

News Bulletin



Heather Smith re-elected at AGM



New provincial Executive Board
members elected at AGM.



Season's Greetings

All the best to you and your
family at this festive time of year!



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six times a year for our members

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Message from the President

Heather Smith



Seasons Greetings

I was extremely grateful and honoured to be re-elected your president at our recent Annual General Meeting. My congratulations to Chandra Clarke who also ran – and a very good campaign. Having the election was a healthy example of democracy in our union.

As pleased as I am to have the vote of your confidence, I know this is a time when there will be a great deal of hard work facing us.

The fall of 2006 has been particularly busy with the Annual General Meeting in October followed one month later by the Provincial Negotiations Demand Setting Meeting.

Now we are in the “home stretch” of preparations for bargaining. The province-wide ratification vote on the ingoing proposals will be held on January 11, 2007. The primary group of employers represented by the Health Boards of Alberta Services has already committed to an intensive set of bargaining dates commencing the last week of January and continuing until the April 1st expiry date.

“Retain and Recruit” initiatives will be central to contract enhancements. What will encourage experienced nurses to continue their professional practice? What will entice young men and women to join (or stay in) the Alberta health care workforce? Local meetings will be held prior to the January 11th ratification vote. Each Local needs to submit membership priorities to the Negotiating Committee. Your Local Executive will want to know your opinion; we all need your advice.

I was pleased to attend the Ontario Nurses Association (ONA) Biennium meeting in November. Since August of this year ONA’s 48,000 members have been waiting for the arbitration award that will determine wages and other provisions in a contract destined to run until April 2008. Although separated by thousands of kilometers, we share many issues. Not enough nurses, protection of public health care, long term care standards, sharps injuries and workplace violence were just some of the concerns discussed in the three-day event. In front of a screen with a picture of Lori Dupont, an ONA member who was brutally murdered in her workplace in Windsor, President Linda Haslam-Stroud called on members to join the “Step It Up!” campaign to end abuse, violence and harassment – in workplaces and society.

Here in Alberta, a new Premier will have been selected by the time you read this. We trust that this will stop the constant push to turn health care into a profit-making business in our province. We will however, remain vigilant. After all, the new Premier could govern for up to two years before facing the voters in a provincial election.

As a new year approaches many members make plans to share festive moments with friends and family. We are all appreciative when other colleagues are willing to provide the necessary staffing coverage.

I hope you and those you love have a safe and enjoyable festive season. Try to get some rest – get ready for 2007.

Heather Smith, President, UNA

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Candidates for President, Heather Smith and Chandra Clarke were presented with large bouquets.

Heather Smith re-elected at AGM

UNA's AGM wound up with the election for the position of President. Heather Smith was re-elected. Heather and the other nominee Chandra Clarke are both members from Local #79, the Grey Nuns in Edmonton. Peggy Tolhurst, the past President of Local #79 went to the microphone just before the election results were announced. Behind her was a contingent of nurses from the Local bearing giant bouquets for both candidates. Peggy thanked the candidates for running and said it was important for the union to go through the democratic process.

"I'm honoured to continue representing nurses," Heather Smith said when the results were announced. "Nurses are showing strong confidence in our union as we face a trying time for our profession," she said.

Both candidates addressed the need for nurses to be involved in broader organizations, like UNA's affiliations with the Canadian Federation of Nurses' Unions and the Alberta Federation of Labour.

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Also elected at the AGM

Several new members were also elected to the provincial Executive Board and delegates also passed the organization's budget for the coming year.

Delegates elected Christina Doktor (North Central District Representative), Sandra Zak and Wanda Zimmerman (Central District Representatives) to the provincial Executive Board. Other incoming Board members that had earlier been acclaimed were: Alan Besecker and Keith Lang (North Central District), Jacki Capper, Holly Heffernan and Lois Taylor (South Central District) John Terry, (South District) and Susan Gallivan (North District).

Elected to the UNA Trial Committee:

Malcolm Weisgerber, Kim Berube, James Zachary (from South Central District), Robyn Abernathy (Central District), Linda Brockmann and Debra Taylor (North Central District).

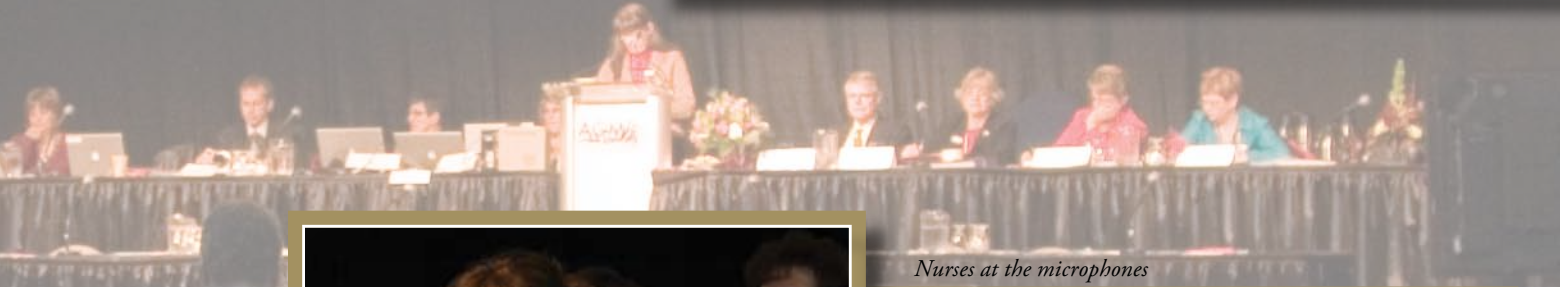
Acclaimed to the Trial Committee; BettyAnn Emery (North Central), Vicki Lang and Velma McCallum (Central), Lisa Hein, Sasha Pike and Naomi Perry (North) and Sharon Gurr, Melinda Skanderup and Belinda Williams (South).

