

Jennifer Caldwell brought in her daughter, Keira, with her to receive her \$750 first-year UNA nursing scholarship.

More on page 4.

News Bulletin

NURSES TO DECIDE

Employers offer to extend contract for one year

with 3% Salary Increase



NURSES TAKE CONCERNS TO THE BOARD

Sherry Stone, President of Local #85, Sturgeon Health Centre and member Jopy Haagsma took their safety complaint about latex exposure to the Capital Health Region Board of directors. More on Taking it to the Board on page 6.



Weighing the evidence

International Experience with Health Care Reform

Conference provides alternative to government spin on private health care.

See page 10.



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**Message from
the President**

Heather Smith

A lot of people look forward to spring, to that first day you can go outside without your winter coat and wear shoes instead of boots. I certainly do. It's a time of reinvestment in crops and gardens and this spring the notion of fertile nurturing for strong growth in the future is not only happening in the ground, but on the ground as well in Calgary.

What do I mean? I'm referring to Friends of Medicare's April 30 - May 1st "Weighing the Evidence" conference, an international review of what works and what doesn't work when providing health care. The Friends of Medicare conference will occur just prior to the Alberta government's international symposium. I encourage members to read the information in this NewsBulletin or check the FOM website www.weighingtheevidence.ca.

Spring is also a time of special meetings for UNA, at least for three successive years. In April 2003 we held a special Presidents' meeting, while in the midst of mediation with Alan Beattie. In April 2004, local presidents attended a meeting to discuss the progress of negotiations during the Andy Sim's Arbitration Panel. This April a Special Delegate Meeting is being held to discuss the unique proposal to extend the current agreements by one year. I encourage you to read the coverage included in this publication. Is this a reasonable proposal to consider? What expectations do members have for achievements in negotiations if we maintain the March 31, 2006 expiry date? What are the implications for future negotiations? Ultimately the decision will rest with the delegates and members of UNA. I cannot overstate the importance of membership participation in these deliberations and decisions. Attending local meetings and speaking up now is crucial.

On April 2nd we did a phone broadcast to members of locals involved in Provincial Negotiations. If you did not receive the phone message, it may indicate we do not have an accurate contact number for you. Please let us know if your address or phone number changes, to ensure you too are made aware of urgent issues for members.

Heather Smith, RN
President, UNA

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**NURSES TO
DECIDE**

**Employers offer to extend
contract for one year
with 3% Salary Increase**

**QUESTION &
ANSWER:**

Is 3% a good deal?

Cost of living is running at about 1.8% this year and has been near or below 2% for the past three years. It is impossible to predict what negotiations could achieve, but settlements in Alberta and other nurses' contracts across Canada are running lower than 3%. Other health workers in Alberta are still in negotiations. After a year of talks, the Employers have offered 2% for Licensed Practical Nurses and other hospital Employees represented by the Alberta Union of Provincial Employees.

Three per cent would keep Alberta's nurses at the highest rate of any province. Several provincial nurses' unions are in negotiations, but none of them is likely to surpass the UNA agreement. Ontario Nurses Association (ONA), which has in the past had the highest salary rates at the top rate, is currently awaiting arbitration hearings to settle salaries and other outstanding items. They are not expected to receive more than 4%, which would still leave UNA with the highest rates. Manitoba nurses signed a new 3-year agreement with 2.5% increases each year. Saskatchewan nurses have been offered 0%, 1% and 1% over three years and, last year, BC nurses accepted a two-year agreement with no increases.

**What happens if nurses don't
vote for the extension?**

Negotiations would begin as they normally would, likely early in 2006. Election of negotiating committee members had already begun at the recent round of UNA District meetings.

**Will it set a precedent? Does
this mean that each subsequent
contract will be 4 years?**

No. UNA has had contracts of different periods, one year, two years, and three years in the past. The extension is like having a one-year contract term.

Nurses are deciding whether to accept an Employer offer to extend the provincial collective agreement for one year with a 3% salary increase. On Friday, March 18 UNA received a letter from the Health Boards of Alberta Services (HBA) offering to extend the provincial agreement for one year, to March 31, 2007. The offer would increase basic rates of pay by three per cent for the year, but would keep the rest of the agreement exactly as it is.

The UNA provincial Executive Board voted unanimously to take the offer from health Employers to the members for consideration. The Board also unanimously recommended acceptance of the offer at their special meeting held on March 29th.

The Executive Board also voted to call a special delegate meeting to discuss the extension offer. That meeting will be held on Tuesday, April 19th in Edmonton. Affected Locals will be holding meetings before April 19th to discuss the extension offer.

"The Executive Board made a careful assessment and considered financial forecasts, contract achievements, perceptions of membership satisfaction and environmental stability," President Heather Smith said after the meeting. "We can strategically consider this offer and determine the membership's appetite for a one-year agreement with a salary increase of 3%, months in advance of the expiry date."

Finally, she noted that it will be up to the members to decide whether to extend the agreement. "Members need to weigh this extension against what we would want, or could expect to achieve, through negotiations."

"We are at the top in almost all areas of the collective agreement," said Board member Denise Palmer, who is chair of the South Central District. "The three per cent salary increase would keep Alberta at the highest rates of all the provinces. Extending the agreement would keep it overall the best in the country," she said after the Board meeting.

If UNA members approve the offer, the new one-year agreement and 3% salary increase would be settled months in advance of contract expiry, which would be an historical first.

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RETURN UNDELIVERABLE
CANADIAN ADDRESSES TO:
UNITED NURSES OF ALBERTA
900, 10611-98 AVENUE
EDMONTON, AB T5K 2P7



Above left: Secretary Treasurer Karen Craik with winner Stacy Hartleib. Centre: President Heather Smith with Jennifer Caldwell and her mother Theresa Caldwell. Right: Winner Susan Johnson and her family.

Next year \$750 scholarship goes to five future nurses

Three more first-year nursing students get encouragement from UNA

Jennifer Caldwell was one of the first-year nursing students to win the \$750 UNA Nursing Scholarship this year. Jennifer brought in her daughter Keira with her to receive her award.

Jennifer is the daughter of Executive Board member Theresa Caldwell who nurses at the University of Alberta Hospital. Jennifer is in the Psychiatric Nursing program at Grant McEwan College in Edmonton.

