

News Bulletin



Checking dangerous over-complement beds

New Alberta Health Services CEO Stephen Duckett tours Rockyview Hospital over-complement beds. Accompanying Duckett and several AHS senior executives were Local 121 representatives: (l to r) Treasurer Mairi Gordon, President Wendy Brigham, Vice President Cynthia Perkins. Also here are Stephen Duckett, UNA President Heather Smith, and Holly Heffernan from the Local 121 Occupational Health and Safety Committee.



first-year nursing Scholarships awarded

Annemarie Woytkiw (centre) is presented with the UNA first-year nursing scholarship by UNA Executive Officers, Jane Sustrik, Karen Craik, Bev Dick and Heather Smith. Annemarie's mother, Terri (left), came along for the presentation.

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Message from the President

Heather Smith

DOA is A&W

The aftermath of the April 7th provincial budget reminded me of the old TV show Dallas, where Bobby wakes up and you realize the entire year was a dream. In this case it wasn't a year, but fifteen years. Times are tough so going into bargaining we (specifically UNA and AUPE) are the target of a hunt to trim the budget by \$2 billion. Sound familiar? Even while we struggle to recruit and retain nurses, the words layoff and contract concessions are coming up once again.

At least one government MLA has told a group of seniors that nurses are the cause of high health care costs (and the budget deficit). Overtime costs appear to be our fault. It is a convenient re-writing of history. We did not destroy the health care workforce in the 1990's. It was not our decision to sell or blow up hospital capacity which has resulted in huge expenditures to try to catch-up with population growth. We are not going to be the political scapegoats.

But wait. Now, the Calgary Sun newspaper carries a story following a lengthy interview with Health and Wellness Minister, Ron Liepert. "Rockin' Ron" is quoted as saying our contract is a "horrible deal". "At the end of the day, we have to realize we are in a different world. I don't think there's any appetite out there for huge wage increases or even maybe the existing contract." He wants more nurses working full-time to cut heavy overtime costs. He doesn't mind pushing for changes even if it "creates some angst among the union leadership." It's the angst of the membership that he should be worried about.

Mr. Liepert has a very simplistic approach to the mix of full-time, part-time and casual workers. He thinks waving big sticks at the negotiating table can make all the short staffing and budget costs disappear. He is ignoring the age of the workforce, family commitments and toxic work environments that prompt many nurses to opt for less than full-time commitments. However, Mr. Liepert also said the loss of jobs in Fort McMurray may be a windfall for health care, with their husbands unemployed - nurses will have to work more.

In addition to the intended assault on our contract, Mr. Liepert spoke about other plans for health care: delisting (shrinking) the list of health services paid by the province; encouraging more private insurance; and greater delivery of health care by the private sector. Sounds awfully familiar to me. Sounds a lot like the Ralph Klein's "Third Way".

One year ago Premier Stelmach said the Third Way was "DOA". It appears it is "A&W", very much Alive and Well.

Heather Smith
President, UNA

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APRIL 1 DOES NOT BRING IMMEDIATE CHANGES

UNA adapting to new province-wide Employer and bargaining unit

Little changed for nurses when Alberta moved to “one big health region” on April 1. Regulations announced by the government recently will put all the former health region nurses, as well as Cancer Board nurses and nurses who work for the Alberta Alcohol and Drug Abuse Commission into one province-wide bargaining unit.

UNA will need to adapt once more to the change, and will have to decide how to administer union activities based on the single bargaining unit that runs province-wide.

“There will be no immediate change. The current bargaining unit structure and the current collective agreements continue,” says UNA’s Director of Labour Relations David Harrigan.

The regulations are an update on 2003’s Bill 27, now with a single bargaining unit it will be necessary to move to single collective agreement.

“Because UNA has always bargained provincially, this is merely a technicality. During the last restructuring, members were required to vote on which agreement would be the “receiving agreement”, but we hope that this will not be necessary this time,” says David Harrigan.

UNA will need to adapt once more to the change, and will have to decide how to administer union activities based on the single bargaining unit that runs province-wide. Other provinces have long had province-wide bargaining units.

UNA has also elected, at District meetings, a transitional bargaining team. This committee will be charged with meeting with Alberta Health Services and moving to a single collective agreement. These talks are not likely to happen for more than a month or longer. 🍷



Government regulations change union for some employees, new EMS employees

The recently announced regulations will have significant effects on some workers, however. The Emergency Medical Service staff and paramedics coming in to Alberta Health Services are assigned to the paramedical and technical bargaining unit organized by the Health Sciences Association of Alberta (HSAA).

The change to one bargaining unit is less straightforward than it may seem for both the EMS workers and in the “support” bargaining unit where a number of unions currently represent different workplaces. The regulations also will sweep all employees in “support” into one union, if one union represents more than 80% of the workforce. The Alberta Union of Provincial Employees could receive all the support workers, and HSAA all the EMS workers.

