



United Nurses of Alberta  
**NewsBulletin**

Stephanie Shelstad with one of her twins, Hanna, at UNA's Demand Setting Meeting in Edmonton.



**a new year...**

In 2010 Nurses are moving *forward* into negotiations & facing new challenges *together*

*negotiations - page 3*



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# What does the new health budget mean?

## We'll find out in negotiations



During the Bill 11 rallies at the legislature the crowd would chant: "There ain't no power like the power of the people, and the power of the people won't stop!" The provincial budget unveiled on February 9<sup>th</sup> is evidence that citizens can and do make a difference. While it was not all good news, the decision to bolster health care funding was a step in the right direction. The *Wrong Way* campaign that so many nurses got involved in and the recent Join Together Alberta campaign that nurses supported as well made a difference. Thank you to members for the tremendous participation.

### The big question now is: what does enhanced funding mean to us?

On budget day, Stephen Duckett said he would not comment on the budget. He said he didn't comment last year and he wasn't going to comment this year. I asked him if this means more jobs would be filled? Will more beds open? Dr. Duckett responded only by saying, "that is up to you". It sounded like a pre-emptive statement about negotiations. He said they still had to find \$700 million in savings. I said, I thought they already had. "It has to be sustained savings," he replied. I also asked if there was any truth to the rumour that managers were directed to proceed with RN reductions now and not wait until April? He said no such directive had been issued from his office.

Since December, when meetings were held with staff at the University of Alberta Hospital in Edmonton about "workplace transformation", there has been no indication of what changes will occur, starting as early as this April.

Although "workplace transformation" is to be piloted at the University Hospital, it is supposed to be implemented across the province. Although staff were told that they would make the decisions about improving productivity, they were also told increasing staff 'is not an option'. The bottom line is lower cost. Fewer skilled providers in acute care. It also follows - fewer skilled providers in community and long term care as well. Will the infusion of new dollars (and assured increases over the next four years) change Alberta Health Services' plans to reduce the number of RN's?

Will Gene Zwozdesky, the new Minister of Health & Wellness, support opening beds and retaining skilled care providers?

The new Minister met with UNA representatives just days after his appointment. He announced that the closure of 300 hospital beds was stopped. While it is not clear if many of the proposed changes to Alberta Hospital Edmonton are off the table or simply on hold, it is clear that Mr. Zwozdesky's approach is in stark contrast to that of his predecessor, Ron Liepert.

We still have many difficult months ahead. We must participate fully in the public consultation about the proposed Alberta Health Act. We face potential workforce changes at exactly the same time as we are beginning bargaining with Alberta Health Services. And, we are the first health union to bargain with the new Alberta Health Services Board.

Albertans made a difference this week, the provincial budget takes public health care forward, not back. I am equally confident that UNA members standing together can also move us forward, not back.

*Heather Smith - President, UNA*

# Provincial Negotiations underway

UNA's province-wide contract negotiations will get underway with the exchange of proposals on March 8<sup>th</sup>. Representatives for Alberta Health Services, Covenant Health and other smaller employers will be meeting with UNA's elected Negotiating Committee for several dates of bargaining that have been scheduled through March and April.

"We're just waiting to see what the Employers are proposing," says UNA President Heather Smith. "The proposals they come in with could give a signal of how long this bargaining round is going to take."

The UNA team has a clear mandate from members coming out of the De-

mand Setting Meeting of over 600 UNA local representatives held last November. In the province-wide ratification vote by members on January 20<sup>th</sup>, 100% of Locals and 98.4% of members voting, approved the ongoing proposal package.

## Twelve further dates set for talks

An extensive schedule of negotiation meetings has already been set.

**March 17, 18, 19**

**March 29, 30, 31**


**April 14, 15, 16**

**April 26, 27, 28**



*"The proposals they come in with could give a signal of how long this bargaining round is going to take."*



**W**elcome to the new re-designed look for the UNA NewsBulletin. With full colour now on very page, our member newsletter can take best advantage of all the photos of UNA people and events. Thanks to UNA staff member Kelly de Jong, our graphic designer who did a great job on this new look and produces so many beautiful materials for us. 



