



NewsBulletin

FALL 2016 VOLUME 40, NUMBER 3



CFNU Secretary-Treasurer Pauline Worsfold, who hails from UNA, met with Alberta Premier Rachel Notley during the Canadian premiers' meeting in Whitehorse, Yukon, on July 21.



HARRIGAN
reappointed
to LRB

-PAGE 11

Public unions must bargain
'essential services' pacts

-PAGE 6

Nurses serve premiers facts on pharmacare

PAGE 3

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UNA's 39th year marks the start of a new era bargaining

This year, UNA's 39th year as a labour union, is an important one for UNA members.

First of all, this autumn we are entering another round of bargaining for UNA's Provincial Collective Agreement. As you are aware, the Provincial Collective Agreement sets the pattern for most other UNA collective agreements, so negotiating a new one makes for an extremely important round of bargaining.

Some significant things have also changed since our last bargaining round.

First, we have a new provincial government that is more sympathetic to unions and the idea of collective bargaining. So we do not expect the attacks on our pensions or working conditions outside the collective bargaining process that we have encountered in the past.

However, this good news comes at the same time as a significant downturn in the provincial economy as a result principally of low international oil prices. This means that our largest employer, Alberta Health Services, and the Government of Alberta are both under heavy pressure because of declines in royalty and other revenues. Unemployment province-wide is at or near record levels,

So we will go into our Annual General Meeting on October 25-27 and then our pre-negotiations Demand Setting Meeting on November 22-24 with these political and economic factors very much in mind.

Complicating matters further, 2016 is the first year of a new era in Canadian labour relations. Canadian governments in general and the government of Alberta in particular have been told by the Supreme Court of Canada that blanket bans on strikes and other impediments to fair collective bargaining are unconstitutional.

This will require new thinking by our public sector employers, our UNA bargaining teams and our members. The Alberta Government has passed essential services legislation designed to meet the standards set by the court, and public sector unions now face the arduous and important task of negotiating essential services agreements, workplace by workplace.

Doing this at the same time as we commence a round of bargaining for a new Provincial Agreement will make for a challenging and significant year. Now, as ever, the strength and solidarity of UNA's membership is vital to our success.

In Solidarity,

Heather Smith

President, United Nurses of Alberta

Nurses served up the facts on pharmacare to premiers in Whitehorse



Alberta Premier Rachel Notley and seven other provincial Premiers joined the leaders of Canada's Nurses Unions on July 21 in Whitehorse, Yukon, for a discussion about the need for a National Prescription Drug Plan. A national pharmacare plan could save Canadians between \$9 to \$11 billion each year that could be reinvested back into front-line health care. The premiers were meeting in Whitehorse for the annual Council of the Federation conference. (Photo credit: Tracy Zambory)

- Representatives of the Canadian Federation of Nurses Unions served up the facts on pharmacare with breakfast for eight Canadian premiers at the Council of the Federation meeting in Whitehorse on July 21.

In addition to Alberta Premier Rachel Notley, the breakfast was attended by Manitoba's Brian Pallister, Ontario's Kathleen Wynne, Yukon's Darrell Pasloski, New Brunswick's Brian Gallant, Nova Scotia's Stephen McNeil, P.E.I.'s Wade MacLauchlan and Newfoundland and Labrador's Dwight Ball.

The event was skipped, however, by Christy Clark of B.C., Brad Wall of Saskatchewan, Bob McLeod of the Northwest Territories, Peter Taptuna of Nunavut, and Phillippe Couillard of Quebec.

Conversation at the breakfast featured remarks by Dr. Steve Morgan, professor of health policy at the University of British Columbia School of Population and an expert in pharmaceutical policy, and Dr. Ruth Lopert, a former senior official in the Australian government.

CFNU President Linda Silas noted before the meeting that Canada is "the only country with a universal public health care system that does not provide

"The long overdue solution is a national prescription drug plan, often called pharmacare.

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CANADIAN
FEDERATION
OF NURSES
UNIONS

WHEN KNOWLEDGE MEETS KNOW-HOW

□ CONTINUED FROM PAGE 4




universal coverage of medicines,” even as one in 10 Canadians can’t afford to fill their prescriptions.

“Each day people in this country are being forced to choose between feeding their families and filling their prescriptions,” Silas said. “Every day nurses experience the dangers of the difficult decisions health employers and provincial/territorial governments have to make when the money runs out for health care services in our communities. People suffer while the price of prescription drugs continue to skyrocket.”

The long overdue solution is a national prescription drug plan, often called pharmacare.

Evidence from Australia shows that a national approach to pharmacare would reduce the burden on provinces and territories, increase access to medicines in all regions, and save billions of dollars every year. Canadian research shows that citizens, businesses and health professionals strongly support a national pharmacare plan.

“Pharmacare is the kind of feasible, transformative change in Canadian health care the federal government says it is willing to invest in,” Dr. Morgan said. “But we need action from all levels of government to make this happen.” 

UNA Local 420 ratifies first contract with South Country Village


■ After eight months of negotiations, a first collective agreement has been ratified by members of United Nurses of Alberta Local 420 employed at the Sunnyside facility owned by South Country Village in Medicine Hat.

Local 420 was formed shortly after Registered Nurses at Sunnyside voted to join UNA in late 2015. At that time, the employer provided voluntary recognition of UNA’s representation of the LPNs at this worksite, allowing them to be included in these negotiations.