However, the Canadian Union of Public Employees represents many EMS employees and as well as the Communications, Energy and Paperworkers also represents many support employees. CUPE and CEP indicated recently they will legally challenge the regulation which they say will override the rights of employees to choose which union will represent them.

With the Alberta Addiction and Drug Abuse Commission coming under the AHS Board, the Registered Nurses at AADAC should be brought in to UNA’s direct nursing care provincial bargaining unit. Challenges to the process could delay this change, however. 🍷

Nurses show new CEO over-complement problems

Tour of Rockyview follows presentation at AHS Board



Rockyview nurse Mairi Gordon shows the hallway placement of a computer-on-wheels (COW) to Stephen Duckett.

Opposite page: Several senior AHS executives took in the Rockyview tour.

Nurses took new Alberta Health Services (AHS) CEO Stephen Duckett on a tour of Calgary's Rockyview Hospital on Thursday, April 4. They wanted to show first hand the unsafe conditions caused by overcrowding in the hospital. Duckett, just over a week into his new job, was reported to have expressed his own concerns and promised a response in just a few days.

Over-complement or over-capacity beds installed at the Rockyview have been a major safety concern for nurses for the past year. They had taken their Occupational Health and Safety complaint to the new Alberta Health Services Board meeting in Red Deer, the week before, on March 25th.

"This is very serious," was the comment from Alberta Health Service Board chair Ken Hughes at the meeting, and brand-new CEO Stephen Duckett, suggested UNA members join him for the facility tour.

In the end, AHS Vice Presidents, Brenda Huband and Chris Eagle and several other representatives toured the Rockyview with Heather Smith and Local 121 nurses Wendy Brigham, Holly Heffernan, Mairi Gordon and Cynthia Perkins. They all saw the cluttered corridors, converted treatment rooms, and patients installed in lounges.

"It was important for Dr. Duckett to see first-hand the major capacity problems we are facing," Heather Smith said after the tour. "It's not just the Rockyview, and I'm sure he realizes this."

"I was encouraged by the attentiveness and the attention to detail," said Local Treasurer and OH&S Committee member, Mairi Gordon. "He [Duckett] didn't gloss over the units. He does take it very seriously."

"There were three patients in a patient lounge with screens up and blocking the fire escape," says Local Vice President Cynthia Perkins. "It was pretty appalling. It was an eye-opener for them."

Both Mairi Gordon and Cynthia Perkins were somewhat optimistic. "We'll see what they come up with," Cynthia Perkins said after the tour.

The Rockyview Occupational Health and Safety issue had already been the subject of meetings all the way to the top with Dr. Chris Eagle and former Executive Operating Officer, Paddy Meade. But the nurses' concerns continued as nothing was done to eliminate the hazards from the over-crowding in rooms and hallways.

At the Red Deer Board meeting, Local 121 Vice President Cynthia Perkins spoke about possible problems with safely evacuating patients, and about the need for space in rooms to provide care.

UNA's Director of Labour Relations David Harrigan provided most of the information to the Board and explained "we only come here if it's absolutely vital to our members."

Board member Catherine Roozen asked if the safety concerns were only at the Rockyview. David Harrigan explained that while the specific complaint only dealt with conditions at the Rockyview, UNA had heard from nurses in many of the larger hospitals about over-capacity safety concerns. UNA President Heather Smith also noted that many smaller hospitals in smaller communities now also have over-crowding problems, particularly as patients are turned back from transfer to the larger, specialist hospitals. Other patients are being sent out from the city hospitals to rural facilities quickly to free city beds. As a result many rural hospitals are also now running over-capacity. ♡

"It was important for Dr. Duckett to see first-hand the major capacity problems we are facing. It's not just the Rockyview, and I'm sure he realizes this."

- Heather Smith



facebook is PUBLIC

Nurses facing severe discipline for Facebook posts

UNA continues to get reports of nurses who are putting information on Facebook pages discussing their patients, or jobs, or rants about problems at work on Facebook.

In one case, a nurse posted a lengthy comment about problems on a unit to a Facebook page. The page was open only to the nurse's "friends". But one friend printed out the posting and put it up on the bulletin board in the unit. The nurse who wrote the Facebook entry was discovered and ended up with a ten day suspension.

In another case, a second "friend" took a Facebook posting directly to the manager who had been criticized. Again, the Employer took the case forward for discipline.

Nurses are of course professionally prohibited from discussing patient information and to publish information – even if it doesn't identify a patient – can be professionally threatening.

Nurses are, of course, professionally prohibited from discussing patient information and to publish information – even if it doesn't identify a patient – can be professionally threatening.

Many health care workplaces have photo albums, or photos on bulletin boards. Photos often include patients, families and health workers. The modern equivalent is of course the internet and sharing sites like Facebook or a personal blog. The internet is however, not private. With health services in the media spotlight all the time, many health employers are very cautious about their public image, particularly on the internet.

facebook

Facebook helps you connect and share with the people in your life.



