United Nurses of Alberta

NewsBulletin

Edmonton nurse Lindsay Wright used a simple flow chart to explain the "vicious cycle" in nursing. Lindsay joined in at the Florence Nightingale celebration UNA held at the Legislative Assembly on Monday May 12th.

Inside:

Details from UNA's Nursing Care Plan

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Message from the President

Heather Smith

Well Mr. Liepert has made a dramatic entry into his new job as Minister of Health and Wellness. First off was the announcement that the "third way" may not be as dead as Premier Stelmach suggested. Then on May 15th, Mr. Liepert eliminated all the Regional Health Authority governance boards (in addition to the Alberta Cancer Board, the Mental Health Advisory Board and the Alberta Alcohol & Drug Addiction Commission) replacing all of them with a single super governing board. Although initially the health regions remained intact, on May 15th the Cabinet approved the elimination of all health regions effective April 1, 2009. The current nine geographic regions will be consolidated into a single health region encompassing the entire province.

For a couple of years there has been speculation that the number of health regions would be reduced from the current nine. Rumours suggested the new magic number would be five or three, never one. The decision to move to one province-wide region, begs the question "Why bother?". Why maintain the facade of any health region? Why doesn't the government department of Health and Wellness just govern (take responsibility and accountability for) service delivery?

Why indeed? Why does the government need to maintain a buffer from direct accountability. What decisions or activities will be undertaken by this consolidated superboard that government wants to be technically distanced from? Privatization? Contracting out? Perhaps hospital closures? Time will tell all.

The government may be using the recently released audits of rural health regions to justify eliminating local services. It's insulting and wrong to suggest rural nurses are not skilled providers of emergency services and skilled care.

It's also unreasonable in the extreme that Alberta with all of its resources is considering reducing accessibility to health services for some of our citizens. Changes of this magnitude should have been brought forward for public discussion before the provincial election. The audit reports were provided to the government at least a year ago.

This edition of the NewsBulletin contains pictures from our May 12th International Nurses Day celebration at the Legislature. It also includes important information, our "nursing care plan for nursing", about what can be done to deal with the nursing shortage.

I thank all members who contributed to the success of our event. I also extend a special thank you to those nurses who drove a long way to participate that day. Not only did we have some fun, we sent an important message to government that action is needed and we want to be part of the solution.

Heather Smith
President, UNA

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Government abruptly announces one "super" Health Region

One more round of "reform" and chaos in health care

On May 15 , Health and Wellness Minister Ron Liepert abruptly announced he was abolishing the Health Regions and appointing one provincial Health Board to run the provincial health system. It was Liepert's first major announcement, he has promised more in September and by year end.

But Liepert's overall plan continues to be short on details. Although he said he likes the recommendations of the Mazankowski report, which called for much more private health care and private health insurance, he has not made more details public.

A single board for the province attracted the initial headlines from the May 15 announcement, but the full details on the single Health Region for the province did not come out until a Ministerial Order was posted on the government's website late Friday, May 22. The statement is blunt:

"Effective April 1, 2009:

a. The Disestablished Authorities [all of them except East Central] are disestablished and their business and affairs are wound up.

b. The boundaries of East Central Health are amended to encompass all areas within the province of Alberta, with the name of the area to be amended to the "Alberta Health Region".

The name of the body corporate which consists of the members of the regional health authority appointed for East Central Health is amended to the "Alberta Health Authority".

It is a massive administration change, at least the third in just the fifteen years since the Health Regions were established. The single Region will have major implications for UNA. Under the current Labour Relations Code, this means that there will be one collective bargaining certificate, and a single bargaining unit for all nurses currently employed by Regional Health Authorities just ten months from now.

"Mr. Liepert is optimistic if he thinks this change will help Albertans get access to better care," UNA President Heather Smith said.

"Albertans could have much more confidence in their future health care, if this government was announcing some simple direct steps like more resources for educating nurses."

EDMONTON JOURNAL

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TORIES CREATE HEALTH SUPERBOARD

Stelmach plan will see single body rule nine regions

No indication of a plan for adapting labour relations

Liepert's announcement suggested union contracts would have to be adapted to the new structure, but government has given no indication of a plan for adapting labour relations. Just five years ago, Bill 27 unilaterally restructured labour relations in the health system, resulting in over a year of wrangling with new Regional bargaining units.

Putting business people in charge

The new board chair Ken Hughes is a major insurance industry investor and manager. A former Conservative MP he owns an insurance brokerage and reportedly was involved with a private, exclusive hospital development in Mexico.

"It's like Don Mazankowski all over again," said Suzanne Marshall, executive director of Friends of Medicare. Don Mazankowski was the Great West Life Insurance executive that the government asked to study health care in the province.

"The insurance industry is the biggest force behind two-tier for-profit health care," says Marshall. "They want a big market to open up, when people are forced to pay more and more for insurance for private health services that are no longer covered by medicare. They stand to make billions," Marshall says.

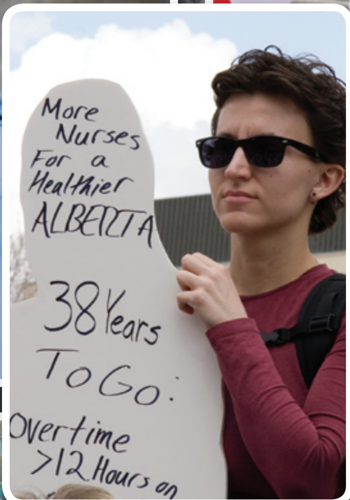
The new CEO Charlotte Robb is also from the for-profit health sector, where she was head of DynaLife Diagnostics (formerly Dynacare Kasper Medical Laboratories), the private laboratory business that picked up a huge market when public health labs were privatized.