**T**here are several different ways to get the latest on what is going on with UNA Provincial Negotiations.

### The website: [www.una.ab.ca](http://www.una.ab.ca)

Regular updates will be posted on the website. These will be public messages, that cannot contain confidential details.

### On your email: UNA's e-UPDATE

UNA Members can also send in their email address to go on the list for UNA's e-UPDATE which will go out when important news and information needs to be sent to members.

## Get the latest update on Negs!

### UNA\*Net: the inside info

The quickest and most thorough information distribution and discussion on Provincial Negotiations all takes place on UNA's own email and conferencing system, UNA\*Net. All members can sign up for free on UNA\*Net. Follow the instructions on the UNA Website. Click on For Members.

### Through your Local

All Local Executive members get regular updates on Negotiations too. If electronic information is not for you, contact one of the members of your Local Executive to find out where Negotiations are at.

# JOIN TOGETHER ALBERTA.ca



*Albertans across the province are already angry about more cuts to health care,”*

Heather Smith,  
President, United Nurses of Alberta

## UNA backs broad “Join Together Alberta” campaign for public services

United Nurses of Alberta teamed up with a large number of Alberta organizations and unions to launch the Join Together Alberta campaign in January.

“What will the next Alberta look like? If we really want to strengthen both our economy and our quality of life, then we have to be prepared to invest in our people and our infrastructure. And that means making smart decisions about improving public services,” said Gil McGowan, President of the Alberta Federation of Labour.

Nurses joined in as speakers at 22 town hall events the campaign held across the province in January and February.

“We are asking community human service organizations, seniors’ groups, teachers, parents, post-secondary students, faculty and staff, childcare organizations and healthcare professionals and advocates all to join together to sign on to this cam-

campaign and get their members out to these town hall events,” said Bill Moore-Kilgannon of Public Interest of Alberta, another major participant in the campaign.

“We are joining together with many organizations who are deeply concerned with the government’s announced intention to cut \$2 billion from budgets. We need people to raise their voices throughout Alberta about the importance of public services and the need to strengthen, not cut, the fabric of our communities,” said Bill Moore-Kilgannon, executive director of Public Interest Alberta.

“Albertans across the province are already angry about more cuts to health care,” said Heather Smith, President of the United Nurses of Alberta, said at the campaign launch. “The government better be listening to Albertans who want our system fixed. They do not want health care reduced further with even more bed, staffing and service cuts.”

UNA President Heather Smith spoke to the media at the campaign launch in Edmonton

Get connected at  
[www.JoinTogetherAlberta.ca](http://www.JoinTogetherAlberta.ca).



In Red Deer, over 150 people wore tartan scarves and talked about the harm of provincial funding cuts



The Alberta Tartan represents the fabric of our society



Public Interest Alberta's Executive Director, Bill Moore-Kilgannon, travelled across Alberta to host town hall meetings



Alberta Federation of Labour President, Gil McGowan, speaks at the launch of the campaign





*...the proposed Alberta Health Act, could be paving the way for more private businesses in the health system.*

## Klein admits failing to bring in two-tier, private health care

### Stelmach tries to distance himself from Klein

**I** tried it twice -- the Third Way and the Mazankowski report -- and I failed," former Premier Ralph Klein told reporters at a ceremony at Olds College recently. When he was Premier, however, Klein had never been that direct and honest. He had always said he was trying to improve the public health care system.

Current Premier Ed Stelmach, also at the Olds event, back-pedalled fast to distance himself from Klein. The Calgary Herald quotes him saying: "We have

committed as a government to a publicly funded, publicly administered health-care system."