There have been cases of nurses posting pictures of late night hijinx like wheelchair races. Again, the public presentation of the photos has resulted in discipline from Employers.

Email may NOT always be private either. Everyone knows a story of an email forwarded in error. Most of these stories are only embarrassing, but if a stray email contains private information it can be professionally damaging. Emails can also be forwarded, or printed, and can certainly be used as evidence.

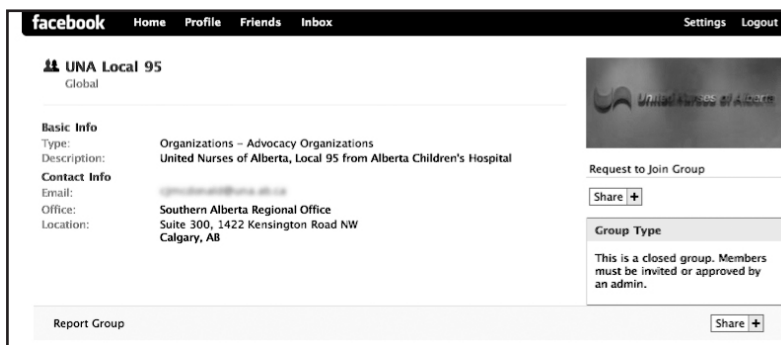
Nursing is often high pressure work, and like anyone else, nurses need to talk about it, vent and debrief from stressful situations. With electronic communication, it can be tempting to "chat" and share information, but doing so can take an incredible risk with a patient's privacy and with an individual's professional career.

There's a difference between a conversation in the cafeteria, and a printable online comment that can become hard evidence. Employers have even brought forward as evidence simple photographs of nurses standing around the desk on the unit. 🙄

UNA Locals starting Facebook pages

Several UNA Locals have their own websites, and now some are beginning Facebook pages as well. The standard Local name for a Facebook page should be UNA [space]Local[space]number. Local 95's Facebook page allows the Local to screen "friends" who want to enter.

Locals could risk difficulties if members post any private or employer critical information that later surfaces publicly in some fashion. 🍷



CARNA publishes tips on Facebook privacy

The College and Association of Registered Nurses of Alberta recently published "5 ways to safeguard your privacy on Facebook."

Use private messaging rather than "wall posts", use the "limited profile" and control what stories get published to friends' news feeds are just some of the tips from CARNA. They also say nurses must remember their professional responsibility and "respect the privacy of patients and follow employer policy for internet use."



Nurses fired over cell phone photos of patient

Nurses accused of photographing a patient and posting the pictures on the Internet have been fired in Lake Geneva, Wisconsin.

The investigation started with an anonymous call from an employee at Mercy Walworth Medical Center in Lake Geneva, with the allegation that a nurse took pictures of a patient with her cell phone and posted them on her Facebook page.

"There were two nurses that independently took a picture each of an X-ray of a patient," Walworth County Undersheriff Kurt Picknell said.

The patient was admitted to the emergency room with an object lodged in his rectum.

Police said the nurse explained she and a co-worker snapped photos when they learned it was a sex device. Police said discussion about the incident was posted on her Facebook page, but they haven't found anyone who actually saw the pictures. 🍷

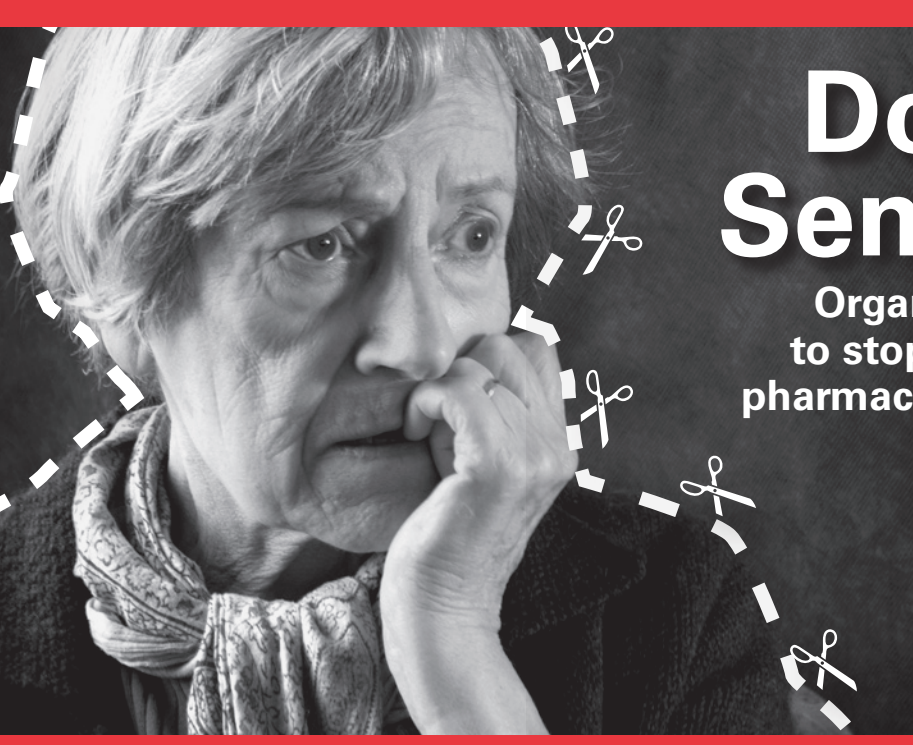
UNA*Net, our own private electronic conference system

