

CANADA'S NURSES RALLY FOR HEALTH CARE IN 2015 ELECTION

Some of the more than 200 UNA delegates who took part in the June 5 march through the streets of Halifax by more than 1,000 nurses from across Canada on June 5, the final day of the Canadian Federation of Nurses Unions' 2015 biennial convention. With voters across Canada heading to the polls on October 19, the national nurses' organization was calling on all federal candidates to make health care a priority this election.

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On October 19 nurses should vote for health care

By Heather Smith
President, United Nurses of Alberta

THE days are shorter, cooler and the first yellow leaves are appearing on the trees, so we all know fall is not far away. UNA members and their families are dealing with the return to school, waiting for the busy pre-Christmas season at work and making appointments to change the tires on their cars.

But this year there's an additional sign of changing seasons, and that's the anticipation of a federal election on October 19.

Prime Minister Stephen Harper broke Canadian political tradition and called the election on August 2, much earlier than is normal, in hopes of extending his Conservative Party's rule for a fourth term, something not seen since Wilfrid Laurier was prime minister between 1896 to 1911.

As I write this, three parties are effectively tied in the polls for the right to lead Canada – the Conservatives, who are the government, the New Democratic Party led by Thomas Mulcair, the leader of the official Opposition, and the Liberals led by Justin Trudeau.

Whichever party emerges as the winner, and whether or not Canada has a majority government or a minority, this will be a crucial year for health care – and for nurses – in Canada.

The federal government plans to reduce spending on health care in all provinces by more than \$40 billion over the next decade. It's pretty clear that, without changes, something's going to have to give, and it won't be good for our patients, our profession or our country.

UNA has a strict policy of being non-partisan, so I'm not going to tell members how I think they should vote. But I do urge

you to examine all parties' platforms and vote for the one you think will do the most to protect our fair and effective system of public health care.

Many nurses have been photographed holding a sign that says, "I'm voting for health care this election." I urge you to vote for health care too on October 19.

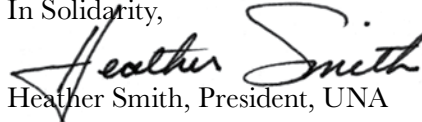
For more information on the parties' positions – and on the challenges facing our health care system – I encourage you to visit voteforcare.ca.

On another important topic, First VP Jane Sustrik and I met on August 27 with leaders of the College and Association of Registered Nurses of Alberta to start planning a co-operative awareness campaign about the unique contribution made to health care in by Alberta's Registered Nurses.

UNA is your union and CARNA is your regulatory college, but both groups have some important issues in common, and one of those is the need to build awareness, among nurses and the public, of the key role played by RNs like you on Alberta's health care team.

We are determined to work together to publicize this message about the vital importance of the observation and critical thinking that are part of every RN's training. We'll be looking at a variety of ways to communicate this message, and I urge you, the members of UNA, to let me know your thoughts and ideas on how we can bring these unique qualities into sharp focus.

In Solidarity,


Heather Smith, President, UNA

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700-11150 JASPER AVENUE NW
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CFNU Halifax 2015: Canada's Nurses call for federal leadership on health care

OVER one thousand nurses, including more than 200 members of the United Nurses of Alberta, marched through the streets of Halifax on June 5 to demand federal leadership on Canada's public health care system.

The march was led by the Canadian Federation of Nurses Unions on the final day of its 2015 biennial convention on June 5. Its goal: with voters across Canada heading to the polls on October 19, the national nurses' organization was calling on all federal candidates to make health care a priority this election.

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200 UNA delegates participating at the 2015 CFNU Convention in Halifax pose for a group photo near the city's iconic clock tower.



Above: UNA President Heather Smith speaks during the CFNU convention.

Left: Members of UNA Local 85 from the Sturgeon Community Hospital and Health Centre outside the convention centre in Halifax.

Poll shows Canadians looking for health care leadership from Ottawa

CANADIANS are looking for leadership from the federal government to build our national health care system, an Abacus Data Poll commissioned by the CFNU and published on June 1 shows.

As Canada's population ages, the future of health care is increasing in importance to voters, with 58 per cent of voting-age respondents now placing health care among their top three issues, the survey indicated.

It also revealed:

- Health care is more important to voters than taxes – 58 per cent of respondents said health care was

“There is no public service that matters more to people than health care services.”

Bruce Anderson
chair of Abacus Data

among the top three issues that could determine how they vote, compared with 44 per cent who included taxes

- Overwhelming numbers of Canadians trust nurses to know what patients need most
- Seventy-seven per cent would consider supporting a party that

would set national standards for continuing care

- Close to two thirds of respondents would support a political party committed to negotiating a new health agreement between Ottawa and the provinces and committed to annual funding increases

“There is no public service that matters more to people than health care services,” said pollster Bruce Anderson, chair of Abacus Data, which conducted the survey of 1,500 Canadians between May 4 and May 6, 2015. The margin of error was plus or minus 2.6 per cent. 🍷

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“Canadians care about health care. This is something we know and we have heard consistently in the lead-up to this election,” said CFNU President Linda Silas. “We are taking their message straight to the politicians this year, we want the voters’ voices to be heard.”

She said Canada’s nurses demand that the federal government take action on four distinct issues, all of which will help create a sustainable health care system that puts patients first – a national seniors’ strategy, a national prescription drug program, a health human resources plan, and a policy that re-affirms the government’s support to public financing and delivery of the country’s health care system.

“Our health care system has been suffering due to a lack of federal leadership on these key areas,” Silas said. “Patients see it in the long wait times, lack of hospital beds and exorbitant costs for prescription drugs. Now is the time to stand up and speak out.”

The federal government has proposed reductions in health care spending to begin in 2016, which could see a total of \$43.5 billion lost in 10 years. *continued on Page 6* ▶

Below: UNA members from across Alberta attended the CFNU convention in Halifax.