The Trial Committee has not convened very frequently over the years and usually only serves when internal UNA disciplinary matters for members arise. ♥





Candidates for President, Heather Smith and Chandra Clarke.



Nurses at the microphones



AGM

UNA 2006

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“It is imperative that UNA maintain and strengthen relations with our affiliations and coalitions,” Chandra said.

Heather was of the same view and added that working with our affiliated organizations is an important way to “create a better world for all citizens.” This is how we turned back the “Third Way” she pointed out.

“Elections are an important part of a democratic organization,” Heather also said in her election speech at the meeting. She pointed out that others consider UNA to be the most democratic union in the province.

In her talk Chandra Clarke called for strong self-directing Locals that “are the strength of the union.”

“We must be prepared to fight for what we believe in, our patients, our work and ourselves,” she said.

Heather Smith discussed the functioning of the union and said it was important that UNA “ensure members receive the highest possible quality of representation at all times.”

She also talked about the leadership role. “Leaders must create vehicles and opportunities for members to provide input and feedback and that input must be respected and used to shape our priorities in decision making.”



Villeneuve's presentation and (right) Local #1's Linda Harkness jokingly puts an "angel's halo" on Michael.



Villeneuve talk gets standing ovation

Michael Villeneuve's provocative talk got a standing ovation from an appreciative audience at the AGM. Many nurses were pleased to be exposed to such different perspectives and radically different views of the future of nursing. Questions and much discussion followed Villeneuve's presentation. The nurses certainly did not all accept all of the ideas. Edmonton nurse Theresa Barr told Canadian Press that technological changes have not given nurses more time for patient care. "I guarantee those nurses aren't having any more time to go in and touch [a patient's] hand and say 'how are you?'" she said. 🇨🇦

PUT AWAY THAT MED CART!

Michael Villeneuve: The nurses' challenge is to define their role in a changing health system... before it is defined for them.

Registered Nurses need to pay attention to how fast change is coming in our health system, if they still want to be a part of it, guest speaker Michael Villeneuve told delegates at the UNA annual general meeting on the closing day.

The shortage of Registered nurses is just one factor, Villeneuve said, although he did point out that Canada will be short 18,000 nurses in just three years.

The crisis is here now, he reported. "We've covered it very well, lots of overtime, lots of sore backs, some demoralized attitudes. But the shortage is starting to build even further."

"If we maintain the current delivery model than the shortage is unsolvable... money and good will can't make the difference," Villeneuve said.

Michael Villeneuve is a former neurosurgery nurse who is now scholar-in-residence at the Canadian Nurses Association. He co-authored the Towards 2020 report on the future of nursing in Canada.

Big changes will necessarily be coming, he told the AGM delegates.

"Students who began in nursing last month will have the life span of their career from 2010 to 2050 when the world's population will expand from 6 billion to 10 billion people."

And Canadians' have soaring expectations of Registered nurses.

"People expect that by 2020 the bulk of their care, what is now the role of GPs, will come from nurses."

Preparing their study of the future, Villeneuve said they did in-depth interviews about nursing with a whole range of Canadian opinion makers. They have a very different view of what nursing will be than nurses do, he noted.

The crisis is here now.

"Put away that med cart and spend more time with patients they are saying."

"Use bubble packs to give meds out. Give that task to somebody else to do. What will count now is who is going to check how the medications are working?"

He said there will be more LPNs in both acute care and long-term care. RNs and Nurse Practitioners will have a bigger role in primary care and "doctors may no longer be the exclusive gatekeepers to health care."

Villeneuve used a polished PowerPoint presentation to illustrate many of the points he made. It included a video of "Penelope" a robot surgical nurse that could pass instruments, and count them. Created by a surgeon who was concerned by the shortage of scrub nurses, Penelope is an example of how, if they have to, other people will take over in the absence of nurses. The increasing role of technology was a major theme in the presentation and Villeneuve suggested nurses will need to adapt to it.

"How do you make the work that is nursing interesting for the techno-minded youth?" he asked.

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“Put away that med cart and spend more time with patients they are saying.”

He said nurses must deal with “the generation gap and the techno gap. Young nurses will think quite differently from the way we do.”

“We’re probably going to need to take a 90 degree turn here soon.”

Meanwhile he also urged the nurses to deal with the reality of the growing shortage. He pointed out that the amount of overtime for nurses surpassed 10,000 FTE, that’s 10,000 full-time jobs in 2005. The highest ever.

That was because more nurses are working overtime more often, he said.

“That’s the paid overtime and we know people do lots of other overtime, too.”

And the shortage will worsen with predictions that Canada will have a 24% shortage of RNs by 2016.

“That’s an eight floor hospital and two floors with no nurses.”

Villeneuve also asked the delegates, “How could we act as if there is NO nursing shortage?” He gave an example of one nurse who had complained that he was tired of filling out a staffing report every weekend because the unit was always one short of the baseline staffing level of six nurses. Villeneuve said it is clear that the actual staffing level is five nurses. The “book” or baseline staffing level may not match reality. “How do we behave differently, in a way that corresponds with reality?” he asked.