The new contract, which will expire in September 2018, includes:

- Portability of seniority for Registered Nurses
- A salary grid equal to UNA/AHS for RNs, equal to AUPE/AHS for LPNs
- Three professional development days per year per employee
- Reimbursement of \$150 for CARNA or CLPNA fees

- Creation of a Joint Employer-Union Professional Responsibility Committee to address employee concerns regarding resident care
- Normal cost sharing of benefits for 12 weeks past health related portion of maternity leave
- The ability of employees to request to increase or decrease to Full-Time Employment which cannot be unreasonably denied
- An education allowance of \$1.25 for Baccalaureate holders retroactive to September 2015
- Lump Sum payment of \$1,000 (prorated for part time and casual)

UNA provides a wide range of services to its members. A key role is negotiating the excellent collective agreements that regulate salaries, benefits, schedules and working conditions of members. UNA also administers its agreements to resolve disputes, improve working conditions and protect nurses’ workplace rights. 

Local 420 was formed shortly after Registered Nurses at Sunnyside voted to join UNA in late 2015.

UNA MEMBERS SELECT Provincial Bargaining Committee

UNA has chosen its bargaining committee and scheduled its province-wide Demand-Setting Meeting for the upcoming round of Provincial Collective Agreement bargaining for November 22-24, 2016, in Edmonton.

The Demand-Setting Meeting is one of the key moments in any round of UNA bargaining, especially for the pattern-setting Provincial Collective Agreement between the union and the group of employers comprised of Alberta Health Service, Covenant Health, Lamont Health Care and The Bethany Group (Camrose).

The current agreement expires on March 31, 2017.


At the Demand-Setting Meeting, about 800 elected delegates and observers from all UNA locals, will discuss and vote on ratification of the proposal package developed by the Bargaining Committee after considering ideas submitted by UNA members.

The current agreement expires on
March 31, 2017.

After the Demand-Setting Meeting, there will be a general membership vote to ratify the proposal package for negotiations, which are expected to commence in late January 2017.

This lengthy process ensures that the proposals taken to the bargaining table have the democratic support of UNA's membership.

UNA considers collective bargaining as one of its key jobs and is proud of its successes at the bargaining table over the years – greatly improving wages, benefits and workplace conditions for all members.

No UNA agreement ever takes effect before the members whose working lives it affects have the opportunity to vote on it in a democratic vote. UNA's collective agreement with AHS must be passed by both a majority of eligible individual members and locals. 

The following individuals were chosen at District Meetings held across Alberta to represent UNA members at the bargaining table:

South District

Malcolm Weisgerber

Local 82 (Fort MacLeod Health Centre)

Melinda Skanderup

Local 126 (Palliser Community)

North Central District

Jens Gundermann

Local 301 (University of Alberta Hospital)

Jamie Suchan

Local 183 (Alberta Hospital-Edmonton)

Central District

Heather Venneman

Local 43 (Olds Health Centre)

Gail Pederson Todd

Local 38 (Wainwright Health Centre/Hardisty Health Centre)

North District

Lisa Hein

Local 37 (Queen Elizabeth II Hospital)

Gwen Prusak

Local 207 (Peace Community)

South Central District

Diane Lantz

Local 1 (Peter Lougheed Centre)

Leslie Perry

Local 119 (Canmore General Hospital)

AGM 2016

United Nurses of Alberta is holding its annual general meeting will be held on **October 25, 26 and 27, 2016** at the Northlands Expo Centre in Edmonton. Visit una.ab.ca for more information.

The next round of **UNA District Meeting dates** has now been scheduled. District Meetings will take place as follows:

- Friday, Sept 23: North Central District, in Edmonton
- Wednesday, Sept 28: South District, in Lethbridge
- Tuesday, Oct 4: North District, in Grande Prairie
- Thursday, Oct 6: South Central District, in Calgary
- Thursday, Oct 13: Central District, in Camrose

UNA and other public sector unions must now negotiate 'essential services' pacts

■ UNA and other Alberta public sector unions now face complicated negotiations in 2017 related to essential services legislation passed by the Alberta government last spring.

The law, which was made necessary by recent Supreme Court of Canada rulings, lifts the province's blanket strike ban on public sector employees and opens the door to potential labour disputes by roughly 150,000 unionized workers who come under 77 collective agreements across Alberta, including members of UNA

Bill 4, *An Act to Implement a Supreme Court Ruling Governing Essential Services*, was passed on April 7 and became law on May 27.


UNA supported the legislation because it will protect both the public and patients while respecting the constitutionally protected rights of health care workers.

However, before public employees can strike or even negotiate new collective agreements, the law requires unions and employers to have an "essential services agreement" in place to ensure the safety of Albertans before job action is taken. UNA has always provided essential services during past job actions.

The agreements, which must be negotiated for each worksite, will determine which workers are needed to maintain vital services, and therefore must stay on the job during a strike or lockout. In the case of nurses, the agreements are expected detail how many employees are required to keep basic hospital, community and emergency services running.

The proposed legislation will also ban the use of replacement workers for groups covered by an essential services agreement.

Alberta passed laws in 1983 removing the legal right to strike from all of the province's hospital workers, including nurses. Since then, UNA has argued that nurses have the right to strike with reasonable measures to guarantee essential services as part of the collective bargaining process.