The two other scholarship winners this year are Stacy Hartleib from the BScN program at Red Deer College and Susan Johnson in the Nursing Degree Program at Medicine Hat College. Stacy was sponsored by her Aunt, Dena VandenBrink who works at the Rockyview Hospital in Calgary. Susan was sponsored by her mother-in-law, Elaine Johnson who also works

at the Rockyview.

For 2005, UNA has increased the number of scholarships. Five first year students will each receive \$750 this coming year. The deadline for applications is October 15 each year. Applicants need to write a short 250-word essay and supply documentation showing they are in their first year and are sponsored by a relative.

UNA uses a judging system based on the students' essays on the topic "How UNA impacts nursing work life" to pick the winners. The judging team reads essays that have all identifying information removed and choose the top essays for the scholarships. More details and application for the scholarship can be found at www.una.ab.ca

How does the UNA Agreement compare with those in other provinces

The UNA Provincial Agreement is widely recognized as the most advantageous collective agreement for nurses in Canada. Besides having the highest salary and premium rates, overall the provisions like scheduling and benefits set the highest standards.

Detailed comparison summaries are available through each Local, but here is a brief summary of a comparison of provincial nurses contracts.

SALARY:

UNA has long been a leader in salary rates among Canadian nurses. With a recent 9.5% increase over three years, UNA currently has the highest rates for both first-year nurses and senior nurses in Canada.

PROFESSIONAL FEES:

UNA joins Saskatchewan as the only Unions to provide reimbursement for nurses' professional licensing fees.

PREMIUMS:

Along with salary rates, UNA has the highest premium rates in Canada for In-Charge, Call Back, and Stand-By/On-Call. UNA joins with Prince Edward Island and Quebec in having the highest night, evening and weekend premiums in the country. UNA is one of only four unions to have a combined monthly rate and per kilometer rate for vehicle use.

EDUCATION:

Quebec currently has the highest additional premium payable to nurses for a Baccalaureate and Master of Nursing degrees. UNA has the second highest additional premiums for Baccalaureate and Masters degrees, while being the only nursing Union to have negotiated an additional rate for a Doctorate degree. Only UNA and Quebec include education premiums as part of the basic rate of pay.

UNA has among the best defined provisions and clear entitlements for the most generous paid education leaves in the country. There are 5 days for post-secondary residency requirements without loss of pay, numerous listed in-services that must be provided at the applicable rate of pay for nurses, and finally, at least three paid professional development days for all full time, part time and casual nurses. UNA has the highest preceptor pay in the country at \$0.65/hour

SICK LEAVE/WCB:

UNA is the only nursing union to offer a Short Term Disability (STD) plan to bridge from earned sick days to Long Term Disability in the event of illness. In addition, UNA joins only Manitoba, Nova Scotia and Saskatchewan in providing the ability for members to have their WCB payments topped up to provide them with their full net salary while on WCB.

VACATION:

UNA is currently second to BCNU with respect to the highest entitlement level (30 days versus 45 days). BC, Ontario, Manitoba and Alberta also have supplementary vacation provisions to reward long-service nurses.

OVERTIME:

UNA is unique in Canada for having all overtime paid at two times basic rate of pay, which includes education allowances.

VISION AND DRUG BENEFITS:

UNA is clearly leading the country in both areas, providing \$600 every 24 months for members and eligible family members for vision care with additional annual eye exam coverage, and 80% coverage of all dentist and physician prescribed medication. All other plans in Canada are limited to a formulary or drug list of some type.

BENEFITS FOR PART-TIME NURSES:

UNA's agreement has among the best benefits for part-time nurses. All UNA part-time nurses get almost all the supplementary health benefits, needing to work only 15 hours per week to qualify. Only nurses working less than 15 hours a week or in a six month or less temporary position get slightly less, no disability, injury or life insurance.

STATUTORY HOLIDAYS:

UNA has more "stats" than most nurses, 11 holidays plus a "floater". Stat pay is comparable at 1.5x basic pay plus an additional day off. Only BC has a higher rate, 2x, for working a stat holiday (plus additional day off) and 2.5x pay for Superstats (Christmas Day, Labour Day, Good Friday)

SPECIAL LEAVE:

UNA's combination of up to four days paid leave for family and special leave is among the broadest coverage in the country. While Quebec offers six days per year for family leave, UNA members can access days for other types of pressing necessity not necessarily related to family illness or distress. In addition, UNA joins only Saskatchewan and Nova Scotia in allowing six months of unpaid terminal care leave.

BEREAVEMENT LEAVE:

While Nova Scotia and New Brunswick provide up to seven days leave for immediate members of the family, UNA provides its members with five days of leave for a much wider group of individuals.

NURSES TO DECIDE

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Other Employers also interested in extension

The offer came from HBA, which was formerly known as the Provincial Health Authorities of Alberta (PHAA). HBA represents the Health Regions and Employers covered by the provincial agreement. Other Employers from the provincial bargaining round also indicated – subject to ratification by their Boards – they were also interested in the one-year extension and 3% wage increase.

These Employers are:

- Capital Care
- St. Michael's Lethbridge
- St. Michael's Edmonton
- St Joseph's Edmonton
- Youville Home St. Albert
- Bethany Care Society (Calgary and Cochrane)
- Alberta Cancer Board
- Bethany Group and Rosehaven Care Centre (Camrose)
- Millwoods Shepherds Care
- CareWest Colonel Belcher

Only one Employer from provincial negotiations, the Good Samaritan Society, has indicated they are not interested in an extension.

What happens to existing contract problems

Several interpretative conflicts have already come to light with the current agreement. The Board asked if delaying negotiations would also delay addressing important issues, like how to pay the new \$130 a month transportation allowance.

Direct of Labour Relations David Harrigan pointed out the provincial Joint Union-Management Committee has already begun working on these questions. The Joint Committee was created in the 2001 agreement to clarify contract provisions. The committee resolved the issues of education premiums and which clinical courses receive the education premium. The Committee has already met on outstanding issues including the special leave provisions, making all supplementary health benefits equivalent to the Health Organizations Benefit Plan and the "all means all" drug benefit covering all doctor and physician prescribed medications.

The Joint Committee has agreed to take some of these issues to mediation and, if necessary, expedited arbitration to resolve them as quickly as possible. Some outstanding grievances that are not being resolved have been referred to arbitration.