UNA members began on-line discussions about nursing long before Facebook. UNA's member-only email and conferencing system, UNA*Net has hosted hundreds of discussions about workplace issues, since it began in 1991. A recent example: this query was posted on UNA*Net: "I would like feedback from rural facilities currently doing endoscopies. What is your staffing level in the suite during the procedure?" Several responses came back, looking like this: "We do endoscopy 2 days/week and have 1 procedure nurse, 1 medication nurse, 1 recovery RN and

an LPN to help with recovery. There are always 2 RNs in the suite."

UNA*Net is FREE for all UNA members and signing up is easier than ever on-line using the PIN Number on your membership card.

Downloading the free FirstClass software for Windows or Mac gives you more speed and flexibility, but UNA*Net also has web interface you can access on any connected computer. 🍷



Don't Cut Seniors Out!

Organizations join forces to stop plans to cut seniors pharmacare and continuing care



Edmonton area seniors played a big part in a Friends of Medicare "Don't Cut Seniors Out" rally at MLA Raj Sherman's office in Edmonton recently.

Friends of Medicare and the many member organizations of Public Interest Alberta's seniors' task force are calling on the Alberta government not to cut seniors out of access to a universal pharmacare plan and public continuing care.

"Both of these government strategies will force the average senior who requires extensive medical care or expensive drugs to pay significantly more for their care," said Noel Somerville, Chairperson of PIA's Seniors task force. "When did it become acceptable public policy to put the heaviest load on those who are the sickest and frailest?"

The new Continuing Care strategy states that the government will not spend money on expanding our public long-term care system for our most frail and medically needy seniors. This despite the fact that there is a severe shortage of long-term care beds with over 1500 seniors currently on the urgent waiting list (with half of them in acute care hospitals) and projections that the percentage of seniors in Alberta's population will double by 2020. Instead of making the needed investment, the government plans to deregulate the costs for long-term care, so that corporations are able to make more profits and are encouraged to build more facilities.

"Alberta's continuing care system is already plagued with long waiting lists, understaffing and many other problems and these latest plans are only going to make the situation worse," said Lynda Jonson, a long-time seniors advocate from Hinton. "Particularly in smaller cities and towns, seniors are going to be facing much higher costs, more poorly regulated assisted living facilities with nothing to guarantee that they will get better quality care or be able to provide more seniors the support they need."

A year ago, we were having a provincial election in which none of these radical changes were even mentioned. In fact, on taking office, Premier Stelmach assured us that the Third Way was D.O.A.

Now, it appears the government intends to operate seniors' care on exactly those same Third Way principles:

- Shrink public facilities to create demand for change.
- De-list previously covered services.
- Allow private operators to offer de-listed and other services for profit.

Encourage corporations to sell private insurance to cover these services.

We feel betrayed when told that health care services are unsustainable in a province that spends only about 5.2% of its GDP on healthcare, about half of Canada's healthcare spending as a percentage of GDP.

"This government needs to understand that many seniors are angry about the new pharmacare and continuing care strategies and are getting organized to fight it, just like we did with Bill 11 and the Third Way," said David Eggen, Executive Director of Friends of Medicare. "Instead of this type of attack on seniors, Albertans want a universal pharmacare plan and want the government to build public continuing care that is there to meet the needs of our growing seniors population."

Send a message to the Ministers of Health and Seniors and to your MLA: www.pialberta.org/program_areas/Seniors 🍷

Alberta's controversial Pharmaceutical Strategy

The new drug plan announced by the Alberta government last December 8th has faced a lot of criticism for being unfair and a tremendous burden on seniors.

Here's a quick sketch of the change proposed to come into effect in 2010:

The government will eliminate the premium-free Blue Cross Coverage for Seniors, a long-established program that pays 70% for all seniors' drug expenditures, with a maximum cost of \$25 per prescription. Instead, prescription drugs will be available free to individual seniors with gross incomes of \$21,325 or less and couples with gross incomes below \$42,650. This is a good change.