Recent rulings from the Supreme Court of Canada and the Court of Queen's Bench of Alberta upheld UNA's premise and constitutionally protected the right of all workers to strike until such time they are deemed by the government, employer and union to be providing an essential service. The Supreme Court ruling also said that such essential services rules could not be designed to render strikes ineffective. 

Since 1983, UNA has argued that nurses have the right to strike with reasonable measures to guarantee essential services as part of the collective bargaining process.



On March 15, 2016, UNA Secretary/Treasurer Karen Craik and First Vice-President Jane Sustrik were present at Alberta's Legislative Assembly to mark the introduction of Bill 4, a new Essential Services law that would replace the law UNA has opposed since in 1983. Bill 44 was the Lougheed Government's legislation.

UNA a proud sponsor of the Rainbow Society annual golf tournament

United Nurses of Alberta is a proud sponsor of the Rainbow Society of Alberta annual golf tournament, which took place at the Ranch Golf and Country Club on July 8, 2016.

Over the past 28 years of sponsorship, Alberta's Nurses have helped the Rainbow Society raise more than \$480,000 in support of their programs, which grant wishes to children across Alberta who have been diagnosed with a life-threatening or severe chronic medical illness. 🌈



UNA First Vice-President Jane Sustrik and Rainbow Society of Alberta Executive Director Craig Hawkins

Setting the record straight on WCB timelines

In mid-August I attended a meeting of the Joint Workplace Health and Safety Committee during which incorrect information about timelines for reporting workplace injuries and disease to the Workers' Compensation Board was recorded in the minutes.

The committee is made up of representatives of employers and unions who represent employees.

My goal now is to correct this misinformation and inform UNA members about the proper timelines for reporting that are set out in the *Workers' Compensation Act*.

Under Section 26 of the Act:

- Employees have two years from date of injury or when they become aware of an illness to report the injury or illness
- Employers have 72 hours to report from when they become aware
- Physicians have 48 hours upon attendance of the worker to report

Under the same section of the Act, if an injured worker fails to report an accident within the legislated time frame, the Workers' Compensation Board may

not be required to pay compensation, although it can still do so if it is satisfied there were reasonable and justifiable grounds for the report not being filed in time.

So it is vitally important if any UNA member is injured or becomes aware of having contracted a work-related disease, that they report the circumstances to the WCB and to their employer as quickly as possible. Reporting the injury at a later date could result in the WCB claim becoming more difficult to get approved.

If an injured employee needs the services of an Occupational Injury Service, Section 84 of the Act allows for the employee to select a physician. Even though OIS providers have a contract with WCB to provide medical services to injured workers, employees have the right to select their own medical provider.

Should the employee need medical assistance for a work-related injury, they have an obligation to go to a medical centre that can provide treatment within an expedient timeframe. So if you learn your physician is unable to provide treatment in an expedient time, you are able to seek treatment from a hospital emergency department or a medical clinic. 🌈

By Dewey Funk
UNA Occupational Health
& Safety Advisor



UNA PROPOSES SOLUTIONS TO HELP fix Alberta Workers' Compensation system

UNA's submission outline key changes to governance, effectiveness, principles and policies.

- On July 14, United Nurses of Alberta sent 17 recommendations in an official submission to the Alberta government's review of the Workers' Compensation Board.

The Workers' Compensation system has gone badly astray in Alberta over the past 24 years and UNA believes this trend must be reversed. Unfortunately, we can no longer expect the Board with its deeply entrenched corporate values to reform itself. Positive change can only result from a new legislative mandate.

UNA's submission outline key changes to governance, effectiveness, principles and policies that the union believes are essential to ensuring the system's sustainability into the future.

Accordingly, United Nurses of Alberta recommends implementation of the following 17 measures:

1. Amend *the Alberta Workers' Compensation Act* to fully return to the no-fault, prompt- income-replacement model that served Alberta working people well for 78 years.
2. Restore the original vision of the Alberta Workers' Compensation Board so that its guiding principle is the welfare of injured workers, not the reduction of employer costs by denying benefits or forcing injured workers to return to work too quickly.
3. Amend the Act to require the WCB governing Board to be appointed by the Legislature, not the cabinet.
4. Include in the amended legislation the creation of the position of WCB Ombudsman completely independent of the WCB Executive and with the power to compel the Executive to respond when a ruling goes against the WCB appeals process.
5. Ensure through amendments to the legislation that the presumptive assumption of Post Traumatic Stress Disorder injuries is extended to include nurses, jail guards, social workers and all other front-line first-responders in the health care system.
6. Amend the Act to extend the definition of compensable injuries to include cumulative work-related stress, not just traumatic stress.
7. End the practice of cash incentives to employers for low accident-reporting rates, which inherently includes a perverse incentive to discourage injured workers from reporting their injuries.
8. Explicitly restore to the WCB the mandate to promote the well-understood connection between injury prevention and Occupational Health & Safety programs.
9. End the cap on compensation or raise it appropriately to reflect the real wages paid to workers in Alberta, a particular concern to skilled workers such as trades people and nurses.