UNSAFE STAFFING, LATEX HAZARDS

push nurses to take concerns to the Capital Health Board



Two groups of nurses made presentations about patient safety to the Capital Health Board of directors recently. On January 13, nurses from Alberta Hospital Edmonton, UNA Local #183 brought forward their long-standing Professional Responsibility concern about understaffing.

In February nurses from the Sturgeon Hospital in St. Albert made a presentation on latex exposure and sensitivity, an Occupational Health and Safety concern.

Sheila Hogan, one of the presenters from Alberta Hospital said the Capital Health Board needed to take responsibility for the staffing problem. "Nurses must continue to speak out until that happens, or they are culpable." In presenting to the Capital Health Board she said she wanted to ensure that no one in a position of responsibility can say "we were not aware of the extent of the problems."

Sherry Stone from the Sturgeon Hospital said something similar, no matter how the Board deals with the concerns, she said, "Even if we're unable to change to the best practice, Capital Health now is responsible for latex allergy developing in staff or patients."

"They have to pay attention to the evidence we're giving them," she said. "If we don't act now to reduce the use of latex, more and more people are going to develop these debilitating sensitivities."

But Sherry Stone also said that presenting to the Board was a positive experience in itself, "We felt they were listening and we felt they would take a good look at it."

Alberta Hospital Edmonton Running short-staffed:

Over 500 shifts where RNs or RPNs were not re-placed

Nurses from Alberta Hospital Edmonton (AHE), Local #183 were frustrated with the Capital Health Board's response to their January PRC presentation, which was a two-part plan to gather more information. The board is putting in place a patient acuity measurement tool (Medicus) to gather more information on the nurses concerns, which have been extensively documented for over five years. Nurses are very discouraged to be told that a minimum of 12 months of data collection are required before benchmarking will occur. The second part of the

response stated management at AHE will review key information with PRC.

Sheila Hogan, RPN, one of the Local's PRC presenters to the Board was disappointed, but she said, "I have no doubt that any meaningful measurement system will validate what previous workloading systems have shown at AHE, we do not have enough nurses to consistently meet practice standards. It is very unfortunate that resources continue to be directed to proving what is already very well known and documented instead of directed to improving patient care."

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The growing problem of latex sensitivity

The more we use latex, the more
people become sensitized

Replacing latex gloves with substitutes made from other compounds was the principal recommendation the Sturgeon hospital nurses made to the Board. Nurse Jopy Haagsma presented her research and deftly fielded all the board members' questions.

Her presentation explained that: "The introduction of universal precautions in response to HIV and Hepatitis B in the mid-1980's has resulted in a vastly increased amount of exposure to latex within the healthcare worker population. With an aging population of nurses exposed to latex for the last twenty some years, we are beginning to see the effects of many years of exposure to latex. Our health is being affected and the financial costs to the health care system are just now being recognized, with increasing amounts of sick time, loss of skilled workers, disability insurance claims, medical treatment and Workers Compensation."

Sherry Stone points out that often it is the pediatric patients who are most at risk from latex sensitivity. "When they continue through years and years of surgeries children are at an increased risk of developing latex sensitivity and allergy".

The Local conducted a survey of 172 Employees at the Sturgeon Hospital to determine how many people in their worksite may be developing sensitivity. Fully 31% of the people reported a history of eczema or other rashes on their hands. Another 18% reported respiratory symptoms and 9% reported hives. The Local's results were within the ranges usually reported in other health care workplaces in Canada and internationally.

Although catheters and many medical implements are made from latex, gloves are the main source of exposure because the cornstarch powder they are dusted with carries latex proteins widely.

"As the gloves are donned and removed with a snap, by physicians and staff, the powder on the gloves becomes aerosolized," Jopy Haagsma told the Board. "It then becomes airborne for patients and staff to inhale and enters the ventilation system. The latex dust powder settles on surfaces and when disturbed, it becomes airborne again."

Individuals with latex allergy sometimes develop sensitivity to many fruit, nut and vegetable proteins. There is a cross-reactivity between latex allergy and food allergies.

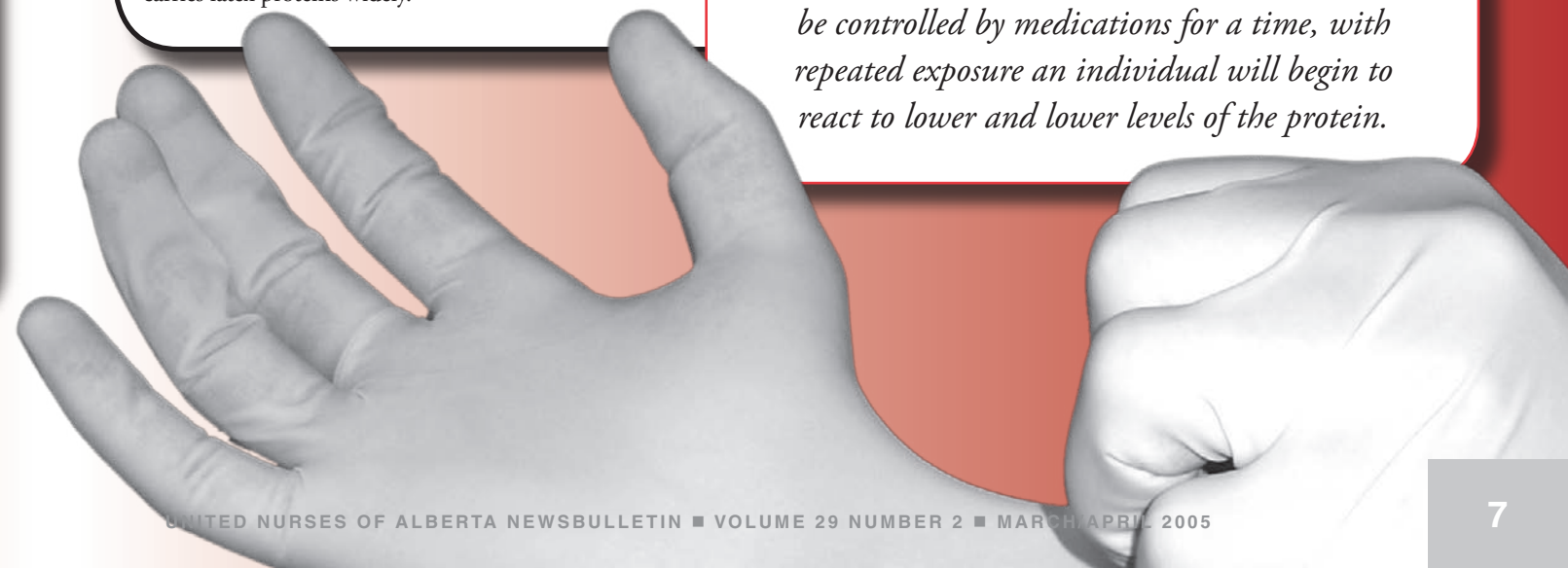
Jopy Haagsma also noted for the board that latex allergy and anaphylaxis can be fatal and her research cited U.S. Food and Drug Administration reports of 20 deaths, including four nurses.