However, seniors above this income threshold will have to cover the full cost of their prescriptions until it reaches a percentage of their gross incomes. That percentage tops out at 5% of before-tax income (about 7% of after-tax income) for individuals with incomes higher than \$56,325 and for couples exceeding \$77,650, both up to a maximum income of \$150,000.

Examples of what seniors could actually be charged:

- Single senior, income of \$31,326/year. First \$658 of prescription costs.
- Senior couple, income of \$72,651/year. First \$3,560 of prescription costs.
- Single or couple with income over \$150,000/year. First \$7,500 of prescription costs. (These are gross, or full income amounts.)

Tripling Blue Cross Premiums for everyone else

The government is also going to hike the costs for people who pay for their own Blue Cross drug plans, to make it "comparable to those of employer and private plans." In

other words, Blue Cross will no longer offer a less costly alternative to Albertans but will have rates comparable to for-profit insurance companies.

The first increase in July will be a big one, DOUBLE: premiums for a single person will jump from \$20.50/month to \$41/month. Premiums for a family will jump from \$41/month to \$82/month.

In July of 2010 the premiums will jump again: single premiums to \$63.50/month and family premiums will hit \$118/month. In a little over a year, premium costs will nearly TRIPLE. 🐾

Alberta Pharmaceutical STRATEGY



Benefits cover children of common-law partner

The issue of benefit coverage for the children of a common-law partner has been clarified as the result of a grievance in DTHR. Coverage was previously restricted by the requirement that the children live with the Employee. The grievance led to clarification of the DTHR Blue Cross policy which revealed that the children have to be financially dependent on, but do not have to live with, the Employee.

The clarification covers benefits in the former David Thompson region. Employees under different supplementary benefit plans may have variations in coverage. Anyone with questions about their coverage can contact their Employers' Human Resource or benefits officer. If problems persist, nurses should then contact their Local or their Labour Relations Officer. 🐾



“If we take the RNs out of the screening booth, the risks will be increased,”
Heather Smith



UNA Local Presidents from Canadian Blood Services Joanne Flamand and Barb Engel met recently with UNA and Blood Services representatives to discuss the change in RN role.

Nurses upset about closure of Banff maternity

Nurses at the Mineral Springs Hospital and the whole Banff community were very concerned when the hospital announced in mid-March it was ending its obstetrical services.

“Banff nurses have been telling me they are disappointed the obstetrical unit was closed, but at the same time, something had to give,” Heather Smith noted. “The nurses are extremely concerned that low staffing levels could lead to safety problems. The shortage and strain already makes it hard to keep the staff the hospital needs,” she said.

Alberta nurses concerned about safety of blood supply with lowered professional standards in screening

Alberta's Blood Services nurses recently joined the cross-country criticism about proposed staffing changes at Canada's blood donor service.

Earlier this year Canadian Blood Services announced a plan to replace Registered Nurses with unregulated staff in performing health screening and assessments of blood donors.

CFNU urges federal minister to stop Blood Services change

Canadian Federation of Nurses Unions strongly urged Canada's Health Minister to veto CBS' plan to replace registered nurses with multi-skilled employees. The CFNU believes such a plan will risk patient safety as well as the blood donation system in Canada, President Linda Silas wrote in a letter to the Minister, Leona Aglukkaq

Silas also pointed out that CBS has argued in the past that the requirement for registered nurses to conduct the health screening and assessments is essential. She quoted, Ian Mumford, Chief Operating Officer for CBS as saying:

"Our medical and technical staff perform a range of critical functions essential to delivering on our mandate to ensure the safety and adequacy of the nation's blood supply. Given the highly regulated nature of our business, many of the critical functions must be performed by doctors, nurses, or technologists. For example, a nurse can only perform eligibility assessments of donors..."

"If we take the RNs out of the screening process, the risks will be increased," says Heather Smith, President of the United Nurses of Alberta.

Heather Smith says the screening process is critical and requires professional judgement. "It's a high level of skill," she says, "and the standards are very high. It's something we can all be proud of."

The nurses are concerned that reducing the qualifications of the staff who are screening donors will raise the risks of infected blood coming into Canada's voluntary blood donation system.

"The nurses' concern is the safety of the blood supply," says Heather Smith.

Canadian Blood Services has made it clear there is no plan for layoffs and that nursing jobs would be reduced through attrition.

"This is not about jobs, it is about the standard of qualification to undertake this critical and delicate work. Nurses are highly skilled in assessment, and critical evaluation. This is the core of professional practice," says Heather Smith.

"We believe the Blood Services here in Alberta is actively taking steps to keep their nurses and attract more. We are concerned, however, about the national decision to move to unregulated employees in screening which has potential to compromise the safety of our blood supply," Heather Smith concluded. 🍷

"People may be a bit surprised it could be difficult to attract nurses to Banff. But available housing and jobs for spouses can be issues," Heather Smith said.

United Nurses of Alberta had preliminary discussions with Covenant Health about working out solutions to the staffing problems at the Banff hospital.