Report says safe nurse staffing levels would cut health costs



Linda Silas

PAID and unpaid overtime continues to exert a significant toll on the health and well-being of front-line nurses and contributes to higher than necessary costs, a new CFNU report shows.

The report by Jacobson Consulting Inc. released by the CFNU on June 3 in Halifax supports the call for safe nurse staffing levels to reduce the health care system’s reliance on both paid and unpaid overtime, leading to reduced absenteeism rates and associated costs.

“Overtime contributes to excessive workloads and high levels of absenteeism, which erode safe, quality patient care,” said CFNU President Linda Silas. “We need to have enough nurses to safeguard the health of our patients.”

On average in 2014, the research showed approximately 21,000 of the country’s 268,000 public health care RNs and nurse supervisors were absent each week because of illness or disability. This is a slight increase to 7.9 per cent from 7.5 per cent in 2012. The report estimates the cost to the system of this level of illness and disability at about \$846 million per year.

Combined paid and unpaid overtime worked by Canadian public sector health care nurses was estimated by the researcher to be 19.4 million hours per year.

The estimated cost of this overtime was almost \$872 million in 2014, down from approximately \$979 million in 2012. Of the 2014 figure, \$679 million was paid by employers, and \$192.5 million by nurses themselves. 🍷

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Above: Banff-Cochrane MLA Cameron Westhead, until May 5 a member of UNA's Executive Board, speaks to nurses in Halifax during the final day of the CFNU convention.

Right: Members of Local 95 from the Alberta Children's Hospital in Calgary at the end of the walk through Halifax by nurses from across Canada.

Hassan Yussuff, president of the Canadian Labour Congress, told the conference about the need for a national prescription drug program.

“More than three million Canadians can't afford the prescription drugs they need. With a national prescription drug program, everyone would get the medication they need. It would reduce the strain on the acute care system. It could save Canada up to \$11 billion per year,” he said.

While health care is distributed by provinces, funding for services and programs is transferred from the federal government. The federal government chose not to meet with the provinces or renegotiate a new Health Accord last year, letting it lapse.



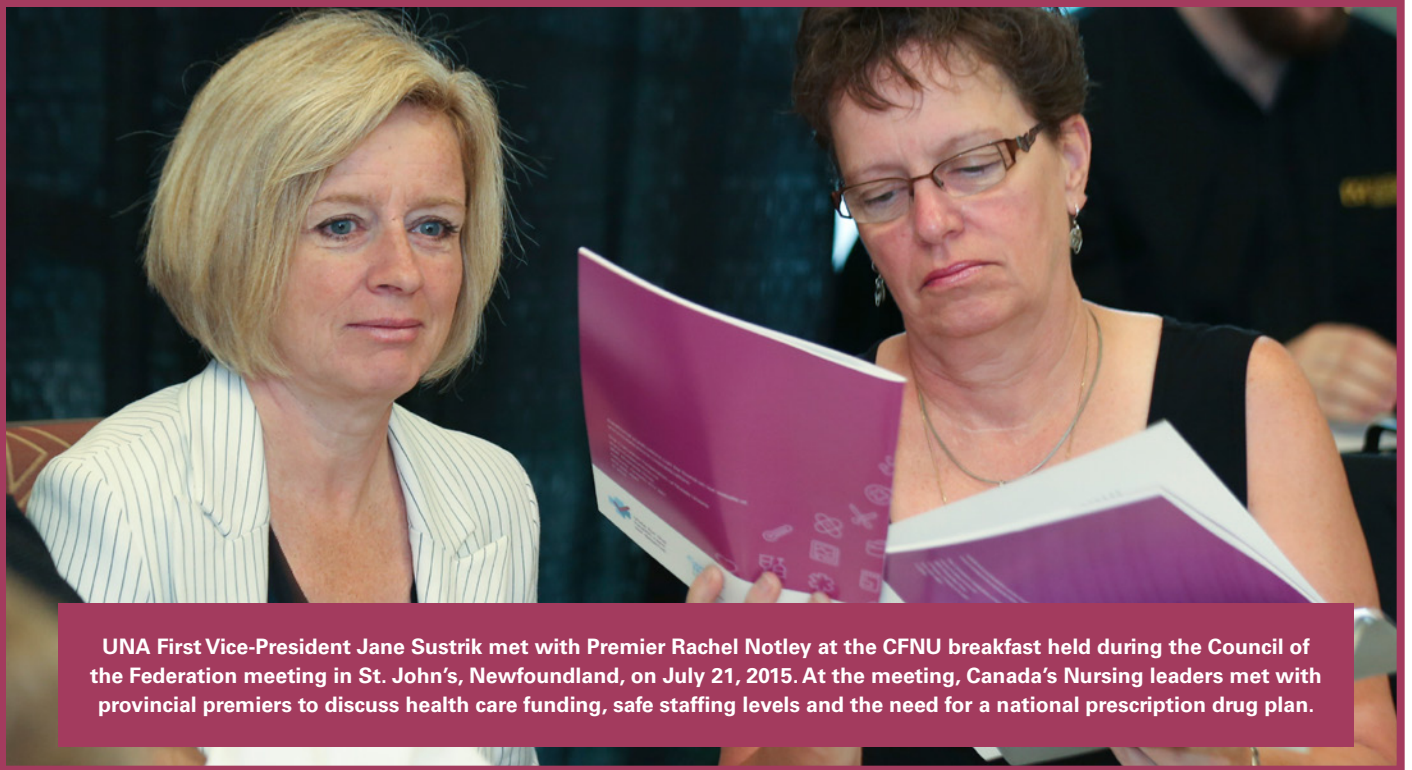
Hassan Yussuff,
Canadian Labour
Congress President



UNA First Vice-President Jane Sustrik,
at the June 5 march in Halifax



Nurses and premiers agree Ottawa must pay its share of health care costs



UNA First Vice-President Jane Sustrik met with Premier Rachel Notley at the CFNU breakfast held during the Council of the Federation meeting in St. John's, Newfoundland, on July 21, 2015. At the meeting, Canada's Nursing leaders met with provincial premiers to discuss health care funding, safe staffing levels and the need for a national prescription drug plan.