But observers suggest the current government's plans, the Vision 2020, the proposed Alberta Health Act, could be paving the way for more private businesses in the health system. Former Health Minister Ron Liepert and AHS CEO Stephen Duckett have also talked about private, business delivery as well. 🍷



Layoffs appear to be stalled

# Workplace Transformation: buzzwords that spread fear

**W**hile the provincial budget promises to include a small increase in health care, many people are concerned that cuts in staffing and programming will continue. However, the threatened layoffs of nurses have not yet appeared.

“We’ve been told announcements of layoffs were coming, just about every month for the last several months,” says UNA President Heather Smith. “But the announcements have never come, and we are not sure if AHS will be laying off staff.”

No firm numbers are available on how many nursing positions have been cut since the hiring freeze was announced last May, but best guesses are that at least hundreds, and possibly over a thousand nursing positions have been left unfilled.

“I hear from more and more members that working short-staffed is increasingly common,” says Heather Smith.

At the end of 2008 Employers were estimating Alberta was short 1,500 Registered Nurses and Registered Psychiatric Nurses. They were actively recruiting across Canada and overseas. In May of 2009 AHS CEO Stephen Duckett declared there were too many Registered nurses on staff. AHS pulled all the postings for nursing positions. Postings for small numbers of nursing positions began to reappear. Most positions were required to be internal hiring only, and few new nurses are being hired in to the system.

## Workplace Transformation Deskilling nursing at the bedside?

Heather Smith attended the briefing about the “Workplace Transformation” plan at the University of Alberta Hospital.

“Behind all the fancy language, it’s clear that this is about reducing staffing by nurses,” Heather Smith says.

“We have a shortage of both RNs and LPNs now,” she points out. “What many nurses are concerned about is that far more work will be taken on by unregulated workers who have little or no training. Albertans as a whole should be concerned about this. It’s not so much about replacing RNs with LPNs, but replacing qualified nurses with far cheaper, untrained staff.”

Even Premier Ed Stelmach is talking about the enhanced role of nurses working to “full scope of practise” which is the language of workplace transformation.

“We think Albertans should be worried about this plan. Surely we all want the best qualified people possible providing care and assessing patients at the bedside?” Heather Smith says. “Nurses certainly want to be working directly with patients, bringing their knowledge and assessment skill directly to patient care. Registered Nurses and Registered Psychiatric Nurses do NOT want to be limited to managerial or quasi-managerial “care coordination” roles.”

*“I hear from more and more members that working short-staffed is increasingly common,”*

*- Heather Smith.*



*Andrea Robertson, is the AHS lead on “workplace transformation”*

*...continued on page 8 ▶*

# Decoding “Transformation”

**W**orkplace Transformation is being presented by Alberta Health Services with glowing language about how it will make work life better and more efficient. But something is “lost in translation” to management-speak. Decoding it can be difficult. Here is a sample guide for translating “transformation”.

*“It’s about creating effective solutions for an anticipated shortage of health care workers.”*

**Translation:** After freezing hiring, turning away all the nurse graduates and doing voluntary retirement and layoffs, you find you don’t have enough nurses??

Then clearly you must hire cheaper workers who have no professional training to provide the vital bedside care for your patients.

*“It’s about creating a new and better way to serve our patient and their families.”*

**Translation:** It’s better because it’s cheaper. It’s better because it lowers the standards for bedside care to a level we can reach.

*“The key to lean is to release trapped value from a system. In our case, the trapped value (under-used resources) is intellectual—it’s the knowledge, skills and full potential of our staff and physicians.”*

**Translation:** Highly skilled Registered Nurses should be working to full scope of practise, which means hardly ever near a patient. Nurses must be coordinators of care and their clinical skill is best put to use with charts and computers.

*Our success depends in having people involved in how we transform health care.*

**Translation:** How can we ever talk people into this? We’ll make them think it was their idea, make them believe they were consulted and are involved. 🐶

## Doctors charge market medicine a costly mistake in the England

**W**hile AHS and the Alberta government are pushing toward “activity-based funding” and a market system in health delivery in Alberta, the United Kingdom’s experiments with business delivery of health services has proven costly.