10. Include provisions to properly monitor the return-to-work process and ensure an injured worker's own physician is properly consulted. This change should include a requirement to share with the injured worker's physician any medical documents and images such as MRI, CT scan and X-ray reports.
11. Discourage the practice of using approval or rejection of appeals as a measure of job performance for WCB Case Officers assigned to handle first-level appeals.
12. Maintain the current system of accepting first-level appeals in verbal format. Note that in the past the WCB Executive has attempted to require all Level 1 appeals to be submitted in written form, a move that would effectively deny certain populations access to Workers' Compensation.
13. Maintain the physical separation of WCB appeal advocates from other WCB staff in office premises that are remote from one another, to prevent undue pressure to deny appeals.
14. Enable WCB the ability to enforce workplace accommodation for employees returning to work.
15. Ensure WCB surgical and other services are maintained in the public health care sector.
16. Adjust wage rates paid to employees under WCB to reflect current collective agreement salary grids, not rates from the date of the accident.
17. Amend the WCB Regulation to include employer-paid pension and extended health benefits in the calculation of net earnings. 🍷

UNA selects Johnson Insurance to administer optional benefits program

- United Nurses of Alberta has selected Johnson Insurance to administer the residential and auto insurance benefits program for members and their immediate family members.

The optional UNA-sponsored program includes significantly discounted home and auto insurance rates that are not available to the general public. Call 1-866-285-1054 for an insurance quote. 🍷

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Most UNA collective agreements include an option for members in regular positions to pay 2% into an RRSP.

If you sign up, your employer has also agreed to pay you an extra 2% into your RRSP.

For a newly graduated nurse working full time, the employer's contribution alone equals an additional \$1,400 a year, that otherwise will not be paid.

There's no barrier to joining immediately if you are in a regular position. So why wait? Don't forget to take your money!



UNA welcomes Marie Dancsok back as Edmonton-based LRO



Marie Dancsok

In the 1980s, Dancsok helped organize UNA Local 183 at Alberta Hospital Edmonton and was later president of the local.

■ United Nurses of Alberta was pleased in July to welcome back Marie Dancsok – this time as a Labour Relations Officer in the Provincial Office in Edmonton.

In the 1980s, Dancsok helped organize UNA Local 183 at Alberta Hospital Edmonton and was later president of the local.

“I’m excited to be back with my old friends at UNA, and delighted to be living in Edmonton again,” said Dancsok, who most recently spent 13 years as Vocational Services Co-ordinator at the Regina Mental Health Clinic.

Dancsok has a psychiatric nursing diploma and spent 25 years in the field in Canada and abroad. She also has a Masters degree in Community and Disability Studies from the University of Calgary and taught English in Asia.

Her mental health practice has been complemented by working for organized labour as a labour relations officer and vocational rehabilitation counsellor.

For the past seven years, Dancsok worked on the development of recovery oriented services and has been instrumental in developing consumer-inclusion policies and tools.

Dancsok has been an active member of the Mental Health Commission of Canada’s Workforce Advisory Committee and continues to be involved with the commission. She played an important role in the advancement of the Canadian Standards Association’s Psychological Safety Standard and implementation of the standard in her previous workplace. 🍷

Application forms for 2017 Nursing Education Scholarships now available

■ Application forms are now available on the UNA website for the 2017 Nursing Education Scholarships.

Applications must be delivered to the UNA Provincial Office by postal mail or by hand no later than 4:30 p.m., October 15, 2016. Digital and faxed applications will not be accepted.

UNA annually awards Nursing Education Scholarships to assist Nursing Students in first year studies at approved nursing programs in Alberta.

To qualify, applicants must be related to a UNA member in good standing, complete and submit the application form – a

link to the application form is found at <http://www.una.ab.ca/memberresources/scholarships> – and write a short essay.

The essay must be of about 250 words, typed on one side of an 8.5-by-11-inch piece of paper, double spaced, in 12-point Times typeface. It should answer the question: “How does the United Nurses of Alberta advocate for members?”

In 2017, UNA will award 10 scholarships of \$1,000 each and one award of \$1,000 (sponsored by the Canadian Federation of Nurses Unions).

The awards will be announced in January or February 2017. 🍷

COMING SOON: New learning opportunities for RNs

Professional Associations
UPDATE
from CARNA

- This fall, CARNA will introduce a new line of educational opportunities including case studies, online modules, webinars and more.

CARNA's goal is to advocate the unique RN and NP role in leadership and knowledge in infection prevent and control toward improved patient care and optimal population health. So to kick off CARNA's new line of educational programming, they will be offering online learning modules for leadership and for infection prevention and control.

Also this fall, CARNA will be introducing case studies that highlight and bring Registered Nursing standards, guidelines and policy decisions to life. Our areas of practice may be specialized, however your nursing practice needs to be consistent with CARNA standards and legislative requirements.

CARNA case studies will present short, realistic situations where you will have the opportunity to assess, analyze, discuss and strategize a best outcome utilizing your knowledge and experience.

These new learning tools will help you to take charge within your care teams and achieve the best outcomes for your patients. They might also provide you with another option to help you meet the learning goals of your continuing competence learning plan.

All of these educational tools will be free to access and available online at any time. CARNA will notify its members via its monthly e-newsletter, social media pages and website (nurses.ab.ca) when new learning opportunities become available. 🍷

CARNA's goal is to advocate the unique RN and NP role in leadership and knowledge in infection prevent and control toward improved patient care and optimal population health.

UNA's David Harrigan reappointed to Alberta Labour Relations Board

- United Nurses of Alberta Director of Labour Relations David Harrigan has been reappointed to the Alberta Labour Relations Board for a term to expire on July 17, 2019. Harrigan has served on the LRB since he was first appointed in 2010. He will continue his role as Director of Labour Relations with UNA.

Newly appointed to the LRB is former Manager of Labour Relations Kris Farkas, who retired from her role with UNA in December 2015. She will serve on the board for a term set to expire on July 23, 2019.