May 12th UNA members rally for "more nurses"

Sheila Dorscheid & Denise Palmer

Spirit River nurse Crystal Triembacher speaks.

UNA President Heather Smith explains UNA's "Nursing Care Plan" for tackling the nursing shortage in Alberta.



Nurses brought white cutout silhouettes representing unfilled nursing jobs to the celebration of Nurses' Day and Florence Nightingale's birthday.

UNA's Nursing Care Plan for Alberta Nursing

The following is an abridged section of recommendations from the Nursing Care Plan. The full version of the plan is available as PDF on the UNA website, www.una.ab.ca

You ask me why I do not write something.... I think one's feelings waste themselves in words, they ought all to be distilled into actions and into actions, which bring results.

- Florence Nightingale

Alberta's health care is chronically ill, with a disease that has been worsening for years. The illness is understaffing caused by neglect and bad planning. We are short doctors, nurses, pharmacists and nearly every category of health care employee. We have known about this disease for years and the prescriptions have been written for years. However, the good advice and prescriptions have not been applied and the illness is getting worse. There has been a seemingly endless stream of news reports highlighting cancelled surgeries, longer waiting times, frustration in the emergency rooms, violence directed at staff, and patients being tended to in hallways. Virtually all these problems can be attributed to healthcare staff shortages, particularly the nursing shortage. It is little wonder that health care is the top public issue for Albertans. Alberta Registered nurses report that on the vast majority of their shifts they are working short-staffed now.[1]

The shortage of nurses is having serious impact on care now. We must take immediate steps NOW to improve care for our patients and our healthcare system.

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Survey of UNA nurses shows nursing shortage hurting health care in Alberta

Nurses say the shortage of staff – particularly Registered Nurses and Registered Psychiatric Nurses – is causing the quality of health care to deteriorate in Alberta. A recent survey of 1,500 of its members conducted by United Nurses of Alberta shows understaffing and overtime continue to be problems.

"Our survey reinforces, once again, that the nursing shortage is a major problem facing health care," says UNA President Heather Smith.

"This year, however, we also want to highlight the problems facing nursing. We need action from the government now on the nursing shortage."

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Nursing shortage in Alberta

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To kick off the May 12th rally for Nursing Week UNA released parts of a new random telephone survey of 1,500 UNA members. The scale of the survey makes it a highly accurate snapshot of nurses' working conditions and their views and attitudes. Overall the result is concerning, as fully 45% of the nurses said the quality of health care in their workplace has deteriorated over the past few years.

> *"Nurses identify the shortage of nurses and other staff as the major factor in their concerns about quality of care,"*
> *Heather Smith told the news media.*

"Nurses identify the shortage of nurses and other staff as the major factor in their concerns about quality of care," Heather Smith told the news media.

The poll also shows that the nurses are coming in to work early, staying late and working through their breaks to try to keep up. But 58% report they usually have "too much to do on my shift to do everything well."

The problem is not only nursing vacancies that employers are unable to fill. Nearly 70% of nurses say their workplace is understaffed normally, every day. And, for a vast majority of shifts, nurses who are off ill or on vacation are not replaced. The remaining nurses have to pick up the extra work.

The survey shows nearly 9,000 nurses pick up one or more extra shifts in the average week, with many working two or more extra shifts on top of their normal schedule. That's equivalent to 2,000 additional full-time nursing jobs that are being stretched over the nurses we already have.

The survey asked if nurses are willing to increase their work even more. Only 20% of part-time nurses said that if conditions were improved they would consider working more. The vast majority said they would not.

The survey also showed nearly 25% of nurses plan to leave nursing within the next five years. That's nearly 6,000 nurses out of a total workforce of about 24,000.

"The good news is nearly half the nurses nearing retirement say they will consider postponing it, if conditions are right," Heather Smith said. "We can't afford to lose one quarter of our nurses, we do not have replacements ready to take their places."

"Our survey makes it clear to us that we need to move as soon as possible to improve conditions or the nursing shortage is going to get even worse," says Heather Smith. "We can't wait four years for more new nurses to graduate, we need to act now."

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The nursing shortage won't begin in 2013 **The nursing shortage is NOW!**

Increasing our education of nurses – growing our own – is crucial, and widely recognized as the solution. But that solution takes time. The government has announced large increases in nursing education, but we won't have those nurses for up to four years. And those increases will likely prove to be inadequate. We need a more complete plan to act in the short and medium terms, and to implement a comprehensive solution for the years to come.

1. **Improve conditions to encourage part-time and casual nurses to take on more hours.**
2. **Protect the health and well-being of nurses, reducing time off due to illness and injury.**

In the short-term, we must encourage nurses in all phases of their careers to keep working. We can create conditions that encourage part-time nurses to work more hours. Nearly 65 per cent of Alberta's nurses work part-time or casual positions, with only 35 per cent working full-time. Alberta has the lowest rate of full-time nursing in Canada. Getting nurses to increase their current hours, or to move to full-time would appear to be an obvious way to reduce the shortage.

But the UNA Nursing Survey shows 65 per cent of nurses are not interested in taking on more work. Although nearly one-fifth are interested in more hours or working full-time, a concerning trend appears. In 2005, 28 per cent of nurses wanted more hours. In 2008, that number has fallen to 18 per cent. At the same time, the number of nurses who actually would like to reduce their working hours is growing, from six per cent in 2005 to eleven per cent this year.