CANADA'S provincial premiers have indicated their strong support for the call by Canadian nurses for Ottawa to commit to increasing Canada Health Transfer payments.

In a statement on health care services for an aging population made after a presentation by the Canadian Federation of Nurses Unions, the Council of the Federation, as the annual first ministers' meeting is now known, called on the federal government to increase its share of commitment to health care for Canadians to a minimum of 25 per cent of all health care spending by provinces and territories.

CFNU representatives briefed premiers on a study – *The Canada Health Transfer Disconnect: An aging population, rising health care costs and a shrinking federal role in funding* – that shows shrinking federal support for health will put greater strain on provinces already struggling to sustain Canada's public health care system.

During the briefing, premiers heard study author Hugh Mackenzie and former Parliamentary Budget Officer Kevin Page show how the previously estimated \$36-billion funding shortfall will jump to \$43.5-billion because of lower GDP growth estimates the federal government has linked to health transfers.

The Council of the Federation ended its meeting on July 17, without input from the Conservative government. The Harper Conservatives have refused to meet with the premiers to discuss health care or negotiate a new agreement as was done with the 2004 Health Accord.

Canadians deserve to know where their politicians stand on this vital issue during an election year, CFNU President Linda Silas said. "It is heartening to see premiers from all political parties take this stand on health care," she added, promising Canadian nurses will continue to press all parties to make their position on health care funding clear before the October 19 federal election. 🍷

FEDERAL ELECTION

CANADA'S NURSES standing up for health care

WITH a federal election scheduled to take place on October 19 and the three major parties apparently locked in a three-way tie at press time, Canada's nurses have been standing up for health care in the election campaign.

Uniquely positioned to understand the challenges facing our country's health care system, and with many thoughts on how to improve and enhance health care, the Canadian Federation of Nurses Unions is urging the more than 200,000 members of affiliated unions like United Nurses of Alberta to think about which candidate in their electoral district is most likely to work to protect and improve public health care in Canada.

CFNU is drawing four issues in particular to nurses' attention:

- National Pharmacare
- A national safe seniors strategy
- Proper funding for public health care
- A national health human resources plan

In each case, CFNU is urging its members to vote for a candidate that recognizes the federal government has a role in these areas.

Canada needs a national prescription drug plan, commonly known as Pharmacare, to provide access to medically required drugs for all Canadians. Canada is the *only* developed country with no such national plan.



Canada's present system of prescribed drug coverage is inefficient, inequitable, wasteful and unsustainable for both individuals and governments. A national Pharmacare plan would save Canada more than \$11 billion a year – a sum that is bound to grow in the future – while providing better health care for huge numbers of Canadians.

We also need a national safe seniors strategy for Canada's fastest-growing demographic, which is more likely to be dependent on a robust public health care system. Right now, however, the country seems to be trending the wrong way, with access to services decreasing, the cost of prescription drugs soaring, and long-term care facilities facing critical staff shortages nationwide.

Canada needs publicly funded short-term and long-term care services, and those services must be properly funded. Polls consistently show that Canadians think a

seniors strategy should be a national election priority.

To health care professionals like nurses, it seems obvious that the entire health care system needs to be adequately funded. Yet the Conservative Government's decision to base health care funding on the rate of growth of Canada's Gross Domestic Product will in fact result in a substantial funding reductions.

Starting in 2017, all provinces and territories will begin to experience a substantial gap between the cost of health care services and the value of the transfer payments they receive. New research conducted for CFNU shows these cuts will result in a loss of \$43.5 billion over the decade from 2014 to 2024.

Canada's nurses are pressing for a federal commitment to funding 25 per cent of provincial health care budgets by 2025.

Finally, Canadians need a federal government that is prepared to create a health human resources plan for the entire country.

A sustainable health human resources plan would ensure there could be safe and appropriate staffing levels across the health care system. The benefits would include quality, safe patient care, lower nurse turnover and fewer medical errors.

Now is the time for a safe and sustainable health human resources plan – but, to get one, Canadians will need to elect a federal government prepared to take the necessary action. 🍷

CFNU report says cuts in federal health funding may be larger than feared

By Anil Naidoo, Canadian Federation of Nurses Unions

A new report by the Canadian Federation of Nurses Unions indicates reductions in federal health transfer payments may be larger than first feared, leading to a greater strain on provinces already struggling to sustain Canada's public health care system.

"From its inception, health care was intended to be a partnership and a shared responsibility (among) the federal and provincial and territorial governments," said CFNU President Linda Silas in mid-July.

She said the figures in CFNU's report show the Conservative government is not upholding its end of the partnership, explaining "this puts the Canadian health care system in jeopardy."

The cuts are the result of changes from the funding model agreed to in the 2004 Health Accord to a new formula imposed by the federal government that is tied to increases in Canada's GDP.

The report by economic researcher Hugh Mackenzie – called *the Canada Health Transfer Disconnect, An aging population, rising health care costs and a shrinking federal role in funding* – argues these changes mean federal support for health care will

drop to about 19 per cent from the current range of 22-23 per cent.

"The federal government's actions pressure provinces and territories to cut spending on health care," Mackenzie said. "Actions that limit the scope of public health services available to

Canadians risk making private options more attractive and undermine public health care in Canada."