The appointments were recommended by Minister of Labour Christina Gray and made official by the provincial cabinet on July 8, 2016.

Jeannine Arbour, the Manager of Labour Relations for UNA's Southern Alberta Regional Office in Calgary, was appointed to the LRB on January 27, 2016.

The Alberta Labour Relations Board is the independent and impartial tribunal responsible for the day-to-day application and interpretation of Alberta's labour laws. 🍷

David Harrigan



Even short-term employees should opt into LAPP: UNA

LAPP membership among nurses working between 14 and 30 hours per week fell from 65 per cent in 2010 to 20.5 per cent in 2015.

■ Troubling recent statistics provided to United Nurses of Alberta by Alberta Health Services show there has been a dramatic decline in optional enrollment in the Local Authorities Pension Plan over only five years by new hires who are not required to join the plan.

The AHS statistics indicate LAPP membership among nurses working between 14 and 30 hours per week, who have the option to join but for whom membership is not mandatory, fell from 65 per cent in 2010 to 20.5 per cent in 2015.

UNA believes it is a serious mistake for nurses in this position not to join LAPP, even if they believe they will not remain with a LAPP employer throughout their career. So this development is bad for the pension plan, but potentially worse for the members who don't join it.

LAPP membership is available to nurses who work at Alberta Health Services, Covenant Health, Capital Care Group, St. Michael's Long-Term Care in Edmonton and at the Dr. Gerald Zetter Centre site only of the Good Samaritan Society.

With 35 years of pensionable service in LAPP, an employee who retired in 2016 would have a pension of approximately \$4,500 per month for the rest of her life, with a yearly cost-of-living adjustment based on 60 per cent of the Alberta Consumer Price Index. This nurse's employer would also be required to make a contribution to her pension.

By contrast, an employee investing on her own with a target of unindexed retirement income of \$4,500 per month at age 65 would require savings of close to \$1

million to achieve that income. Needless to say, such a personal savings strategy requires enormous discipline. The employer saves money on every employee that does not participate in LAPP.


Employees enrolled in LAPP can collect a pension as early as age 55.

But even if the employee intends to leave her LAPP employer, there is still an opportunity for her to extract good value from this public sector defined-benefit pension plan.

An employee who contributes to LAPP for only two calendar years and then wishes to withdraw her pension assets before she is 55 will receive the "commuted value" of her pension. That is the sum of money that, if invested today, would generate the same monthly cash flows as her LAPP pension.

Such employees receive fair value for both their own contribution and their employer's. The government requires that a portion of such pension payouts be transferred to a locked-in retirement account.

LAPP membership is mandatory for nurses who work more than 30 hours per week.

For more detailed information on the LAPP, UNA members should visit the plan's website at lapp.ca or contact UNA Labour Relations Officer Richard West at the UNA Provincial Office. 

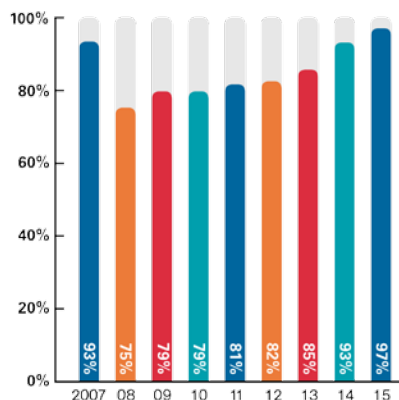
For more detailed information on the LAPP, UNA members should visit the plan's website at lapp.ca or contact UNA Labour Relations Officer Richard West at the UNA Provincial Office.

97% funding level exposes Tory fearmongering in 2015

- Alberta’s Local Authorities Pension Plan has hit 97 per cent funding only two years after Conservative Government led by premier Jim Prentice tried to gut it over claims that the plan was unsustainable.

On July 14, Alberta’s largest pension plan – the Local Authorities Pension Plan, commonly known as LAPP, which provides pension coverage to almost 250,000 working and retired Albertans – released figures showing it is now close to being fully funded.

Funding Status
(% funded by year)



According to the LAPP’s latest 2015 Audited Financial Statements, the plan now has 97 per cent of the funds necessary to cover its long-term obligations – up dramatically from 85 per cent three years ago.

Just two years ago, the Conservative government of Alberta tried to convince Albertans that this plan was doomed, said the Alberta Federation of Labour in a news release. “They argued that defined-benefit pension plans were

unsustainable,” Alberta Federation of Labour president Gil McGowan said. “They even brought forward legislation that would have slashed benefits and would have undermined the retirement security of thousands of Albertans. We said at the time that the legislation was unnecessary. And this report has proved us right.”

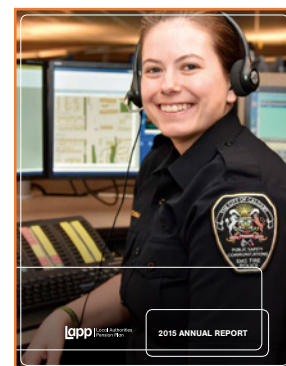
Prentice eventually backed away from the attack on public-sector pensions, which began under premier Alison Redford, in the face of unprecedented public protest and after being presented with evidence that the plans were, in fact, well on the way to recovery without cuts to benefits.