In the UK the National Health Service has moved to deliver more care through for-profit businesses under what they call the Private Finance Initiative or PFI. A letter from a group of prominent doctors in The Guardian newspaper published Feb. 2 charges that these changes are costing the UK millions and reducing care for patients.

“The NHS is spending £350m (about Can \$700 million ) a year on external management consultants – often at the expense of its own, internal expertise. Repayments to companies profiting from PFI in the NHS are costing the taxpayer billions. There are many examples of independent sector treatment centres failing to carry out the volume of procedures for which they have been paid.”

Moving to more market delivery of health services has been a disaster, charges the letter which was signed by Dr. Hamish Meldrum, chairman of council of the British Medical Association and 26 other distinguished doctors and medical professors.

“Moreover, the purchaser-provider split has facilitated the diversion of NHS funding to a plurality of competing interests, and resulted in disincentives for doctors in primary and secondary care to work together to improve services for patients. The experience of other health systems indicates that the creation of a market results in a significant proportion of funding being absorbed by transaction costs.” 🐶



# Changing Alberta's health care laws rings big alarm bells for nurses

The move to new overarching health legislation, an “Alberta Health Act” proposed by the Ministers’ Advisory Committee raises several concerns for the United Nurses of Alberta.

“Alberta’s current health care laws are NOT the cause of problems in our health system,” says UNA President Heather Smith. “The shortage of doctors and nurses, the devastating reorganization and budget squeezes are causing serious problems, waits and concerns,” she says. “The health laws are NOT the problem, here.”

“Is this an attempt to remove many of the protections in our public system, under the smokescreen of some sort of legislative “clean up?” asks UNA President Heather Smith.

“This new legislation will replace important laws like the Nursing Home Act, and the important standards and protection they afford,” says Heather Smith. “Will new laws still provide clear and firm standards as the Nursing Home Act does. It requires a certain amount of qualified nurse staffing at all times, will that still be there?”

“There has been no history or reporting of legislative confusion in health care that this report says it wants to clear up,” she says. “We suspect there are other reasons for changing Alberta’s health laws.”

It would be useful to know if the Committee could provide examples of what it is referring to when it says (p 40): “However, today’s system has legislative and regulatory barriers that sometimes limit choices and prevent change.”

Details of legislation changes are not included in the new report. Like some of the many previous reports it is full of reasonable-sounding recommendations. However, the long history of undermining Alberta’s health system suggests this may be another attempt at eroding the legislative framework of our public health care system.

The carefully-worded report from Fred Horne’s committee does offer some clues about significant changes that could come about through new legislation. It refers repeatedly to “person-focused” care.

Health workers scoff about the rhetoric of patient-focused care, because that pretty much is the way medicine has always been, focused on the patient. However, this language in recent government reports signals a change toward a more market-oriented system. Along with “activity-based funding” which is a price setting mechanism that paves the way for commercial health care, patient-focused systems can also set up for health consumers in a health service market. 🇨🇦

*“If Albertans are truly allowed to engage in honest consultation that is going to be listened to, I’ve got confidence in Albertans!”*

Heather Smith  
President United Nurses of Alberta



## Heather Smith video clip on the Alberta Health Act

UNA President Heather Smith comments on the proposed new Alberta Health Act in a youtube clip. See United Nurses of Alberta channel on youtube.com.

“What’s really important is we’re talking about public consultation. We’re not talking about the knee-jerk down and dirty leg-

islative changes that can be swept in in a matter of weeks, which was the concern we had with the former Health Minister,” Heather Smith says.

“If Albertans are truly allowed to engage in honest consultation that is going to be listened to, I’ve got confidence in Albertans!” 🇨🇦



Cambie Surgery Centre in Vancouver

# Private clinics lawsuit, audit of private Vancouver clinic to proceed

The BC Supreme Court ruled recently that the province's Medical Services Commission will be allowed to move forward with the audit of Dr. Brian Day's Cambie Surgery Center and Specialist Referral Clinic. Day, who was seeking to prevent his clinic from being audited, has admitted to unlawful billing practices but has not disclosed the extent of the unlawful activity.

