United Nurses of Alberta

NewsBulletin

Cuts? Chop down the tree?

It won't grow back in one year!

Heather Smith tells media cuts in health would set everything back and hurt Albertans.

ENTER THE DRAW to attend CFNU or AFL conventions - page 10

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Message from the President

Heather Smith

You should be receiving this NewsBulletin in late February. That will be about five weeks before April 1st. Why does that matter? Well, for a couple of reasons. There are time-sensitive ballots contained in the NewsBulletin to enter draws to attend the Alberta Federation of Labour (AFL) Convention in April and the Canadian Federation of Nurses (CFNU) Biennium in June. April 1st is also the date for the 2009 salary increase, the final increase in the provincial agreement which expires March 31, 2010.

But also, April 1, 2009 is the date that all nine health regions, the Alberta Cancer Board, the Mental Health Advisory Board and the Alberta Alcohol and Drug Abuse Commission are formally replaced by the all-encompassing Alberta Health Services (AHS) Board. Twelve employers are replaced by one. What does this mean to the thousands of employees (including twenty-four thousand Registered Nurses and Registered Psychiatric Nurses)? Other than a change in the name of the employer, no one seems to be quite sure what it will mean.

The Alberta Health Services website (www.albertahealthservices.ca) provides an evolving organizational chart, updated as individuals such as the new CEO, Stephen Duckett, are hired (look under Transition Update). But there are a lot of details that remain unclear.

The organizational chart refers to five continuum zones for community and rural health operations. We have been told that generally they are the former health regions divided into the South (Palliser and Chinook), Calgary, Central (David Thompson and East Central), Edmonton, and North (Aspen, Peace Country and Northern Lights). There is no indication how these zones will relate to the tertiary, core urban and urban hospitals which are all separate from rural facilities. There are four groupings of hospitals now. Calgary, for example will have hospitals in the one city reporting to three separate departments. See the accompanying diagram that illustrates part of the Alberta Health Services organizational chart.

The merging of practices, policies and protocols is expected to take up to three years. The creation of a single province-wide computer information network could take as long as five to seven years.

The implications for contract provisions are also in limbo. Alberta Health Services and government are just beginning to discuss with us how this will affect labour relations. With one employer province-wide, could all direct nursing care be in one bargaining unit? The talks are just beginning.

So April 1st will not be one big bang, but the beginning of many incremental steps of change. These changes will affect the work of nurses across the province. As nurses we need to keep up-to-date with what's changing and keep advocating for the best possible conditions for nursing. Watch for more information which we will forward on to you as we receive it.

Heather Smith
President, UNA

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Alberta Health Services
Continuum of Care

Stephen Duckett
CEO

Paddy Meade
Executive Operating Officer

Dr. Chris Eagle
Chief Operating Officer
Urban

Pam Whitnack
Chief Operating Officer
Community and Rural

Tertiary Specialized Acute Care
U of A, Foothills, Children's, Cancer Corridor

Core Urban Acute Care
Royal Alexandra, Peter Lougheed, Rockyview and liaison to faith-based Grey Nuns and Misericordia

Urban Hospitals
Red Deer, Lethbridge, Grande Prairie, Medicine Hat Fort McMurray

Community & Rural Health Operations
(including all rural hospitals)

Primary Care and Chronic Disease

Public Health

Mental Health and Addictions

Community Care

Seniors' Health and Living Options

EMS

No time for destructive budget slashing in Alberta's health care

Our health system cannot withstand another round of destructive budget cuts, UNA said when various government politicians hinted cuts could be in the cards.

"The last thing Albertans want now is longer waits in Emergency rooms and another huge shortage of staff and beds," says UNA President Heather Smith. "We do not need to relive the destruction of the 1990s."

The province's population has grown a great deal and our hospitals and health services are not keeping pace. Much of this can be traced back to the ill-conceived budget cuts from 1994 when 5,000 Registered nurses were laid off.

The United Nurses of Alberta also disputes the validity of the recently released government's PriceWaterhouseCoopers report of a health care deficit.

"This is a blatant attempt to manipulate public opinion with a custom-designed report that reinforces the government's old message that health care spending is 'out-of-control' and unsustainable," says Heather Smith.

The nurses union points out that some of the core observations in the report are just wrong. There were NO unusual or unforeseeable increases in health workforce costs in 2008.

"There were no surprises in health workforce costs. Nursing is the single largest workforce budget item and our agreement was set in 2007. The annual increments, like the 5% salary hike were a given," she noted.

The union also notes that the report says unplanned increases in the workforce were an issue.

"We are just lucky to be able to find the nurses and staff to hire," says Heather Smith. "There was never any question about whether the skyrocketing population in the province needed more caregivers. If you drastically under budget, of course you end up with a deficit."

The union also points out that right across the province, health authorities were trying to open more beds, building new units and were going to have to staff them.

"In recent years our system has been rebuilding capacity after the cuts in the 1990s. You don't shrink health care one year and resize it back up the next year. You can't cut down a tree and expect shade protection from a new tree the next year. Albertans cannot have their health care hacked back again," she says.

"It is a shame that this government constantly plays politics with Alberta's most vital public service. We all depend on our health system when we need it," says Heather Smith.

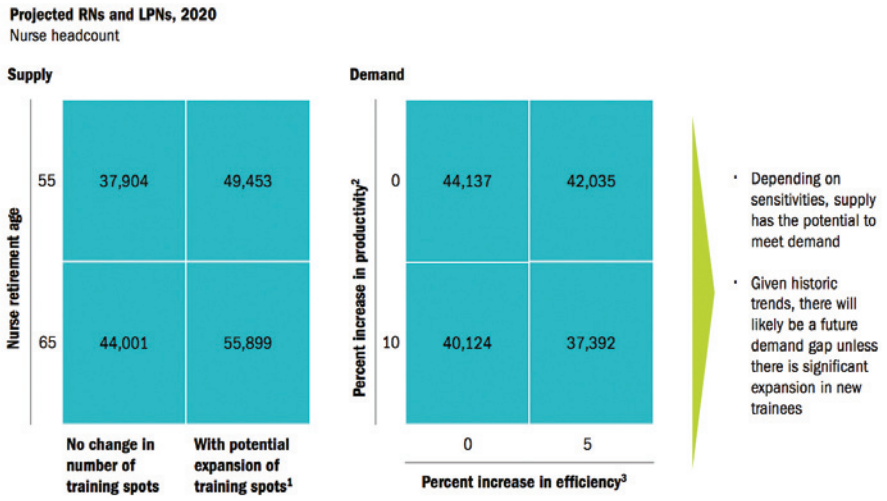
Squeezing more out of nurses?