“Some of it is us, how we are going to take control of the system and take it a different way.”



Villeneuve illustrated coming technology with “Penelope”, the robot scrub nurse that counts every instrument.



Kim Ostermann, a nurse at Peter Lougheed Hospital, says front-line workers feel they have been used as scapegoats for complaints about ER care. She says nurses “would like to see more accountability from those on top.” See story, p. 2

UNA member Kim Ostermann was on the front page of the Calgary Herald talking about challenges in the Emergency Room.

Another complaint from a miscarrying mother in September fired up a media storm around care in Calgary Emergency Rooms in October. But nurses said the media coverage didn’t tell the whole story of the thousands of emergencies they deal with every day.

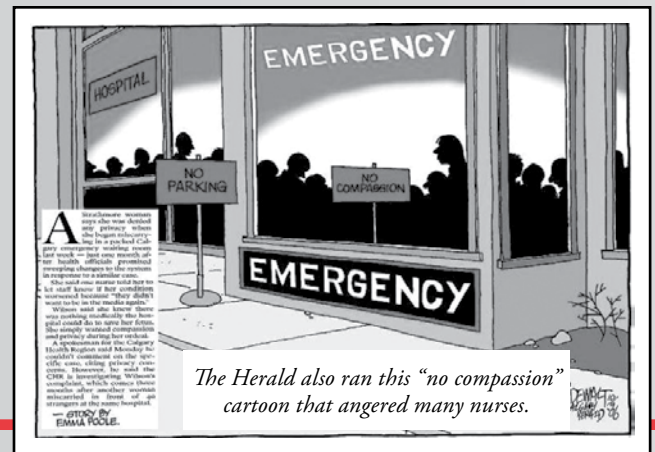
The Calgary Herald ran several stories on the complaint and even published a cartoon that labeled the Emergency as having “No Compassion.”

Patients coming in to Calgary emergency rooms had seen the news coverage and were often combative and hostile when they came in, nurses reported.

The nurses felt as though they had been caught between an inadequate health system that did not have the capacity to handle the need, and the hurting and frustrated patients and families.

In a letter to the editor at the Calgary Herald, UNA Treasurer Karen Craik noted: “There is a problem with news coverage that focuses on these painful “symptoms” – like not enough time to provide the extra bit of human care than can be so important. You risk missing the underlying “disease”, the lack of beds, staff and resources, that is the real cause.”

The Calgary Health Region acknowledged the capacity problem and has made moves to improve the situation, including steps to accommodate miscarrying women in more private circumstances.



The Herald also ran this “no compassion” cartoon that angered many nurses.

Nurses concerned about patients in crowded emergency rooms

Nurses comment on ER stress

“It’s disheartening for nurses not to be able to let someone lie down, or to take care of their pain when there is no bed to put them in,” said Louise O’Shaughnessy, a clinical instructor RN at the Rockyview General Hospital. “It’s hard to have to look out into a waiting room and not be able to do anything to help. There is NO place for them to lie down. There is no private room to put them in,”

She says that triage nurses have one of the most challenging jobs in nursing.

“They have less than five minutes to talk to someone, even with confusion or language barriers, in order to make a safe decision on that patient’s care. Often symptoms can be very subtle and difficult to assess in a fully-clothed patient standing in front of you.”

And emergency nurses are increasingly dealing with very sick patients.

“Someone may be having a heart attack, a child may be critically ill, someone may be having a stroke, or in severe pain from an injury. A nurse has to handle this even when there is no bed available. The behind the scenes shuffling, just to clear a bed for one patient can take up the entire department,” she says.

“It’s very frustrating when it is suggested that improving communications skills will solve the problems when the fundamental problem is there is no place to put those patients.”

“Emergency nurses take the Region’s system problems on our shoulders,” Louise O’Shaughnessy said. “We take the brunt of frustration from the public.”

Jane Sustrik, RN United Nurses of Alberta Vice President said problems face Emergency room nurses all over the province.

The pressure cooker situation exacerbates short-staffing problems, she says.

“The Emergency rooms are where we are seeing some of the worst of the critical shortage of Registered Nurses. It’s also where we have the worst cases of downward staffing spirals,” she says. “Nurses tend to leave jobs where they are constantly forced to work understaffed and under pressure. That makes the situation even worse. It’s happening in Emergency departments in hospitals right around the province”

Calgary ER nurses meet to deal with ER crisis

UNA held a special meeting for ER nurses in Calgary on October 12 to discuss how to handle the publicity and the tremendous pressure being put on triage and ER nurses.

“There is a genuine fear someone is going to die in our waiting room,” one nurse reported at the meeting.

“Patients are now using cell phone cameras to take the picture of triage nurses to try to intimidate them,” another one noted. Nurses were angry the Region has taken down the Zero Tolerance of abuse posters and not replaced them. The level of hostility and lack of confidence has gone up tremendously with the news coverage, they said. The meeting also discussed steps the Region is taking to deal with the long waits in ERs, and what nurses would like to see done. Using the Professional Responsibility Complaint process to document the problems and pressure the Region to increase capacity as soon as possible was a key approach.

“We need a system-wide approach that doesn’t pit nursing units against each other,” suggested UNA President Heather Smith.

Calgary ER triages get video cameras

Nurses at the Rockyview Emergency Department were startled recently when crews arrived to install audiovisual camera monitoring equipment at the desk. The nurses were concerned the Employer would use the camera to oversee their work and that it would increase stress levels for triage nurses.