In November 2009, the trial Judge also ruled that the BC Health Coalition and its partners are allowed to participate in the lawsuit as intervenors.


"We are very happy the judge has made a decision that will allow the BC Health Coalition, the Canadian Doctors for Medicare, physicians and vulnerable patients to have a voice in this extremely important case that will determine the future of public health care for most British Columbians," said BCHC Co-chair Rachel Tutte.

The case was launched by Dr. Brian Day and a consortium of private for-profit clinics against the B.C. Medical Services Commission and the provincial government.

The group of private for-profit clinics are seeking to have key provisions of provincial health legislation declared unconstitutional so that he and other physicians can sell necessary health care services to patients who wish to jump the queue and can afford to pay a premium to do so.

Medicare supporters say that the Cambie Surgery Centre and the Specialist Referral Clinic are illegally charging patients additional fees for insured services, and that the clinics are requiring patients to sign "acknowledgment forms" guaranteeing that they will not notify the MSP in order to reclaim those fees.

"It is critical that the government is able to ensure that physicians are complying with the billing rules on which medicare depends. The citizens of British Columbia must be assured complete transparency and accountability from all physicians who submit claims," said Tutte.

The judge also indicated that a group of patients can also participate in the case. The patients have been supported by the BC Nurses Union in their own petition to have the province uphold BC's Medicare Protect Act. 

*"It is critical that the government is able to ensure that physicians are complying with the billing rules on which medicare depends."*

## UNA sponsoring members

Canadian Nurses' Association  
Biennial Convention



June 7-9, 2010, Halifax Nova Scotia

UNA is funding 2 members-at-large to attend. Funding includes travel, accommodation, registration and necessary Leaves of Absence.

**Entry for the draw must be received at UNA Provincial Office by 16:30 March 30, 2010.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Local#: \_\_\_\_\_ Email: \_\_\_\_\_

 Alberta Federation of Labour  
Mid-Term Forum  
At SAIT in Calgary.

April 23, 2010 (evening) April 24, 2010 (day)

UNA is funding 12 members-at-large to attend. Funding includes travel, accommodation, registration and necessary Leaves of Absence.

**Entry for the draw must be received at UNA Provincial Office by 16:30 March 16, 2010.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Local#: \_\_\_\_\_ Email: \_\_\_\_\_

CNA

AFL

# Health care in Budget 2010

## Robbing Peter to Pay Paul

By Diana Gibson,  
Research Director Parkland Institute

This was a good-news/bad news budget. The good news is that health care was finally given its due. Also good news is that the government is buying infrastructure while it is cheap and infrastructure and municipal supports budgets are both up significantly. However, the budget is bad news for seniors, low income renters, children in need of care, parents in need of child care, community arts and other community programs and anyone who cares about the environment. The budget had over \$1.7 billion in cuts. The government has robbed Peter to pay Paul.

Undoubtedly, there is good news for health care. The deficit for the AHS was wiped clean, money was added to the AHS operating budget and an increase of an additional increase was given. Though this sounds quite generous at first blush, the increase just covers costs associated with costs of living, population growth, the impacts of ageing as well as growing costs of pharmaceuticals and new technologies.

There is not a lot there for fixing problems like the low number of hospital beds and health professionals in the system. The big cost driver for health care is pharmaceuticals and this increase could quickly be eaten up by that alone if more is not done to control pharmaceuticals costs.

Is this budget increase affordable? The province still spends well below the spending of other provinces relative to the size of our economy, meaning that health care is still eminently affordable. Also, contrary to what the government would have us believe, the Alberta government did not spend the most per capita in the country on health care. This budget just got us to where we needed to be.