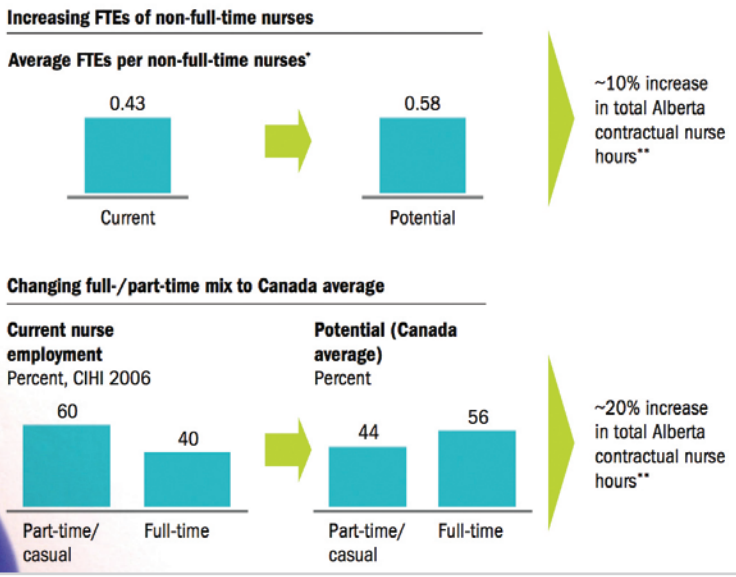
In December, the government finally released a sanitized version of its blueprint for health changes from the McKinsey corporation. Although obviously cut down for public consumption, the document does have some hints about what they are considering.

The **Provincial Service Optimization Review: Final Report** was "leaked" by health Minister Ron Liepert himself after pressure from Liberal MLA Hugh MacDonald. In mid-December, Liepert told reporters "it's on the website" although the government never formally released the document.

The report says the province is short 1,500 nurses now which could grow to over 6,000 nurses short by 2020. It offers 14 specific proposals for "improving" Alberta's health care system including one that specifically says: "Deepen initiatives and incentives to increase productivity". What they are proposing is "increasing the number of work hours required to earn benefits and replacing part-time/overtime incentives with initiatives to promote full-time employment – or efforts to improve working environments."

UNA President Heather Smith told news media this would be a non-starter with nurses.





Government report includes frightening ideas

"I don't think that would be well received," she told the Edmonton Journal.

"Certainly the nurses toward the later stages of their careers are not going to want to be involved in a deteriorating environment where there's even more unhappy people because you have had strip-mining of provisions that we've had in place for 30 years," Heather Smith said.

In the "Nursing Care Plan" released on International Nurses' Day last year, UNA proposed improving work environments as the best approach to encouraging part-time nurses to increase their FTE and help reduce the immediate shortage crisis.

"Better conditions is absolutely the right "carrot" to encourage nurses to work more. It's more than just an incentive though. If workloads can be reduced, nurses might be able to work more hours without burning out," says Heather Smith. "But we need more nurses working to get workloads down to a more sustainable level."

At another point the study points out that Alberta has not trained or kept enough of its own nurses: "In Saskatchewan, 83% of nurses are graduates of the province's training programs; in Alberta, the comparable figure is only 68%. The report does NOT talk about reasons for this. There is no mention of the 1990s government layoff of 5,000 RNs and RPNs in 1994-95. The other important fact is that the province graduated 880 RNs in 1990, but had cut that to just 440 graduates by the end of the decade.

Delaying nurses' retirement

A chart in the document suggests that delaying nurses' retirement age to 65 could also reduce the shortage. But note the curious qualifying phrase on the chart "depending on sensitivities".

Alberta's hidden plan for "marketizing" health care

The Alberta government has been covertly moving toward patient-focused funding for health services in a market place of private clinics. Government health policy documents refer frequently to "patient-focused" but do not link it to funding. Health Minister Ron Liepert did make a positive comment, however, to a statement on the fee-for-service funding model esposed by medical for-profit promoter Dr. Brian Day:

> *"We believe patient-focused funding, where the money follows the patient, will drastically improve the performance and efficiency and accountability of hospitals."*
>
> *Day said the patient-focused model would allow hospitals to generate revenue from the government for an MRI or surgery, for example, so it becomes an incentive to treat patients, not a disincentive.*
>
> *"That introduces an internal market competition between the different hospitals to attract patients, so patients become a value, not a cost," he said. "I think you do need to introduce a competitive model and if that means changing the way the (Calgary Health) region is structured so be it -- the reality is any system that is monopolized in nature is not good for the consumer."*
>
> *Alberta Health Minister Ron Liepert said the idea is worth looking into.*
>
> *– Calgary Sun March 29, 2008*

In December 2008 the government released Vision 2020, for the future of health care in the province. The government talks often about "the right place" for health services, "to provide the right level of care and the right provider at the right time, in a cost-effective way."