It turns out that the Calgary Region had contacted UNA at a couple of levels to discuss the video monitoring, but it had failed to actually consult Emergency nurses and explain how the equipment would be used.

Many emergency nurses have been asking for video monitoring for years to protect staff and discourage abusive behaviour by patients and families at triage. Nurses from the Peter Loughheed Centre were welcoming the installation of cameras.

UNA continues to discuss implementation of the video system with the Calgary Health Region. 🇨🇦

Calgary Herald
page A7

Billboards: Alberta seniors deserve better



UNA members joined in with Public Interest Alberta's campaign for seniors today when it launched billboards in cities across the province. Noel Somerville, from the Public Interest Alberta Seniors' Taskforce said the billboards were part of the advocacy campaign to get the government "to address the serious shortcomings in homecare and long-term care in Alberta."

In Edmonton, the launch was accompanied by seniors in beds in a parking lot in front of the billboard.

"The beds and the Raging Grannies are here to dramatize the fact that, unless steps are taken to rectify the deficiencies in care for seniors, we might as well be plunking them in parking lots," Noel Somerville said.

In Edmonton, UNA Vice President Bev Dick was one of the speakers at the launch.

"In some cases RNs are responsible for over 100 residents in long-term care facilities. Many nurses don't have enough time to do all the things, they feel need to be done," Bev Dick said.

"This level of commitment to our seniors in our province is disgraceful."

Nurses joined in the billboard launches in Red Deer, Medicine Hat and Grande Prairie as well and billboard events were also held in Lethbridge and Calgary. 🇨🇦



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Postcards to government on LTC

Part of the Public Interest Alberta Seniors Deserve Better campaign is a postcard to the provincial government. The cards were filled in by hundreds of nurses at the AGM, and are available through UNA provincial office or through the Public Interest Alberta website: www.pialberta.org 🇨🇦

Nurse numbers rise slightly in Alberta

But fewer working full-time and province still below 1991 nursing level

New national statistics show the number of nurses in Alberta had actually gone up slightly as of 2005. The average age has dropped just a bit as well, but the report also shows that over one third – 9,824 of the province’s 26,355 RNs – are 50 years of age or older.

“The report is a bit of good news,” says UNA Vice President Bev Dick. “We have a few more nurses. But it’s not all good news. The big retirement crunch that has been predicted for years will really be starting now.”

Most Registered nurses retire about age 55, which is lower than the average in the general workforce.

Bev Dick noted that the nursing shortage would be dramatically worsened if so many experienced nurses retire soon. “We all have an interest in encouraging these nurses to keep working,” she said.

The College and Association of Registered Nurses of Alberta (CARNA) also pointed out that with the rapidly growing population in the province, the number of nurses is falling short. The report showed the province had 820 RNs per 100,000 citizens in 2005, which was an increase from 731 in 2000. But it was still well below the pre-cuts level of 900 per 100,000 in 1991.

The report also shows that the actual number of RNs working full-time in Alberta dropped and the percentage of RNs working full-time dropped dramatically since 2001. Alberta has a far lower level of full-time employment – 38.8% – than any other province. Manitoba is next lowest at 46% and Ontario is 60% full-time.

“Retaining nurses is not ‘rocket science’...”

*Canadian Federation of Nurses Unions (CFNU)
President, Linda Silas*

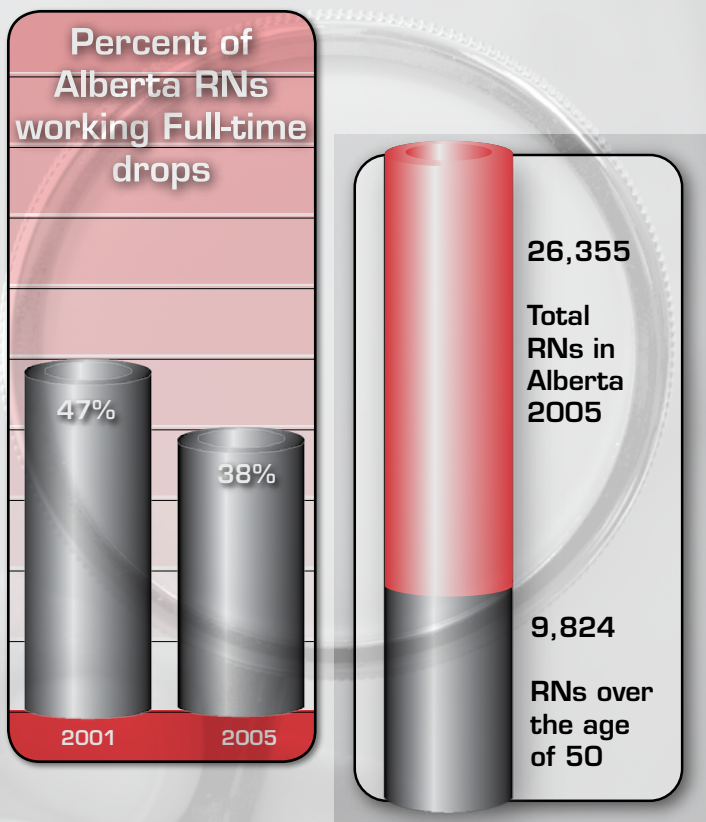
“The number of nurses working full-time actually dropped in Alberta over the last year,” Bev Dick notes. “We’re far below what is optimal for continuity of care and quality outcomes.”