Compared to the Health Accord's 6-per-cent escalator model, the report found that up to \$43.5 billion of health care spending will be cut over the next eight years,

based on economic growth projections. This analysis predicts a loss of \$10.7 billion in funding annually by 2024-2025.

The report calculates the funding shortfall will result in 59 million fewer home care visits, 2.6 million fewer patients served by primary care centres, 7,500 unfunded long-term care beds, and 24,000 nurses not employed.

The report was delivered to Canada's premiers at the Council of the Federation annual summer meeting in St. John's.

CFNU, with which UNA is affiliated, represents close to 200,000 nurses and student nurses in most Canadian provinces. 🍷

"The federal government's actions pressure provinces and territories to cut spending on health care."

– Hugh Mackenzie



CANADIAN
FEDERATION
OF NURSES
UNIONS

WHEN KNOWLEDGE MEETS KNOW-HOW

CFNU asks Canada's party leaders: who will champion health care?



Vote for the health care we deserve.

NEVER before has the Canadian health care system needed a national conversation the way it does now, the Canadian Federation of Nurses Unions told all major national political party leaders in letters sent to them on August 24.

In the letter signed by CFNU President Linda Silas, each leader was asked: “Will you be working with Canada’s premiers and health care stakeholders to guarantee we have a health care system we can be proud of? Will you become the health leader that Canadians are waiting for?”

“Will you be working with Canada’s premiers and health care stakeholders to guarantee we have a health care system we can be proud of? Will you become the health leader that Canadians are waiting for?”

“We are eagerly waiting to hear where you stand,” said the letters to Conservative Prime Minister Stephen Harper, NDP Opposition Leader Thomas Mulcair, Liberal Party Leader Justin Trudeau and Green Party Leader Elizabeth May, written on behalf of the 200,000 nurses across Canada represented by unions affiliated with the CFNU.

“As front-line nurses and patient advocates, it is our responsibility to speak out when we see the long-term health of the people we care for is at risk,” the letters said. “Your platform is built on a vision of a Canada that

works, and we want to see a health care system that works effectively and efficiently for years to come.

“When Canadians are asked about their top priorities for our country, a strong, stable and properly funded health care is always at the top of the charts.”

CFNU’s news release and each of the letters may be read at the CFNU’s website, nursesunions.ca, or United Nurses of Alberta’s, una.ab.ca. More information on the challenges facing health care in Canada can be found at voteforcare.ca. 🇨🇦

Professional Associations
UPDATE
from CARNA

RNs create a vision for the future of nursing in Alberta

CARNA has recently undertaken a project to explore a vision for the future of Alberta’s health-care system and the role of RNs within it. Who better to ask for input than registered nurses themselves?

More than a thousand Alberta RNs took part in an online conversation meant to stimulate your thinking about the future of nursing, the College and Association of Registered Nurses of Alberta reports. You shared more than 3,100 thoughts and assigned more than 90,000 “stars” to each other’s thoughts. The stars were reference to assigning priority to thoughts using the ‘Thoughtexchange’ platform.

The ideas that resonated most strongly with respondents have been sorted by common themes with further analysis to follow.

The consolidated report along with a summary of in-person conversations held earlier this year with registered nurses and members from other health organizations in Alberta is being developed. This report will be presented to CARNA Provincial Council at the end of September and will be subsequently shared with all members.

Thank you to each and every one of the RNs who took part in this consultation. For more information please visit CARNA’s website: nurses.ab.ca. 🇨🇦

Politics:

Health care on Alberta's radar in NDP's first months of power

By Dave Cournoyer
Communication Advisor

ALBERTA politics remains interesting as the province's first new government in four decades starts its term in office.

Huge crowds gathered under sunny skies at the Alberta Legislature on May 24, 2015, to witness the swearing-in of Premier Rachel Notley and Alberta's new cabinet – including Sarah Hoffman, sworn in as Minister of Health and Seniors.

Hoffman is the former chairperson of the Edmonton Public School Board and was elected as MLA for Edmonton-Glenora in the May 2015 election.

“We anticipate a very positive working relationship with Sarah Hoffman, who is an experienced political leader through her past roles with the Edmonton Public School Board, to ensure the expertise and education of Registered Nurses is drawn upon to improve the quality of health care Albertans can expect,” UNA First Vice-President Jane Sustrik said in a statement following the cabinet appointments.

Soon after her appointment, Hoffman announced the NDP government would reinstate nearly \$1 billion in funding to the health care system that was cut by the former Progressive Conservative government.

With a new minister came the appointment of University of Alberta Provost Carl Amrhein as Deputy Minister of Health. Amrhein had been on leave from his position at the university to serve as Official Administrator of Alberta Health Services, a position he also still maintains.

In June 2015, the new government halted plans to restructure AHS's internal organization from five zones into eight to 10 districts. “Every time you have a system change, it creates more chaos and struggle and we want to make sure that we're providing stability,” Hoffman told the media.



Health Minister Sarah Hoffman

Hoffman also announced the government would not go ahead with a proposed plan to expand private laboratory services and cancelled a proposed \$3-billion contract with Sonic Healthcare Ltd., an Australian corporation. AHS announced in late 2014 that Sonic had been selected as the preferred vendor for a 15-year contract to provide hospital and lab services in the Edmonton region.

A provincial budget is expected to be presented to the Legislature in October 2015. MLAs will begin the fall sitting of the Legislature in September 2015. 🍷



United Nurses of Alberta President Heather Smith (centre) and First Vice-President Jane Sustrik (left) present a \$10,000 donation to Canadian Red Cross Western Zone Appeal Manager Shelley Braiden.

UNA Members support relief efforts in Nepal

UNITED Nurses of Alberta supported relief efforts in Nepal following major earthquakes that struck on April 25 and May 12, 2015. UNA's Executive Board approved a \$10,000 donation to the Canadian Red Cross, which was on the ground providing vital support in the region.