“The next time right-wing fearmongers try to panic Albertans into making unjustified concessions and swallowing unnecessary cuts, I hope we all remember how wrong they were when they claimed our pensions were insolvent,” McGowan said. “This also makes it abundantly clear that Alberta’s public-sector pensions need to have independent joint governance – like the pension plans in every other province in Canada – so that governments can’t make unilateral decisions that affect workers’ retirement savings.”

LAPP is the second pension plan in recent weeks to show that Conservative attempts to undermine pensions in Alberta were ill-founded. The Public Sector Pension Plan – which had also been targeted by the Redford government – released an audited annual report in June showing that it was 99 per cent funded. 🐾

Just two years ago, the Conservative government of Alberta tried to convince Albertans that this plan was doomed.

Alberta Federation of Labour



LAPP 2015 Annual Report:
www.lapp.ca/about/publications/annual_reports/LAPP_Annual_Report_2015.pdf

RNs may not be replaced by LPNs as nurse on duty in nursing homes, arbitrator rules

In his decision, David Jones agreed with UNA's position that the Regulation strictly defines nurse.

■ A ruling by Arbitrator David Jones in a dispute between United Nurses of Alberta and an Edmonton nursing home operator has upheld the union's interpretation of the *Nursing Homes Operation Regulation*, which requires such facilities to have a Registered Nurse, Certified Graduate Nurse or Registered Psychiatric Nurse on the premises 24/7.

Since Licensed Practical Nurses are not defined as “nurses” in the Regulation to the Nursing Home Act, Jones said, an LPN may not replace the on-site duty nurse.

“Residents in Nursing Homes will continue to have the expertise of RN care 24/7,” said UNA Labour Relations Officer Shaun Emes, who presented the union's arguments. “An RN must be on site at all times.”

The dispute arose from the interpretation by the employer, the Edmonton Chinatown Care Centre, that the Nursing Homes Operation Regulation permitted the employer to replace an RN with an LPN if no RN was available and if an RN, usually a manager, could be on call at another location.

This situation arose 10 times between August 20, 2014, and November 2, 2015, and UNA filed grievances on each occasion that argued the employer's actions broke both the law's regulation and UNA's collective agreement with ECCC, which has similar wording to the regulation.

Representatives for the employer supported their position by quoting previous ministers of health, who in the last years of the Progressive Conservative government had indicated to them the relevant section of the Regulation could be interpreted to permit use of LPNs in such circumstances.

In his June 30 ruling, Jones noted that different ministers of health at different times adopted differing interpretations of the regulation. “Earlier ministerial correspondence appears to be consistent with the employer's interpretation,” he noted. “In August 2015, the current minister adopted the union's interpretation.”

However, he noted after hearing arguments from Emes that “a third party's interpretation is irrelevant, even if that interpretation comes from a minister.”

Emes argued the core issue in the arbitration was the proper interpretation of Section 14(1) of the Regulation. The union took the position the regulation states clearly a “nurse” as defined by the Regulation must be on duty at all times, and that the definition is restricted to a Registered Nurse, Certified Graduate Nurse or Registered Psychiatric Nurse. Since ECCC employed no Certified Graduate Nurses or RPNs, that limited the employer's option to an RN.

In his arguments, Emes also rejected the employer's claim its use of LPNs was protected by past practice because the union had immediately grieved the



UNA Labour Relations Officer Shaun Emes

“It does not permit any other type of person (such as an LPN) to be the required person on duty.”

- Arbitrator David Jones

practice after negotiating a first collective agreement, and because the legal doctrine may not be applied when a practice is illegal.

In his decision, Jones agreed with UNA’s position that the Regulation strictly defines nurse, and when that definition is applied to the section in question “this provision can only be interpreted as requiring there be at least one Registered Nurse, Certified Graduate Nurse or Registered Psychiatric Nurse on duty at all times in the nursing home.”

“It does not permit any other type of person (such as an LPN) to be the required person on duty,” he said.

So, he concluded, it doesn’t matter if the employer thought it was OK to have an RN or other qualified nurse on call somewhere else, that is not what the regulation says. If the definition of “nurse” in the Regulation does not meet current practice, he added, “that judgment is for the government, not an arbitrator.”

Nor could the grievances be dismissed on the grounds of past practice, he said, because the past practice was illegal, he said.

“Accordingly, I declare that the employer has breached the collective agreement by not having at least one Registered Nurse ... on site on the 10 occasions at issue in the arbitration.” 🍷

Many nursing employees are eligible for **Education Allowances**

- United Nurses of Alberta members are eligible for education allowances that recognize courses, diplomas and degrees relevant to Registered Nursing and Registered Psychiatric Nursing.

According to Article 26.01 of the Provincial Collective Agreement, the employer will acknowledge educational credentials from recognized post-secondary institutions and use those credentials to establish the employee’s basic rate of pay.

Hourly allowances for educational credentials

- Clinical Course (including mid-wife course): 50¢
- Certified Diabetes Educator Certificate: 50¢
- Board of Lactation Consultant Examiners Certificate: 50¢
- Canadian Nurses Association Certification: 50¢
- Active registration in the CARNA plus Degree or Diploma in Psychiatric Nursing (a Diploma or Degree in Nursing plus active registration in CRPNA): 50¢
- Course in Nursing Unit Administration: 50¢
- One (1) Year Diploma: 50¢
- Baccalaureate Degree: \$1.25
- Master’s Degree: \$1.50
- Doctorate: \$1.75

An education allowance for a Baccalaureate Degree shall be payable after the Employee provides their Employer with satisfactory proof that the degree is recognized by the Nursing Education Program Advisory Board, the College and Association of Registered Nurses of Alberta or the International Qualifications Assessment Service. Education allowances are not cumulative. An employee should expect to only receive the highest allowance for which they are eligible. 🍷

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

Foothills Hospital will be compared with similar-sized hospitals in Ontario.



https://commons.wikimedia.org/wiki/File:Foothills_Hospital.JPG

UNA has serious concerns about 'operational best practices' plan

"Cuts on this scale in a system as large as AHS are bound to have a harmful impact on patients and staff."

