

Marching for nurse staffing at Youville Home



**United Nurses of Alberta
NewsBulletin**

Nurses from UNA's North Central District rally in front of Covenant's Youville Home in St. Albert. Now classified as an auxiliary hospital, Youville is reducing front-line RN care dramatically. The RNs and other staff are very concerned about impact on their residents.



UNITED NURSES of ALBERTA
The Union for Nurses
Mr. Stelmach do have a te- here we come.

CUTTING FRONT LINE WORKERS MEANS CUTTING QUALITY CARE

UNITED NURSES of ALBERTA
The Union for Nurses
Mr. Stelmach who will take care of you!!



**at your side
on your side!**

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A summer of many changes. A busy fall ahead.



Many nurses joined our union in recent weeks. We are pleased to welcome the nurses at the Alberta Alcohol and Drug Abuse Commission (AADAC), and Alberta Correctional Services. These nurses were brought into our bargaining unit by the continuing expansion of Alberta Health Services. As we welcome these nurses, who were formerly represented by the Alberta Union of Provincial Employees, we also welcome nurses – who are union members for the very first time – at the Rimbe Hospital and Care Centre, Canadian Blood Services Calgary, and Revera Long Term Care-Miller Crossing. Welcome also to new graduates just entering our profession. Welcome to United Nurses of Alberta. Get ready for some interesting times just ahead.

A little over a year ago AHS CEO, Stephen Duckett, said ‘there are too many nurses in acute care’ and we had an abrupt halt to recruitment across the province. Remember “vacancy management”? Well now AHS is very concerned about the workforce shortage and forecasts thousands of vacancies. A newly developed AHS workforce supply model projects that thousands of nurses will be needed to replace those who will be retiring, etc.

We apparently cannot expand the number of graduates enough to solve the impending dilemma, so what will AHS do? A summit of stakeholders will be held in November. AHS is circulating a discussion paper for feedback (available from UNA on request).

After the past year, it is ironic that the opening sentence of the discussion paper is “For nearly five decades the nursing staffing shortage has been a critical concern for healthcare across Canada”. Cynics have suggested the modelling scenarios contained in the discussion paper are more about justifying reducing the skill mix and using unskilled workers

than about any real concern for the needs of patients to receive appropriate, safe, quality care. Potential staffing projections for continuing care are particularly worrisome. So watch for more information and let your colleagues know, in case they didn’t, there is a nursing shortage in Alberta.

The Provincial Agreement ratified on June 30th is off to the printers and we are hopeful you will receive your new contract book this fall. The final version will also be available on the UNA website (www.una.ab.ca).

This fall we start to implement the new committees to ensure there is no overall reduction in RN hours worked, monitor the hiring of 70% of new graduates, and transform casual and relief hours into regular positions. These new provisions are the first of their kind in Canada.

On the back cover of this issue is information about the new benefit plan for retired nurses. I point out that just about EVERY retired nurse in Alberta is eligible to buy into this plan. And, until the end of January, you can buy in without a medical exam. Plans like these reject as many as one-third of applicants because the medical exam shows they may have high costs.

We are pleased to be joining with the Alberta Retired Teachers Association in this plan, as an option for nurses. I want to advise you to also research other competitive plans to find out which one is the right fit for you.

And on a final note, this fall the Government may introduce Alberta Health Act legislation. Should the Government follow through on MLA Fred Horne’s Committee recommendations (see the story inside), a whole lot more will be happening. So stay tuned for that too.

Heather Smith – President, UNA

Welcome nurses to UNA AADAC, Corrections and others

UNA is pleased to welcome many nurses who have recently joined or formed new UNA bargaining units.

Alberta Alcohol and Drug Abuse Commission

About 80 nurses who work with AADAC became employees of Alberta Health Services under the province-wide consolidation. These nurses work all around the province in a number of capacities with AADAC. UNA, including representatives from the AADAC nurses, recently negotiated the terms for transition into the UNA Provincial Collective Agreement. The nurses had a ratification vote on these terms on September 15. The AADAC nurses will become members in UNA Locals in the communities where they work.