"The cost of one lawsuit from a patient or staff resulting from anaphylaxis will outweigh the direct cost of gloves. We need to make our institutions "Latex-Safe". ■

Dermatitis, itching, red hands is frequently the first symptom of a developing latex allergy for health workers, but the sensitivity can also develop as asthma or hives.

Latex allergy follows a graduated sensitivity level. As the exposure increases so does the sensitivity and severity of reactions. While symptoms can be controlled by medications for a time, with repeated exposure an individual will begin to react to lower and lower levels of the protein.

LATEX HAZARDS



"We're just barely keeping up with the minimum levels of nursing care and there's very little psychiatric, therapeutic nursing going on. There's no time for it."

Anna Brown

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Anna Brown, also from the Local's PRC committee, said the Local was looking at what further steps they could take following the Board's response.

The AHE nurses have lost count of the number of times in the last five years that management has responded to nurses' concerns by saying they would study the issue. The nurses' made it clear during their presentation to the Capital Health Board that this had happened repeatedly and that the delay was constantly compromising the care of their patients.

"It is incomprehensible to nurses that given the enormous personal investment of time, effort, and money by so many people, and so many avenues to document, examine and validate nurses' concerns, that action has not been taken to address them," they said in their presentation to the Capital Health Board.

The Local's Professional Responsibility complaint about insufficient staffing levels dates back to 2000 when nurses began documenting problems with patient care and first made their complaint. Following the PRC process, the nurses made a presentation to the Alberta Mental Health Board in January of 2001. They have doggedly pursued their concerns through many twists and turns ever since.

The AHE nurses thought they had some solutions on the way in 2002 when an independent report came out of the Delivery of Professional Nursing Care Quality Improvement Project.

The project team was mainly composed of managers from the facility and outside experts. Their final report fully endorsed the nurses' concerns, and their proposed solutions:

"The situation for nurses has resulted in increased workloads and decreased commitment and loyalty to the organization. Decreased job satisfaction and a sense of powerlessness of nursing are associated with the staffing issues. Unless the recommended changes are made, the issues and concerns will become worse, the nursing shortage will increase and patients will suffer from lack of nursing care. The Project Team asks that the strategies suggested be put in place."

Years later the nurses say too little has changed and they presented their three major concerns to the Capital Health Board:

1. Nurses are not able to meet practice standards and patients are not receiving the psychiatric nursing care necessary to maximize their individual health and potential.
2. Levels of Registered Psychiatric Nurses (RPN's) and Registered Nurses (RN's) are insufficient to

provide accessible, sustainable and consistent quality nursing care.

3. Nurses, when unavailable due to vacation, illness or other reasons are being replaced by psychiatric aides or not replaced at all, resulting in compromised nursing care.

"We're just barely keeping up with the minimum levels of nursing care and there's very little psychiatric, therapeutic nursing going on. There's no time for it. As a result the patients are sicker longer and suffer longer," says Anna Brown.

Maureen, a registered psychiatric nurse and one of the presenters said, "Nurses are extremely frustrated with baseline nurse staffing levels that are consistently too low to meet practice standards."

"Staffing on an 'as needed' basis results in staff being brought in who do not know the unit or unit protocol, and who do not know the patients. This results in existing staff spending valuable floor time orienting new staff they may never see again. It does nothing to achieve adequate care standards."

Short staffing was particularly highlighted by how many shifts ran short of RNs or RPNs when nurses were off on vacation or sick leave. In 2001 Nurses were replaced with aides or not replaced at all for a total of 533.50 shifts. The nurses have been keeping track since then. The most recent 2004 spot survey of just six units plus the admission nurse position showed that nurses were replaced with aides or not replaced at all for a total of 339 shifts.

One of the changes the nurses called for in 2001 was to reduce the number of "part-part time" or "small FTE (full-time equivalent)" positions. The Project Report in 2002 strongly endorsed the nurses' recommendation that 0.4 FTE be normally the smallest FTE. But things have gotten worse. "We have even smaller point positions than we did then, for example .04 and .08, one shift in four weeks and one shift in five weeks," they said to the Capital Health Board.

Finally, the nurses want their patients to benefit from modern care and believe that AHE is regressing from past strengths and achievements in this area. Anna expressed concerns that Alberta Hospital Edmonton appears to be returning to warehousing patients with mental illness. She told the board "In today's world the focus should be, must be, on treatment, on re-integration into the community, on prevention of a patient becoming institutionalized, on rehabilitation". Nurses are a key component and a basic psychiatric nursing treatment strategy is the therapeutic relationship, which requires adequate staffing. "Insufficient baseline staffing of nurses and replacing nurses with aides or not replacing them at all is a shortsighted budget solution that compromises patient care and ends up being more costly over the long term." ■

Lloydminster ER nurses have fun with educational conference

For the second year running nurses from the Emergency department in the Lloydminster Hospital have organized a highly successful educational conference day.

Melissa Wright, one of the organizers, says the purpose for the conference was to provide an opportunity for local area nurses to network. "We wanted to do something local that incorporated both Alberta and Saskatchewan nurses. We had 130 nurses," she said.

"It's an opportunity to network and build nursing morale in a fun environment with your colleagues. Nurses came from quite a wide area.

The Alberta Association of Registered Nurses had a display and there were a couple of corporate display tables.

The event was also a bit of a fundraiser. "We don't have much education funding through the hospital (\$150 per nurse per year) and a trauma course is \$450. This way we take over our own education and create educational opportunities for ourselves," Melissa Wright says.