- Heather Smith, UNA President

United Nurses of Alberta says Alberta Health Services must be cautious about how it tries to implement plans to review what it calls "operational best practices" in staffing, readmission rates, infection rates, and procurement, supply and drug acquisition processes.

In mid-July, an Alberta Health spokesperson said the provincial health care system would move ahead with the review, which would see Alberta hospitals compared with Ontario institutions of similar size. From this, criteria for operational best practices are supposed to emerge.

Such management activities seldom deliver on promises to reduce costs without impacting services or quality of care, cautioned UNA President Heather Smith. UNA will be watching carefully and enforcing its collective agreement to ensure the process does not negatively impact nurses' professional responsibilities, occupational health and safety, or labour relations.

Smith noted that UNA is particularly concerned about the impact of some of the planned changes in the area of staffing – including scheduling, shift rotations and overtime. UNA will ensure changes are made in accordance with the collective agreement.

Smith said comparisons with health facilities in other jurisdictions must consider and acknowledge professional responsibility and quality of care impacts those changes had, which may not be reported in discussions with visiting consultants. Cost considerations alone are not enough, she said.

"It's easy to say, as AHS does in some of its documentation, that the adoption of so-called 'best practices' will not compromise quality of care or result in burnout, sick time and injuries among nurses," Smith said. "It is quite another to actually deliver, as front-line health care workers like our members know well."

"AHS has told the public that many of the proposed changes will not only reduce overall costs but improve patient care and staff morale. This is extremely unlikely in the context of reducing the percentage increase in the growth of costs from 6.2 per cent to 2.6 per cent, as AHS says it plans," she said. "Cuts on this scale in a system as large as AHS are bound to have a harmful impact on patients and staff."

The process will see the Foothills Medical Centre in Calgary and the University of Alberta Hospital in Edmonton compared with similar-sized urban hospitals in Toronto, Hamilton, Ottawa, London, Sudbury and Thunder Bay.

Similar comparisons will be made between smaller Ontario sites and the Royal Alexandra, Grey Nuns, Misericordia and UAH Stollery facilities in Edmonton; Rockyview, Peter Lougheed, South Health Campus and Alberta Children's Hospital in Calgary, and Red Deer Hospital, Chinook Regional Hospital (Lethbridge), Sturgeon Community Hospital (St. Albert), Medicine Hat Hospital, Queen Elizabeth II Hospital (Grande Prairie) and Northern Lights Regional Health Centre (Fort McMurray). 🍷

MEMBERS ADVISED TO CHECK PERSONNEL FILES AND OBTAIN COPIES FOR THEIR OWN RECORDS

■ It is a good idea for UNA members to check their personnel file from time to time and obtain copies for their own records of their letter of hire, benefit forms, RRSP enrollment and Local Authorities Pension Plan enrollment.

A timely personnel file check also provides UNA members with the opportunity to do some housekeeping – for example, it is the employee’s responsibility to remind the employer that letters of discipline must be removed from the file after one year.

Employees can also use this check to provide proof of their registration to qualify for their long-service pay adjustment, to which Registered Nurses covered by the Provincial General Agreement are entitled within 90 days of achieving 20 calendar years of nursing service. They should also confirm that proof of their degrees and certificates are in the file.

Article 13 of the UNA Provincial Collective Agreement deals with employees’ personnel files and gives employees the right to view their personnel files on request.

Under 13.03, the employee must make an appointment at least five days in advance, exclusive of Saturdays, Sundays and paid holidays, to view the personnel file at the employee’s home site. The employee may be accompanied by a union or local representative if she wishes.

The employee may also request and shall be given a copy of any or all documents in the file at the time the file is reviewed. The employee may be required to pay a “reasonable fee” to cover the cost of copying.

Article 13 also deals with employees’ annual evaluations. Under 13.01, it includes the important statement, “the absence of an evaluation shall mean the Employee meets expectations.” 🍷

AHS extends Dynalife medical lab services contract for five years

■ Alberta Health Services has renewed its contract with Dynalife Diagnostic Laboratory Services for five years.

CEO Verna Yiu said August 25 the extension “provides stability and predictability for staff and patients while AHS and Alberta Health transition to a new provincial model for laboratory services.”

In October 2015, the company’s contract was renewed for one year two months after Health Minister Sarah Hoffman ordered AHS to cancel a request for proposals on a \$3-billion, 15-year medical laboratory contract for Edmonton and parts of Northern Alberta.

The RPF, which she termed a dangerous and expensive “experiment in privatization,” would have resulted in additional privatization.

In 2014, under the Conservatives, AHS announced Sonic Healthcare Ltd. of Australia was the “preferred vendor” for that contract. About 1,100 Dynalife employees and another 500 public employees would have been impacted.