- continued on page 6

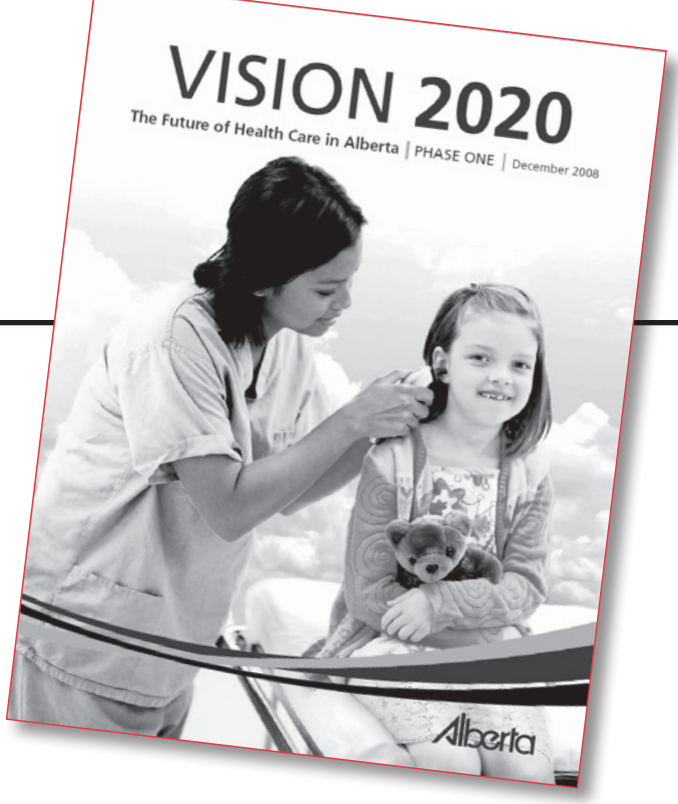
Other clinic-type arrangements

- *continued from page 5*

The Vision goes on to say Alberta needs to: "Enhance services in short stay, non-hospital facilities and other clinic-type arrangements as an alternative to hospitalization".

Fee-for-service, or patient-focused funding, would be the first step to putting prices on services that are paid for through for-profit health businesses.

"Without saying so, the government is obviously planning to move to a new funding mechanism that would set up a whole market approach of for-profit delivery in health care," says Dave Eggen of Friends of Medicare.



"Patient-focused funding" can open up private health market

Health economist experts point out that the piecework funding model encourages hospitals to "churn" through patients and even to "game" the system and code patients as more complex and "valuable" than they would otherwise. Multi-million dollar health care fraud cases keep appearing in the United States.

Dr. Allyson Pollock, the health policy expert from the U.K. says the experiment with fee-for-service there has been disastrous. The first step is to put a price on each service, Pollock said. This forces all hospitals and the private companies to build large costing and billing bureaucracies, "an army of people who are coding and claiming for health care charges."

But even then it is problematic, Pollock says. "You can't do an accurate coding of health costs which are incredibly complex."

Pollock also said that the piecework payment system forces a "service unbundling". "You can see the disintegration that is beginning to happen."

Pollock's analysis is well-documented and scathing. "If you look carefully at the evidence from the U.K. you will find it's catastrophic for the universal health care system," she concluded.

American doctor Gordon Schiff explains that "payment-for-performance" originated in the U.S. where insurance companies pushed it to try to control spiralling costs. Schiff is the associate director of the Center for Patient Safety Research and Practice at Brigham and Women's Hospital in Boston. He said the payment plan was supported by many doctors who thought it would encourage higher quality care and give doctors more control over their own practice. But, Schiff said "we ended up being the most micro-managed physicians in the world. Any time you wanted to order a test you had to call up a 1 800 number to get cleared."

Like Pollock, Schiff said the push to pricing different services, "coding", was unable to capture the nuance of real medical practice. "These are very narrow measures that can't capture much of what we do. This stuff does not give doctors credit or recognition for the things that really helped patients."

Another significant possible outcome of moving to "patient-focused funding" can be called the "marketization" of health services, where different hospitals and clinics, public and for-profit, compete to provide services and get the allocated funding.

"We have made more progress improving health services by integrating and collaborating on services," noted Heather Smith, President of the United Nurses of Alberta. "A competitive market isn't ideal in medicine. Where would this go, would we see hospitals advertising for more patients?"

"Publicly-funded" health care is NOT public health care

Provincial and federal health ministers and politicians often talk about "publicly-funded" health care. They say Canadians do not care if it is a public institution or a for-profit corporation that provides the services, along as it is paid for by the government plan.

But how health care is delivered and paid for has tremendous implications for quality, access and even costs.

For-profit service providers have strong incentives to reduce costs, increase profits and take on only the most profitable cases. The huge run up in U.S. health costs has become a major economic issue in that country. One of the big differences between U.S. and Canada is the profit-driven, commercial nature of the American health care business.

"If you believe good health care is a right of all Canadians, as you do, then you cannot allow private businesses to disrupt the solidarity of your health system or to influence the cost or quality of your health services. Private markets simply cannot and will not protect essential values in health care." – Dr. Arnold S. Relman, Editor Emeritus, New England Journal of Medicine, speaking in Regina, June 5, 2005.

Government appoints Australian academic CEO of Alberta Health Services Board

On January 28th, Health and Wellness Minister Ron Liepert announced that Australian health economist and academic Stephen J. Duckett would become the new President and CEO of the Board as of March 23rd.

"Dr. Duckett is a highly recognized health care expert, we look forward to working with him," said UNA President Heather Smith.

"We are heartened to see that Dr. Duckett has frequently published scholarly papers on the advantages of public health care systems over private, for-profit systems," she noted. "We hope Dr. Duckett will dedicate himself to strengthening Alberta's universal, public health system."

Duckett has published arguments in support of public systems widely, including in the Canadian Medical Association Journal, where he said, "The Australian experience suggests that Canadians should be wary about allowing a significant private sector to develop in Canada, particularly if it seeks the level of subsidy that the Australian private sector has been able to garner." (CMAJ, 2005).

Most recently Duckett was appointed in 2005 to head up a $6.3 billion plan to reform the Queensland State's health system in Australia.

However, it should also be noted that Duckett was a former head of the federal and Victorian health departments and architect of the casemix model of hospital funding.

The casemix model is similar to patient-focused funding and to "payment-by-results" which was widely adopted in Britain. Currently most Canadian public health services are funded through global annual or multi-year budgets. Alberta and other Canadian provinces are toying with moving to some form of "activity-based funding" which Canadian health policy expert Colleen Fuller refers to as "piecework" and other doctors have called "fee-for-service hospitals".

Doctors and Privacy Commissioner alarmed about Albertans' confidential health information

Amendments to Alberta's Health Information Act will not adequately protect the privacy of Albertans' personal health information, several speakers told a forum hosted in Edmonton by the Health Law Institute.