Most of the presenters were local physicians. There were five presentations on, hypothermia, alcohol withdrawal, what's new with diabetes and a doctor with



Nurses had an enjoyable, educational time at Lloydminster day.

a humorous talk on laughter as the best medicine.

The cost for participants was \$40 including breakfast, lunch, snacks and the sessions. The day was held in the local seniors centre in town. UNA and other organizations provided door prizes and, according to Melissa Wright, everyone had a good time.

"It's an opportunity to network and build nursing morale in a fun environment with your colleagues," she said. Nurses came from quite a wide area because it's an opportunity for rural nurses to network with each other. ■



UNA sponsors children to AFL camp

Once again UNA will be sponsoring four children to the Alberta Federation of Labour Kids' Camp that will be held August 8 to 12 at Goldeye Centre. Two of the sponsorships will go to children of UNA members and two others will go to sponsor children who otherwise might not be able to afford camp.

The camp is, of course, open to the children of all members of AFL affiliates. Cost is only \$300 for a fun-filled week in the outdoors. The Goldeye Centre, just west of Nordegg, is in the high foothills, on a beautiful lake with canoeing, swimming, and lots of hiking and outdoor pursuits available.

There is also an exciting interactive program about unions and social justice. Will the kids go on strike again this year... you bet!

Buses will leave from Hinton, Edmonton and Calgary with stops in Red Deer to take the children to camp.

UNA 2nd Vice-President Jane Sustrik has had a blast serving as camp nurse for the last four years and will be back this year to tend to the inevitable scrapes and bruises.

UNA CHILDREN ENTER DRAW:

Names of the children of UNA members who would like UNA sponsorship to the camp should be sent to Provincial Office-by 4:30 pm May 13 to be entered into the draw.

For more information call the AFL at 780-483-3021 or 1-800-661-3995. ■



Countering the ^{government's} spin

Saturday April 30 & Sunday May 1
MacEwan Hall, University of Calgary

For more information or to register
call: 780 423-4581
or go to: www.weighingtheevidence.ca

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Dr. Claudia Fegan
PRESIDENT PHYSICIANS FOR A
NATIONAL HEALTH PLAN, U.S.

and more...

Hosted by Gillian Steward

Conference provides alternative to government spin on private health care.

UNA is co-sponsoring a major Friends of Medicare conference that will provide a clear alternative to the provincial government's symposium on health policy.

"When the Premier began talking about a new "Third Way" for health care reform – and when he announced plans to hold an International Symposium on Health Care this spring – alarm bells started to go off for those of with Friends of Medicare," Friends of Medicare chairperson Dr. Avalon Roberts told news media. "Instead of acknowledging public opposition to things like Bill 37 or Bill 11, the Premier has described his difficulties with selling a more commercialized model of health care to Albertans—as a "communications" problem."

The "Weighing the Evidence" conference is coming up April 30 and May 1 in Calgary and will feature an impressive array of experts from around the world.

There is strong international evidence showing that experiments in privatization have been failures wherever they've been tried -- and that public health care remains the best alternative. Albertans need to see that evidence as well as the evidence the government will bring forward to make its case.

UNA is sponsoring 100 people to attend the conference, including 50 UNA members.

Registration to the conference is \$70, plus \$25 for the banquet. UNA members who want to attend with a fully sponsored registration should telephone or email Sherry Shewchuk at 780 425-1025 or sherry@una.ab.ca. Sponsored registrations will be available on a first-come, first-served basis.

For more information on the conference visit the website www.weighingtheevidence.ca ■

RN scope of practice Protecting the role of Registered nurses

Alberta Association of Registered Nurses President Jeanne Besner is currently doing research on scope of practice issues for nurses in Alberta and Saskatchewan. Last December Jeanne Besner, Sheila McKay and Donna Hutton from the AARN met with UNA's Executive Officers Heather Smith, Bev Dick and Jane Sustrik to discuss RN scope of practice.

"Nurses have a role in the health system that we simply cannot do without," says Jeanne Besner, President of the Alberta Association of Registered Nurses. "Replacing them with LPNs simply is not an option."

But she says there are some real reasons that scope of practice has become an issue in Alberta's health care system. When health workers are attempting to cope with more work, more patients and less time, the tasks of the job completely take over, and there's no time for anything more than task after task after task.

"Right now the work loads and what is valued by Employers is very much focused on task performance rather than role performance," Besner says.

"It's restricting the performance and the range of the RN role. The demands that are made on them in the workplace tend to focus on getting all the tasks done. This is what we are finding in our research."

She says this results in a serious under use of the RN's skill set and knowledge.

"You say patient safety is a concern, and you have a focus on health and wellness," she points out. That means nurses need to work "so that I'm not so busy doing tasks that I can't perform my full role. This means redesigning how we work with clerical support, with LPNs and other members of the team."

But Besner says, that's not what's frequently going on now. "What's happening in the system is the replacement focus rather than the complementary focus." She said that when Employers focus just on the tasks, they can see RNs as doing the same thing as other providers, be they LPNs, or other technologists. "Then the question arises, given that the RN is the most costly of the providers, do we need one?"

But, she says, "there's a difference between assigning a task and assigning the responsibility for assessing the needs of the patient." The role of RNs is critical in keeping patients safe and optimizing health, she says. "For example, when should an RN [rather than another provider] assess potential risk of injury or complications and determine the type, frequency and intensity of monitoring and surveillance needed to keep patients safe? The answer to that question depends on the complexity and predictability of patient care needs."

"I think everyone wishes there was a simple answer, that it's always appropriate for a certain provider to perform a certain task. But it's not that simple and that's what concerns me about the substitution of RNs by other less qualified providers."

"Nurses have to talk about their role in assessment, monitoring and surveillance," she says. Sometimes washing a patient's hair can be a valid RN task, if it's associated with observing the patient's level of consciousness, for example. In other circumstances, that task can and often should be performed by other care providers.

It's a concern for me when RNs say "LPNs are taking over my job," Besner says. "They say that because they [LPNs] are giving medication and performing other activities that were formerly only within the scope of RN practice. But there is far more to the RN role than the performance of tasks or activities that they share with other members of the health team, including LPNs. What differentiates RNs from LPNs is the breadth and depth of their knowledge base and that is not necessarily directly observable. It is important that RNs articulate their roles in a manner that helps employers and other team members understand that RNs are far more than the sum of the tasks that they perform," Besner says.