The good news is that the survey also shows that nurses are more likely to consider increasing their hours if workload is reduced and the number of patients they are responsible for can be reduced or controlled. Forty- one per cent of the part-time nurses interviewed said reduced workload or better nurse to patient ratios could make them consider working full time.

Health Employers must directly address these issues. The same strategies can also reduce the "drain", the number of nurses who want to reduce their hours because of stress or overload. In particular, UNA encourages Health Employers to:

- Listen to nurses – seriously consider nurses' concerns and nurses' documentation of problem areas through Professional Responsibility Complaints.
- Enhance Front-line Nursing Leadership – increase supportive management with 24/7 support of nursing teams. The UNA Survey identified inadequate or unsupportive management as a significant job stressor.

- Improve working conditions to reduce illness and injury. The provincial government has promised to fund patient lifts to reduce back injury, the largest single group of injuries to nurses – an important first step. High stress is one of the main correlating factors in sick time off. Steps to improve conditions and reduce stress will pay off in reduced sick time and more nursing hours.
- Support on-going education initiatives for nurses. Nurses identify opportunities for professional development as a key factor in job satisfaction.
- Work with UNA to create an objective process to determine safe and sustainable base staffing levels. Sixty-nine per cent of Alberta nurses report baseline staffing in their worksite is one or more nurses short of adequate.
- Move quickly to implement the workload management process – new in the collective agreement – to identify and correct high workload worksites and units.
- Make a priority list of vacancies to "staff-up" at the highest stress work locations, to improve local conditions and reduce the flight of staff from those locations.

3. Recruiting more nurses in the next one to three years,

4. Retaining our experienced nurses,

5. Support and retain our new nurses

In the medium term we must continue with on-going recruitment efforts, continue to develop retention plans, and generally support the well-being of nurses. This is necessary to help maintain nursing staffing before more Alberta educated nurses are ready.

The on-going recruitment efforts, in Canada, Alberta and internationally should be continued over the next few years.

What you can do about the nursing shortage

UNA provided the Nursing Care Plan for Nursing in Alberta to the Premier and every Members of the Legislative Assembly during Nursing Week.

Nurses can help prevent a worsening shortage:

- Download and read the full Plan from www.una.ab.ca
- Call your MLA and ask if she or he has read it.
- Explain that the government MUST do more to alleviate the shortage.
- Or, send them another copy of the plan, with a short note urging them to read it and act on the recommendations.

The Alberta government and CARNA must make it convenient, fast and accessible for qualified nurses to come to practise in our province, while maintaining public confidence in the high quality of nursing care in Alberta.

Increase Employer adoption of the innovative retention measures available in the UNA collective agreement, including pre-retirement reduction of hours, benefit eligible casuals, weekend workers and others.

Recruit ALL Alberta nursing graduates. Use the UNA Supernumerary program and other possible incentives to attract ALL the nursing graduates coming out of Alberta schools to work in Alberta. The UNA Supernumerary program first available in 2001, allows health employers to offer every graduating nurse an immediate job, so long as they are not replacing current nurses. It has the added advantage of giving new nurses room to learn and be mentored in nursing.

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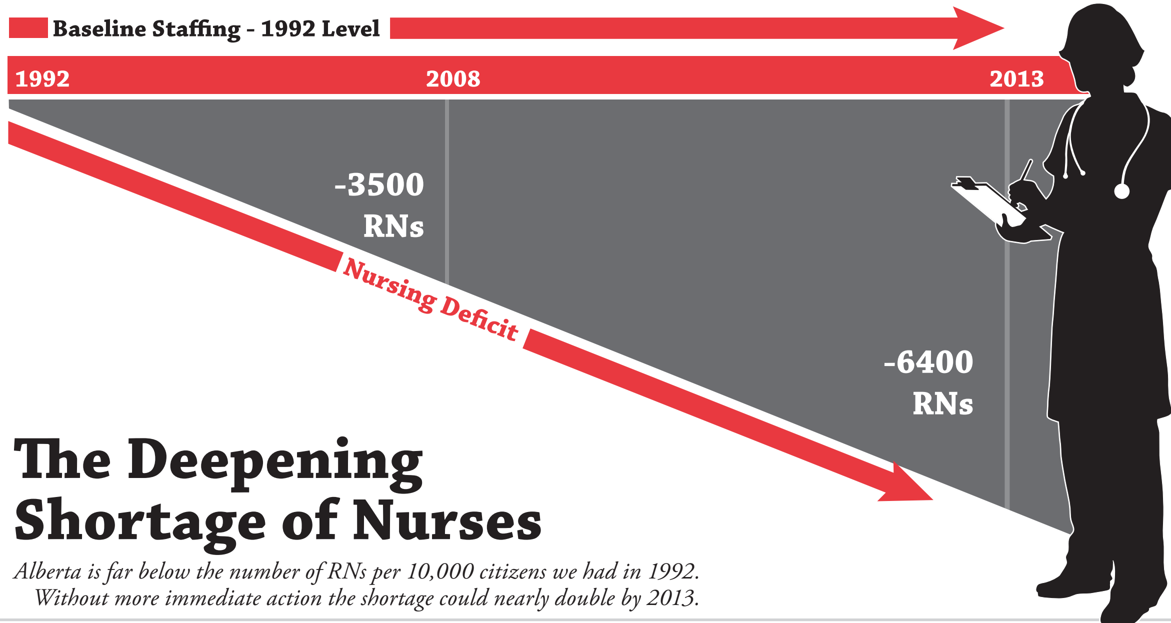

The Deepening Shortage of Nurses

Alberta is far below the number of RNs per 10,000 citizens we had in 1992. Without more immediate action the shortage could nearly double by 2013.