"The proposed amendments will let the Minister of Health order information be incorporated into the provincial health records, and eliminates the obligation to consider patients' wishes," explained Tracey M. Bailey, executive director of the Health Law Institute.

"The Alberta government clearly believes the way to make the Electronic Health Record go is to force people to participate," said Dr. Brendan Bunting who was speaking on behalf of the Alberta Medical Association.

Tracey Bailey also said the government is completely missing out on public discussion and information on the Bill 52 amendments.

Among other things, the Bill sets out fines, up to $10,000 for individuals and $500,000 for organizations, who block information from going into the public health data system. It also sets up data repositories for health information without setting out the purpose for the repositories, or if consent will be required.

Provincial Privacy Commissioner Frank Work explained that the current Health Information Act allows portions of an individual's health records to be viewed by health care practitioners, doctors, pharmacists or other custodians, including nurses, on an as-needed basis. Within that "arena", Work explained, individuals have little control over their health information, although they can ask to have portions blocked or "masked". Individuals can see broadly where their information was accessed but cannot control it.

The changes proposed would open up the "arena" too much, Work said. "That's why my office is opposed to Bill 52.

Alberta Consumer Association advocate Wendy Armstrong, also spoke on the panel. She related the story of a woman who was asked by her Employer to sign a release providing access to a wide range, unlimited practically, of her personal information. When she refused, she lost the job

Access to your personal information can affect your access to a job, access to credit, access to health care or insurance.

"Many employers, insurance companies and others would be interested in your health information," Armstrong explained.

"Ask your MLA how this could affect your access to a job, access to credit, access to health care or insurance," she recommended.

Dr. Trevor Theman, the registrar at the College of Physicians and Surgeons noted that the Health Information Act only covers information in the public health system and private companies providing health services would be covered under the separate Personal Information and Privacy Act. This poses serious problems he suggests and the Health Information Act should cover all health providers.

Wendy Armstrong and others noted that under the amendments, doctors and private corporations, including insurance companies who provide benefit plans to employers could all end up with access to the health information records, with expanding regulations under the amended Act.

"The government doesn't need Bill 52, it's bad policy, bad legislation and the AMA doesn't believe it should proceed," said Bunting.

Number of nurses growing slightly in Canada

In December the Canadian Institute for Health Information (www.cihi.ca) released its latest numbers on health professionals in Canada. The report says the growth rate for Registered nurses was steady at close to 2% per year over six years, with a workforce of 257,961 RNs in 2007.

- There were 782 RNs per 100,000 Canadians, a number which remained relatively steady since 2005. The highest ratio previously recorded was 824 per 100,000 in the early 1990s.
- The average age of RNs in 2007 was 45.1, compared to 44.5 in 2003.
- The average age of new RN graduates (those who were in the workforce in 2007 and graduated between 2005 and 2007) was 26.5, up from 23 in 1980.
- Since 2003, the number of nurse practitioners nearly doubled across the country, to 1,346.
- 63% of RNs worked in the hospital sector and 14% worked in the community health sector.
- 8% of the RN workforce in 2007 was educated outside of Canada.

The report also notes that women are increasing their role in health care delivery. New CIHI data show an increase in female participation in traditionally male-dominated professions, such as physicians and pharmacists. In 2007, 56% of family physicians younger than 40 were women, compared to 16% of family physicians 60 and older. Similarly, 64% of pharmacists younger than 40 in 2007 were female, compared to only 27% of pharmacists 60 and older.

Professions such as nursing, physiotherapy and occupational therapy continued to remain predominantly female in 2007, ranging from 93% for licensed practical nurses to 78% for registered psychiatric nurses.

Planning celebrations for Nursing Week?

National Nursing Week, May 11-17, 2008

If your Local or work team is planning a special event for Nursing Week, UNA can provide some support.

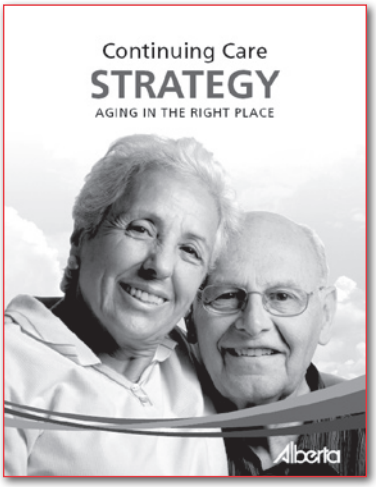
And send in your photos and tell the story of your celebration.

Email Communications Officer Keith Wiley at kwiley@una.ab.ca

No more beds, higher fees...

PROVINCE'S PLAN FOR LONG-TERM CARE

By Noel Somerville, Seniors' Task Force, Public Interest Alberta



At a news conference held at the Legislature on December 15th, Ron Liepert, Minister of Health and Wellness, and Mary Anne Jablonski, Minister of Seniors and Community Supports, unveiled the province's new Continuing Care Strategy "Aging in the right place".

The sole bright spot of the strategy is "Increasing home-care funding" but, while talking about expanding the range of personal care and home support services, the document is short on specifics except for an undertaking to increase personal care hours by 25% for high needs individuals in supportive living.

However, the Continuing Care Strategy goes badly off the rails in the area of what it calls "infrastructure" (i.e. building facilities). "Aging in the right place" seems to mean anywhere but a long-term care facility and, particularly, one that is publicly-operated.

The strategy actually reneges on Premier Stelmach's undertaking during the last provincial election to provide 600 new long-term care (nursing home) beds in the province. In fact, the document says "the number of long-term care beds would remain at the current number of 14,500 for the next several years", the same level at which it has been for about a decade or more, despite a growing population of seniors with higher and more complex care needs.

This freeze in the number of long-term care beds comes despite Minister Liepert's own 2008 Annual Department Report confirming that there are currently more than 1,100 Albertans awaiting urgent placement in long-term care, more than half of whom are waiting in acute care hospital beds. As Minister Liepert confirmed at the news conference, acute care beds cost the province thousands of dollars a day, compared with only hundreds of dollars a day in appropriate continuing care placement.