Alberta Correctional Services nurses

Nurses working with Alberta Correctional Services also became AHS employees after provincial consolidation but court action over their bargaining unit has made them wait some time before finding out which union they would be in. Finally, about 150 nurses who work in the provinces correctional services were brought into the UNA bargaining unit on September 13. Dates are still being set for negotiations on how their contract terms will transition to the UNA agreement. No decision has been made as of publication date on which Locals Corrections nurses will join.


Rimbey

Registered Nurses with the Rimbey Hospital and Care Centre voted earlier this year to join UNA and have formed their own UNA Local. As Alberta Health Services employees they are automatically included in the provincial bargaining unit and the Provincial Agreement. The nurses have been meeting with UNA LROs to work out details of applying the Agreement.

Canadian Blood Services Calgary

Nurses with CBS in Calgary voted in May to join UNA this year. They are forming their own Local with about 38 members and are beginning negotiations soon for their first contract.

Revera Miller Crossing Care Centre Edmonton

Rose Boadi is the new President at Local 410 Revera Miller Crossing in Edmonton, one of UNA's other newest Locals. The nurses voted earlier this year to join UNA and are about to begin negotiations for a first collective agreement. 



Newly elected Executive members at Local 412 in Rimbey are from left to right are: Jennifer Anderson (VP), Rachel Murray (Treasurer), Kristy Gutterink (President) and Kelly Fairley (Secretary).

UNA's Director of Labour Relations David Harrigan talks with AADAC nurses at an info session in Edmonton. The new to UNA nurses are: (l to r) Alison Treichel, Wendy Rudzki, Cailin Doyle, Lindsay Pajo.



Private HRC hospital faces bankruptcy, bailed out by AHS

The financial insolvency of the Health Resources Centre – the for-profit orthopaedic surgical centre in Calgary – has been in the news lately. Although it had contracts for joint replacement surgeries with AHS, HRC is a private-for-profit facility owned by Network Health. It filed for bankruptcy protection after it was unable to fulfill a real estate agreement. AHS filed an injunction and an Interim Receiver was appointed.

Network Health rejected the AHS proposal and indicated that it was prepared to argue in court against a staff transfer. As a result, AHS withdrew its proposal and will post new positions for the units opening at the McCaig Tower in November. These will be new AHS positions and will be posted in accordance with the existing terms of the Collective Agreement with UNA.

Will nurses working at HRC lose their jobs?

Network Health had a chance to work with AHS and transfer the staff to the new McCaig Tower facility at the Foot-hills Medical Centre. This would have allowed AHS to continue with the surgeries and keep the surgeons and nurses working.

Was HRC a good deal for Albertans?

AHS has paid over \$2 million in extra costs because of the HRC bankruptcy and surgeries at the facility were not cost effective to begin with. Premier Ralph Klein admitted in 2005 that privately contracted surgeries on average cost 10% more than those in public hospitals. HRC handled cheaper, less complex surgeries.

The UNA delegation at the Friends of Medicare rally.



Did AHS have the right to terminate the contract with Network Health?

According to an affidavit from Chris Mazurkewich, AHS Vice-President and Chief Financial Officer, the agreement with Network Health included a “contractual right to suspend or terminate the Surgical Services Agreement without notice should Network become insolvent, bankrupt or is placed in receivership or commits any act of insolvency.”

AHS did NOT push HRC into insolvency.

Some misinformation being circulated suggests that HRC became insolvent because AHS did not provide a minimum number of surgeries required by the contract. In reality, the agreement limited “...the maximum annual number of procedures that can be performed at the Health Resource Centre, but Alberta Health has no obligation to fund any minimum number of procedures.” (Court of Queen’s Bench of Alberta Decision, June 1, 2010)

Court documents explain that Network Health had not received a commitment on volume of surgeries before it signed a real estate deal with Cambrian Properties.

“Network Health had admitted that it was no longer capable of meeting its obligations under the leases ... Network had received only partial commitment from Alberta Health with respect to business volumes for the budget year ... Network did not have the ability to pay lease costs on the two buildings that were the subject of the leases.” (Court of Queen’s Bench of Alberta Decision, June 1, 2010)



Who is Network Health looking out for?