But she does recognize a real problem. When Bethany Care Calgary fired 15 RNs and replaced them with LPNs this January, Besner wrote a letter in the Calgary Herald. "By reducing the number of registered nurses (RNs) in our organizations, we have often created unworkable and sometimes dangerous practice environments," she said. "There are some situations where quantity of providers may not equate to better quality of care, if the mix of providers is not appropriate."

The AARN in collaboration with the Alberta Association of Gerontological Nurses also made a submission to the provincial Auditor General's enquiry into long-term care conditions. Besner says she hopes their recommendations will be reflected in the Auditor General's report due to be released later this spring.

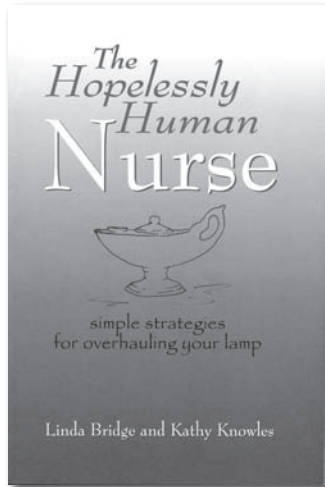
Ultimately however, Besner says that the health team will have to work out how it is going to work in a complementary way. Given the health workforce shortages affecting a majority of health disciplines, it is unavoidable that we will need to find new ways of working together in collaborative models that make the best use of all health providers. "The goal is how we best utilize the skills of RPNs, RNs and LPNs. There is a huge crisis in the nursing workforce which will be reaching its peak seven to ten years from now. We cannot graduate enough nurses to replace those who will be retiring in the next seven to ten years, so we need to know how to best optimize the resources we will have." ■



Jeanne Besner
President of the AARN



Linda Bridge publishes book on “simple strategies for overhauling your lamp”



Linda Bridge, former Local President at the Lethbridge Regional, has just come out with a new book: *The Hopelessly Human Nurse, simple strategies for overhauling your lamp*. Linda Bridge co-authored the book with nurse Kathy Knowles, a long-time colleague. Dedicated to “those who believe in the art of nursing”, the book is a very personal look at the trials of nursing, and how these two nurses grew in their lives and their work.

“The response from colleagues has been very rewarding,” Linda says. “They come up and give me a hug and say ‘thanks for writing about me.’”

Linda has taken a leave of absence from her nursing job to promote the book. There is interest from all around the country – many nurses’ organizations, she says.

The book is based very much in day-to-day nursing life. For example:

“Outside influences streak in on me like bullets from a gun; no money, no beds, too many patients, hospital closures, privatization. The worst part of this bombardment is that I receive no real information. No plan, no direction... I vaulted onto the local [union] executive. A valuable lesson was given to me that day. I had actually assumed some control over my work life. The more involved I became, the more satisfied I felt.”

Copies of the new book are available from hopelesslyhuman at (403) 317-9321 or through Chapters and other outlets. Distributors are listed on the book’s website at: www.hopelesslyhuman.ca. ■

For-profit nursing homes provide less for more

A study published in the March 1 Canadian Medical Association Journal showed that in BC for-profit, long-term care facilities provide lower levels of staffing and service than not-for-profit organizations.

“When public dollars go to for-profit facilities, Canadians pay more, and receive less,” Dr. P.J. Devereaux of the Medical Reform Group in Ontario commented on the study. “It’s hard to miss the pattern,” said Dr. Devereaux. “For-profit health care facilities, whether they be hospitals, dialysis facilities, or nursing homes, must allocate approximately 10 to 15% of their income to shareholder profits. That means less money for patient care. As a result, for-profit facilities must cut corners, and they typically do so in the most expensive aspect of health care, provider salaries.”

The BC study showed that for-profit facilities provided 0.34 fewer hours per resident day of direct care staff and 0.23 fewer hours per day of support staffing than the not-for-profit facilities.

The study authors conclude that “Not-for-profit facility ownership is associated with higher staffing levels. This finding suggests that public money used to provide care to frail elderly people purchases significantly fewer direct-care and support staff hours per resident day in for-profit long-term care facilities than in not-for-profit facilities.”

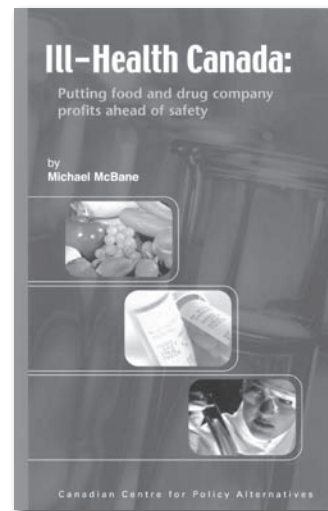
The study used staffing data for 167 long-term care facilities and linked these to the type of facility and ownership of the facility. All staff were members of the same bargaining association and received identical wages. ■

McBane’s new book is a stark warning on federal health watchdogs

The federal government is abandoning its responsibility for protecting citizens with safe food and drugs, charges Michael McBane in a new book published by the Canadian Centre for Policy Alternatives. *Ill-Health Canada* outlines in detail the switch to risk management from safety first, the issue McBane outlined powerfully when he addressed last year’s UNA annual general meeting.

The evidence indicates the federal health and safety regulatory agencies have been captured by industry, McBane says. These agencies are now rigged to deceive the public.

Canadians don’t want their health protection weakened and they don’t want to be lied to. In his well-documented book, Michael McBane describes in detail how Health Canada’s plans would abandon the duty to protect our health in favour of promoting food and drug company profits. ■



The most excellent red herring trick

How Ralph Klein magically distracts from the real agenda in Alberta’s health system

It has the same effect as the old sleight-of-hand magic trick... create some drama and draw all the attention to one hand... but it’s the other hand that is pulling off the stunt.