Noting that, before the creation of the single Health Services Board, Alberta had nine different continuing care systems for seniors, Minister Liepert appears to have opted for the highly-privatized Chinook model in which more than 70% of long-term care beds are owned by private for-profit operators.

Enter now to represent UNA.

Alberta Federation of Labour

Convention April 23, 24, 25, 26, 2009, Edmonton, AB

UNA will be drawing for 15 members-at-large to serve as delegates to the Alberta Federation of Labour Convention. Selected delegates will have wage replacement for necessary leaves-of-absence and cover travel, accommodation and meal costs, per UNA policy.

Canadian Federation of Nurses Unions

Biennium June 9, 10, 11, 12, 2009, Vancouver, B.C.

UNA is holding a draw to select 20 members-at-large as funded delegates to the CFNU Biennium in Vancouver.

Selected delegates will be funded for up to two days wage replacement for the business portion of the Convention, travel, accommodation and meal costs, per UNA policy. Members are encouraged to request professional development days for the two days of educational workshops at the Convention.

The strategy document talks about the fees charged in long-term care facilities, fees which have increased 80 to 90% in recent years (see Table) and which are the only government-regulated rates in the entire continuing care system. It appears the government believes that even these inflated regulated rates discourage investment by the private sector and, to accommodate the private sector's need for profit, the government seems prepared to abandon regulation of rates and the protection that regulation affords Alberta seniors.

Alberta's Continuing Care Strategy is to off-load the cost to government of providing long-term care. It will do so by using the private sector that, in turn, will pass the costs onto the seniors who require such care or onto their families. Deregulation of rates is the mechanism that will be used to achieve this end and, until the private sector responds to this incentive, Alberta's frail and cognitively impaired seniors are on their own.

Minister Liepert frequently says that the object of the changes he proposes is not to reduce costs; but that seems a bit disingenuous. In fact, the costs resulting from the continuing care strategy will be infinitely higher for those who require the care services. The only saving will be in government expenditures, just as it would be if government turned public education, health care and emergency services over to the private sector.

> *"…provide viable alternatives to facility-based care, and in some cases, allowing people who live in nursing homes the choice to return home."*
> *– Alberta's new LTC strategy*

What the Continuing Care Strategy overlooks is that individuals who have been medically assessed as requiring long-term care are chronically ill, disabled or impaired citizens who now need the health care they believed a lifetime of paying taxes would provide.

The government's documents can be accessed at: www.health.alberta.ca/initiatives/health-action-plan.html#care

ALBERTA'S LONG-TERM CARE DAILY ACCOMMODATION FEES

TYPE	Before AUG 01 2003	60%+ increase Effective AUG 01 2003	5% increase Effective OCT 01 2007	7% increase Effective NOV 01 2008	Total %age Change
Standard	$24.75	$39.62	$41.50	$44.50	80%
Semi-private	$26.25	$42.00	$44.00	$47.00	79%
Private	$28.60	$48.20	$50.75	$54.25	90%

Names **must** be submitted to UNA Provincial Office
ATTN Sherry Shewchuk by **16:30 on Monday, March 2, 2009.**

Please put my name in the draw for
Alberta Federation of Labour Convention
April 23, 24, 25, 26, 2009 Edmonton.

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Local: _____

Have you attended a CFNU or AFL Convention in the past? YES ___ NO ___

Have you attended a UNA meeting (provincial or local) in the past 12 months? YES ___ NO ___

