMING

NegCom taking details to UNA members

The Negotiating Committee has set the date for the provincial Reporting Meeting on negotiations for May 31 and held a special President's meeting on April 19th.

"With the new June 15 absolute deadline for this mediation process with Andrew Sims, the Committee decided the Reporting Meeting should be scheduled," President Heather Smith said.

The special President's Meeting on April 19 included a detailed update on what is being considered in mediation, especially on the topics of mobility, seniority, promotions & transfers, layoff & recall, and scheduling.

Details on the proposals being considered have been distributed to all UNA members in a special update document.

The progress comes out of the mediation efforts of Andrew Sims, UNA nominee Lyle Kanee and Employer nominee Bill Armstrong who were appointed as an arbitration board last December. UNA agreed to work with the Board in a mediation process, but also made it clear that actual arbitration was not an acceptable option.

The mediated talks began in January, however early in March, Chair Andrew Sims pointed out that it would be impossible to conclude all the details by the original deadline of March 31. He asked both sides to agree to extend the process to June 15 and expected a response to his request by March 15.

UNA told the panel that nurses are prepared to continue mediation for as long as it takes to reach an acceptable agreement. The Negotiating Committee said that artificial deadlines do not serve the process well. But the Health Regions initially refused to respond to the request. Sims, along with both the UNA and the Employer nominees, wrote to Human Resources Minister Clint Dunford asking him to persuade the Regions to agree to an extension or to extend the timeframe himself. Finally, after the extension issue was raised in the Legislature and in news coverage, the Regions agreed to extend to the June 15 deadline on March 24.

Working out a deal that protects nurses…

Details of working proposals on mobility, and region-wide bargaining units

The main provincial round of negotiations with the Health Regions started over a year ago with Employer proposals for hundreds of rollbacks, proposals to worsen conditions in the health system. The first mediation process with Alan Beattie in 2003 produced recommendations that were rejected by 98.8% in the vote by UNA members in September. Through all the negotiations since then, little progress was made. The Health Regions insisted nurses accept these conditions or have them imposed either through an arbitration award or by special government legislation.

But with the mediation assistance from the appointed panel and chair Andrew Sims, possible terms are coming together to adapt the UNA contracts to the Bill 27 reality. The key feature of Bill 27 is that all the nursing Employees of a Health Region will be in a single bargaining unit. (For simplicity this is referred to here as Region-wide bargaining units.)

This means significant change in many of the terms of the contracts, but throughout the process the UNA Negotiating Committee has made it clear that nurses must be protected from arbitrary juggling around of their jobs.

Director of Labour Relations David Harrigan answered many questions on negotiations at the April 19th Presidents meeting.

Presidents and members get inside look at negotiation details

Committee optimistic about agreement

The provincial Negotiating Committee called a second Presidents' meeting in Edmonton on Monday, April 19, 2004 to outline some of the changes under discussion with the mediation panel. The Presidents passed a strong motion of support for the Committee. After the meeting UNA sent out a package to every member with more information on adapting UNA contracts to the new Bill 27 Regional bargaining units.

"These changes would be the greatest fundamental shift in contract provisions in the history of UNA," President Heather Smith told the Presidents at the meeting.

"In light of the changed bargaining unit framework across this province, this Committee believes it is imperative that appropriate provisions are established to protect safe practice, while advancing the rights of our members to secure and maintain employment opportunities," she said.

But the delegates were also told that, while the Negotiating Committee was optimistic about the possibility of reaching a settlement, it was still very much uncertain whether the Employers would come to an agreement.

Delegates at the meeting said they were ready to take action if necessary. Daphne Wallace, from Calgary, said she always keeps a picket sign in her car, just to be ready. It's not time to throw the sign away, responded David Harrigan, the Director of Labour Relations. But, he said, Daphne can keep the sign in the car. She just shouldn't pin it on the front of her hood yet.

"The June 15, 2004 deadline is truly a deadline," Heather Smith told the meeting. "Either the mediation with Andy Sims, Bill Armstrong and Lyle Kanee will result in an acceptable new contract or efforts will be made to impose a settlement."

"The efforts we have invested in this process may not lead to an acceptable settlement," Heather Smith concluded. "But we will take whatever "next steps" may be necessary to complete negotiations 2003. Our motto for these talks has been "Strength in Unity" – If it is possible to achieve a deal which unifies nurses in a profound new way, it will be as a direct result of the determination and commitment of nurses in this province to stand together in the face of adversity. It is our hope that this mediation process will do what Alan Beattie and employers did not expect us to accomplish – to move forward not back."

Current is NOT an option.

CONTRACTS HAVE TO CHANGE

We must adapt to the new Bill 27 reality of the Region-wide bargaining units, the Presidents heard at the April meeting. At the same time nurses must protect good practice in nursing care and protect themselves from being moved around like push pins on a bulletin board.

The big change is this: nurses have always had protection within their bargaining unit which has usually been the hospital or work site. A nurse can't be moved outside the bargaining unit and can't be made to work in another bargaining unit. A nurse who is laid off must be recalled to the same bargaining unit and so on. But Bill 27 changes the bargaining unit from just one hospital or site to all nurses directly employed by each Health Region. Some Employers believe that this would mean they could move Employees' positions to any of their sites, and still be in the bargaining unit. This is, of course, what the Health Regions wanted when they asked the government to pass Bill 27.