Network Health has presented a list of demands to AHS which they say would need to be met for HRC to continue as a privately-operated facility:

- the current senior management of HRC must be maintained,
- AHS must provide the maximum possible number of procedures,
- AHS must pay for the legal fees incurred by Network Health Inc.

Network Health is holding the staff hostage by not allowing AHS to present conditional offers of employment to clinical staff at HRC and opposing the transfer of staff to the McCaig Tower.

UNA believes that Network Health should not use their staff as bargaining pieces in this legal battle. The evidence presented in these court documents provide clarity to the misinformation being perpetuated by groups who have a political interest in keeping HRC open at any cost. The war of words launched by Network Health has irresponsibly put business interests before staff job security and patient care. 🍷

Friends of Medicare held a rally in front of the for-profit HRC hospital on September 10th. “No bailout of for-profit medicine” was the slogan

The war of words launched by Network Health has irresponsibly put business interests before staff job security and patient care.

New Alberta Health Act likely introduced in October

Critics say it's a back door approach to privatization



More information on the Alberta Health Act

Parkland Institute reports: parklandinstitute.ca

Special website: www.albertahealthact.ca

The Alberta government will likely try to pass its new Alberta Health Act when the provincial Legislature resumes in late October. MLA Fred Horne is in charge of a committee that has been holding “invitation only” consultations on the proposed law. The meetings were opened up when Friends of Medicare protested.

Parkland Institute’s research director Diana Gibson says there is “nothing to gain and everything to lose” with the proposed Alberta Health Act. Gibson and BC researcher Colleen Fuller report that the new act would lead to “the loss of critical protections for the public system and quality standards with the merging of existing health care acts”.

Fred Horne’s report, released at the beginning of the year was fairly clear on some points: “Certain legislation should be given priority in the process of consolidation, particularly those Acts that currently establish, define and regulate how publicly funded health services are provided.”

The report specifically names:

- Alberta Health Care Insurance Act
- Hospitals Act
- Nursing Homes Act
- Health Care Protection Act
- Health Insurance Premium Act

These acts, the Horne report goes on: “inhibit the system’s ability to work out effective ways to access care from the right provider, in the right place, at the right time and at the right cost.”

These are carefully chosen words. In Alberta you only have to look at recent history to get the full meaning. Go back to what Ralph Klein referred to as his last attempt to privatize health care, the Third Way. In 2005 one of the government’s Third Way discussion papers was a powerpoint which is still on the government’s website as of September 2010 (www.health.alberta.ca/documents/Removing-Barriers-PPT-2005.pdf).

It says:

- Amendments required to Alberta Health Care Insurance Act and Hospitals Act
- Opens market for private health insurance
- Removes barriers to private delivery, and
- Doctors and dentists will be able to work in both private and public system for specified procedures.

Changing the current laws is necessary to bring in what Don Mazankowski envisaged in 2001: a health market with a parallel, for-profit health system and private insurance coverage. 🍷

What is the proposed Alberta Health Act?

Medicare Privatization

Will you be covered?

The Alberta government is proposing a new Alberta Health Act, but they’re not telling you the whole story about why they want one now.

Health policy experts say the purpose of this new act is to dismantle provincial medicare laws, and aggressively expand for-profit, two-tiered health businesses and private health care insurance. That means less medicare coverage, longer waits and lower quality care.

Contact your MLA now. Ask them how their new act would change health services in Alberta. Tell them to scrap this hidden plan to undermine public health care.

Stop the Alberta **PRIVATIZED** Health Act

A message from Friends of Medicare
Find out more at FriendsofMedicare.org

BC College set to withdraw from CNA

Setting up new association

The College of Registered Nurses of BC (CRNBC) is looking at creating a new separate association to represent BC RNs at the Canadian Nurses Association. Some nurses say the controversial move is necessary because of BC's new Health Professions Act. But BCNU and some other nurses oppose creating a separate association, a third

The new act changed the nurses' organization mandate at the same as it gave the new College name to the former Registered Nursing Association of BC.

Also this spring, the RN Network of BC was formed, clearly setting its sights on becoming a professional association and replacing CRNBC at the CNA. At a May meeting the Network noted that: "Functions to advance the profession or articulate nursing views are seen as distinctly different from and in conflict with regulation." The Network established a board and the BC College gave it \$186,000 dollars towards becoming an association.