The Canadian Red Cross deployed its mobile field hospital and 25 aid workers to Nepal to help alleviate the strain on the local healthcare system. The magnitude 7.9 earthquake caused widespread devastation and resulted in immediate humanitarian needs. 🇺🇦



UNA recognized with two labour communications awards

UNITED Nurses of Alberta is proud to have received two awards from the Canadian Association of Labour Media for content created and published in 2014.

The awards recognizing excellence in labour communications across Canada were presented at the annual CALM conference on June 19, 2015 in Victoria, British Columbia.

UNA's 2014 Labour Day radio advertisement was awarded best audio production and a photo taken by UNA Local 197 member Claire Lizotte during a humanitarian trip to Tanzania and published in the December 2014 edition of UNA's NewsBulletin won in the best photograph by a volunteer category.

A link to listen to the radio ad, which is being used again this year in UNA's Labour day advertising campaign, can be found on the union's website, www.una.ab.ca. 🇺🇦

UNA Communications advisors Dave Cournoyer and David Climenhaga receive CALM award certificates.

'UNA ... Here for Nurses' is the theme of 2015 AGM

THE 38th Annual General Meeting of the United Nurses of Alberta opens in Edmonton on the morning of Tuesday, October 27.

The meeting will be called to order at 9 a.m., and the opening will be followed immediately by an address by UNA President Heather Smith to more than 800 delegates and other participants


The theme of the three-day 2015 AGM is "*UNA ... Here for Nurses.*"

Speakers at this year's AGM will include Stephen Lewis, the Canadian broadcaster, diplomat and former leader of the Ontario New Democratic Party through most of the 1970s.

Lewis, known for his oratory and passion, served from 1984 to 1988 as Canada's Ambassador to the United Nations. From 1995 to 1999, Lewis was Deputy Director of UNICEF, and from 2001 until 2006, he worked as United Nations Special Envoy for HIV/AIDS in Africa. Today, he leads the Stephen Lewis Foundation, a non-profit organization that helps people affected and infected by HIV/AIDS in Africa.



Delegates democratically elected by UNA's more than 30,000 members will also deal with important union business, including approval of UNA's annual budget and elections for first and second vice-presidents and district representatives in all districts.

The AGM, taking place at the at the Edmonton EXPO Centre, will adjourn on the afternoon of Thursday, October 29. 

Thank you to the volunteers and staff for helping make this year's UNA Stampede BBQ a success!

Calgary Stampede UNA BBQ



Hundreds of Calgarians attended UNA's free BBQ during Stampede Week on July 7, 2015, outside UNA's Southern Alberta Regional Office.



UNA Labour Relations Office Martin d'Entremont, Local 1 President Diane Lantz, and Banff-Cochrane MLA Cam Westhead, RN.

New RNs have access to Canada Student Loan Forgiveness Program

REGISTERED Nurses just starting their careers can continue to take advantage of a federal program that forgives a significant portion of student loans for nurses who are prepared to work in rural communities.

An application to the Canada Student Loan Forgiveness Program for nurses, nurse practitioners, family doctors and residents can be made after the applicant has completed working one full year in a designated rural or remote community.

If you are a nurse who qualifies, you could receive up to \$20,000 in Canada Student Loan forgiveness over a maximum of five years (\$4,000 per year). Loan forgiveness will apply to your outstanding loan principal balance after the end of your 12 months of service. You will be required to keep making regular interest payments.

A designated community is defined by the government as a municipality located outside census metropolitan areas, census agglomerations (geographic units) with an urban core population of 50,000 or above, and provincial capitals.

There are more than 4,200 designated rural and remote communities in Canada with populations below 50,000. Designated locations include communities that provide health services to First Nations, Métis and Inuit populations.

Applicants can verify if their community is designated by using the program's postal code look-up tool. Visit canlearn.ca for more information. 🍷

UNA Scholarship deadline on October 15

UNITED Nurses of Alberta will be awarding 10 nursing scholarships of \$1,000 each and one award of \$1,000 sponsored by the Canadian Federation of Nurses Unions for students enrolled in first-year nursing programs in 2015.

The scholarships are to be used for the first year of nursing studies in an approved nursing program in Alberta and they are open to students who are related to a UNA member in good standing.

Applicants must write a short essay that answers the question, "*How does the United Nurses of Alberta advocate for members?*"

Completed applications must be received by the UNA Provincial Office no later than 4:30 p.m. on October 15, 2015. Digital or faxed applications will not be accepted. Application forms can be downloaded at <https://www.una.ab.ca/memberresources/scholarships>.

The awards will be announced in February 2016. 🍷

New approach to Nurse Planner to kick in this year

PLANNED changes to the production of the popular UNA Nurse Planner are scheduled to take place in the next edition.

The pocket-sized planner, which since 1994 has been produced in partnership with a private-sector company, will be produced by UNA on its own this year for the first time.

Over the past two editions, the company has exercised its right under the longstanding contract with UNA to sell advertisements, a change that has created administrative problems and, in a few cases, has been controversial with members.

As a consequence, UNA made the decision last year to produce the planner entirely on its own, with no advertisements. UNA gave notice

under the terms of the contract and the 2016 edition will be the first to be produced in house.

In the long term, this will give UNA Communications staff the opportunity to introduce features desired by members. The Communications department welcomes members suggestions and comments. The 2016 Nurse Planner will contain no commercial advertising. 🍷

Provincial Agreement copies now being distributed to members

UNITED Nurses of Alberta 2013-2017 collective agreement for members employed by Alberta Health Services, Covenant Health, Lamont Health Centre and Bethany Group (Camrose) have been printed and are in the process of being distributed to members.

The Provincial Collective Agreement booklets are sent to central sites for distribution to worksites by Alberta Health Services, so delays are possible.