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Support Alberta nursing programs that will need resources for faculty and programming to increase the number of nurses they are graduating.

Expand the number of available nursing practicum spaces, providing incentives for nurses to mentor practicum students.

Promote and expand the "fast-track" training programs that allow students with some of their education completed to finish their nursing qualification quickly.

Provide financial support for students who are taking "fast-track" nursing programs and who have no time to work or support families.

Ensure new nurses are well supported in the workplace. Attrition of new nursing graduates and new employees is a significant loss of nursing talent. Programs must be in place to provide mentoring and good support for new nurses so they can learn their jobs and improve levels of job satisfaction.

6. **Stakeholder Education Summit by September 2008.**

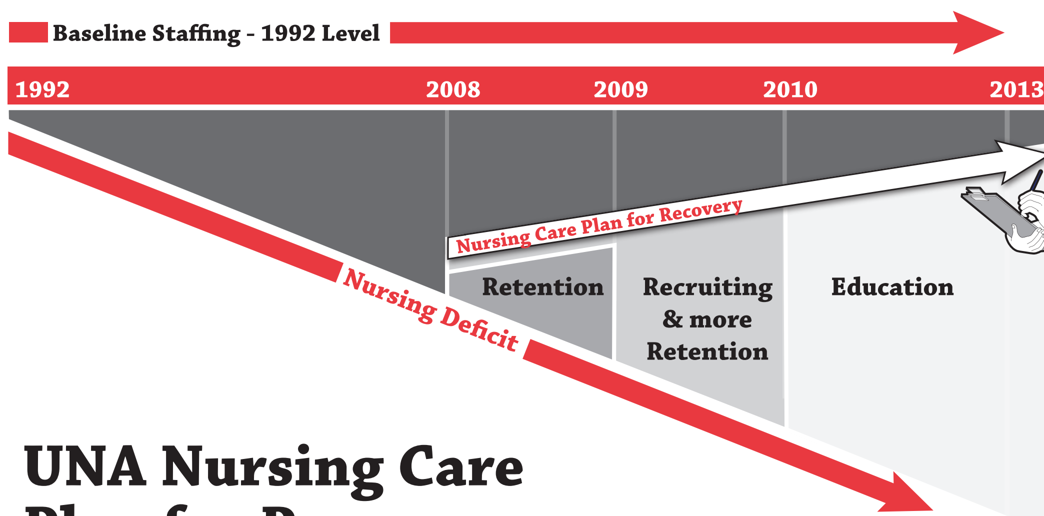
7. **On-going, public, data gathering and reporting on nursing demographics.**

8. **Provide resources to increase the capacity of nursing schools immediately to meet the target of 2,000 Registered Nurse graduates per year in 2012.**

The government has promised 2000 nursing graduates by 2012. That means boosting enrolments in September 2008 to meet that target. Education alone will not address the short and medium term needs of the health care system, but it is vital that we begin the process now and that we get it right.

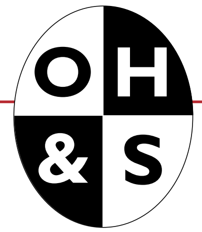
Health Employers, nurses, nursing programs and the government must meet as soon as possible to determine and set a course for immediate, mid-term and longer-term solutions. This Stakeholder Summit must be convened as soon as possible. Increasing the number of graduates to 2,000 per year by 2012, as the government has promised, faces some specific problems. The intake of new enrollment will have to increase significantly by this September to reach that target. (We will need more than 2,000 enrolled to produce 2,000 graduates in four years.) Our nursing education programs face challenges with faculty retirement and faculty shortages. Finding practicum placements for students is also difficult. Significant and immediate resources and planning will be required to reach the 2012 goal. Some additional options that can facilitate fast, quality nurse education are:

- Re-examine the nursing program curriculum to be sure it address practise-readiness, producing nurse graduates who are well-prepared for the hands-on care environment.
- Develop a fast-track 3-year Nursing degree program, as British Columbia has done, to prepare more nurses more quickly.
- A bridging program for Licensed Practical Nurses to encourage and facilitate the path for LPNs who wish to upgrade their education to become Registered Nurses.
- A rural education model... to allow rural nursing students as much as possible to take their education – and practicums – in their communities, and encourage them to stay and work in rural practise settings.
- Consider a 4th year as a paid internship – a model that will help attract more students, and get new nurses to the bedside faster.



UNA Nursing Care Plan for Recovery

Using a dedicated plan could return Alberta to close to 1992 levels in just a few years.



UNA pushing for changes to

HEALTH & SAFETY CODE

Members can help through on-line survey

The Alberta Government is currently reviewing suggestions for changes to the Occupational Health and Safety Code and is seeking public consultation.

UNA submitted a number of suggestions for changes to the Code in areas that specifically apply to nurses. But the consultation process has gone off-track according to Janice Peterson, UNA's OH&S Officer.

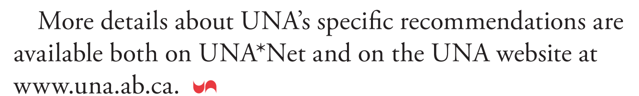
UNA's proposals were submitted to a "Code Changes Review Working Group" which was made up of three representatives from labour (unions) and three employer representatives. The group was chaired by a government Workplace Safety representative.