The new structure is precisely why current contract conditions are NOT an option. With the current contract Health Region Employer could juggle nurses anywhere, and almost any time, they like.

We'll be calling you…

UNA READY WITH A QUICK PHONE MESSAGING SYSTEM

Don't be too surprised if you get a call at home from Heather Smith in the near future. UNA is preparing to use a broadcast phone messaging system to get time critical information to each and every member. If urgent news about negotiations, or any other topic, needs to get out right away, the new technology can call every UNA member in the province in just a few hours. The information would come as a recorded message, most likely from President Heather Smith.

You could get a call that goes: "This is Heather Smith, President of United Nurses of Alberta. I'm calling with urgent information on nurses' negotiations that you need to know about…"

The broadcast phoning technology is fast. According to Florence Ross, UNA's Director of Information Systems, it cannot be beaten for speed. "It gives us a real immediate capability to communicate to members," she says. "Automated phone messaging isn't the most personal, of course, but we can record a message in the afternoon that goes to every member's home or answering machine that evening. It's almost instantaneous."

The system leaves messages on answering machines, can record feedback about wrong numbers called and provides statistics on all the calls that were placed.

UNA would only be using the phone broadcasting when there is a real need to get urgent communications out.

NURSES FACE DOWN GUNS IN EDMONTON

Nurses in Edmonton had to face men with guns in several separate incidents over the past month.

The Boyle MacCauley Health Centre was amost completely evacuated after a man came in with a rifle. One nurse got caught in the basement and hid herself behind two locked doors until police talked the man out of the clinic.

Less than a week later another man committed suicide with a gun in the drive in bay at the University of Alberta Emergency. The threat of gun violence provoked an evacuation of parts of the facility and created considerable anxiety for everyone there as well.

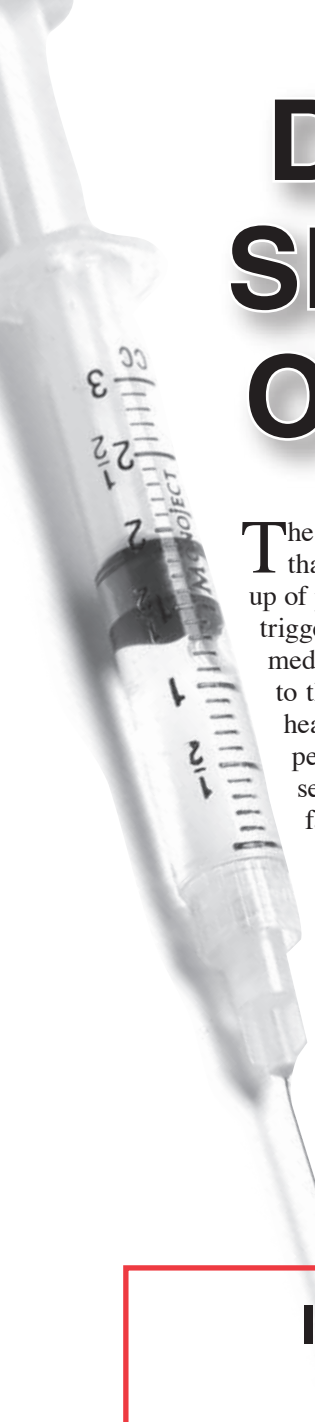
The Eastwood Health Centre, which runs a harm reduction centre and needle exchange for addicts, also had a scare with a man with a gun. The nurse who saw the client in the needle exchange program said he appeared too unstable to be using the program. "You're lucky I'm on morphine, because generally I'm a very angry person," he had told her. Later when he was in the waiting room to see the doctor he apparently showed a gun to another client who reported it to the nurses. "He's going to shoot up the place, or he's going to use it was the fear," said the nurse. Police were called and nurses in the lunch room saw them going past on the street guns drawn and at the ready. The man was "taken down" on the sidewalk outside after he'd gone for a cigarette.

Police later discovered it was a plastic cap gun.

The incident got lots of attention because a CFRN TV crew who must have picked up the call on the police band, got the police takedown on to the supper news. Health Region managers showed up the next day to discuss safety with the staff.

"Now we get the attention," one nurse noted. "We've had many other incidents, some worse, and they never came down to find out about it." She said nurses need clear guidelines about when to defer service to people. "This guy told me he'd have to rob a pharmacy. It could have been a very dangerous situation," the nurse said.

DEATHS IN CALGARY SPARK MEDIA FLURRY ON MEDICAL ERRORS



The Calgary Health Region announcement that two patients died after a pharmacy mix-up of potassium chloride with sodium chloride triggered an outpouring of media coverage on medical errors. More than one article pointed to the provincial survey on satisfaction with health care last year. Fourteen percent of the people surveyed reported that they themselves or a member of their immediate family had experienced a major medical error in the past year.

"Medical errors can be devastating," says UNA President Heather Smith, "and so many of them can be prevented with better practices." She points to studies that show the cause behind most errors is inadequate systems, processes or staffing. "When medical staff are pushed too hard, mistakes happen," she notes. "That tells us that safe health care isn't done by constantly putting on pressure to cut budgets and increase so-called 'efficiencies'. Bottom-line management just isn't acceptable in health care."

The deadly mix-up in dialysis solution may be a direct result of staffing short cuts. The Alberta Pharmacists Association points out that: "Health regions have been forced to work within the realities of their world and develop procedures that fit their budget and the staffing resources available to them." Under Calgary's Tech Check Tech protocol, the IV solution had never been checked by a pharmacist but only by technicians.