Unfortunately, errors were found on one page in the first batch of collective agreements received from the printers.

The page is an insert, coloured red, located between pages 157 and 158 in the centre of the booklet. It contains a table of contents for the local conditions for each zone and program. All the errors are contained on the back side of the page.

While these will be corrected in later press runs and in on-line versions of the agreement, UNA will provide a corrected local condition table of contents in the mean time.

The errors include:

- All of the page numbers are incorrect
- Addendum “IX Corrections” is omitted
- Addendum entitled “Alberta Health Services – Edmonton Zone and Covenant Health” should be numbered “X”
- Addendum entitled “Covenant Health” should be number “XI”
- Addendum entitled “Covenant Health: should also list addendums “F,” “G” and “H”
- All of the local conditions following the red page are complete and correct in the printed pages of the addendum. 🍷

UNA members and Revera Inc. ratify new collective agreement

MEMBERS of United Nurses of Alberta and representatives of Revera Inc. ratified a new four-year collective agreement in mid-June

UNA members at three worksites in Calgary and two in Medicine Hat are employed by the Mississauga, Ont.-based company.

Highlights of the agreement, which runs from January 1, 2014, to January 1, 2017, included a 2-per-cent salary increase in the second year and a 2.25-per-cent increase in the third year of the contract.

The agreement also included an increase in RRSP matching contributions to 5.5 per cent on January 1, 2017, a \$200 employer reimbursement for annual professional association fees for all employees who worked 809.1 hours or more in the previous fiscal year and an \$875 lump-sum payment every six months.

There will also be a new 65-cent-per-hour premium for employees who are assigned preceptor duties. 🍷

UNA ratifies new collective agreement with AgeCare Beverly Centre Lake Midnapore

A new four-year collective agreement was ratified in mid-July by members of UNA Local 406 and their employer, AgeCare at Beverly Centre Lake Midnapore in Calgary.

The agreement at AgeCare Beverly Centre Lake Midnapore, which runs until August 31, 2017, included a 3-per-cent salary increase

and annual rate increases matching Alberta Health Services contracts on April 1, 2015, and April 1, 2016, for Licensed Practical Nurses.

The agreement also included a 2-per-cent salary increase on the date of ratification, a 2.25 per cent increase in the second year and a 3 per cent increase in the third year of the contract for Registered Nurses.

Other changes included a \$2,500 signing bonus, a \$150 employer reimbursement for Licensed Practical Nurses and \$200 for Registered Nurses for annual professional association fees and an increase in RRSP matching contributions to 4.5 per cent on January 1, 2016, and 5 per cent on January 1, 2018. 🍷

Treatment of patients with mental issues a concern for nurses

By Dewey Funk
UNA OH&S Advisor

CONCERN is growing about what constitutes a nurses' obligation when dealing with "formed patients" – that is, patients whose treatment or examination for mental issues is documented in legal forms signed by police officers or judicial authorities.

This is a particular concern in rural Alberta, where police response times can be very slow, Alberta Health Services security all but nonexistent and there are reports of potentially dangerous patients subject to such requirements being dropped off at hospitals and left in the custody of nurses.

To make matters worse, there is no consistent policy among Alberta Health Services' five zones dictating the circumstances in which patients subject to a Form 8 (issued by a Family Court judge) or a Form 10 (signed by a peace officer) are left at AHS facilities.

United Nurses of Alberta advocates that a consistent province-wide policy be implemented, and that the policy be designed to ensure the safety of nurses and other health care workers as well as provide needed treatment for patients. Senior AHS officials have committed to meet me to discuss UNA's concerns about the handling of patients subject to these forms.

FORM 8 BACKGROUND

ACCORDING to Edmonton Police Services, a Form 8 is issued by a Family Court Judge. Any person, including a peace officer, family member, or friend may apply to Family Court for a Form 8 to be issued.

The person applying for the Form 8 must appear before the judge to present their evidence regarding the affected person's mental wellbeing. The evidence presented must have been obtained within the previous seven days.


As with a Form 10, evidence produced must satisfy the judge that the potential patient is "suffering from mental disorder" that is "likely to cause harm to the person or others or to suffer substantial mental or physical deterioration or serious physical impairment."

In addition, the evidence may show the person named "is subject to a community treatment order and is not complying with the order."

In the case of a Form 8, the judge may implement a clause allowing peace officers to enter the client's residence to carry out an apprehension.

Edmonton Police Service policy calls for anyone who has received a Form 8 from a judge naming another person to go to an EPS police station and hand the document to the counter staff. A patrol car will then be sent to apprehend the person named in the Form 8.

The person apprehended can then be taken to any designated care facility within the city of Edmonton.

The form remains in effect for seven days before expiring. It can be extended for subsequent seven-day periods only by a court. 

“Formed patients”

patients whose treatment or examination for mental issues is documented in legal forms signed by police officers or judicial authorities



There have also been discussions between UNA and the Edmonton Police Service on this issue.

But in the meantime, issues of concern continue to arise.

According to information I have received from the AHS Central Zone, patients subject to Form 8 and Form 10 are to be sent to a designated Mental Health Facility, accompanied by a peace officer. However, in cases where the designated patient

also requires immediate medical attention, AHS says that any Health Care Facility has a duty to treat them, after which the patient will be sent to a Designated Mental Health Facility.

A peace officer is to stay in attendance while treatment is being done unless medical staff release the peace officer.

My advice to all nursing staff is do not release the peace officer. You are not a peace officer, and you should

not assume that responsibility under any circumstances.

UNA members have also raised through their Occupational Health & Safety Committees concerns about patients being admitted into facilities where there is no security or part-time security when the patients are required to be under 24-hour security watch. Discussions are now at the stage where letters will be going to the CEO to try to reach resolution.