The labour representatives were shocked to find that the Chair of the working group unilaterally changed the wording of the accepted items, after they had been agreed upon. The Chair refused to include a suggestion to change the Working Alone provisions despite the fact that this change was accepted by both labour and employer representatives.

We need to send a message to the Alberta Government that Health and Safety of Alberta's Health Care Workers cannot be ignored. Health Care has one of the highest rates of work related illness and injury in Alberta.

We need your help! We are asking our local representatives and members take the time to participate in the public consultation process. It is easy to do. Just click on the link to the Employment and Immigration website to begin. You have until June 30, 2008 to submit your input.

http://employment.alberta.ca/apps/ohs_code/index.asp



More details about UNA's specific recommendations are available both on UNA*Net and on the UNA website at www.una.ab.ca.

UNA STAFF NOTES

Several personnel changes in UNA's Labour Relations staff

Lee Coughlan

Arlene Chapman

Linda Harkness has been hired as a permanent LRO (Labour Relations Officer) for the Calgary office. Linda has been the President of UNA Local #1 for the past 6 years and has been an RPN since 1982. She has recently been in a temporary position servicing most of the locals in the David Thompson Region.

Lee Coughlan has been hired as a permanent LRO for the Edmonton Office. Lee was an Officer for the Alberta Human Rights and Citizenship Commission as well as a Contract Investigator for the Northwest Territories Human Rights Commission. Lee has an LLB from Osgoode Hall Law School as well as a BA from the University of Alberta.

Arlene Chapman has been hired as a temporary LRO for the Edmonton Office. Most recently, she was Constituency Manager for MLA David Eggen. In that capacity, she served as advocate for a multitude of WCB appeals, EI appeals, pension appeals and the like. She is the previous executive director of the Edmonton Social Planning Council and Provincial Coordinator for the Alberta Council of Women's Shelters.

LRO John Haunholter resigned effective May 31, 2008. Marlene Neher has been hired to fill the vacancy. Marlene is currently working for the Aspen Regional Health Authority. She has also worked for the Lakeland Health Authority and Staff Nurses Associations of Alberta.

Three LROs are off on leave. Jeff Jesse is taking an extended leave of absence to get a Master's degree at the University of Toronto. Rachel Notley has taken a leave of absence to attend to her political duties as MLA for Strathcona Edmonton. Sharon Lindgren-Hewlett has taken six months off in our salary deferral program. Dalton Wenstob has been hired into a temporary position to cover her during her absence.

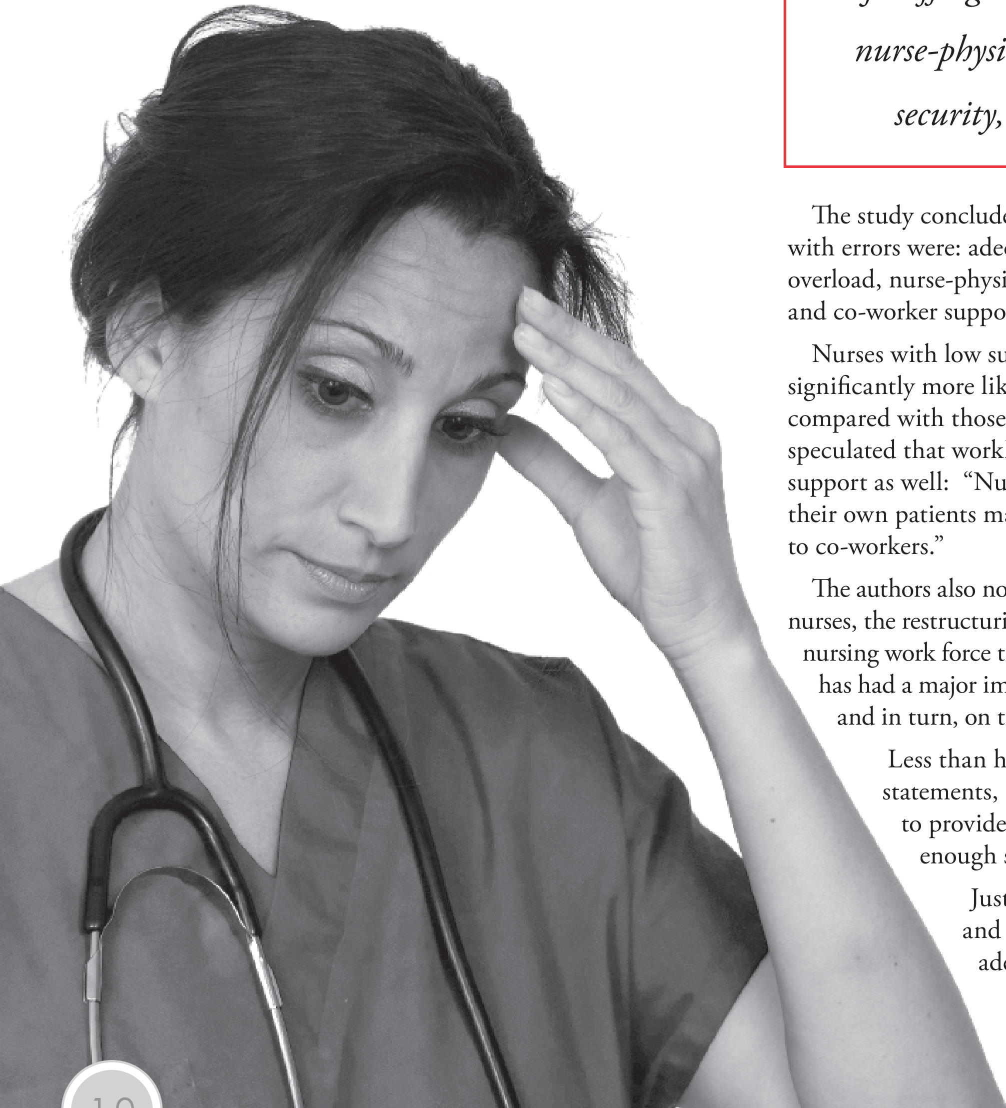
Finally, LRO Dorothy Sim returned from her extended leave on May 28.