Several Canadian and American studies on errors show that faulty systems or inadequate conditions are the root cause of most mistakes. The American Institute of Medicine says, "the majority of medical errors do not result from individual recklessness or the actions of a particular group—this is not a "bad apple" problem."

The news stories also mention the creation of the new Canadian Patient Safety Institute being set up in Edmonton by the federal government. The organization will track medical errors and work to prevent them from recurring by making changes to the health-care system.

IT'S OBVIOUS SAYS FOUNDATION

"Considering we live in an era of hospital mergers and increasing workload for health-care staff, and considering the sheer numbers of nurses in the health system, it is no surprise that research is pointing to a strong relationship between nurse staffing and patient outcomes. Not only is staff mix a factor (the proportion of registered nurses to other caregivers), but nurses' education levels, nurse-to-patient ratios, and the number of care hours per day that nurses put in also influence patients' level of pain, rate of infection and death rate."

– From Links, The Newsletter of the Canadian Health Services Research Foundation

The Federal government set aside $50 million in the 2003 budget to create the Safety Institute.

"While the Institute is important to share information across the country on preventing errors, the most effective first step is adequate staffing with Registered nurses," Heather Smith said. "One American study reports that 86% of drug errors from a pharmacy or from physicians are caught in time by nurses," she says. "Enough nurses to monitor each patient and their medications is a crucial step in keeping all our patients safe. Exchanging information on the national level can help, but clearly more nurses at the bedside will improve things immediately."

AMERICAN REPORTS SHOW IMPORTANCE OF NURSES IN PREVENTING ERRORS

A report published by the U.S. Institute of Medicine in January 2004 says adequate nursing care is crucial in preventing errors. The report, *Keeping Patients Safe: Transforming the Work Environment of Nurses*, follows up on the *To Err is Human* report that estimated as many as 98,000 hospitalized patients may die of errors in the U.S. each year. "Research is now beginning to document what physicians, patients, other health care providers, and nurses themselves have long known: how well we are cared for by nurses affects our health, and sometimes can be a matter of life or death." The study was commissioned by the U.S. Department of Health and Human Services to discover what improvements in working conditions would increase patient safety. "These studies… taken together, provide substantial evidence that richer nurse staffing is associated with better patient outcomes," says the study. The authors concluded that maintaining input from front-line nurses in health care management is crucial. For example, they call for national standards of nurse staffing in long-term care facilities, one RN for every 32 patients. And the authors say that staffing must include "elasticity" or "slack" in each shift to allow for changing patient needs.

Keeping Patients Safe is available from the Institute of Medicine at http://www.iom.edu/report.asp?id=16173

SOME RNS AND RPNS ARE BEING LEFT OUT OF UNA

With Bill 27 all the Registered nurses employed by each Health Region were supposed to be included in the UNA bargaining unit. That gave UNA membership to hundreds of other nurses who had previously been in other unions.

But many nurses have been missed.

Many nurses who work in community mental health offices or formerly worked for the Alberta Mental Health Board have not been informed they are now in UNA. And without lists from cooperative Employers, UNA may have no idea who is being left out.

The bargaining unit description clearly includes almost all Registered nurses: "all employees when employed in direct nursing care or nursing instruction". Often job descriptions or competitions specifically require RN or RPN registration and that position should be in the UNA bargaining unit. For almost any RN or RPN working for a Health Region the case could be made they should be in the UNA bargaining unit.

There have been several calls from nurses wondering why they were not in UNA yet and it was quickly uncovered that because of errors or other reasons, their dues and membership were still attributed to another union. The only way these nurses knew about the error was from talking to other nurses.

HELP FIND THE LOST UNA MEMBERS

The on-the-ground nurse network may be the only way to reach people who should now be in UNA. If you know nurses who have not been in a UNA bargaining unit before but likely should be now, encourage them to call a UNA office, or call the office yourself.

ONTARIO FIGHTS BACK AGAINST LIBERAL P3S

On April 5, thousands of people marched in centres across Ontario to protest plans for P3 hospitals. Ontario unions and the Ontario Health Coalition kicked off the start of what they say will be a lengthy and loud protest against private-public hospital partnerships.

"Private medicine means private corporations make money off people getting sick," said Andrew Hodge, the Toronto co-ordinator for the Ontario Health Coalition, which organized the march.

Under the previous Tory government, two hospitals -- one in Brampton, Ont., and one in Ottawa -- were to be built, run and owned by public consortiums in what is known as the P3 model. After promising voters to stop P3 hospitals in the last election, the new Liberal government renegotiated the Brampton and Ottawa deals -- allowing private firms to cover the cost of building the hospitals with taxpayers repaying the money in the same way homeowners pay down a mortgage.

Registered Nurses' Association chief Doris Grinspun said nurses represented by her organization need to speak up about the possible downfalls of privatization. "It's more expensive, it's less quality, it is less commitment to the workplace," said Grinspun. "There's absolutely no financial or moral sense to this."

The Coalition has also been highly critical of what could be called the "show" legislation the Liberals introduced, Bill 8, the "Commitment to the Future of Medicare Act". The coalition points out that there is no prohibition of further delisting, of the two-tiering that is happening in the MRI/CT clinics, of the service charges that are occurring throughout the system or of P3s. "It gives the Minister huge powers to restructure the health system without telling anyone what is his intent," says the Coalition.