All health care facilities and their staff have duty to provide care. But that obligation does not override the employer's duty to provide a safe workplace for employees as required in the OH&S Act.

In future articles I will provide updates of the discussions with AHS.

On a personal note to all nurses, fall will soon be upon us and is a stressful time of year for working parents as they juggle jobs, their kids' return to school, sports activities and registrations.

So don't forget to take a moment for yourself. Remember, you are an important person and you also deserve to have a bit of time for yourself.

Take a break, stay safe and be healthy! 🍷

FORM 10 BACKGROUND

A Form 10 is written by a peace officer who believes a client is suffering from mental disorder and likely to cause harm to the person or others or to suffer substantial mental or physical deterioration or serious physical impairment, or is subject to a community treatment order and is not complying with the order.

The peace officer must “convey” the individual to a designated care facility where the person will

undergo an assessment by the attending physician.

The term “convey” is a hot topic within EPS as there are different interpretations among members of what that actually means. The Police and Crisis Team (PACT) has discussed the question with EPS legal counsel and has determined PACT members will not leave the hospital until a “proper transfer of care occurs.” This means that until PACT members are relieved by a peace officer or informed by the attending medical staff that they can leave, they are required to remain with the client. 🍷

Chance to volunteer at Irish kids' camp helped Edmonton nurse see beyond 'tubing, lines and machines'

A chance to volunteer at a therapeutic camp in Ireland for children with serious diseases has helped a Pediatric/Neonatal Intensive Care nurse at the Royal Alexandra and Stollery Children's hospitals "look past the tubing, lines and machines I see on regular basis in my line of work."

Jennifer Jaros, a member of UNA Locals 33 and 301 in Edmonton, travelled to Ireland in July with the help of a \$1,000 UNA humanitarian grant to volunteer as a summer Registered Nurse at the Barretstown camp.

Barretstown was founded by Hollywood actor Paul Newman, who died in 2008, in 1994 with the mission to rebuild the lives of children from Ireland, Britain and Europe with cancer and serious blood diseases. The camp includes a castle once owned by actress Elizabeth Taylor, who died in 2011.





The organization’s goal, Jaros explained, “is to inspire children and families to look past their chronic illnesses by means of therapeutic recreation, using activities from horseback riding to high ropes, team building to archery, photography and drama, to fishing and canoeing.”

Jaros volunteered as a member of the “Med Shed” team. “The best part was seeing these children regaining their strengths and confidence. ... This experience has given me the opportunity to grow not only professionally but also personally.”

“This camp has taught me that medically we treat the disease but camp treats the child,” she wrote. “It brought tears of joy to my eyes to see these children being able to laugh and play with their peers in an environment designed to help them overcome their fears.”

More information on the organization can be found at www.barretstown.org. 🍷

Clockwise from top left: Jennifer Jaros at Jim’s Place, one of the facilities at Barretstown; Jaros with her sister, Jolene Szybunka, at the castle door; at the Cliffs of Moher in County Clare; the Barretstown dining hall; a sheep on the Barretstown grounds; volunteer nurses from Spain, Ireland and Canada; and, centre, another shot of Barretstown.



Plenty can be done to ready your home for winter

WHEN winter comes, North American families waste a lot of increasingly expensive energy just keeping their homes comfortable. Estimates suggest that between 40 and 70 per cent of home energy is wasted! If you have to use your doors, you can't eliminate all wastage, but you might be able to cut those numbers in half. Of course, upgrading to energy-efficient appliances can make a big difference. But here are some additional simple and inexpensive winterizing home energy savers from the EarthShare website – found at www.earthshare.org.

Cover your air conditioner: If you have a window unit you can't remove, consider covering it inside and out to keep cold air from leaking through the unit.

Caulk small gaps and spaces: Cracks and holes around windows, pipes and wires create gaps through which cold air can flow. Caulk them with inexpensive products and get more efficient heating as a result.

Regular furnace maintenance: If you have a forced air furnace, clean or change the furnace filter monthly. Consider a professional cleaning once a year to improve efficiency.

Upgrade your thermostat: Changing your thermostat to a programmable one lets you control the temperature in your home at different times of the day, even when you're not home. You can keep the heat low at night or when you're away, and higher in the evenings and on weekends. Units range from about \$20 to \$200 at many hardware stores and can save 10 to 12 per cent on your energy bill.

Weatherstripping: Create a tight seal around all your windows and doors to reduce heated and cooled air from escaping outside. Weatherstrips are plastic, foam, felt or rubber strips that fit around window and door frames with a self-adhesive backing. Prices vary, but are normally well under \$20 for a roll. 🍷

Green corner, on environmentally friendly topics likely to be of interest to UNA members, is brought to you by the Advocacy and Engagement Committee.

UNA and CARNA join forces on awareness campaign

LEADERS of United Nurses of Alberta and the College and Association of Registered Nurses of Alberta met on August 27 in Edmonton to begin discussions about a co-operative awareness campaign that would emphasize the unique contributions made to health care by registered nurses.

As a union and regulatory college respectively, UNA and CARNA have different missions, but both organizations have a similar perspective on the essential role that must be played by RNs as key members of the professional health care team, said UNA President Heather Smith.

“We see great value in building public awareness and member

engagement around the huge contribution RNs and nurses of all types make as highly educated professionals trained in observation and critical thinking,” said Smith, who attended the meeting with UNA First Vice-President Jane Sustrik.

CARNA CEO Mary-Anne Robinson was unable to attend the meeting but supports working with UNA on this important initiative. “We hope we can find ways to build understanding in the health care system and among the public of the unique contributions of Alberta's RNs,” said Robinson.

“We need to make the invisible visible,” observed CARNA Policy and Practice Director Carolyn Trumper.