Stats Can study suggests work overload and low staffing are a major factor in medication errors

A major Statistics Canada study shows low staffing and job stress are likely causes for medication errors. Released in May, the study used information from a survey of over 4,000 Canadian RNs. Nearly one-fifth of the nurses, 19%, "acknowledged that over the previous year, medication errors involving patients who were in their care had occurred 'occasionally' or 'frequently'."

But the study said that looking at work environment causes for errors is becoming more important than blaming "individual's carelessness."

Workplace factors that were related to medication error included usually working overtime, role overload, perceived staffing shortages or inadequate resources, poor working relations with physicians, lack of support from co-workers, and low job security.



Nurses who worked in hospital settings where staffing and resources were perceived to be inadequate, as well as those who usually worked overtime, were more likely to report a patient had received the wrong medication or dosage.

The study, "Correlates of Medication Error in Hospitals," analyzed findings from the 2005 National Survey of the Work and Health of Nurses to determine factors underlying the likelihood of making errors when giving medications to patients.

The study concluded the main factors that correlated with errors were: adequacy of staffing and resources, role overload, nurse-physician working relations, job security, and co-worker support.

The study concluded the main factors that correlated with errors were: adequacy of staffing and resources, role overload, nurse-physician working relations, job security, and co-worker support.

Nurses with low support from their co-workers were significantly more likely to report medication error, compared with those with more support. The authors speculated that workload may be responsible for low support as well: "Nurses working at full capacity to care for their own patients may be less able or willing to lend a hand to co-workers."

The authors also noted: "In the view of many Canadian nurses, the restructuring of hospitals and downsizing of the nursing work force that has taken place since the early 1990s has had a major impact on the nursing work environment, and in turn, on the quality of patient care."

Less than half of hospital RNs agreed with the statements, "There are enough nurses on staff to provide quality patient care," and "There is enough staff to get the work done".

Just over half reported support services and time to discuss patient care were adequate.

Copies of the full study are available through Statistics Canada, or contact Keith Wiley at UNA Provincial Office.

Public Interest Alberta

The real picture of Long-Term Care policy in Alberta

Public Interest Alberta campaigns for the province's most vulnerable citizens

by Noel Somerville, Chair, Seniors Task Force, Public Interest Alberta

From time to time, we hear conflicting stories about the state of Alberta's seniors care system. We hear about seniors luxuriating in the amenities of a well-appointed retirement community but we also hear stories of seniors who are lonely, neglected or abused, or are impoverished by having to purchase the care needed to sustain their lives.

Those who are both wealthy and healthy have no problem. Even when health deteriorates, they can afford the care they need.

For individuals with annual incomes of less than $22,200 or for couples with annual incomes of less than $35,900, their surroundings won't be as lavish but then they have access to subsidized lodges and other types of accommodation. And when health deteriorates and they are frail enough to be accommodated in a long-term care (LTC) or a designated assisted living (DAL) facility, the Alberta Seniors Benefit (ASB) will ensure that they have $265 per month of disposable income to spend on uncovered drugs and medical supplies.

Those who are neither wealthy nor eligible for the ASB, however, are likely to face the most difficult time when their health starts to deteriorate. To explain why, let's look at the current framework that Alberta uses to describe its continuing care system.

Home Living is what the government advocates under its "aging in place" strategy. It is also what most seniors want, but it can work only if the necessary supports are in place. Many factors drive seniors from their homes:

- High utility and maintenance costs, particularly for older homes,
- Market value assessment that escalates property taxes in older areas,
- Most critical, however, is the lack of adequate home care.

The limited amount of home care available from the health care system is certainly not adequate when one's health and physical abilities start to deteriorate and the cost of private home care is simply unaffordable for most.

Over the past 20 years, the availability and service levels in LTC facilities have actually shrunk. Twenty years ago, Alberta provided long-term care at nominal accommodation fees; nursing, personal care, medications and rehab were fully covered by the province and we had 105 LTC beds/1,000 seniors age 75 or older, most publicly operated.

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Supportive Living Framework

Living Environment	Home Living	Supportive Living				Facility Living
	Houses Apartments Condos	Level 1 Residential Living	Level 2 Lodge Living	Level 3 Assisted Living	Level 4 Enhanced Assisted Living	Nursing Homes Auxilary Hospitals

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In 2007, that ratio had dropped from 105 to 67.3 LTC beds/1000 seniors age 75 or older. That 36% drop takes the 43% increase in Alberta's population into account but not the increasing proportion who, because of medical advances, live longer despite serious chronic illness. Consequently, seniors who now qualify for LTC have much higher care needs than 20 years ago.