"For-profit health corporations see user fees, service charges and two tier access as potential new revenue streams and are pursuing these in a much more aggressive way than their non-profit and public counterparts ever contemplated. In addition, the delisting of services and procedures has allowed the growth of two tier access for uninsured services," the Coalition says.

Ralph Klein certainly did boost the health care reform "rhetoric" in recent weeks. Vowing to jump ship from the Canada Health Act – from, in fact, medicare – Ralph Klein promised to bring in big plans for changes, and privatization and to make it an issue in the next election.

Klein ready for a FIGHT ON HEALTH CARE

There's little doubt that Klein is serious, dismantling medicare in the province has been on his government's agenda all along. It was put on the back burner a bit after the tremendous opposition to Bill 11, but it has been simmering along back there. In fact it looked as though privatizers were quite happy to have low-key incremental "reforms" whittling away at the public health system, rather than risk any more high profile, and controversial moves.

But recently the Premier has been publicly musing about dropping out of medicare and bringing in user fees. "Can we have deductibles? Can we have some form of user fee without being penalized, some kind of facility fee?" he asked recently.

Jeffrey Simpson, a national columnist in the Globe and Mail noted in a recent article: "Premier Klein, whose government has been drifting, is said to have rediscovered the fire in his belly to tell citizens that something has to be done, to put options before them and, in due course, to act. If Ottawa objects, throwing up the alleged incompatibility of Alberta changes with the Canada Health Act, the Premier is ready for a fight."

PUBLIC HEALTH CARE

Not only sustainable... it's a bargain

Premier Ralph Klein has again been talking loudly in the media about health care being too expensive and unsustainable. He appears to be setting the stage for the next major step in dismantling Alberta's medicare system and promises to make it a major election issue.

Even reading her budget speech Finance Minister Pat Nelson harped on how much health spending was going up. It has doubled in the last nine years, she said. That may just be a clever use of statistics. Nine years ago, in 1995, the budget cuts hit bottom—with the lowest levels of health spending. Since then the government has recovered spending rapidly. But there's nothing to suggest it is "out of control" as the Premier likes to say. In fact, if you use Canadian Institute for Health Information numbers, and compare apples to apples – constant dollars and per person spending rates – the results show Alberta is spending just slightly more than in 1989. We are spending less in fact, as a proportion of the overall provincial economy, then we were then.

- **FACT:** The amount of GDP (our total wealth) Alberta spends on health care has actually decreased over the past 10 years from 5.3% in 1993 to 4.9% in 2003.

- **FACT:** Fifteen years ago Alberta spent about $1914 per person on health care. This year, adjusted for inflation, we spent $2264. That means the average increase is a reasonable $23 per person a year.

- **FACT:** Health care is not crowding out government funding for other services such as education. Ten years ago the provincial government spent about 30% of its revenue on health care and 27% on education. Last year it spent 27% of revenue on health care and 21% on education.

Corporate profits trump safety of Canadians?

Critics attack proposed Health Protection Act

There has been a great deal of criticism on the proposed Canada Health Protection Act that the federal government has been developing. In a pointed critique of the Act for the Canadian Health Coalition, Michael McBane notes that, "The government and industry elites have made their choice: economic growth and corporate profits are to trump the protection of citizens' health. The evidence indicates that the federal health and safety regulatory agencies have been captured by industry."

Specifically, the changes proposed so far in the Act include:

1. Shift from health protection ('duty of care') to risk management;
2. Prevent the application of the Precautionary Principle where its needed most;
3. Shift the burden of proof (products are presumed safe - harm has to be proven);
4. 'Manage' the damage (irreversible harm and uncontrollable hazards);
5. Avoid liability for regulatory negligence;
6. Allow direct-to-consumer drug advertising.

Health Canada held a stakeholders meeting in Edmonton in March to hear input on various elements of the Health Protection Act. The 'legislative renewal' process began in 1998 with a proposal to consolidate existing legislation into a new framework that better addressed new issues in health and safety – genetically modified foods or SARS, for example. The centerpiece of this legislative renewal is the merging of the Food and Drugs Act, the Hazardous Products Act, the Quarantine Act, and the Radiation Emitting Devices Act into a new Canadian Health Protection Act.

It became clear at the stakeholders meeting that despite six years of thought and consultation, no consensus had been reached among the interested parties. Indeed, one stakeholder group suggested that the government should scrap the entire framework and start from scratch to better

CHALLENGE FOR MODELS FOR 2004 RAINBOW GALA

Nurses planning the annual Rainbow Gala fundraiser are putting out a challenge for other nurses to take a turn at modelling in the fashion show part of the evening. The UNA members who modelled last year say they want to spread the excitement around.

"It's a lot of fun and we're challenging other nurses to take it on this year," said Alan Besecker, president of the Alberta Cancer Board Local, whose whole family modelled. "I'm going to model again, if I can," says provincial President Heather Smith.

The Gala is the annual charity fundraiser put on by Local #301, U of A Hospital nurses to raise support for the Rainbow Society. The charity helps very sick children and their families. On October 14 this year, the Gala will be held at the Fantasyland Hotel at the West Edmonton Mall and features a dinner, the fashion show, entertainment and a silent auction.