“The Uniquely RN project we undertook this spring showed that RNs currently feel invisible and under-appreciated in the workplace.

Among the initial steps planned by the UNA-CARNA working group will be a collaborative look for messages and images that work for both organizations, the use of that messaging in a future structured awareness campaign and the use of focus groups to test the reception of proposed messages among nurses and the public.

UNA members are encouraged to offer their thoughts on messages and strategies for raising awareness about the unique qualifications and contributions of Registered Nurses. 🍷

British Nurses attend a ceremony in Jasper National Park on August 24, 2015, honouring the memory of nurse Edith Cavell.



British group visits Jasper to honour Edith Cavell, raise funds for nurses in crisis


THIRTY-FIVE nurses and nursing students from the United Kingdom accompanied by family members were in Jasper in late August to celebrate the life of nurse Edith Cavell and raise money for a British charity that supports nurses and other health professionals in financial or personal crisis.

In all, about 70 members and supporters of the Cavell Nurses' Trust visited Jasper National Park from August 22 to 29, as part of the ongoing centennial commemorations of the death of Edith Cavell, who was shot by a German Army firing squad on October 12, 1915, for helping Allied soldiers escape from occupied Belgium.

On August 24, the British group laid a wreath at the base of Mount Edith Cavell, 23 kilometres south of the Jasper town site. That event was attended by representatives of United Nurses of Alberta, including President Heather Smith, First Vice-President Jane Sustrik and Second VP Daphne Wallace, which later hosted a lunch at the Jasper Park Lodge for the visitors.

Penhale, Operations Director of the Cavell Nurses' Trust, said the group was "excited to be holding our first international challenge at such a fitting location. We want to recognize the bravery of Edith Cavell but more

importantly we want to raise vital funds to help today's nurses, health care assistants and midwives are facing difficult times." The group has called for a doubling of the number of nurses in the United Kingdom.

Mount Edith Cavell was named in 1916, after the death of the British nurse became an international *cause célèbre*, which did no good for the German war effort. The Cavell Nurses' Trust was established in 1917. More information on the fund-raising effort can be found on the trust's website, cavellnursestrust.org. 



UNA President Heather Smith lays a bouquet of roses at the trailhead of Mount Edith Cavell in memory of the mountain's namesake.

PENSION UPDATE

UNA members encouraged to police their pension statements for errors

UNITED Nurses of Alberta members contributing to the Local Authorities Pension Plan are encouraged to check the accuracy of their pension contribution annual statements.

The employer reports pensionable salary and pensionable service information to the LAPP and also mails employees an annual statement in April. This statement reports the total amount of pensionable service remitted to LAPP by the employer in the previous year.

A full-time employee should earn a full year of pensionable service in a calendar year, and this will be expressed on the statement as "1.000 years."


If the statement reports less, it is important that the amount be reconciled. So, for example, if the statement shows a full-time employee with only 0.9960, it means that there is one workday of pensionable service missing. Each day missed is an average of .004 of a full year of service.

UNA has noted that for some full-time employees, statutory holidays have been miscoded as a payout rather than time in lieu. This coding error has reduced their pensionable service to below 1.000.

A part-time employee's pensionable service should equal the amount of time paid at straight time including work days, sick days, vacation

days, days off in lieu of overtime, and professional development days. For example, an employee working 0.5 FTE who regularly works one additional shift per week, for a total 0.7 FTE, should receive a statement showing .7000 of a year of pensionable earnings.

Please review your annual statements for accuracy. Adjustments are much easier to make now than when you are ready to retire.

If you have any questions or concerns, please contact your UNA local executive or Labour Relations Officer at 1-800-252-9394. 



UNA congratulates retiring UNA activists Liz Amadio, Holly Heffernan and Alan Besecker. Amadio, former president of Local 221 at the Colonel Belcher Centre in Calgary, is pictured above right with Second Vice-President Daphne Wallace and Local 221 President Carol Anne Friesen. Besecker is shown at left with Secretary-Treasurer Karen Craik and First VP Jane Sustrik. Heffernan is pictured in the inset photo. Besecker and Heffernan served for many years as members of the UNA Executive Board.

Know *your* Rights

Report from Director of Labour Relations **David Harrigan**



Proof of illness rules and on-call pay for meal breaks prompt member queries

UNITED Nurses of Alberta Labour Relations Officers often receive queries from members about requirements for submitting proof of illness to employers and pay for being on call during meal breaks.

Proof of illness requirements

Under Article 19.04 Provincial Collective Agreement, employees requesting sick leave may be required to submit proof to their employer and its agents of any illness, non-occupational accident or quarantine when circumstances make it reasonable to do so.

Employees should be cautious about providing the employer with access to personal medical information.

If an employee is applying for short-term or long-term disability, they may be required to submit satisfactory proof to the agent of the employer, or the insurance company when circumstances make it reasonable to do so.

If an employer requires an employee to provide proof of illness, such as a physician's note, the employer must reimburse the employee for any costs to obtain that information.

Employees should be cautious about providing the employer with access to personal medical information. The employer could attempt to use the information to limit sick leave. An employee is not obligated to sign any medical information release form for the employer.

Pay for meal breaks when on call

Situations often develop in UNA workplaces in which nurses are required to be available to work during their scheduled meal breaks, which means they are unable to leave the building during their meal breaks.

Meal breaks are normally not counted when the employee's hours of work are calculated. Under Article 7.01 (c) of the Provincial Collective Agreement, an employer is permitted to make such a demand, but with two important conditions:

- First, the employee must be advised in advance of the requirement to be available.
- Second, employees must be paid for meal periods when they have received such a notification and are therefore unable to leave the building. They must receive this pay even if they are not called to work.

UNA has recently published Spotlights on both these questions, available from the UNA website, www.una.ab.ca, or the UNA iPhone app. 🍷

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