LTC facilities are designed to provide nursing care, personal care and medications in very much the same way that hospitals do, though they charge an accommodation fee. Accommodation fees that were nominal 20 years ago were hiked in 2003 to recover the actual cost of accommodation and have since been increased to $1,525/month for a private room. Even so, the Alberta government considers LTC facilities a much too expensive way to care for seniors, largely because of the cost of required RN and LPN nursing staff.

The government's emphasis, therefore, has moved to the *supportive living* categories, particularly *assisted living*, which are becoming the replacement for LTC facilities. The bulk of these are privately operated, either for-profit or non-profit, but the government exercises no control over the costs of either accommodation or care. Those that provide personal care, usually by dedicated but poorly trained care attendants, charge either a per-service fee or a time charge, usually in 15 minute blocks. Where such care is not available, frail seniors have to hire personal care assistants to provide the help they need with dressing, toileting, bathing, moving about and eating. Any medical problems often mean a transfer to an acute care hospital where seniors are often regarded a "bed blockers".

This à la carte approach to the care of frail seniors often means accommodation and care charges in the region of $5,000 per month; this in a country that boasts a health care system that is supposed to cover everyone.

To address these inadequacies in Alberta's continuing care system, Public Interest Alberta (PIA) has proposed five steps that would have a positive impact on the lives of Alberta seniors. These steps will be the topics of future articles. Information on these steps is available at pialberta.org/program_areas/Seniors.

Getting government to take action on these steps will require a major campaign to educate our MLAs on the realities of our current seniors care system. To that end, PIA is currently forming MLA contact groups in each constituency. These contacts will be provided with briefing notes as the basis of meetings with their local MLA, perhaps three times per year. They will also be asked to report back by email on their MLA's reaction at each meeting. Anyone interested in participating on an MLA contact team should apply using the following web link: www.teams.pialberta.org

Nurses vote for strike mandate at Extendicare Somerset in Edmonton

Contract negotiations with Extendicare for nurses in nine separate facilities in the province failed to reach an agreement with a mediator and the members decided to hold strike votes at each facility beginning with one at Edmonton Somerset May 14.

The nurses voted strongly in favour of the mandate and Extendicare agreed to come back to the table with "top level representation". As of press time, new negotiation dates were set for mid-June. UNA agreed to hold off on further votes, pending the talks.

Why are Extendicare nurses valued less?

- The Extendicare nurses are concerned because Extendicare's most recent offer remains FAR lower than terms for other Alberta nurses:
- significantly less pension
- inferior benefits
- lower premiums for working weekends and shift
- a lower premium for being in charge
- way below the provincial standard for recognition of educational qualifications
- NO long-term disability plan.
- no portability of vacation bank or seniority
- several other inferior provisions

The nurses say Extendicare must come closer to competing or it will lose even more staff. The nurses want increased shift and weekend premiums but are not demanding complete parity across all the terms.

Extendicare receives government funding for providing nursing care, yet it is offering its nurses far less that other government funded health services. Where will Extendicare spend the money, on corporate profits? Extendicare, Canada's largest long-term care corporation, recently reported a 20% increase in the first quarter revenue for 2008.

Dolly Deringer (left) is Local #161 President at Extendicare Lethbridge. Here with Erin Sullivan a PCA, one of the many CUPE members who supported the information picket

Most Rivera talks reach settlement

In other negotiations, UNA Locals 107, 137 and 210 reached an agreement with Rivera (formerly know as Central Care Corporation, previously known as Central Park Lodges). The agreement included parity with the provincial agreement in wages, the 2% retention recognition, and the provincial lump sum. Shift and weekend premiums will be phased in to provincial levels as well. The agreement also gets the nurses improvements in leaves, vacations, RRSP and benefits.

Negotiations are continuing with Rivera and two other Locals, #235 South Terrace Continuing Care and #401 McKenzie Towne Care Centre.

Nurses at Extendicare Lethbridge have already held two information pickets that drew lots of media coverage to the contract talks.

Renée Turcotte (left) is Local #117 President at Extendicare Somerset in Edmonton. She's joined here by Maxine Herron and Christine Matthews.

Extendicare is far LOWER

UNA Provincial Executive Board members joined Extendicare nurses for a picket at the Edmonton Somerset facility. The nurses held a second information picket on May 15, the day after their strike vote. That day the nurses from the whole North Central District meeting came along to show support.

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Canadian Medical Association President Brian Day claims system is 'broken'. Day has been an outspoken advocate for more for-profit health services in Canada to augment" the public health care system.

Government "audits" question rural health facilities

The Alberta government released audit evaluations of the province's rural health services in a move that many saw as pretext for rural hospital cuts or closures. The Deloitte audits mention seven specific facilities that it says could close or change: Swan Hills, Athabasca, Vermillion, Beaverlodge, St. Theresa's, Fort Vermillion, Rainbow Lake and Fort MacLeod.

"The government appears to be ready to cut anything to reduce costs," says UNA President Heather Smith. "I think they'll find Albertans put a high value on local health services. The province begins more cuts at its own peril."

Some commentators suggested rural facilities "can become a health risk... when there's so few people coming through the door."

"Rural nurses across the province provide exceptional care," says Heather Smith. "The variety of challenges they face everyday is amazing. It's inaccurate and insulting to suggest rural health professionals are somehow less capable."

Government projections far short of 2,000 new RN grads in 2012

The Stelmach government's principle election promise on the nursing shortage was to graduate 2,000 new RNs a year by 2012, but UNA has recently obtained Advanced Education documents that project only 1657 new grads by then.