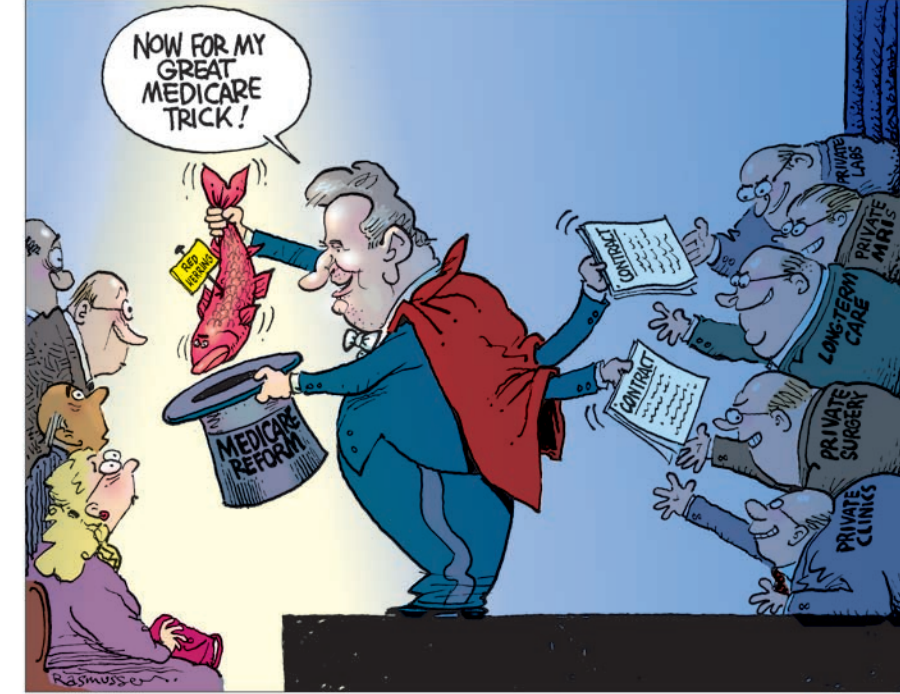
When Premier Klein says “watch me change medicare and challenge the Canada Health Act,” he draws a lot of public attention. He postures as though reform means drastic change.

But this near-retirement premier is not going to challenge the Canada Health Act and leave a medicare debacle as his legacy. The repeated threats to drastically challenge Medicare serve only to camouflage the fact the public health system in Alberta is being steadily disassembled... and sold off... one contract at a time!

The sell-off is happening across the spectrum in all areas of health services. Most recently, the Calgary Health Region leased private hospital surgical facilities and support staff to perform some 500 knee and hip surgeries. Leasing the facilities – actually the Health Resource Centre private hospital that Bill 11 was all about – at \$6 million a year, will cost 10 per cent more than a public hospital. But Calgary, which sold two hospitals and blew one up, says it is desperate for the space.

That’s just the latest. Other services that have been contracted to private businesses in the last few years include:

- laboratory services, almost entirely privatized.
- ophthalmological surgeries contracted to doctor-owned facilities in Calgary, where waiting lists are still longer than for public services in Edmonton, Lethbridge and other centres.
- radiology and diagnostics, such as MRIs. Radiologists who had worked in public hospitals built private clinics and then contracted their services to the Regions and sold the services directly to Albertans.
- long-term care facilities, the Health Regions operated many facilities, but all new facilities are being run by private businesses.
- the fertility clinic at the Foothills Hospital in Calgary... a money making operation sold to the doctors that formerly operated it for the Region.
- a prairie region high risk pregnancy centre in Calgary was similarly sold to the doctors that operated it.



There has always been a large portion of health services that has been provided by private business. The most significant has been the private operators, the physicians who sold their services (fee for service) to the provincial government. Many doctors have found it convenient to convert their practices to corporations that bill the provincial government.

But the business arrangement took a new twist with the Local Primary Care Initiative announced in 2003. The \$100 million deal struck between the government and the Alberta Medical Association will see “groups of doctors” (physician-owned corporations?) signing business contracts with Health Regions to provide primary health services. ■

Could the premier-in-waiting be getting inside advantage with Health Region business?

Jim Dinning, the former chair of the Calgary Health Region, is now a director of Agecare Investments Ltd., a company that recently signed a \$6 million contract with the Region to provide long-term care services. Kabir Jivraj, Calgary’s former Chief Medical Officer (CMO), is one of the founding partners of Agecare.

Neither Jivraj nor Dinning now hold senior managerial positions with the Region and the new contract is not illegal. There remains a question of whether there is an appearance of conflict of interest.

Kabir Jivraj also was a founding partner in Surgical Centres Inc. which received contracts with the Region while Jivraj was still CMO. Jivraj’s business dealings with the Health Region have been controversial, and UNA brought up concerns about conflict of interest in a complaint to the Provincial Auditor General Peter Valentine. ■



Nursing News

UNA begins organizational review with Local Executives

UNA is undertaking an organizational review to examine how to adapt to the extensive changes to Local responsibilities brought in by Bill 27. The law effectively combined local responsibilities for all of the nurses employed by each Health Region into one bargaining unit per Region. There are quite a number of separate UNA Locals in each Region, which are now jointly responsible for the overall bargaining unit.

UNA has contracted with the Trade Union Research Bureau from Vancouver to conduct the review and provide recommendations for how the union can adapt. At its regular meeting in February the provincial Executive Board heard a report on the plan for the review from David Fairey of the Trade Union Research Bureau.

Fairey will be conducting surveys of Local Executives members over the next two months and will be conducting focus groups at the upcoming round of district meetings. A survey of members is also in the works. ■

More nurses joining UNA

Nurses at a number of new facilities have recently voted to join UNA. Nurses at several long-term care facilities around the province are signing up, and last fall, a first all-Employee group at the Salvation Army's Agape Hospice in Calgary voted to join. The Labour Relations Board ruled that because of the nature of the facility all the non-managerial staff should be in one bargaining unit, and the Employees voted to join UNA.

Nurses at the Holy Cross Long-term Care Centre, also in Calgary have begun negotiations for a first contract as well.

In Edmonton, nurses have formed Locals, but not yet started bargaining at both the Hardisty Long-term Care Centre, and the South Terrace Continuing Care Centre in Edmonton. ■

Other nurses in bargaining

UNA members are currently in negotiations for new collective agreements with several Employers.

Nurses wrapped up negotiations in April with the Canadian Blood Services after talks went on for several months.

Other current negotiations are:

Victorian Order of Nurses – Talks will soon begin on renewing the contract.