"It's a great party," says BettyAnn Emery, President of Local #301. "We are giving early notice to UNA members at other locals who may want to get in early to try on some of the beautiful fashions."

Nurses interested in helping out with this year's Gala should contact Local #301 at 407 7453.

address the concerns being raised. It was clear that the proposals to date benefit industry at the expense of the health and safety of Canadians. While Health Canada representatives do not expect that draft legislation would be tabled in Parliament until 2005 or 2006, we will need to be vigilant to ensure corporate profits do not override the rights of citizens to enjoy protection from unsafe foods, products or marketing practices.

More information at: McBane, Michael. "Risk First, Safety Last! A Citizen's Guide to Health Canada's Health and Safety First! A Proposal to Renew Federal Health Protection Legislation" (http://www.healthcoalition.ca/safety-last.pdf).

Eminent citizens write the PM:

Industry and health a deadly mix

This is an excerpt of an open letter signed by 800 people to Prime Minister Paul Martin expressing concern about the Liberal government's proposed new Canada Health Protection Act. Shirley Douglas, Jane Jacobs, and David Suzuki, as well as 125 eminent medical professionals from across Canada, are among the signatories — including experts from 30 countries — to the letter.

Dear Prime Minister,

We are writing you to express our deep concern with your government's proposal to replace Canada's Food and Drugs Act with a new health protection legislative regime.

We have noted a series of changes announced by your new government that reflect the commitment to building a "21st-century economy." A key element appears to be the redesign of the federal approach to health and safety regulation in order to create an "advantage" for industry by means of weaker safety standards.

Of particular concern are Health Canada's proposals to:

. Abandon the precautionary principle to a narrow risk-benefit regime.

. Shift the burden of proof from industry to the public – products are presumed safe unless harm is proven.

. Speed up drug approvals.

. Allow direct-to-consumer advertising of prescription drugs.

If the government abdicates its health protection duty of care, Canada's health-care system will not be able to cope with the negative health outcomes. The negative effects of these proposed regulatory changes would also be felt throughout the international community.

Societies need both commercial and guardian functions. But these two types of work are contradictory and are prone to corruption if they stray across either their moral or functional barriers. When the governments in Canada mix trade and industry objectives – like deregulation, self-regulation and privatization – into health protection functions, people are killed.

These are the painful lessons from the tainted blood disaster, drinking water contamination, adverse drug reactions, and deadly pathogens in food.

Canada has not learned from the mad cow crisis in Britain. Food safety and food promotion functions must not be housed within the same government agency. The federal regulator may have helped the Canadian beef industry economically in the short term by not adopting precautionary measures to stem the spread of mad cow disease. However, in the longer run, this lack of attention to safety will cost the industry much more.

The purpose of health protection legislation is to safeguard health and safety, not trade and investment.

Government can't regulate to protect health and the environment if it is in bed with the industries it regulates. What kind of society builds a "21st-century economy" by exposing those least able to defend themselves – children – to uncontrollable hazards and unknown risk?

A NEW REPORT OUT OF THE U.S. INSTITUTE OF MEDICINE CALLS FOR UNIVERSAL HEALTH COVERAGE

A new American report says that country cannot afford to not provide universal health care coverage. "The economic vitality of the nation is limited by the poorer health, premature death, and long-term disability of uninsured workers." says the report from the Institute of Medicine from the U.S. National Academy of Sciences. Poorer health due to uninsurance costs the U.S. between $65 and $130 billion annually, they estimate.

The number of people in the U.S. without health coverage has risen steadily since 1987 to 2002 when it was 17.2 percent of the population. "Uninsured children and adults suffer worse health and die sooner than those with insurance," the report notes. It suggests several ways that coverage could be made universal by 2010, including moving to a Canadian-style single-payer system.

"The value in healthy years of life gained by providing coverage to everyone would almost certainly be greater than the additional cost of providing health care, at the level of those currently insured, to those who lack coverage."

More information at www.iom.edu/uninsured

> "It's true that the U.S. spends far more on health care than any other country, but this wouldn't be a bad thing if the spending got results. The real question is why, despite all that spending, many Americans aren't assured of the health care they need, and American life expectancy is near the bottom for advanced countries."
>
> *– Paul Krugman in the New York Times*

Lars Engqvist
Health Minister- Sweden

SWEDEN BANNING PROFIT HOSPITALS

The Swedish coalition government has banned the privatization of hospitals, amid fears that the expansion of private health care could destroy the principle of a fair and free public health service.

Health minister Lars Engqvist, a Social Democrat, said that new legislation would end the practise of private patients "buying their way past" hospital waiting lists. Provincial authorities, which are responsible in Sweden for the local healthcare system, will not be allowed in future to hand over the running of a hospital to a profit making company.

The ban comes after two provincial authorities, both controlled by centre right parties, began to privatize state hospitals that had expanded their private care.

However, the government, a coalition of Social Democrat and centre left parties, said that the privatization of hospitals risked undermining a central principle of the country's health care—namely that medical treatment must be given to every patient according to their need, not their ability to pay.

Under the terms of the new bill private companies will not be allowed to run hospitals that treat state insured patients as well as private patients. In addition, provincial authorities will be forbidden from handing over the day to day running of hospitals to profit making companies. Also, private companies will not be allowed to buy regional or university hospitals; only foundations and non-profit providers are to be allowed to manage hospitals.

How many RNs ON NIGHTS in LTC?