The down side is that Albertans took a large cut elsewhere. The government can't increase health care and infrastructure spending without either increasing revenues or cutting elsewhere. They chose to cut elsewhere.

Those cuts were unnecessary. For example, Alberta's flat tax structure—which means higher taxes for the poor and middle class and lower taxes for the rich—currently costs the province over \$5.5 billion per year in revenues. In addition, Alberta's taxes are currently so low that we could actually stand to raise them by up to \$10 billion and still have the lowest taxes in the country.

The budget included a commitment to stable multi-year funding for health care. It is good to finally see this government making some real long term spending plans. However, it is hard to trust those promises because you can't have stable funding without stable revenues. And this budget, once again, hangs its hat on oil and gas money.

It is not clear what this budget will really mean in the way of nurses, health care professionals, hospital beds and real services for Albertans. The rubber will really meet the road when we see how these new revenues are managed. 🍷



When the February 9<sup>th</sup> Budget Speech came down with the money for health care, UNA President Heather Smith was there. After the speech she and Health Sciences Association President Elisabeth Ballermann tracked down AHS CEO Stephen Duckett in the reception and asked him if the money would mean hiring more health staff. Duckett would not say anything specific.

UNA Vice Presidents Jane Sustrik and Bev Dick attended the recent budget announcement at the Legislative Assembly in Edmonton. In the giant melee in the Rotunda of the Legislature following the budget speech, they ran into Stephen Duckett (left) and Dr. Raj Sherman who is parliamentary assistant to the Minister of Health and Wellness.



# UNA Occupational Health and Safety

*“Work site” means a location where a worker is, or is likely to be, engaged in any occupation and includes any vehicle or mobile equipment used by a worker in an occupation.*

**M**any nurses in the community care sector work at or out of sites located in privately owned and operated buildings or malls. When these workers raise concerns regarding their health and safety they are often told that there is nothing that can be done because Alberta Health Services does not own the building. This response is unacceptable.

Under the Alberta Occupational Health and Safety Act the employer is responsible for ensuring the health and safety engaged in work of that employer. This responsibility applies regardless of whether the employer owns and operates the work site or not. If you are performing work under the direction of the employer (AHS) then anywhere you are performing that work becomes a workplace as defined under the legislation.

Over the years UNA Local 196 occupational health and safety representatives

have been dealing with a number of health and safety concerns raised by nurses working in privately owned buildings.

In one instance a health unit located in an older privately own building was found to have mould. Following a lengthy dispute between the parties the employer (then Capital Health Authority) paid for mould remediation.

Recently a nurse who was providing home care services at a private designated assisted living centre contacted the Local regarding air quality concerns. The Local representatives visited the worksite and discovered that the nurse had been allocated an office that was located behind a laundry room, had no windows and no ventilation.

The nurse was suffering from a number of related adverse health affects and her claim for WCB benefits was approved. At this point the home care nurse has been moved to a separate building as a temporary measure.



## Social Media

# Get Connected with UNA



**U**NA has jumped into the world of social media and is inviting its members and supporters to join online! In a short two weeks, the new UNA Facebook page attracted over 1,000 fans and continues to grow. UNA members and supporters following the Facebook page will have access to new updates, links, photos, and videos about UNA, health care, and its members.

The page will give UNA members a chance to interact with each other on

Facebook and converse publicly with fellow members and supporters in a new online environment. With over 300 million users world wide, Facebook has become the standard of social networks.

To become a fan of UNA on Facebook, login at <http://www.facebook.com>, search for “United Nurses of Alberta” and join the conversation!

UNA has also joined the fast-paced world of instant updates on Twitter. What

# Understanding the situation of Alberta Nurses: Nursing Under the Influence



Is the health of nurses impacted by the context in which they work? Nurses are considered more likely to use substances (e.g. alcohol, medications) because of their high job strain, shift work, ease of access to medications, and knowledge of their benefits. Pain related to injury may also be a factor. With substance use, physical and/or psychological addiction can develop.