Bow-Crest Care Centre, Calgary – Talks are beginning to renew the contract. ■

New U of A study shows better nurse staffing can save lives

A massive study by researchers at the University of Alberta showed that nurse-staffing policies make a significant difference in outcomes and mortality for hospital patients. "We are concerned that some patients die unnecessarily in Alberta hospitals when continuity of care processes are disrupted," said Dr. Carole Estabrooks, lead author of the article. Information for the study was collected over a one-year period beginning in April 1998.

Among a larger number of factors that contributed to mortality, the investigators found that four hospital nursing characteristics were significantly associated with lower mortality rates:

- Employment status: hospitals with a higher proportion of permanent staff compared to temporary and/or casual staff
- Education: hospitals with a higher proportion of baccalaureate-prepared registered nurses versus diploma prepared registered nurses
- Skill mix: hospitals with a richer skill mix (a higher proportion of registered nurses to all other nursing personnel), and
- Nurse/physician relationships: hospitals where nurses report better communication and teamwork between nurses and physicians

The highest variations in deaths are related to continuity of care variables such as the proportion of permanent to casual and temporary staff, Estabrooks said.

The research is published in the March issue of the journal, *Nursing Research*. ■

Send your Nursing Week photos to the NewsBulletin National Nursing Week May 9 - 15, 2005

Many nurses are planning activities to commemorate National Nursing Week May 9 to 15. The theme announced this year by the Canadian Nurses Association is "Nursing: Patients first. Safety, always."

The NewsBulletin is always looking for photos of nursing activities, including celebrations of nursing week. Send your photos in to Provincial Office, or email them to kwiley@una.ab.ca.

The International Council of Nurses (ICN) designated May 12th, Florence Nightingale's birthday, as International Nurses' Day, in 1971.

In 1985, the federal minister of health proclaimed the second week of May as National Nurses Week. In 1993, the name was changed to National Nursing Week to emphasize the profession's accomplishments as a discipline. ■

Nurses on Parliament Hill

Waiting is frustrating Canadians seeking medical treatment. But waits in hospitals and other health care settings are largely the product of the shortage of nurses and doctors -- shortages which, given the right actions, can be reduced.

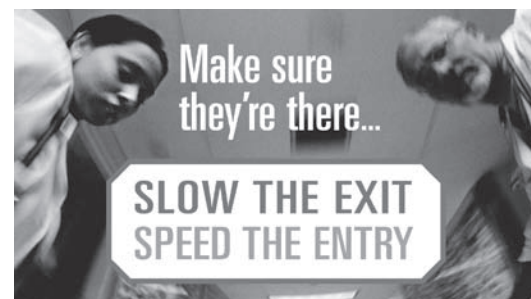
That was the message delivered to MPs at the first CFNU Hot Topic Breakfast on Parliament Hill in February.

As Public Health Minister Carolyn Bennett and other key members of Parliament looked on, doctors Gail Tomblin-Murphy, Linda O'Brien-Pallas, and Hugh Scully made the case for quick action to retain the nurses and doctors now on the job, and to increase the capacity of nursing and medical schools and the number student entering them. They used the slogan "Slow the Exit. Speed the Entry" to highlight strategies for stopping shortages.

Without corrective action, Canada's acute shortage of nurses is predicted to get much worse in the next few years. In fact, Canada could lose 64,000 nurses by the end of 2006 from retirement alone. Furthermore, the physician-to-population ratio in Canada is among the poorest of all industrialized (OECD) nations.

"To clear waiting rooms we must do two things: slow the exit of nurses and doctors on the job now, and speed the entry of students into nursing and medical schools," said CFNU President Linda Silas.

Polls show that Canadian voters consider cutting waiting times for diagnosis and treatment to be extremely important. ■



May Day and May Week activities

In Edmonton the May Week and Labour Arts Festival activities are again highlighting a whole calendar of labour-focused events and artistic endeavours.

The Sunday, May 1, May Day parade gathers at 11:30 am, Tipton Park (108 St & 81 Ave). and marches to Macintyre (Gazebo) Park at Noon.

Songwriter Maria Dunn is putting on a special multimedia performance on "Troublemakers: Working Albertans 1900-1950 on Friday, April 29th. (Tickets call 708-6555). UNA will be represented by Executive Board member Beryl Scott, who chairs the May Week committee, at the dedication ceremony for the new Union Promenade on Saturday, April 30th at 1 pm at Sir Winston Churchill Square. A cabaret that evening features Banner Theatre from the United Kingdom (Tickets call 708-6555). For more information on the exhibits, films and other events making up May Week in Edmonton, visit the website: www.mayweek.ab.ca/. ■

MAYworks Festival in Calgary

The Calgary Festival runs from April 28 to May 1 and includes the International Day of Mourning ceremony, an art exhibit, workshops, and the annual May Day picnic. Most events take place at the Parkdale Community Association, 3512 - 5 Avenue NW, Calgary.

The Calgary and District Labour Council is celebrating its 100th Anniversary at the May Day picnic, 1 to 5 pm on Sunday, May 1. CDLC's Centennial party includes a free BBQ and refreshments, Pablo and Lilian Cardozo performance, Elaine Briere film "Betrayed", the Story of Canadian Merchant Seamen's Union, kids Astrojump tent, face painting, baseball game, 50/50 draw, historical displays, union displays, and much more.

More information on events is available at <http://members.shaw.ca/cdlc1/> or by calling 262-2390. ■



We are not alone!

UNA member reflects on labour school

In November I spent a full week in Jasper as a union representative attending the Alberta Federation of Labour/Canadian Labour Council Labour School.

I attended the class on Collective Bargaining. It was a challenging class, not so much in that there was a lot of new material to absorb, but in that I was the only nurse in this class. The rest were union members of Safeway, Superstore, Meat Packers, Trains, Airlines. Those were just the various unions in my class – and it was one of the smaller ones.

To see the issues without the entanglements of my profession was not only interesting, mind-bending at times, but also enlightening. So often we see our issues only in light of our immediate surroundings. It was very informative to find that many of the issues that I considered "nursing" specific were in fact being shared by members of other professions. How they were dealing with the issues was very helpful in looking at one's own experience.

The days were long but eventful and the knowledge we gained was not confined to the classroom but also in the coffees & meals we shared with others. It was a real honour for me to go to this labour school. My heartfelt thank you to UNA for making this possible for me.

I strongly urge others to make it a priority. Through knowledge we gain strength and confidence. We achieve this knowledge through our interactions with others. We are not alone!

Sherri Johnson ■