Please put my name in the draw for
CFNU Biennium
Vancouver June 9, 10, 11, 12

Name: _____

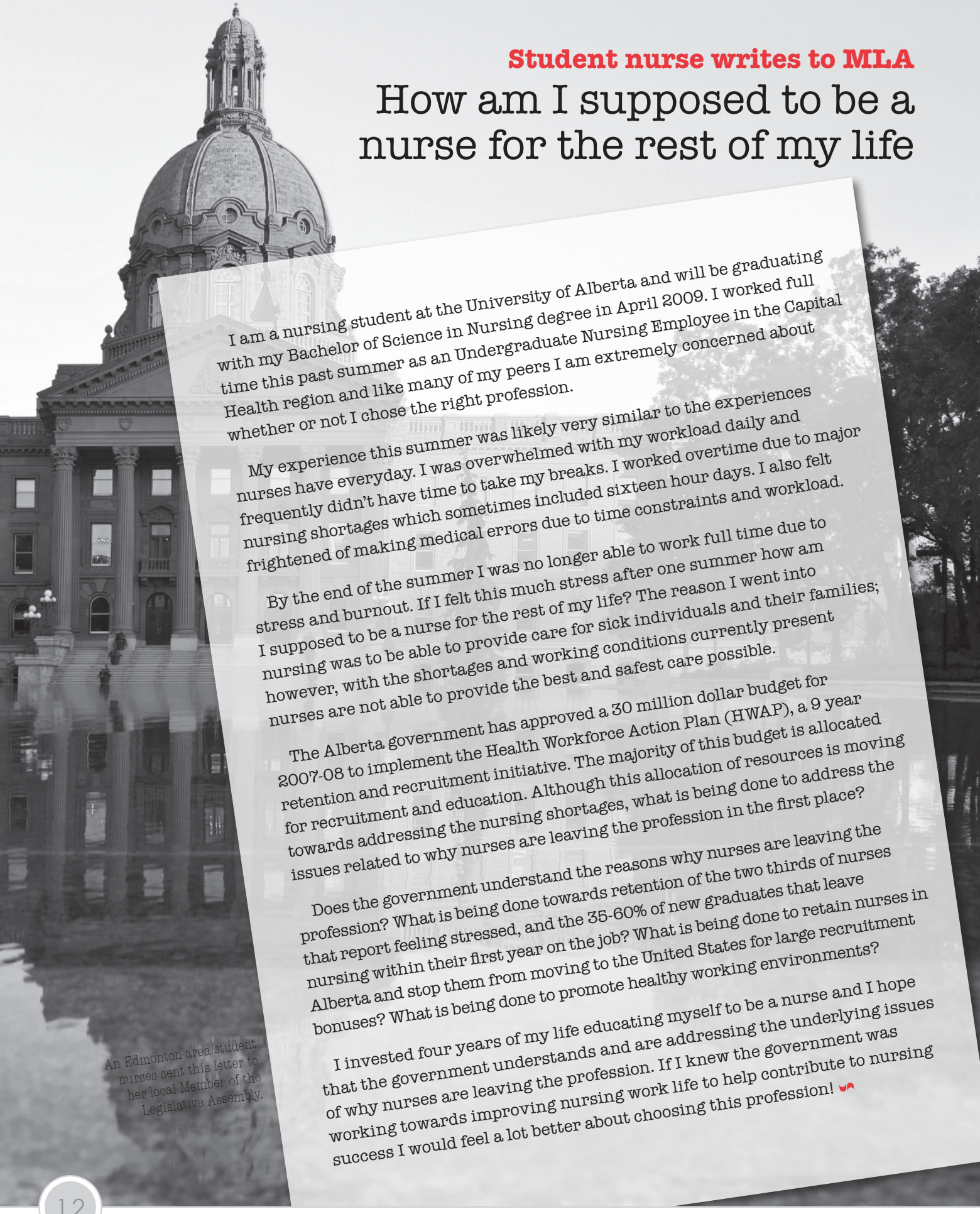
Address: _____

City: _____ Postal Code: _____

Telephone: _____ Local: _____

Have you attended a CFNU or AFL Convention in the past? YES ___ NO ___

Have you attended a UNA meeting (provincial or local) in the past 12 months? YES ___ NO ___



Student nurse writes to MLA

How am I supposed to be a nurse for the rest of my life

I am a nursing student at the University of Alberta and will be graduating with my Bachelor of Science in Nursing degree in April 2009. I worked full time this past summer as an Undergraduate Nursing Employee in the Capital Health region and like many of my peers I am extremely concerned about whether or not I chose the right profession.

My experience this summer was likely very similar to the experiences nurses have everyday. I was overwhelmed with my workload daily and frequently didn't have time to take my breaks. I worked overtime due to major nursing shortages which sometimes included sixteen hour days. I also felt frightened of making medical errors due to time constraints and workload.

By the end of the summer I was no longer able to work full time due to stress and burnout. If I felt this much stress after one summer how am I supposed to be a nurse for the rest of my life? The reason I went into nursing was to be able to provide care for sick individuals and their families; however, with the shortages and working conditions currently present nurses are not able to provide the best and safest care possible.

The Alberta government has approved a 30 million dollar budget for 2007-08 to implement the Health Workforce Action Plan (HWAP), a 9 year retention and recruitment initiative. The majority of this budget is allocated for recruitment and education. Although this allocation of resources is moving towards addressing the nursing shortages, what is being done to address the issues related to why nurses are leaving the profession in the first place?

Does the government understand the reasons why nurses are leaving the profession? What is being done towards retention of the two thirds of nurses that report feeling stressed, and the 35-60% of new graduates that leave nursing within their first year on the job? What is being done to retain nurses in Alberta and stop them from moving to the United States for large recruitment bonuses? What is being done to promote healthy working environments?

I invested four years of my life educating myself to be a nurse and I hope that the government understands and are addressing the underlying issues of why nurses are leaving the profession. If I knew the government was working towards improving nursing work life to help contribute to nursing success I would feel a lot better about choosing this profession!

An Edmonton-area student nurses sent this letter to her local Member of the Legislative Assembly.

Nurses take concerns about overcapacity bed conditions to the top

Furniture and equipment partly obscures a fire exit.

Squeezing by the bed. "We'd have to do a code in the hall, there's just no room."

Life in the made up unit bed.

The pictures tell the story about overcapacity bed crowding at the Rockyview Hospital in Calgary. UNA Local 121 representatives Cynthia Perkins and Holly Heffernan brought along the pictures to tell the story when they met with Alberta Health Services executive officer Paddy Meade and acute care executive Dr. Chris Eagle in January.

"They understood our concerns," Local Vice President Cynthia Perkins said after the meeting. "But they also made it clear the concerns of patients in the ER can outweigh the concerns of the patients on the floor."

"They did promise to get back to us about our concern within two weeks," said Holly Heffernan.

The UNA Local had raised concerns in the Occupational Health and Safety Committee at the hospital since the overcapacity beds were introduced in 2007.

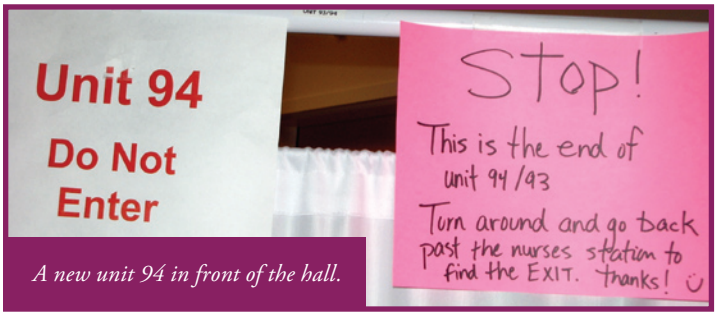
"It started with one bed in the patient lounge and then two," says Cynthia. "The lounge furniture, heavy leather covered furniture, got moved in front of the fire exit."

The overcapacity beds filled up spaces on medical floors and then even on surgical floors. They were in treatment rooms, in corners, at the end of hallways, with no oxygen, no suction, no call bells.

In some of the makeshift rooms, the beds are so close to the wall or to the counters that staff can barely squeeze through.

The Local asked for a meeting with former Calgary Health CEO Jack Davis, but then after the upheaval they asked for one with Chris Eagle and with the Alberta Health Services Board. Despite the meeting with Meade and Eagle, they still are looking to take their concerns to the Board.

"Today they said they would be speaking to the minister," Cynthia says. "There may be a light at the end of the tunnel, but there's still no train."



A new unit 94 in front of the hall.

Nursing News

No cases in "syringe" story from High Prairie

Tests of patients who were supposedly exposed to blood-borne pathogens at the High Prairie Health Complex have turned up NO cases of infection attributable to the facility. Peace Country Health has completed tests on almost 1,400 patients have yet to turn up someone who contracted hepatitis or HIV from exposure at the hospital.