“Retaining nurses is not ‘rocket science’”, said Canadian Federation of Nurses Unions (CFNU) President, Linda Silas in response to the numbers. “We need commitment from governments and employers to work with the unions to sustain meaningful changes in workplaces, to improve retention, recruitment and ultimately, patient care”.

The Canadian Institute for Health Information annually releases this update on its national nurse database that tracks nursing demographics.

The numbers for Alberta’s Registered Psychiatric Nurses are a bit different. The total number of RPNs was just about the same in 2005 as in 2001. In 2005 there were 1,125 RPNs employed in psychiatric nursing in Alberta and nearly half of them (491) were 50 years old or older, even more than RNs. But many more of them work full-time, 670 of the RPNs worked full-time, 365 worked part-time and only 77 worked casual.

The report notes that of the regulated nurses (that includes RNs, RPNs and LPNs) employed in Alberta the percentage of foreign-trained regulated nurses increased from 4.3% in 2004 to 4.4% in 2005. Of the Canadian-trained regulated nurses, 73.7% were educated in Alberta, 7.2% in Saskatchewan and 6.8% in Ontario. 🇨🇦



know more about **PENSIONS**

Government allows one-time withdrawal of money from Locked-In Retirement Accounts

Nurses who are leaving a Registered Pension Plan like LAPP or PSPP will now have access to some of their retirement savings as the result of changes to the Employment Pensions Plan Act. Effective November 1, people who leave their job and move their pension funds into a LIRA (Locked-in Retirement Account) have a one-time option to unlock up to 50 per cent of their pension contributions.

The unlocking begins when you transfer funds from your LIRA into a LIF (Life Income Fund) or life annuity. Half of the LIRA must remain locked to ensure a stable source of retirement income, while the other half can be unlocked to allow increased individual control over retirement income. The unlocked assets can be transferred into another tax-sheltered vehicle like a Registered Retirement Savings Plan or taken as a taxable cash payout.

There is a downside to all this. To have funds in a LIRA means that you must end your employment and cancel out of your pension plan. This is a risky decision, as you are giving up a lifetime of secure pension income. As holders of income trusts recently discovered, unsecured and privately held investments can be wiped out in a day. Seek independent financial advice before making a decision of this magnitude.

The Alberta Finance web site (www.finance.gov.ab.ca) has more details. On the home page, select "Our Business", then "Pensions".

New regulation allows pension transfers between PSPP and LAPP

In October, the Alberta government formalized a new reciprocal agreement which allows employees to transfer pension service between the two major public pension plans. This affects employees who are active members in either the Local Authorities Pension Plan (LAPP) or the Public Service Pension Plan (PSPP) and who have entitlements in both plans.

After January 1, 2007, Alberta Pensions Administration (APA) Corporation will provide eligible members with transfer choice packages based on the new reciprocal transfer agreement. If you are eligible, you will receive one of these packages in the mail, and it will help you decide if you would like to transfer your entitlements from PSPP to LAPP or vice versa.

UNA members who formerly worked under the Alberta Mental Health Board, in the Public Service Pension Plan will be the main group affected by this change.

The transfer agreement provides a formula for calculating how much pension benefit will be credited in your new plan. People transferring may also have the opportunity to "top up" the entitlement from their previous plan that they are bringing in to the new plan.

More information, including a detailed Question and Answer section, is available on the LAPP website at <http://www.lapp.ab.ca>

plan for your future

United Nurses of Alberta 1977-2007

UNA's 30th Anniversary Theme Contest

Next year UNA turns 30 and one part of the preparations for the celebration is choosing a theme for the anniversary. To give everyone a chance for input to the theme the provincial Executive Board has announced a special contest. Entries with a slogan, a short phrase, a concept or an image will all be accepted. The winner will receive a \$100 gift certificate with the UNA Boutique. Send your entry to provincial office by 4:30 pm Friday, February 2, 2007.

Workshops with health employers aim to improve grievance system

“A respectful process that is really aimed at solving problems.”



Members of the Joint Committee of UNA and Health Region representatives at the Edmonton grievance improvement workshop.

In November, UNA participated in a province-wide round of workshops aimed at improving the effectiveness of the grievance process. The workshops brought together UNA elected representatives and staff along with employer representatives from Health Regions and other major health employers.

“it’s not about who wins and who loses... but about dealing with the issues.”

UNA Director of Labour Relations David Harrigan

“Grievances are about resolving issues in the workplace,” UNA President Heather Smith told the large workshop of nearly 200 people that was held in the Capital Health Region. Too often she said grievances have been looked upon as “a personal challenge or an offensive act”.

UNA Director of Labour Relations David Harrigan added that “it’s not about who wins and who loses... but about dealing with the issues.” It is important to nurses’ work, he said, noting that “a positive work environment raises job satisfaction, which raises the quality of patient care.”

Both UNA and health employers acknowledged that the grievance system had not been working especially well. It was taking too long to settle outstanding issues and too many were sent to arbitration. The process was also seen as too confrontational and adversarial.

Heather Smith said that these problems were causing huge costs and taking up a great deal of time to meet. The delays

also resulted in a great deal of stress for nurses and damaged workplace satisfaction.

The meetings focused on several key ways to better resolve disagreements:

- Attempt to resolve issues quickly – “close to the source” – with the participation of the individuals involved, before a written grievance is filed.
- Improve communication. Both the union and employers need to provide more information about issues quickly so they can be resolved.
- Use respectful communication that focuses on the issues and not the individuals.
- Be flexible about extending deadlines, if it can help settle the issue.
- Have the people with the necessary authority to settle problems at grievance resolution meetings.