UNA Net discussion informally surveys LTC

Many Long-Term Care centres in the province have moved to absolutely minimal RN staffing, and overall limited staffing, particularly for night shifts. Stephanie Velie was concerned about staffing levels in her facility and she put up a question on the UNA Net News conference recently. She wanted to find out what night staffing levels were at other LTC facilities around the province. The emails poured in with reports from all kinds of facilities.

A sampling of the responses:

One facility has one RN on for 158 beds, along with seven nursing assistants who now need no formal training at all.

We have an 80 bed dementia unit and an 82 bed unit that has our more medically complex residents as well as a bed for the regional palliative program. At night time we have one RN and 4 NAs.

We have one RN on nights with two PCAs for 78 residents.

We have one RN on each shift for 23 residents.

One RN for 25 residents and she is on call for the other 50 if needed.

I work in a 200 bed LTC facility with a 10 bed trach unit and a 10 bed sub-acute unit and we have one RN to 100 residents on evenings and night shift.

Our facility has 90 beds with one RN covering both units on nights.

Our LTC facility has 110 beds. It is divided into 2 units but there are actually 3 wings. The north wing has 50 beds and is looked after by one RN & two NA's. The South and Central wings have one RN & one NA. The south wing, which is our Alzheimer unit, also has one LPN & one NA. The central RN is in charge of this unit as well as there is not always an LPN to cover on nights. There are about 30 residents on south and 30 on central. We have all levels of care and about 6 tube feeds at present.

There is 1 RN for 96 - all shifts. Our facility has 48 patients per floor on the West side and there are 2 PCAs per floor on nights. On the East side there are 52 patients with 2 PCAs on one floor, on the other floor there are 44 patients (3 locked Alzheimer houses of 12 beds plus another with 8) with 3 PCAs.

At our Facility, we have 158 beds. There is one RN covering on Nights....2300hrs to 0715 hrs. There are 7 NAs as well. These do not have to have any formal training anymore. It's learning "on the job".

May 10 to 16

NATIONAL NURSING WEEK

Nurses across Alberta will celebrate International Nurses Day Wednesday, May 12 as part of National Nursing Week.

UNA provincially does not normally organize Nursing Week events, but locally nurses certainly do.

The NewsBulletin, will publish news of some of the innovative and exciting events nurses hold to celebrate their profession. Please send or email in news and or photos. (or just send a photo with a phone number to call for information about the event).

Celebrating the caring profession

Nursing News

UNA appeals decision on LRB bias

UNA has filed an appeal of the recent court decision that the Labour Relations Board (LRB) was not unduly influenced by government involvement in its administration of Bill 27. UNA and the Communications Energy and Paperworkers had argued that government communication to the LRB on implementing Bill 27 created a "reasonable apprehension of bias" on the part of the Board, which is supposed to be an independent tribunal.

"The case for bias is very strong," says UNA's Director of Labour Relations David Harrigan, "we need to take it back to the Court of Appeal for a further ruling."

Code Burgundy for CHR bed shortage

Liberal MLA Kevin Taft called for a public inquiry into bed shortages and "Code Burgundys" in the Calgary Health Region in March. Taft's comments came after reports that the Region had called 14 Burgundy alerts – absolutely no beds available to admit patients – during the last six months.

In recent months even CHR CEO Jack Davis has admitted the bed capacity problem in the Region. The shortage came about in part because of the demolition of the Calgary General Hospital and the sale of the Grace and Holy Cross hospitals.

"Stories of unacceptably long waits and a lack of resources are not the exception, they are the norm," Kevin Taft said.

Marion Moodie first nursing grad in Calgary in 1895

The Calgary General Hospital's School of Nursing was established in the spring of 1895 under the direction of Mary E. Birtles. Marion Moodie was the first student to graduate in 1898. After graduating 2940 registered nurses, the school closed in 1974, in keeping with the nation-wide trend to train nurses in an educational, rather than an institutional, setting.

Calgary ready for pandemic?

The Calgary Health Region has stockpiled about 100,000 N 95 masks, established at least 68 "negative- pressure rooms" and developed "assessment centres" in the event of a potential outbreak of a severe respiratory illness in the city.

This preparedness plan comes as the federal government and health regions announce their protocols to respond to pandemic outbreaks.

The Calgary Health Regions says it has an Office of Disaster Preparedness in place focusing on an "integrated response" to an outbreak.

UNA sending members to conferences

At the February meeting the UNA executive board decided to sponsor UNA members to attend an upcoming Alberta Federation of Labour (AFL) forum and to attend the Canadian Nursing Association (CNA Conference). UNA will be covering the costs for 12 members to attend the Calgary AFL event and two members to the St. John's Newfoundland CNA Conference.

The AFL meeting is geared to a discussion of the AFL agenda and priorities and to taking a serious look at the increasingly hostile attitude of governments to labour and workers' rights, both in the private sector, and in the public sector where the government is the employer. Bryan Palmer from Trent University will be the keynote speaker and promises to provide the historical and current context for the attack on labour rights.

UNA will also be sending 2 members to the Canadian Nurses Association (CNA) Convention, June 20-23, 2004 in St. John's, Newfoundland.

Full-time RNs reduce nursing home admissions.