However, the proposed changes are controversial. A motion calling for the BC College to resign from the Canadian Nurses Association was defeated by a vote of 40 to 29 at the CRNBC Annual General Meeting in June. But the subsequent College Board meeting decided they remain committed to developing and implementing a plan for withdrawal from CNA.

The BC Nurses Union is critical of the change. In July, BCNU President

Debra MacPherson said in her newsletter column "We do not believe another organization is required as BCNU has been carrying out the professional advocacy role for some time, and has involved itself successfully in nursing education, research, policy and administration."

"Why has there been no grassroots involvement (in the drive to form the new association) or even one bedside nurse on the steering committee or newly formed board?" Debra MacPherson asked.

The Canadian Nurses Association says it "is committed to facilitating CRNBC's withdrawal from CNA in a way that will ensure a continued voice on health and social policy issues for British Columbia's registered nurses." But the CNA also says outstanding questions need to be settled, including what will happen to the CNA membership fees currently collected by the College and whether membership will be voluntary or mandatory in the proposed Association of Registered Nurses of BC.

The province of Ontario has long had a separate college and association, the Registered Nurses Association of Ontario (RNAO).

The RNAO also reported on the BC discussions and noted that "the formation of a national regulatory council for registered nurses [the Canadian Council of Registered Nurse Regulators (CCRNRR)] is proceeding "with the full support of all the regulatory bodies in Canada."

"Why has there been no grassroots involvement or even one bedside nurse on the steering committee or newly formed board?"

Debra MacPherson asked.

CARNA staying in CNA

CARNA has joined in as one of five Canadian RN Colleges to form the new Canadian Council of Registered Nurse Regulators (CCRNR).

In Alberta the College and Association of Registered Nurses is making clear it will stay in the Canadian Nurses Association. CARNA has joined in as one of five Canadian RN Colleges to form the new Canadian Council of Registered Nurse Regulators (CCRNR). The new Council will focus on professional regulatory matters, entry to practice, standards and best practices.

A motion at the April CARNA annual meeting called on the organization to hold off on the new Council and to stay in CNA:

“...suspend further participation of CARNA in the National Council of State Boards of Nursing (NCSBN) [a U.S. nurse regulators’ organization] or the Canadian Council of Registered Nurse Regulators (CCRNR) pend-

ing further discussion of the need for participation in other international or national nursing organizations separate from CNA...”

CARNA’s provincial Council later passed a motion which emphasizes its continued commitment to CNA:

“That Provincial Council does support CARNA’s participation in the National Council of State Boards of Nursing (NCSBN) and the Canadian Council of Registered Nurse Regulators (CCRNR) and the Canadian Nurses Association (CNA).”

CARNA is also an associate member of the U.S. nurse regulators’ organization, the National Council of State Boards of Nursing (NCSBN). 

Long term care aide speaks out

Retired health care aide Loretta Raiter went public in August about the declining conditions of resident care at Salem Manor in Leduc. Raiter told the media that she retired early because she could no longer give residents the care they needed.

“I went home feeling guilty – guilty that I could not provide proper care for these people that had become my friends,” Raiter told the Edmonton Journal.

Raiter described that staff-to-patient ratios were so low that it was impossible to do everything that needed to be completed in a 3 p.m. to 11 p.m. shift. People were sometimes given powdered meal replacements instead of real food, others ended up sitting for hours in soiled diapers or having wet diapers put back on after bathing.

Retired health care aid Loretta Raiter was joined by NDP MLA Brian Mason as she described the declining state of resident care at Salem Manor in Leduc.



Changes to Protection of Persons in Care raise concerns for care providers

In 2009, the provincial government changed the ten-year-old Protections for Persons in Care Act (PPIC) broadening the definition of abuse which raises real concerns for health care providers. The revised legislation came into effect July 1 2010. It now applies to service providers in mental health facilities as well as providers in other health care settings.

The new amendments redefine the nature of abuse to focus on acts or omissions that result in “serious” harm. Concerns have come up because the new government guide includes “discomfort” in a very broad definition of harm.