"There has been no identified link between any infection and the incident," Deb Guerette, spokeswoman for the Peace Country Health Region, told the Edmonton Journal.

The "incident" was the continued practice of using syringes in IV locks for several patient. News sources incorrectly called this "contaminated" syringes.

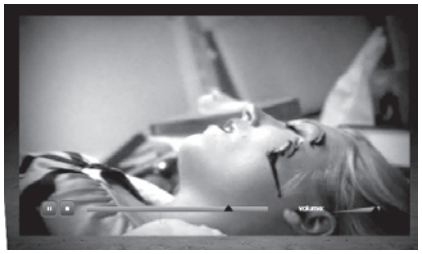
Last October, United Nurses of Alberta criticized the government for unnecessarily alarming the public about safety in the rural health facility. The possibility of cross-infection from the practice standard, which had recently been changed, was extremely low.

The testing has turned up cases of infection, but no more than would normally be expected when testing a population. Some of those who turned up positive, showed up because they had earlier been vaccinated.

Covenant: new Catholic health superboard

Sixteen Catholic health care facilities across Alberta are now under a single board and administration and have a new name: Covenant Health. The new organization will direct and manage Catholic facilities in 11 communities across Alberta with a total of almost 2,400 beds and a total budget of over $514 million.

Gory web videos blame young workers



The Alberta government recently put up a series of gory web advertising videos designed to shock young Albertans about hazards in the workplace.

"Edgy ads aimed at youth is a good idea, one long overdue," said Alberta Federation of Labour President Gil McGowan. "However, Alberta has botched the concept by narrowing the message too much."

"The core message of the six ads is that young workers shouldn't be 'stupid', and that is the wrong message."

None of the ads look at employer actions or systemic shortcomings in the workplace, which are the things more likely to cause accidents. "Accidents are not caused by one action. Injuries are caused by a series of poor decisions by both the employer and worker. Lack of training, rushed pace of work, and cutting safety corners lead to injuries - a point completely missed by these ads."

Initial LRB decision turns down LPN's joining UNA

The Alberta Labour Relations Board has turned down UNA's application for determination that Licensed Practical Nurses at five worksites should be in the direct nursing care bargaining unit with RNs.

UNA made the application on behalf of the LPNs at Millwoods Shepherd's Care Centre, the Good Samaritan Society Millwoods Assisted Living centre, the Red Deer Nursing Home, the Manville Care Centre, and the Bonnyville Health Centre.

"We will continue to pursue this on behalf of these nurses who want to join UNA," said David Harrigan, UNA's Director of Labour Relations. "This is a setback that the Board dismissed the application without considering the facts of the matter, but it is not the end of the process."

"The LRB did not rule on the facts of the case at all, on whether LPNs are actually doing direct nursing care," Harrigan pointed out.

UNA has also applied for bargaining unit determination on behalf of LPNs at the Cross Cancer Institute, the Vermillion Health Centre and Extendicare Holyrood in Edmonton. These applications are temporarily on hold.

Harper rolls back RCMP wages

Members of the RCMP have launched a campaign for fair wages after the federal government unilaterally overrode their contract and rolled back wages in December. RCMP officers had just signed the three-year agreement in June, and six months later the government rolled back an increase and changed rates of pay in the second and third years. The police officers have launched a campaign against the rollbacks with a call for Canadians to support them on their website: www.callforbackup.ca

National report calls for free universal pharmacare

While Alberta is opening up the market for more private insurance for prescriptions, a new report from the Canadian Health Coalition says a national universal free pharmacare plan is the real way to control pharmaceutical costs.

Many Canadians have no drug coverage at all, and those who do are facing exorbitant and ever-increasing costs. "Too many Canadians are falling through the cracks. Now is the time for co-ordinated government action on a universal public drug plan," said Kathleen Connors, CHC Chairperson. "In this serious economic downturn, Canadians are losing their drug plans as they lose their jobs. A full public Pharmacare plan will not only provide medically-necessary drugs to all Canadians, regardless of where they live or work, it will also create more efficient spending in the health care system. We'll get more and pay less," added Connors.

Last year Craig Hawkins of the Rainbow Society presented UNA with a plaque honouring UNA's long-term and substantial support for the organization. The Rainbow Society helps children with chronic and serious illnesses by granting a special wish for the child and their family. UNA and UNA Local #301 have sponsored the Rainbow Gala fundraiser for the Society as well as other important support. More about the Rainbow Society on their website: rainbowsociety.ab.ca

Health superboard COO resigns

The chief operating officer of Alberta's new health super board left his position in December. Edmonton-Gold Bar Liberal MLA Hugh MacDonald had pointed out that Jim Saunders has a history of promoting private health care. MacDonald asked Liepert for a guarantee there would be no private health initiatives implemented in Alberta.

Rich deal for Alberta docs

Earlier this month Ron Liepert, together with the Alberta Health Services Board announced they'd reached a deal with the Alberta Medical Association that includes a 5% increase retroactive to April 1, 5% next April 1 and 4.5% in April 2010. But the increases in fees, is only part of the bargain, which according to political watcher Mark Lisac is "an expensive deal". Lisac looks at the global budget figures and gets a 14% increase this year, 11.5% in 2009 and 6.9% in 2010.

New Brunswick nurses approve new agreement

The 5800 members of the New Brunswick Nurses Union's (NBNU) hospital bargaining group voted 91% in favour and ratified a new collective agreement with the provincial government.

The new three-year agreement is retroactive to January 1, 2008 It provides for:

- salary increases of 11.5 %, in increments over the term of the agreement,
- shift premiums, as of July 1, 2010 will be $1.75/hr. for evenings, $2.25/hr. for nights, $2.50/hr. for weekends;
- senior nurses pay of an additional 2 % on January 1, 2009 and an additional 1 % on January 1, 2010, for a total of 3% over the length of the agreement;

The NBNU also says a major achievement is a set of concrete commitments to improve working conditions for nurses. The funded retention and recruitment partnership agreement introduces the first initiative of a forgivable loan program for new nursing students 2009-2010. There also is funding of workplace strategies to improve retention and working environments for nurses already in the system. As well, committees to address "quality of worklife" and job evaluations will be established.