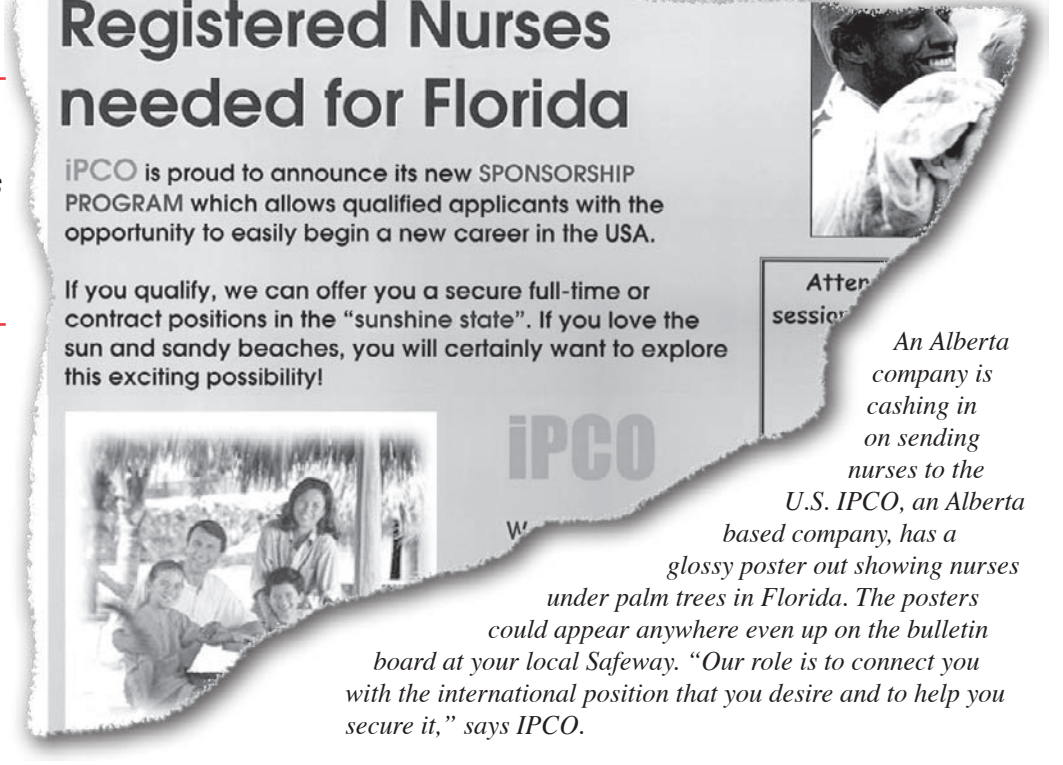
A recent U.S. study found that Assisted Living Facilities (ALF) with full-time RN staffing transferred far fewer residents on to nursing homes than facilities without RN staffing. The study of 1,483 residents in 278 Assisted Living Facilities found that the staffing characteristics of the facility played an important role in the likelihood of being transferred to a nursing home, according to the Agency for Healthcare Research and Quality. The vast majority of ALF residents (78%) left their facilities because of the need for greater health care. "Residents of ALFs with a full-time registered nurse (RN) had less than half the odds of moving to a nursing home compared with residents in facilities that were staffed differently. For people who want to avoid or delay nursing home placement, seeking out an ALF that has full-time RNs on staff may be a good choice..." commented the lead author of the study.

Good communication and coordination among team members is as important as technical proficiency for patient safety

Studies have indicated that as many as 80% of medical errors are related to interpersonal interaction issues. In an effort to improve teamwork, researchers in Minnesota surveyed 261 OR, ER, and ICU nurses at four hospitals to identify areas that needed improvement. Virtually all of the nurses indicated that good communication and coordination among team members was as important as technical proficiency for patient safety. But, between one quarter and one third of the nurses rated interactions with primary and consulting physicians, anesthesiologists, and nurse managers as low or very low. Only five percent rated interactions with fellow nursing staff as low or very low.

Massachusetts's nurses protest paramedics in ERs and ICUs

According to the February edition of the American nursing magazine Revolution several hospitals in Massachusetts are using paramedics in nursing roles in emergency rooms and ICUs. The nurses' association took concerns about the practice to the state's Board of Registration in Nursing, which ruled that "paramedics cannot function beyond the scope of a typical PCA or nurses' aide." The Board said that any nurse or nurse manager who was delegating nursing tasks to a paramedic would violate the state's Nurse Practice Act. "Now it is up to every nurse and nurse manager to stand up for quality patient care and to not allow misguided administrators to attempt to destroy nursing practice by handing our practice over to lesser qualified personnel," said Karen Higgins, President of the Massachusetts Nurses Association.



An Alberta company is cashing in on sending nurses to the U.S. IPCO, an Alberta based company, has a glossy poster out showing nurses under palm trees in Florida. The posters could appear anywhere even up on the bulletin board at your local Safeway. "Our role is to connect you with the international position that you desire and to help you secure it," says IPCO.

Great summer learning opportunity for UNA kids

UNA will be sponsoring two children of UNA members to attend the Alberta Federation of Labour Kids' Camp this summer. The weeklong camp for children of union members will be in its tenth year this summer. Vice-President Jane Sustrik who has attended the camp for the last four seasons says it has been a great experience for her and for the children.

The camp location has moved this year to the gorgeous Goldeye Centre, near Nordegg. It runs from August 9 to 13th. Not only do the kids get to try out a number of outdoor adventures in the beautiful foothills environment they also participate in an exciting education program about unions and social justice.