Another important – and worrisome – change is that an individual can now be found to have committed abuse without any intent or willful act.

Being found to have committed abuse under the PPIC Act obviously has profound repercussions for a medical professional – potentially even ending that person’s career. The changes to the Act, the definitions and the process raise the possibility of more care providers facing complaints and serious ramifications from them.

Taken together with the broad definition of “abuse” in the legislation, it is conceivable that, if a resident or patient accidentally falls and injures herself while alone in her room, it is possible an RN could be found to have committed abuse for failing to provide adequate monitoring. Similarly, if there is a delay in providing PRN medication to a patient and the patient remains in discomfort for a while longer than normal, an RN may be exposed to an allegation of abuse. With tight budgets and resulting understaffing

of many facilities, these situations could be a real problem.

Anyone can allege abuse. Perhaps a disgruntled family member or unhappy co-worker, or just someone who perceives abuse without understanding the context and limitations of a professional’s ability to provide medical care. The amendments to the legislation may have created an open door for a huge increase in complaints. Even when a professional is eventually vindicated (less likely under the new legislation) such a complaint hanging over a person’s head for a considerable period of time is a heavy burden to bear.

The July 2010 Guide to Understanding the PPIC Act directs people to think of serious harm “broadly”, including any hurt or injury that interferes with the health or comfort of the person, where it is more than merely transient or trifling in nature, including a “low level of harm that did not require any physical intervention or treatment” and “temporary stress or embarrassment.”

A Guide to Understanding the Protection for Persons in Care Act



www.seniors.alberta.ca/ppc

The changes to the Act, the definitions and the process raise the possibility of more care providers facing complaints and serious ramifications from them.

Joint Occupational Health and Safety Committees – Status Quo

It is vitally important that any OH&S concerns/issues be reported to your Local representatives.



Several months ago representatives of AHS Workplace Health and Safety met with UNA, HSAA and AUPE and proposed a new model for Joint Occupational Health and Safety Committees (JOHSC). Covenant Health also proposed this same model around the same time.

They proposed that every unit in a facility and every community health services office have their own JOHSC that would deal with and attempt to resolve OH&S concerns. AHS also proposed that the current OH&S committees would only deal with concerns that were not resolved at the unit/office committees and act in an advisory capacity on OH&S policy.

The proposed model is not compliant with the language of the provincial collective agreement that sets out a specific process for dealing with OH&S issues/concerns. Article 34: Occupational Health and Safety requires that there be an Occupational Health and Safety Committee with representatives of the Union (your Local) and the Employer (Alberta Health Services). This committee meets monthly and Local OH&S Committee representatives are elected at the Local Annual General Meeting.

The creation of unit/office committees would add an additional step to the agreed upon process for dealing with OH&S issues/concerns and would require a change to the language of Article 34. During the recent bargaining neither AHS nor Covenant Health proposed a changes to Article 34. The structure and purpose of the current OH&S committees established under the collective agreement remains the same.

UNA has notified AHS and Covenant Health that the Union is not in agreement with the proposed new model for OH&S committees

If a concern/issue is brought to an employer unit/office based committee and is not resolved then there is no ability to pursue the issue further to the Chief Executive Officer (CEO) or to the AHS Board as per the Collective Agreement.

It is vitally important that any OH&S concerns/issues be reported to your Local representatives so that they can be dealt with by the OH&S committee set up under the Agreement to ensure that they are resolved and the health and safety of our members is protected.

Dealing with OH&S Issues/Concerns:

Once an OH&S concern is raised you and/or your Local representative must first discuss the issue with your supervisor (management) and attempt to resolve the concern at that level. If the concern is not resolved before the next monthly meeting of OH&S committee it will be discussed at the committee meeting. The concern is presented to the committee on a UNA OH&S Form. This form is filled out and signed by the nurse or a union representative.

Your Local representatives will present the concern to the committee and make recommendations for eliminating or controlling the workplace hazard. If the issue is not resolved at the OH&S committee then it moves to the CEO level.

Once the issue is referred to the CEO a resolution meeting is set up to discuss the issue within 21 calendar days. The CEO must provide the Local with a written reply within 7 calendar days. If the issue remains unresolved then it moves to the Board.