Addiction is responsive to treatment. Unfortunately, nurses may encounter barriers (e.g. stigma) to getting the necessary help. The pressure to cover up can be increased if responses to their situation are perceived to be punitive (as opposed to supportive). Nurses may feel caught between 'a rock and a hard place' when they think a nurse-colleague needs help.

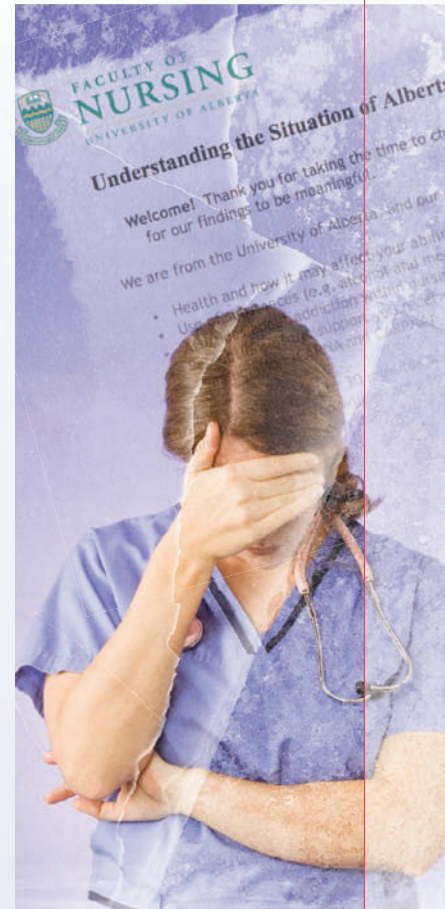
Nurse researchers from the University of Alberta are conducting an Internet survey on how nurses' relationships with organizations, and with one another, affects their health. This survey asks about

nurse health as it affects practice, use of substances, and attitudes towards nurses with addiction. It also asks about your impressions of the support you receive from your Employer, college & association, and Union.

Please check out the survey at: <http://www.ualberta.ca/~ddkunyk>

All nurses are invited to participate in this survey whether or not they are currently practicing. It is located in a secure site, approved by the ethics board and managed by the Population Research Lab, at the University of Alberta. Nurses will be creating their own confidential password before entering the site, or may print the survey off for mailing.

Nurses' participation in this survey is truly important for its results to be meaningful. It is expected that the overall findings will be valuable to all nurses, as they will increase understanding of our current situation in Alberta. 🇺🇦



## on Facebook, Twitter, and YouTube!

is Twitter? It is a micro-blogging website where UNA has been able to connect with hundreds of people and organizations from across the world through 140-character "tweets." Do you want to know more? To get the absolutely latest, most up-to-date UNA info, follow on Twitter! <http://twitter.com/UnitedNurses>.

Also part of the UNAs new online presence is the launch of a new YouTube page and a series of new videos that can be

found at <http://www.youtube.com/UnitedNursesAlberta>. New videos include a New Year's Message from President Heather Smith and the e-Update contest from the UNA executive officers. The most popular recent video was Ed Stelmach versus Student nurses, which attracted over 800 viewers in one day alone! UNA members are encouraged to watch the videos and pass them along to their friends, family, and colleagues through email, Facebook, Twitter, or blogs. 🇺🇦

Spread the word!  
Link to UNA.

Help nursing  
issues go viral!

# Faces & friends

News about the people of United Nurses of Alberta.

2010 AFL/CLC Labour School in Jasper



In the new NewsBulletin, this page is going to be dedicated to news about nurses and people connected to UNA. Send in photos from UNA events, photos of nurses who are getting special recognition, or photos of your new Local executive. Send us stories about nurses, about your friends and colleagues. Celebrate the many wonderful works of UNA nurses! Email [keith@una.ab.ca](mailto:keith@una.ab.ca)

UNA 2<sup>nd</sup> Vice President Jane Sustrik was “birthdayed” at the office recently including balloons and posters of her as an aging granny, dressed up for a special video about “remembering the good ole days”.