“We really do believe this is a starting point for improving the grievance process for really trying to resolve issues in the workplace,” said John MacPhail, Capital Health’s Vice President for Human Resources.

The 2003 negotiations made changes to the Provincial Agreement language on grievances. The contract also continued the provision for the “Multi-employer and United Nurses of Alberta Joint Committee” to resolve contract issues. This Joint Committee has worked for several months on using the new language and other changes to improve the grievance system. The Joint Committee began with focus groups of both union and employer representatives. These groups identified problems with the system and came forward with suggestions on how to fix the process.

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Multiemployer/UNA Joint Committee representatives

Employer Representatives

Mark Kent

David Thompson Health Region

Roy Wotherspoon

Capital Health

Tony Brannen

Aspen Health Region

Michelle Ezekiel

Calgary Health Region

Sheli Murphy

Caritas

Cory Galway

HBA Services

Scott Wiggs

HBA Service

UNA Representatives

Heather Smith

President

David Harrigan

Director of Labour Relations

Sandi Johnson

*Vice Chair
past Negotiating Committee*

Pauline Worsfold

*Vice Chair
past Negotiating Committee*

Mark Cowan

Labour Relations Officer

Kris Farkas

Labour Relations Officer

The committee created a plan to move to what Cory Galway called “a respectful process that is really aimed at solving problems.” Cory Galway is the Health Boards of Alberta Services senior negotiator in the health area.

The Joint Committee then set up the workshops across the province to explain the new approach to all the human resource employees, managers and union representatives who regularly work with grievances.

Implementing the new system can improve relationships and help in a number of ways. In the small handbook it distributed, the Joint Committee says when it works better the grievance process should:

- Contribute to and support a positive, harmonious work environment and employee job satisfaction.
- Maintain and enhance the provision of quality health care services.
- Encourage open, face-to-face dialogue between the people affected by a dispute.
- Maximize the effectiveness and efficiency of the organization.
- Achieve timely and equitable resolutions to identified issues.
- Achieve solutions that are consistent with the negotiated terms and conditions of the Collective Agreement.

UNA's David Harrigan says the changes should help settle more grievances quickly. “Nurses should NOT be afraid to pursue grievances,” he says. “It is the process to get fair treatment and to solve problems. Grievances are NOT bad things. They legitimately raise concerns or disagreements.”



Sandi Johnson of the Joint Committee hands the microphone to Local #85's Sherry Stone for her question.

Attendance management “harassment”



“As such please be advised that should you call in sick one more time after September 7, 2006 your employment will be terminated immediately.”

– From an actual manager's letter to an RN.

Firing nurses who call in sick hardly seems like the best retention strategy for Alberta health employers. But some Health Regions are taking actions like this through “attendance management” plans that target what they see as a high level of “absenteeism” among nursing staff.

Faced with constant staffing shortages, managers are under pressure to “keep nurses on the job” and there have also been frequent reports of cancelled or denied vacation or other leaves, even leave for union business.

“Using a big stick, or pressure, to get more work hours out of nurses is seriously backfiring on our health system,” says UNA President Heather Smith. “We have had a big drop in full-

time employment. Exhausted nurses feel they are forced to cut down to part-time to keep on going,” she said.

“Nursing is often heavy, difficult work and nurses need their time off. When they are sick, when it's vacation time with their family, or when they need special leave to deal with a crisis, they need the time off. Employers must recognize this and implement more flexible management policies that give nurses a chance to take care of themselves,” she said.

At one site in the Calgary Health Region, a memo went out to employees saying that any claim for sick leave, even a single day off, would require a doctor's note. UNA filed grievances on this arbitrary policy. UNA filed

grievances on this arbitrary policy and they were finally resolved when the policy was dropped.

The Capital Health Region announced it would stop reporting sick leave bank information on employees' payroll reports. Instead they said they would give quarterly statements on sick leave “insurance”. Again, UNA grieved the policy change.

UNA is looking for a more enlightened policy from employers.

“No one thinks abuse of sick leave is appropriate,” says UNA Director of Labour Relations David Harrigan. “But starting from the premise that abuse is common or even the norm really hurts morale. This is no way to enhance retention.”



Firefighters show up for Rainbow Gala



Nurses had a great time at this year's Rainbow Gala, the annual fundraiser organized by Local #301 for the Rainbow Society.

The theme for this year's Gala was Fire and Ice, and appropriately enough a crew of firefighters showed up to join in with the over 500 nurses and friends. The dinner, fashion show, auction and dance at the Fantasyland Hotel in West Edmonton Mall raised over \$10,000. The money all goes of course, to the Rainbow Society which uses it to improve the lives for seriously ill children.

The Gala is one of the largest single fundraising efforts for the Society.

Nurses helped as models for the fashion show, as did the firefighters, who modeled the latest in fire protective clothing, suspenders and all. 🇺🇸





Nursing News

Ontario close to law on safe needles



The Ontario Legislature is considering a private members' bill that would require hospitals and doctors' offices to use safety-engineered needles. New Democrat Shelley Martel said her private members' bill could prevent about 33,000 needle injuries a year. The safer needles are designed to retract into covers as soon as they are used.

The governing Liberals allowed the bill to pass second reading but it seems unlikely they will actually pass it into law. Liberal Monique Smith said the government has already given hospitals \$11 million for safety-engineered needles.

But she said some procedures – such as spinal taps, bone marrows and acupuncture – couldn't be done with such needles.