"We are quite ready to talk about changes to help attract the nurses Banff needs to re-open the maternity service," she says. 🍷



CNA calls on nurses to reduce stigma of problematic substance use

The Canadian Nurses' Association recently issued a new position statement, Problematic Substance Use By Nurses. Like CARNA, the CNA views problematic substance use as a "direct threat to the delivery of safe, competent, compassionate and ethical nursing care." However, their suggested approach to addressing this threat is quite different from CARNA's. Their position statement reflects UNA's public position that addictions should be treated as an illness.

The CNA suggests a number of proactive measures for employees, employers, educators, provincial regulatory bodies, governments and nurse colleagues. UNA includes itself amongst the stakeholders that must support successful recoveries and returns to the workplace.

The CNA's position statement leaves no doubt that the strong disciplinary approach previously taken by employers and provincial regulatory bodies is not appropriate in light of current research showing that the spectrum of substance-use problems can be treated and that rehabilitation is an option. Consistent with Dr. Els' message to nurses at UNA's Annual General Meeting, the CNA advocates for higher rates of reporting and self-reporting throughout its statement because "early identification is crucial to ensuring public safety and is also related to successful recovery."

UNA was particularly encouraged by the position that it is critical to reduce the stigma associated with substance use. Educating nurses to identify and respond to issues associated with substance use by patients, colleagues and themselves, as suggested by the CNA, is an enlightened suggestion to reduce stigma and promote early intervention.

UNA also applauds the CNA for stating that nurses were not only morally compelled to address this stigma but that the CNA Code of Ethics for Registered Nurses requires "nurses refrain from judging, labelling, demeaning, stigmatizing and humiliating behaviours toward persons receiving care, other health-care professionals and each other." 🍷

Alberta Health Services to fit-test all nurses for N-95 masks

Alberta Health Services will be fit-testing all nurses with the N-95 masks that help protect from virus transmission, they told UNA at Joint Committee meetings recently.

UNA has been asking for the N-95 mask be the standard in protective equipment for all nurses. The N-95 masks are recommended protection for pandemic prevention.

Alberta Health Services says it will fit-test every nurse, every year. Fit-testing is necessary to ensure proper use and protection from the mask. 🍷

UNA Executive Officers recently presented \$750 cheques to winners of the 2008 UNA scholarships for first-year nursing students.

Danielle van Loenen in the BScN program at Grant MacEwan won the \$1000 Canadian Federation of Nurses Unions Scholarship. The other five recipients won \$750 UNA Scholarships.

The two winners not pictured were: Jennifer Schafer who is at Red Deer College and Nadia Vandenberg who studies at the University of Lethbridge.

To be eligible for the scholarships the students must be currently in their first year of full-time studies in an accredited nursing program in Alberta, and be related to a UNA member in good standing. They also need to write a short essay to demonstrate some understanding of UNA on the topic: "How does the UNA impact nursing worklife?"

Student essay highlights

It is no secret that politicians and watchdog groups are vying for control over healthcare's future, particularly in Alberta. Privatization and Americanized for-profit care continue to threaten the accessibility and universality that Canadians have enjoyed for over 40 years. UNA's activism in protecting Medicare and the roles, rights, and responsibilities of nurses continues to improve patient care and safeguard the integrity of the nursing profession.

- Danielle van Loenen

Ultimately, the United Nurses of Alberta promotes the best possible client care by ensuring their nurses' health and well-being through better working environments and positive employer relationships.

- Sarah Buban

UNA is for nurses by nurses, using the direct votes of members to decide what is needed most.

- Laura Enders

It has a proud history of accomplishments, has advocated for many things but some of the most important to me are those that I feel will impact my career as a nurse.

- Nadia Vandenberg. 🍷

First year nursing students awarded 2008 UNA Nursing Scholarships



Danielle van Loenen with her aunt Elsa Duff who works at Canadian Blood Services. Jane Sustrik, Heather Smith, Karen Craik and Bev Dick all joined together to present Danielle her CFNU award.



Annemarie Woytkiw receives her award from Heather Smith, accompanied by her mother Terri Woytkiw who is a homecare nurse in the Aspen region.



Heather Smith presents her cheque to Laura Enders who is accompanied by her dad Wayne and her mom Kelly both of whom are nurses in Edmonton.



Sarah Buban receives her cheque from the full complement of UNA Executive Officers.

Nursing News



Nurses signing Telus petition

Hundreds of UNA nurses sent in their signatures on a petition to stop Telus Sourcing Solutions from taking over payroll for all of Alberta Health Services.