The Advanced Education Department supplied a report on RN and LPN enrolment and graduate projections through to 2011-2012 in response to a Freedom of Information request from UNA. The April 2008 report showed 1239 RN grads in 2006, but only 1,367 in 2010 and then a slight rise to 1,657 in 2012. LPN graduate numbers only rise from 635 in 2006 to 781 in 2012.

Shift work associated with cancer risk

Shift work was classified as a Group 2A carcinogen in a recent announcement from the International Agency on Cancer. That means it is "probably carcinogenic to humans". Studies show that nurses and flight attendants have a higher risk of breast cancer than the population at large. But Dr. Marilyn Borugian from the BC Cancer Agency says a wide variety of possibilities in night shift work, diet, inadequate exercise, even family stress may be the actual influences on cancer rates.

LPNs ramping up negotiations

In May LPNs and support staff held rallies in front of hospitals and health facilities around the province to draw attention to their stalled contract talks. The Alberta Union of Provincial Employees (AUPE) has been in negotiations on behalf of health workers for some time and so far Employers' offers have been less than satisfactory. At the end of May mediator David Jones agreed to assist at negotiations with the Capital Health Region.

"We strongly emphasized to the Employer that sustainable salaries and market demand solutions are critical; recruitment, retention and reward issues must involve long term solutions, and will only be solved by competitive wages, improved compensation and other monetary incentives," said AUPE Staff Negotiator John Wevers.

UNA and other union members at the annual April 28 Day of Mourning for workers injured or killed through their work that was held in Calgary

Alberta has lowest proportion of RPNs

Alberta has the lowest number of Registered Psychiatric Nurses per population of Canada's four western provinces, and it could get worse. RPNs face a looming retirement boom that is even more serious than for RNs. According to the College of Registered Psychiatric Nurses of Alberta (CRPNA) Registrar Barbara Lowe, 27 per cent of the province's nearly 1,300 RPNs are 55 years old or older. Alberta is now preparing more RPNs, with a larger graduating class of 70 coming up this December. But for several years, the province has only graduated 25 RPNs a year. Even the 70 new grads will be far below the number needed to replace retiring RPNs. As it is, nearly 40% of the RPNs in Alberta already come from out of province.

BC residents find no inter-provincial trade barriers at BC-Alberta border

On the first anniversary of the Trade, Investment and Labour Mobility Agreement (TILMA) between BC and Alberta, a group of Golden residents travelled to the provincial border armed with a magnifying glass to examine the border and find significant trade barriers.

Failing to find fences, inspection stations or customs check points, the group concluded that TILMA had been sold to the people of both provinces as a solution to a problem that simply does not exist.

The controversial TILMA agreement, signed secretly between the BC and Alberta premiers in 2006, came into effect on April 1, 2007. Carleen Pickard, the Council of Canadians' regional organizer for BC and the Yukon, says TILMA undermines local democracy. The deal will prevent municipalities and other public bodies from choosing services or making purchasing decisions based on local concerns, she says.

Saskatchewan nurses voting on money deal that "ignores" staffing issues

The Saskatchewan Union of Nurses' (SUN) Negotiations Committee decided to take the Employers' "final offer" package to the membership without recommendation for either acceptance or rejection of the offer, SUN announced on May 30th.

Without a recommendation from the Negotiating Committee, SUN members will determine whether the final offer is sufficient.

SUN President Rosalee Longmoore said, "While I am relieved this agreement is finally settled, I am genuinely saddened by the fact that Government and the health regions have missed this critical window of opportunity to address the root causes of the nursing shortage in Saskatchewan."

Saskatchewan nurses had voted 77% in favour of strike action on May 7. Renewed negotiations produced the enhanced employer offer.

"Essentially, health regions have offered nurses a big wage and premium increase, but refused to budge on almost every important staffing and patient safety issue — even though we said over and over — this is not just about the money."

According to SUN, the key elements in the tentative agreement are:

- A four-year agreement that provides near parity with Alberta nurses in years one and two. This includes a market adjustment of 5% and a general wage increase of 5% in the first year, and annual increases of 5% in each of the remaining three years.
- Addition of a sixth salary step for Nurse A and B classifications effective April 1, 2008.
- 2% Long Service premiums for nurses with 20 years of service in the bargaining unit.
- Provincial service recognition premiums in 2011 and 2012.
- A special premium for Nurse Practitioners.
- All overtime paid at double time.
- Up to eight hours annually of paid professional development, pro-rated for Other Than Full-time.
- An increase in weekend, shift differential and standby premiums that are closer to those in effect in Alberta.

UNA member Pauline Worsfold (who is also Secretary-Treasurer of the Canadian Federation of Nurses' Unions) and UNA 1st Vice-President Bev Dick hold the CFNU banner at an equality rally in Toronto.

UNA in "the house of labour"

UNA sent a sizable delegation, including 7 members-at-large picked by a draw, to the Canadian Labour Congress triennial meeting in Toronto in May. The Canadian Labour Congress is the umbrella organization representing most union members across Canada. Along with the provincial federations of labour and local labour councils, it is often called "the house of labour".

Teresa Caldwell, BettyAnn Emery and Linda Brockman, (l to r) all from Local #301 at the CLC meeting.

UNA 2nd Vice-President Jane Sustrik at the CLC meeting.

UNA Secretary-Treasurer Karen Craik at the CLC meeting.

UNA President Heather Smith speaks to CLC delegates in Toronto about the need to expand the medicate umbrella.

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