While hospitals that have voluntarily brought in a safe needle program have experienced fewer injuries, Smith said the programs are more costly. 🐾

AMA contract talks stalled because of leadership race

Alberta doctors are in on-going contract talks with the provincial government and the Health Regions but it seems that the talks are stalled because of the Conservative leadership vacuum. "There appears to be an inertia in government with little

appetite for making major financial decisions (such as completing our negotiations) until a new leader is elected," says new Alberta Medical Association President Dr. Gerry Kiefer in a letter to AMA members. The doctors cite the physician shortage numbers and rising overhead costs as strong reasons to increase doctors' pay. They are also negotiating for continuation of the Physician Office System Program (POSP) funding, which pays doctors to computerize their offices, and for more Primary Care initiatives. To date, 20 Primary Care initiatives are in operation. Under the initiative the doctors receive \$50 per patient enrolled with a Primary Care group, as well as the doctor's regular fee-for-service. The doctors signed an eight-year master agreement in 2003. But it provided for renewed money talks after three years, which came up March 31, 2006. 🐾

U.S. ruling threatens union rights of nurses

Early in October the U.S. National Labor Relations Board declared that hospital RNs across the country who exercise professional clinical judgment in the interests of patients are "supervisors" and thus ineligible to join unions.

U.S. unions charged that the ruling by the Bush administration's labor board that could deprive hundreds of thousands of RNs and other employees of their basic protections and democratic rights.

Nurses called public protests of the ruling by the board which they say is now stacked with Bush administration appointees hostile to unions and the rights of working people. Nurses' unions also charged that the ruling could also endanger patient safety and create chaos in the nation's hospitals, warns the California Nurses Association/National Nurses Organizing Committee. 🐾

Newfoundland nurses reach tentative contract

The Newfoundland and Labrador Nurses Union announced it had reached a new tentative contract agreement with the provincial government in October.

"After many long months of negotiations, we are pleased to have reached a tentative agreement," said Debbie Forward, NLNU president. "It has been a long arduous process and we are pleased to have made improvements in our contract."

The agreement includes:

- A 0-3-3% wage increase, with 0% retroactive to July 1, 2005; 3% effective July 1, 2006; and 3% effective July 1, 2007
- A reduction in sick leave for new nurses, to 1 day per month, effective December 1, 2006
- A lump sum investment of \$325,000 in the Educational Leave Fund

The premiums paid to nurses for evening, night and weekend shifts will be increased for the first time in over a decade. Both the night and evening premiums will be increased to 72 cents per hour (currently 33 cents/hour), and the weekend premiums will be increased to \$1.25 per hour (currently 28 cents/hour), effective June 30, 2008. 🐾

BC study shows medicare affordable

Aging populations won't break the medicare bank according to a study recently released by the Canadian Centre for Policy Alternatives BC office.

The BC-focused study found that:

- From 1995 to 2005, the impact of population aging on provincial health care spending was only 0.9% per year.

- To keep current service levels and accommodate future population increases, aging and inflation, health care expenditures must rise by just under 5% per year. This is very affordable in the context of reasonable economic growth.
- Even at that 5% rate of increase, provincial health care spending as a share of the provincial economy (GDP) will fall over the next 25 years.
- Health care spending as a share of GDP is currently at 7%. If the province maintains that level, not only will there be enough money to pay for existing services (even after population growth, aging and inflation), there will still be enough for modest expansion of services.

“Population aging will peak around 2031,” says Marc Lee, CCPA Senior Economist. “We have a long time to plan for changing demographics. But the toughest cost challenges will be from technology, including new surgical techniques, diagnostics, prescription drugs and end-of-life interventions. As a province, we’ll have to decide how to weigh the benefits of new innovations against their costs. And those decisions are best made in the context of a public system.”

Privacy and workplace surveillance

Canadians don’t have to check their privacy at the door when they report to work, says Richard Sharp of the Canadian Centre for Policy Alternatives (CCPA). Employers, he says, are demanding or simply taking more and more of our personal information. “We are being screened, tested, monitored, measured, and reported like never before.” “Put simply, organizations have voracious appetites for employee (and lots of other) information, together with the computer, communications, surveillance, and other technological means to feed them.”

But, Sharp also says that Canadian law protects employees’ personal information and gives employees some control over that information and how it is used. “You can defend yourself and others when there are apparent violations, through company processes and, if necessary, your privacy commissioner.”

British study shows people die when there are not enough nurses

A British study published recently found that 246 people died in 30 hospitals because there were not enough nurses. Professor Anne Marie Rafferty, from King’s College London, made a survey of 30 hospitals in England and found that in those with low numbers of nurses, 26 per cent more patients died.

“Our research found a clear link between staffing levels and mortality, better-staffed hospitals had better treatments, and more patients died in hospitals that were less well staffed,” Rafferty said.

She said: “When there are more nurses, there is a system to observe patients and spot what is going wrong. If you have a fragmented system you are unable to see the problems and you don’t respond to them as quickly.”

Pharmacists get power to prescribe

Early in November the Alberta government gave pharmacists the power to prescribe drugs and administer some injections. Pharmacists’ new roles will begin April 1 next year. The Alberta College of Physicians supported the move, but the Alberta Medical Association was actively warning patients. “It will be patient beware,” AMA President Gerry Kiefer told the media. “We support pharmacists prescribing in a collaborative team setting, but we continue to have concerns about them prescribing independently without physicians being involved,” he said.