Dynalife, which had long done the work in Edmonton, appealed the decision. A panel concluded AHS had “breached its duty of fairness” in a “substantive” manner. 🍷



Verna Yiu

UNA calls for MORE RN NURSING HOME HOURS in presentation to health minister

■ Alberta must continue with minimum nursing and personal care hours in nursing home regulations, as well as maintain the requirement for a Registered Nurse to be on site in such facilities 24 hours a day, representatives of United Nurses of Alberta told Health Minister Sarah Hoffman in a July 14 meeting in Edmonton.

The meeting – attended by President Heather Smith, Vice-President Jane Sustrik and Labour

Relations Director David Harrigan – grew out of UNA’s concerns about the provincial health department’s ongoing review of legislation covering nursing homes and home care in Alberta.

The UNA representatives told the minister the value of RNs to the health care system has been thoroughly researched and is well understood – backed by Alberta Health Services’ own assumptions about the needs of residents in

long-term care. UNA was concerned in particular about the accuracy of background information and stakeholder communications.

UNA followed up on the meeting by providing Minister Hoffman with an extensive document summarizing the situation faced by care providers in long-term and home care settings in Alberta that explained the need for increased direct-care RN hours to achieve better outcomes. 🍷



Community nurses in Calgary score PRC successes

Local 211 sees extra staff, better equipment, more time for charting through PRCs

■ As a result of the PRC process, Local 211 Calgary Community and Alberta Health Services are working together to improve quality of care for patients, residents and clients as acknowledged in the Preamble of the Provincial Collective Agreement.

Through the agreement’s professional responsibility language in Article 36, Local 211 has seen additional staff added to the night shift at AHS’s 24-hour Health Link advice line, more time for charting and provision of newer communications equipment.

The process resulted in recognition by the employer at the CEO designate level and locally that nurses must be able to complete client-care record

documentation at the time of the event or as soon afterward as prudently possible, enhancing accuracy and credibility of records.

It also helped ease a situation in which Calgary Community RNs were struggling to complete charting because of outdated computers and dropped cell phone calls. PRCs resulted in acknowledgment newer equipment was needed.

The employer has started providing new cell phones and computers, and will continue to do so. This has eased workload caused by dropped calls and poor Intranet connectivity, and strengthened the ability of RNs to chart at point of care, aiding team members and benefiting patients, residents and clients. 🍷

*UNA NewsBulletin
wants to publish
stories of PRC
successes by our
union’s members.
If you have a PRC
success story
to tell, please
contact the UNA
Communications
Department.*

New Joint Statement clarifies scheduling for Part-Time Employees



Know
your
Rights

Report from
Director of Labour Relations
David Harrigan

- A new Joint Committee statement related to the Provincial Collective Agreement has been agreed to by United Nurses of Alberta and employers Alberta Health Services and Covenant Health. Through a joint committee of representatives from UNA and Alberta Health Services, joint statements are issued to resolve issues arising from the UNA Collective Agreement.

Article 30: Part-time, Temporary and Casual Employees

Article 30.01(e) 18.03(c) of the Alberta Health Services/United Nurses of Alberta Collective Agreement for the period of April 1, 2013 to March 31, 2017 states:

"Where a Part-time Employee is not scheduled to work on what would otherwise be a regular work day, directly as a result of a Named Holiday, those hours may, at the request of the Employee, be rescheduled in the Cycle of the Shift Schedule".

This means that where an employee requests that their manager add an additional day to their schedule, this request shall be granted.

This additional day must be scheduled within the cycle of the shift schedule. However, it is important to note that the employee cannot choose when in the schedule this day will be placed. It is the manager's right based on operational needs to determine both when the additional day is scheduled within the

shift schedule and whether the employee will be assigned to work on another unit if needed on that additional day. Employees are encouraged to notify the employer of a request to reschedule the shift with 14 days notice.

For example: If a part-time employee regularly works on Monday, Wednesday and Friday and their worksite/area is closed on the Monday due to a Named Holiday, the employee may not be scheduled for that day. The employee will not receive payment for that day, instead the employee receives a sum equal to 4.8 per cent of regular earnings on each paycheque, in lieu of the Named Holiday.

If the part-time employee requests that an additional shift be scheduled, then the manager will do so within the cycle of the shift schedule and on a day and on a unit that makes sense operationally. 🍷

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

Y A H O O

STAMPEDE BBQ



A number of MLAs joined Alberta's Nurses at the annual BBQ event. From left to right: Trevor Horne (MLA for Spruce Grove-St. Albert), UNA Second Vice-President Daphne Wallace, David Shepard (MLA for Edmonton-Centre), UNA Secretary-Treasurer Karen Craik, Jessica Littlewood (MLA for Fort Saskatchewan-Vegreville), and Chris Nielsen (MLA for Edmonton-Decore).



Thank you to the organizers of the event, who worked hard to make it a success. From left to right: Kevin Champagne, Susan Fisk, Tim Bantle, Diane Lantz, and Jonathon Doner.



Left to right: UNA Second Vice-President Daphne Wallace, Health Minister Sarah Hoffman and Local 115 President Kevin Champagne.

UNA Stampede BBQ attracts a crowd in Calgary

Hundreds of Calgarians joined Alberta's Nurses at the annual Stampede BBQ on July 12, 2016, outside UNA's Southern Alberta Regional Office in Calgary. UNA was pleased to welcome Deputy Premier and Health Minister Sarah Hoffman and a number of MLAs who took to opportunity to meet with Nurses at the event.