For four years, Telus Sourcing Solutions Inc. (TSSI) has been doing payroll, benefits and Occupational Health and Safety administration for the Calgary Health Region. In that time, there have been constant errors - overpayments, underpayments, no pay for several pay periods, members dropped from benefit plans, etc. Nurses have been signing the petition urging Alberta Health Services NOT to give Telus the job province-wide. UNA joined with Health Sciences of Alberta Association and the Alberta Union of Provincial Employees in the province-wide petition effort. The petitions will be going to the AHS Board to convince them not to contract out human resource services. 🍷

Too numerous to name them all. This is one of the groups of nurses who attended the Canadian Labour Congress, Alberta Federation of Labour school held in Jasper in January.

At the Lougheed 'new beds' aren't more beds

A story in the Calgary Herald says the \$222-million expansion at the Peter Lougheed Hospital in Calgary may not result in any more beds available for patients. Calgary desperately needs new capacity as on any given day one hundred patients or more are on stretchers in corridors, sun-rooms and other spaces. The United Nurses of Alberta called the situation "ridiculous." Diane Lantz, president of the union's Peter Lougheed local, said her 32-bed unit has already been told it will be moving into the newly built expansion in mid-June--but the old unit is slated for closure once they relocate. "The doors will be locked," she told the Calgary Herald. "It's extremely frustrating." Alberta Health Services says budget shortfalls mean they can't fund staffing to open more beds. 🍷

154 reasons for H&S committees

154 worker deaths that could have been prevented are good reasons Alberta should improve health and safety. This is the only province that does not have mandatory joint health and safety committees in all workplaces and the Alberta Federation of Labour Health & Safety Committee is doing something about it. Their postcard campaign urges the government to pass legislation to make Joint Health and Safety Committees mandatory in all Alberta workplaces. Dowan load the card from the website, www.afl.org or contact the AFL for a bundle for your workplace. 🍷

INTERNATIONALLY EDUCATED NURSES

Contact **YOUR** union if you have problems at work

If you are having problems in your employment you need to know United Nurses of Alberta will assist you or represent you if necessary.

Alberta's Registered Nurses formed their union in 1977 have successfully bargained to make nursing a valued profession. Nurses work through their Locals in every worksite to make sure there is fair treatment and to protect safety and safe care for patients.

You should contact UNA if:

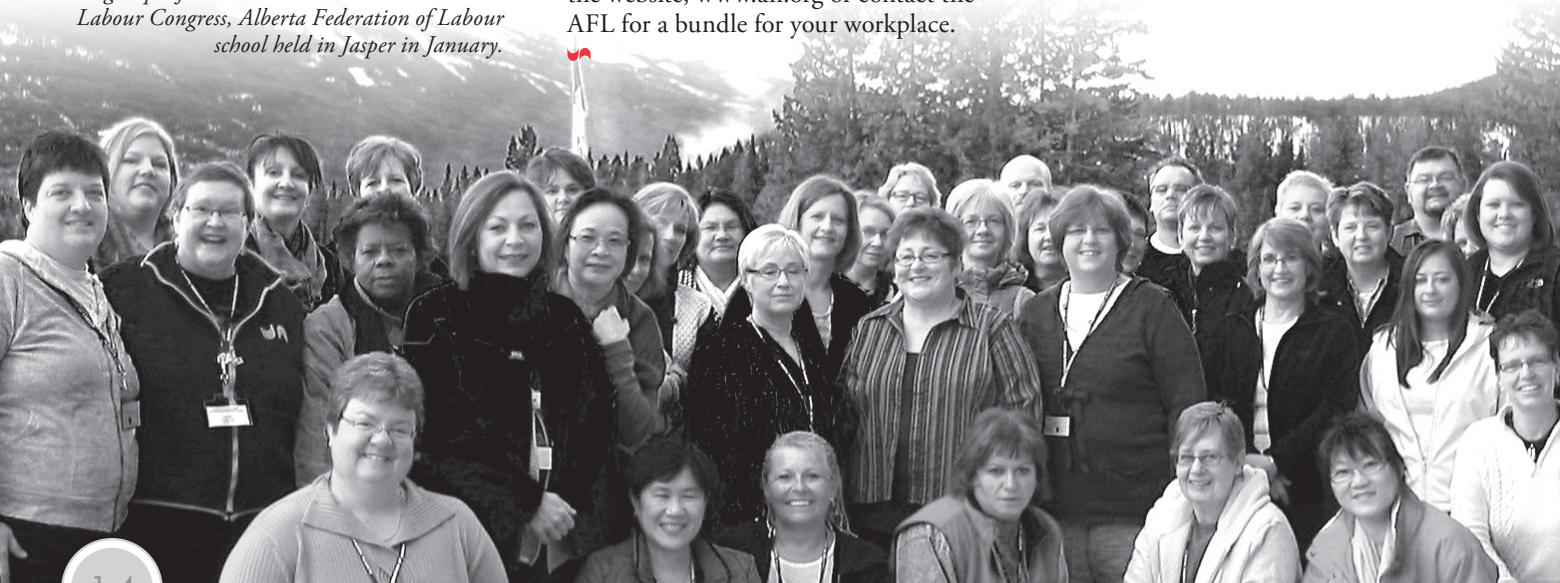
- you are unfairly treated by management
- you are being disciplined or terminated by your employer
- you are reported to your professional association
- are directed to work in a different position or at a different location than you were told in your employment agreement

You can contact your UNA Local Executive at the place you work.