It’s no palace! Workers strike West Edmonton Mall casino

Palace Casino workers have been trying to get a first union contract for a year and since September they have been on strike and picketing the West Edmonton Mall casino. The owners of Palace Casino have refused to bargain fairly. Workers asked for arbitration to avoid a strike, but the company refused. The Casino employees:

- are forced to work without pay for up to 20 minutes per shift.
- receive no sick pay. As a result, workers who are sick come to work to avoid losing wages.
- put up with questionable sanitary conditions, even in food preparation areas.
- report high levels of respiratory infections and other illness that they believe are due to poor ventilation systems in the casino.

At the same time, casino workers don’t get the security they need, even though some customers have been witnessed carrying guns and other weapons. One employee was robbed on the way to her car after work.

To find out more about the Palace Casino strike and how to support it, visit: ww.itsnopalace.com or call UFCW 401 Edmonton Office at 780 452-0362.



I am on strike to support the dealers. They are not making an adequate living. They treat it as a low end service job, and it shouldn't be. There are big mental and manual dexterity demands on a dealer. It is a high skill job. But they treat it like some fast food restaurant. They start at \$7.26 an hour – just above the minimum wage.

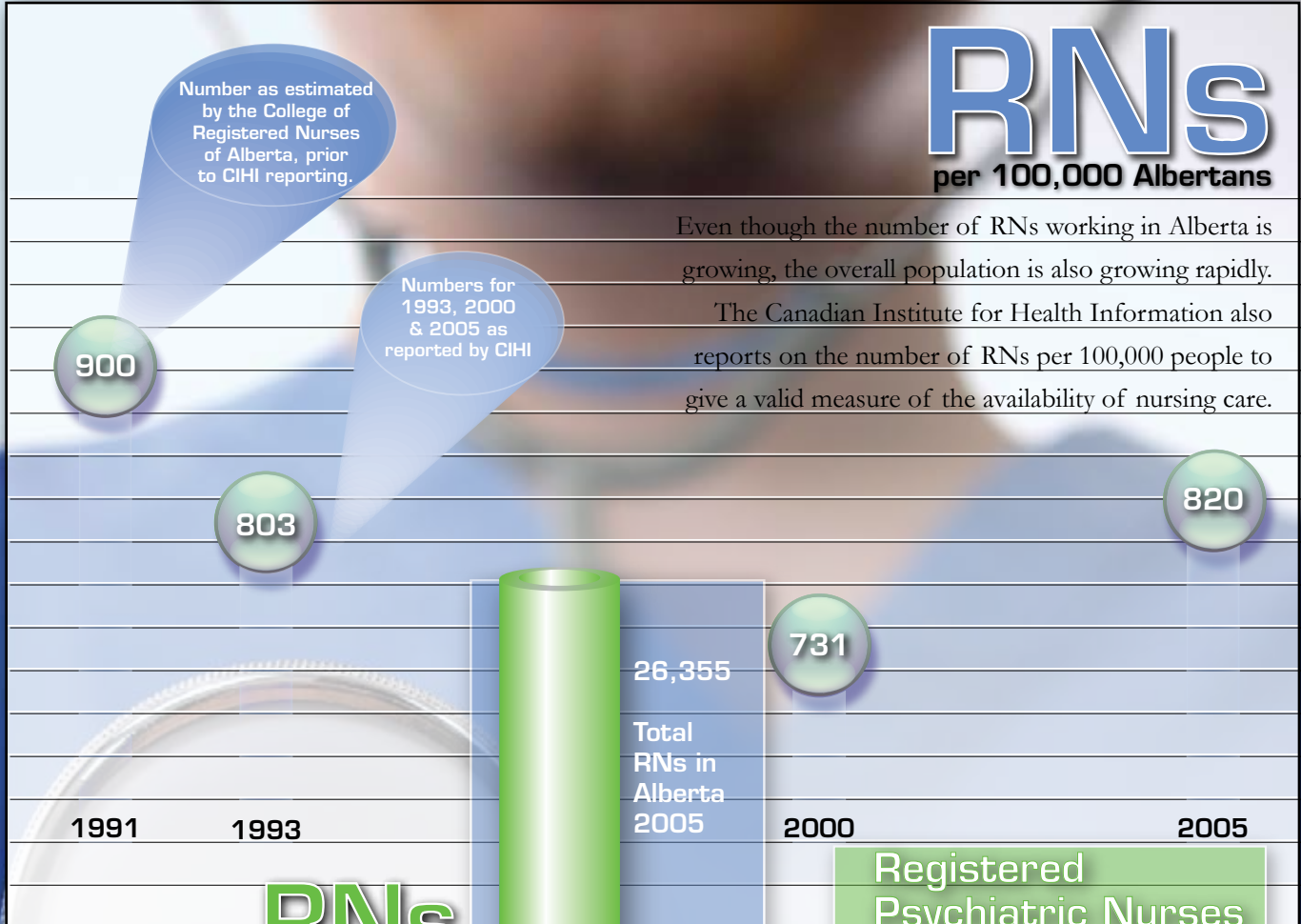
Helen, pit boss at Palace Casino.

Reports show **nursing shortage** here now

RNs per 100,000 Albertans

Even though the number of RNs working in Alberta is growing, the overall population is also growing rapidly.

The Canadian Institute for Health Information also reports on the number of RNs per 100,000 people to give a valid measure of the availability of nursing care.



RNs aging
percentage of RNs over 50 increasing
Over 1/3 of RNs are 50 years or older



Source - Canadian Institute of Health Information