Doctors' College tackles "disruptive" physician behaviour

The Alberta College of Physicians and Surgeons produced a draft plan on "disruptive" doctor behaviour. The premise of the plan is that "disrespectful, abusive and assaultive language, gestures and behaviors are unprofessional and will not be tolerated."

The College's working group has developed a systematic approach that can be used by various groups to address disruptive behavior in a consistent, fair and balanced manner. The College says the new plan allows for immediate action when necessary, but also "ensures a physician is aware of concerns, and gives him/her the opportunity to address those concerns." The working group is consulting with doctors, residents and medical students and expects to take a finalized plan to the College for approval in September.

"Our primary responsibility is to the public -- that's really what underlies this," says Dr. Janet Wright the assistant registrar for the College of Physicians. In a media report she said that when nurses and other health workers get intimidated and abused by doctors, workplaces become toxic. Sick leave goes up and staff quit or move on.

"Let's make sure people work together respectfully so we can provide good care to patients."

Newfoundland nurses call strike vote

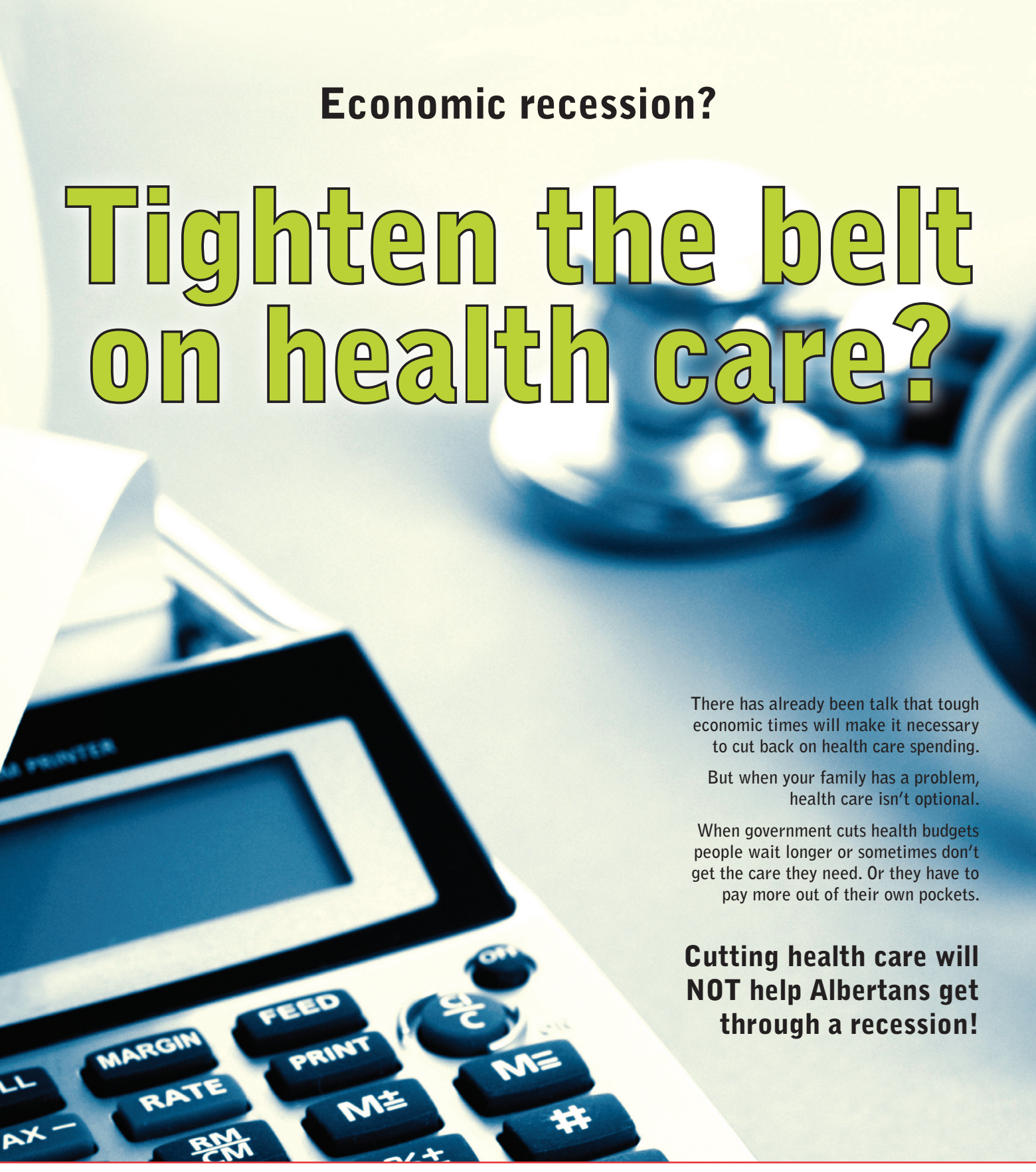
Despite the fact the government's own reports show a shortage of over 1,000 nurses, Newfoundland and Labrador Nurses Union members have reached a deadlock in contract talks with the government. The NLNU has called a strike vote although the provincial government had withdrawn a "template offer" the nurses found unacceptable. The union has estimated that the province is accumulating a tremendous cost of over $14 million paying nurses to work overtime, because of the shortage.

Once a nurse, always a nurse

Alberta Health and Wellness is running a web campaign to encourage former nurses in the province to return to their profession. "Whether you are an RN, LPN or RPN, return to nursing and let's work together as we improve our health care system. We're already making positive strides. For instance, we are paying for former registered nurses to take refresher courses and for nursing professional development." There is no word on the success of the campaign, but sceptics are suggesting it will not lure many former nurses back.

Economic recession?

Tighten the belt on health care?



There has already been talk that tough economic times will make it necessary to cut back on health care spending.

But when your family has a problem, health care isn't optional.

When government cuts health budgets people wait longer or sometimes don't get the care they need. Or they have to pay more out of their own pockets.

Cutting health care will NOT help Albertans get through a recession!

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