Local representatives have the right to present its concern and recommendations to the AHS Board. The Board then has 14 calendar days to provide a response to the Local. 🍷

Pension benefits for nurses on long-term disability

Nurses on long-term disability (LTD) who do not expect to ever return to work may be able to increase their income to 80% of their former wages by accessing the disability benefit of their pension.

The Local Authorities Pension Plan (LAPP) disability benefit is the full monthly pension the employee has accrued. To qualify for the LAPP Disability pension a participant's medical evidence must show he or she suffers from a physical or mental impairment that can reasonably be expected to last for the remainder of their lifetime; and prevents them from working in any gainful occupation.

The LAPP definition of disability is almost the same as the definitions used by Canada Pension Plan Disability and SunLife Long Term Disability (after 24 months).

The LAPP Disability will start an unreduced pension at any age without an early retirement deduction for those who meet the disability definition.

This is different from taking an early pension benefit, which is reduced by 3% for every year earlier than normal.

For example, the LAPP normal retirement age is 65, but a nurse who is 55 years of age with 10 years of pensionable service could initiate retirement. At current salary levels the full pension (at age 65) would be about \$1,100 per month. But it would be reduced by 3% for each year the nurse is under 65. (Or it would be reduced for each year it is short of the "85 factor" – age + years of service = 85 – if this calculation results in less of a reduction.

As the nurse is leaving ten years before age 65 the reduction is 10 x 3% or a total of 30%. The early pension would be \$1,100 less 30% or about \$770 per month.

However, if the 55-year-old nurse is disabled she or he may qualify for the LAPP disability, which is full pension. She or he would receive the full \$1,100 a month.

The situation becomes slightly more complex for a nurse who is receiving Long Term Disability Benefits. LTD normally pays 66.6% of former regular earnings to qualified disabled employees. Any LAPP pension would be considered to be "other income" for insurance company LTD purposes. The maximum "other income" that a participant can receive can only boost their total income to 80% of their regular earnings. If the disabled nurse's combined income from LTD, CPP Disability and LAPP disability exceeds 80%, the insurance company will reduce their payments so that the combined incomes do not exceed 80% of their regular earnings.

At current earnings levels the difference between 66% of regular earnings and 80% of regular earnings can be as much as \$1,117 per month.

Nurses who have accrued LAPP Benefits and meet the LAPP definition of disability should consider accessing this benefit. There are no age limitations, and the pension can begin whenever the LAPP Disability definition is met. As with any access to the LAPP pension, the participant can no longer be employed.

Employees on the Employer's Long Term Disability Plan need to be cautious about resigning prior to receiving 24 months of LTD benefits. A resignation ends their access to the Employer's dental and supplemental health benefit plan. 🍷

Nurses on disability and considering accessing their

pension can call Alberta

Pension Services

1-800-661-8198.

Of if you have further questions, contact your UNA

Labour Relations Officer.



Unit goes the extra mile for the English patient

Nurses at Chinook Regional Hospital organized fundraiser to help stranded patient

“All of Unit 4B at the Chinook Hospital was involved in the bake sale. Everyone from transition to respiratory was involved, it was so positive,”

Devonee Jensen.

Earlier this month, Allan Whittle and his wife, Sheila, traveled from the United Kingdom to Alberta to visit their son in Lethbridge. During their visit, Allan Whittle collapsed due to medical complications caused by the change in altitude. When arranging their travel itinerary, their son Paul had purchased travel insurance, but after his father became ill the insurance company refused to pay and claimed they had not been given a full disclosure of his health status.

Whittle could access free-health care in the United Kingdom, but because of his medical condition he missed his return flight, a cost the insurance company also refused to pay.

Upon hearing about Whittle’s situation, the nurses at Unit 4B at the Chinook Regional Hospital decided that they needed to do something to help this patient in need.

“His attitude so was positive and inspiring, we felt we needed to do something else to help and give him a boost,” said UNA Local 120 member and Registered Nurse Devonee Jensen. Jensen and her Unit 4B colleague LPN Candace Cockerill organized a bake sale to raise funds for Whittle.