The deadline to register for the camp with the AFL is July 9th. Cost is $275 per child for the week including all meals and accommodation. Buses will be leaving from Hinton, Edmonton, Calgary and Red Deer to transport children to the camp. For more information call the AFL at 780 483-3021 or 1-800-661-3995.

The two UNA sponsored children will be selected in a draw. Members must enter by June 9th.

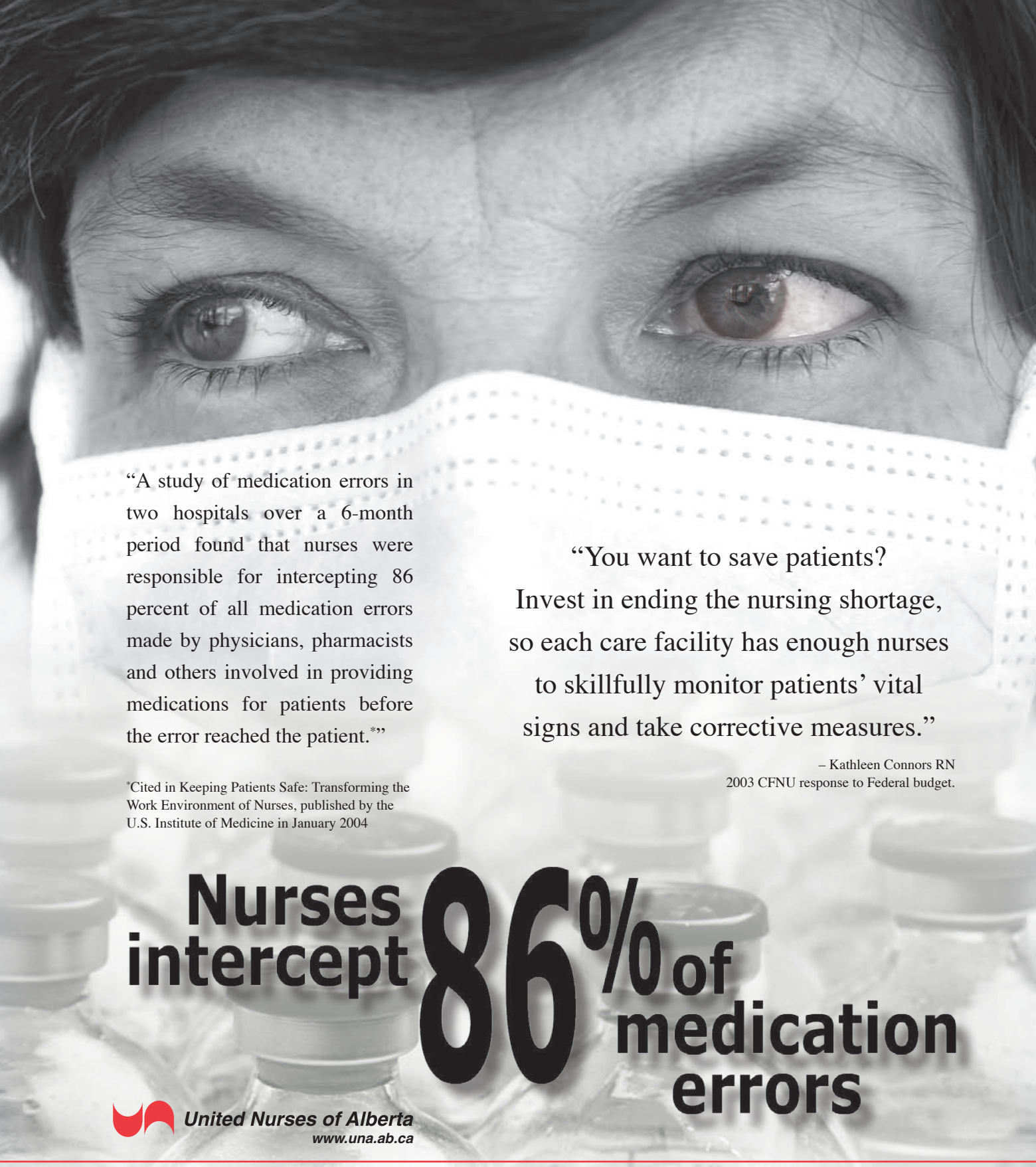
Blaine Snaychuk goes Over

CHILD'S NAME: _____ **AGE:** _____

MEMBER'S NAME: _____ **LOCAL #:** _____

PH # (HM): _____ **(WK):** _____

Entry must be submitted to:
UNA Provincial Office, 900 10611-98 Avenue, Edmonton, AB T5K 2P7
by June 9, 2004



"A study of medication errors in two hospitals over a 6-month period found that nurses were responsible for intercepting 86 percent of all medication errors made by physicians, pharmacists and others involved in providing medications for patients before the error reached the patient.*"

*Cited in Keeping Patients Safe: Transforming the Work Environment of Nurses, published by the U.S. Institute of Medicine in January 2004

"You want to save patients? Invest in ending the nursing shortage, so each care facility has enough nurses to skillfully monitor patients' vital signs and take corrective measures."

– Kathleen Connors RN
2003 CFNU response to Federal budget.

Nurses intercept 86% of medication errors

United Nurses of Alberta
www.una.ab.ca

Publications Mail Agreement #40064422