Or you can directly call a UNA Office:

Provincial Office in Edmonton
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AgeCare support staff strike in Medicine Hat

Staff at Valleyview Care Centre in Medicine Hat ratified a tentative contract with their employer AgeCare on April 14th after a nearly month-long strike at the facility. The deal brings the salaries at the assisted living facility for the auxiliary nursing and general support employees "at or very close to the rate paid for comparable jobs in the region" AUPE says. The pay increases will phase in over the four years of the new agreement, so they will only reach parity near the end of the contract term.

Valleyview employees had been paid as little as \$10.55 per hour, and workers in some job categories were paid as much as 30 per cent less than the prevailing rates for similar work in the area. They went on strike on March 13th and AgeCare operated by using strikebreakers bussed in from other company facilities.

After the strike began on March 13, the Alberta government announced taxpayer-paid grants amounting to \$16.6 million to AgeCare.

Of that sum, the province announced a \$6.6-million grant to build more for-profit assisted living facilities in Strathmore and Calgary on March 19 and another \$10-million grant to build affordable housing in Strathmore on March 30.

Since 2007, Alberta taxpayers have given AgeCare \$23.5 million in funding. AgeCare is co-owned by Dr. Kabir Jivraj, a Calgary physician and a former Senior Vice-President and Medical Officer of Health for the Calgary Health Region, and Dr. Hasmukh Patel. 🍷

UAN now largest RN union ever in U.S.

Powerful new association of 150,000 RNs formed to promote healthcare justice

Earlier this year the United American Nurses, California Nurses Association/National Nurses Organizing Committee, and the Massachusetts Nurses Association announced they joined together to form a new, 150,000-member association.

The new organization will be called the United American Nurses-National

Nurses Organizing Committee, UAN-NNOC (AFL-CIO).

"Under the principle that RNs should be represented by an RN union," the statement declared, "we resolve to create a new union of staff nurse-led organizations named UAN-NNOC to:

• "Build an RN movement in order to defend and advance the interests of direct care nurses across the country;

• Organize all non-union direct care RNs (a substantial majority of the budget shall be dedicated to new organizing);

• Provide a powerful national voice for RN rights, safe RN practice, including RN-to-patient staffing ratios under the principle that safe staffing saves lives, and health care justice;

• Provide a vehicle for solidarity with sister nurse and allied organizations around the world. 🍷

Health minister Liepert complains about whining



"Damn it all, I'm sick and tired of people whining about not enough health-care facilities in the city," – Health Minister Ron Liepert said in the Calgary Herald, responding to criticisms over the expansion at the Peter Lougheed Centre.

But capacity issues in Calgary's health services continued in the headlines as reports showed the Emergency wait times were getting even longer. Citizens could even have been further incensed by reports that the construction at the Peter Lougheed would NOT result in more open beds, only units moved, because budgets are insufficient to renovate and staffed the now closing units. 🍷

PEI nurses get 4% in each of first two years

Arbitrator Bruce Outhouse recently issued the award that finally settled the collective agreement for the 1200 registered Nurses in the Prince Edward Island.

The three year contract will run to March 31, 2011 and has four percent wage increases in the first two years. A wage reopener will re-examine wages only in the third year of the agreement. UNA's David Harrigan was called in to represent Prince Edward Island nurses as their nominee on an arbitration panel. 🍷

Newfoundland nurses vote overwhelming for strike

Newfoundland and Labrador Nurses Union members have released results of a six-week strike vote process begun in February. Fully 90% of the members turned out for the vote and 88% voted in favour of a strike. The Nurses' union returned to negotiations with the government April 2, with the strike mandate from the members.

"Unfortunately, government remains intent on its template, including a four year contract and the two additional provisions relating to extended earnings loss and market adjustments," said Debbie Forward, President of NLNU, explaining the deadlock in negotiations. 🍷

BCNU gets 3 percent per year for 2 year contract extension

The BC Nurses' Union recently announced it had reached an agreement to extend the Provincial Collective Agreement for an additional 24 months. The agreement was approved by BCNU Council and was ratified by the union's 26,000 members on April 8.

The agreement provides no general wage increase in 2010 or 2011. However, to recognize the ongoing critical shortage of nurses, the contract extension would provide a labour market adjustment of 3 percent to be added to the nurses' hourly rate of pay on April 1, 2010 and an additional three percent to be added on April 1, 2011.

That's in addition to the 4.2 percent wage increase already scheduled for April 1, 2009.

The agreement comes just shortly before the BC provincial election which is on May 9th. 🍷

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