“All of Unit 4B at the Chinook Hospital was involved in the bake sale. Everyone from transition to respiratory was involved, it was so positive,” said Devonee Jensen.

The nurses’ initiative raised around \$2100 to help Whittle with the costs of returning to the United Kingdom. ♡



People lined up around the block for the food at the Calgary Labour Day Barbecue

Celebrating Labour Day with the unemployed and disadvantaged has become a tradition in both Edmonton and Calgary, with the annual Labour Day Barbecue. The Labour Council’s in both cities feed thousands of people in both cities and raise awareness of the impact unemployment and underemployment has on Calgarians and Edmontonians. The barbecues also feature live music



UNA Vice-President Bev Dick and President Heather Smith joined a mass picket line at the UFCW strike at McKesson in Edmonton recently. The Edmonton and District Labour Council organized the event for Edmontonians to show support for the workers on strike for over two months at the shipping warehouse company. Just shortly after the event the workers reached a new agreement with improved wages.

Getting your extra 2%

Employers match RRSP contributions up to 2% of annual earnings

Nurses can contribute to a supplementary RRSP and the Employer will match the contribution. The supplementary RRSP benefit is an easy way to double your money.

Nurses can begin contributing to the RRSP in any month. Contact Human Resources to set up a deduction from your cheque. You are not allowed to contribute for previous months, however.

You do NOT have to leave the money in the RRSP. You can withdraw it to use as you like (taxes are automatically withheld). Some time restrictions may apply. Check with your local plan for details.

You can withdraw double what you put in, because the Employer matches it. This RRSP program is like a bank account that doubles your money!

Alberta Health Services has recently changed its management of the RRSP plan, but any member who is not contributing can begin to do so. The money going in to the RRSP savings, is categorically the nurse's money.

The supplementary RRSP is completely separate from the regular benefit pension plan --which for most nurses is LAPP (Local Authorities Pension Plan) or PSPP (the Public Service Pension Plan). 🍷



2010 UNA Nursing Scholarships

Six \$750 awards, One \$1,000 award

Every year contributions from UNA members are building a fund for special nursing scholarships for family members who are entering nursing studies. This year, UNA will award six \$750 Nursing Scholarships. In addition, the national Canadian Federation of Nurses Unions sponsors a \$1,000 scholarship. These scholarships go to assist students in their first year in an approved nursing program in Alberta.

The students must be related to a UNA member in good standing, and submit a short essay to be eligible for the award.

For more information see the UNA website and click on Members Resources (www.una.ab.ca/resources).

Completed applications must be received at the UNA Provincial Office no later than 4:30 pm, October 15, 2010.
The awards will be announced in late January 2011. 🍷

Faces & friends

News about the people of United Nurses of Alberta.



Just some of the unionists at the Calgary Gay Pride parade in August. Nancy Furlong (Secretary-Treasurer, Alberta Federation of Labour (AFL), Alex Shevalier from the AFL pride and solidarity committee, UNAs Karen Craik, provincial Secretary Treasurer, and Gil McGowan, President of the AFL.



Members from UNA Local 1 and 115 supporting Calgary Stampede & Exhibition workers in the fight for their first contract as IMAW Local 99.

Gathering of former Wetoka Health Unit colleagues and friends, in a Rimbey restaurant in September. "We had a great turn out of friends from days past, as well as current staff. We have these get togethers at least three or four times a year, rotating the event within the former Wetoka Health Unit area, between Wetaskiwin, Ponoka, Rimbey and the Winfield community," writes Margie Jones. She says the regular gatherings over nearly three years have "been an amazing help in our adjustment to the 'new' reality of Public Health and Home Care."



Rose Boadi, right, the new President at Local 410 Miller Crossing in Edmonton joins in the UNA rally in front of Youville Home. Here she is with UNA Provincial President Heather Smith and Mary Roche, left, President of the Youville Local 154.



Other Negotiations



President of the Quebec nurses' union, FIQ, Régine Laurent (centre) marches with other labour leaders against continued wage freezes. FIQ has launched a province-wide tour to discuss the impasse they face at the bargaining table with the provincial government. On July 2nd FIQ announced they had broken off contract talks. They have been proposing a 3.75% annual increase for each year of a three-year agreement.