## New Communications Officer Dave Cournoyer

UNA has a new Communications Officer with specific responsibility for new media, the electronic and social media. Dave Cournoyer has extensive experience as a prominent Alberta political blogger and writer. Many nurses are already communicating with Dave on Facebook and Twitter.



UNA member Marie-Therese Mageau and her lovely daughter Mia volunteered to join in for a recent video shoot to support the Join Together Alberta campaign. Plenty of people showed up to join in for the video, but when Mia waltzed into the room singing and dancing, she kind of stole the show. You can see the short video clip on the campaign website: [www.JoinTogetherAlberta.com](http://www.JoinTogetherAlberta.com).



Alberta Health Services and UNA recently released a Joint Statement to clear up confusion over Employer policies on carrying-over and paying-out unused vacation time.

## *Vacation Carry-over*

The carry-over of accrued vacation is not automatic. Article 17.03 (c) of the UNA Collective Agreement provides that: “... an Employee may be permitted to carry forward a portion of unused vacation to the next vacation year. Requests to carry forward vacation shall be made in writing and shall not be unreasonably denied.”

Therefore, the Employee needs to specifically request that the vacation be carried over and the Manager needs to review each request and determine if the request can be approved. The need to review each request individually and consider the circumstances related to each request means that the Employer cannot establish an across-the-board limit on the number of days that can be carried over. Each request has to be considered based upon its own circumstances. Things that a Manager may want to think about would include attempts made to schedule the vacation in the current year (for example, it may be unreasonable to deny a carry-over request if the employee attempted to schedule the vacation in the current year and such requests were not able to be approved), the amount of vacation and other banked time for this employee that need to be scheduled and the ability to schedule the carried over vacation in the next year, other known or predictable absences that will influence the ability to schedule the carried over vacation, etc.

The Employer’s approval processes may differ depending upon the length of carry-over requested, but this does not change the requirement to consider all vacation carry-over requests individually. For example, even though the current AHS delegation of authority indicates that the Manager can only approve vacation carry-over up to five days, the Employer still needs to consider requests to carry over more than five days of vacation, even if this would need to be approved at the Director level of the organization.

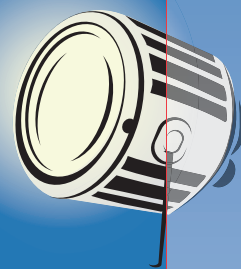
## *Payout of Vacation*

Article 17.03(f) provides that “... at the written request of the Employee, the Employer shall provide the Employee with vacation pay rather than vacation time with pay, for that portion of the Employee’s vacation entitlement that exceeds four weeks.”

As a result, vacation payout can only occur at the request of the Employee. The Employer cannot unilaterally choose to payout unused vacation. Provided that the other limitations of Article 17.03 are met, the Employer cannot refuse an Employee’s request for payout. However, the amount of time that can be paid out is limited to that period of time that exceeds four weeks of vacation. The four week limitation can be a combination of vacation already used in the year and time remaining in the vacation bank. For example, if an Employee has already utilized two weeks of vacation this year and has eight weeks’ vacation remaining in their vacation bank, the Employee can request to have up to six weeks vacation paid out. The four week limitation would be met with the two weeks already used and the two weeks that would be left in the bank after the payout of six weeks. 🇺🇦

A regular guide to protection and rights provided by UNA Collective Agreements

## Joint Statements and Spotlights



Useful guides to terms of Collective Agreements

UNA frequently publishes “**Spotlights**”, one-page posters that clarify one aspect of the Collective Agreement.

**Joint Statements** come from the UNA-Alberta Health Services Joint Committee which works to have smooth implementation of the UNA Provincial Agreement.

All Spotlights and Joint Statements are available on the UNA Website, [www.una.ab.ca](http://www.una.ab.ca).

They are linked on the Collective Agreements Page, which you can access from the left-hand menu from every page in the website.

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