Ontario nurses face possible two-year wage freeze

Ontario Nurses Association have just elected a new negotiating committee to start bargaining for a new agreement as their current one expires March 31, 2011. But public service bargaining in Ontario may be in an uphill battle because the provincial government has declared a two-year public service wage freeze.

Government discussions with a number of public sector unions in August fell apart when unions walked away from

the table, saying government was not negotiating on their wage freeze position. Newspapers were reporting experts saying the province could face a round of public service strikes.

Meanwhile, ONA nurses got their last increase, 3%, in their agreement April 1, but unhappy non-unionized nurses were told recently that rather than getting par with the union wages as usual, their salaries would be frozen. ❧

Bargaining continues for LTC and other employers

Nurses at many of the province's Long-term care facilities are also included in the provincial bargaining round. Bargaining has begun with CareWest (Local 221) in Calgary and will be beginning in October for Bethany Care (Local 91, Local 173 and Local 2) in Calgary.

Other bargaining dates have been set, or are still being set for:

- Good Samaritan (Locals 212, 223, 227, 311, 314, 316)
- Shepherds Care Foundation (Local 219)
- St. Michael's Edmonton (Local 150)
- Salem Manor (Local 194)
- Local 99 St. Joseph's Hospital
- Local 118 Capital Care - Edmonton/Touchmark at Wedgewood
- Local 172 Edith Cavell Care Centre - Lethbridge
- Extencicare Local 168 Holyrood, Local 170 Leduc, Local 209 Mayerthorpe, Local 215 Viking, Local 189 Fort MacLeod, Local 117 Somerset, Local 143 Vulcan 🐾

Nurses with two or more separate jobs with AHS will amalgamate those jobs into a single position

The new 2010 Collective Agreement includes transitional changes to amalgamate the former Health Regions, and the Cancer Board into a single employer. Nurses who hold separate positions in different Regions or the Cancer Board can have only a single position with a maximum Full-time Equivalency (FTE) of 1.0. A nurse cannot have regular hours more than full-time.

Nurses amalgamating jobs need to meet with Human Resources and a UNA Labour Relations Officer to determine which will be their home site and their hours of work. Vacation and sick leave banks also need to be arranged.

Nurses should be in a single position by September 30th, but there is more time to sort out schedules, which must be contract compliant by June 30, 2011. 🐾

Venta Care Centre deal gets provincial parity in wages, premiums

Early in September the first bargaining wrapped up with an agreement for Local 226 Venta Care Centre. The members voted to ratify the deal on September 16.

The agreement included a 2% increase to bring Venta nurses up to current provincial rates, and then they stay on par with a 2% increase in 2011 and 4% in 2012. The negotiated settlement also gave the Venta nurses parity in shift differential, weekend premium and charge pay. 🐾

Voluntary Exit Plan

Almost everyone who applied for the AHS Voluntary Exit Plan before the December 23, 2009 deadline is approved for the plan. UNA LRO Richard West is attempting to resolve cases for nurses who applied for the VEP but later resigned before their application was settled. Many of these people who left before hearing about their VEP application will likely finally be approved, although some of these cases may be going to arbitration. 🐾



David Harrigan
Director of Labour Relations

*A detailed document is
available on the UNA
website at: [http://www.una.ab.ca/news/archive/
amalgamatedjobs](http://www.una.ab.ca/news/archive/amalgamatedjobs)*

Know a retired nurse?

Almost ALL retired UNA nurses are eligible for **new** extended health benefits insurance

The open period to enrol, with NO medical exam, is until January 31, 2011

Criteria for eligible retired nurses:

- Age 55 or older
- Member of UNA for five years or more
- Resident of Canada and covered by any provincial health care or,
- Enrolled in any public service pension plan

If there is any question check with Johnson Inc. about eligibility.

Available plans include:

- Extended health care
- Out-of-province/Canada travel emergency
- Dental care

Examine plan details and alternatives carefully

The benefit plan may be of benefit to many retired nurses. Every individual's situation is different and it is important to compare benefits and costs with other available plans.

For more information:

www.una.ab.ca/resources/benefits/arta
Johnson Inc., toll free at 1-877-989-2600

