

INSPIRING, ENLIGHTENING, POWERFUL ...

CFNU's 2017 Calgary Biennium

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Negotiations and Professional Responsibility - WHAT'S HAPPENING?



■ We wait for month's and then suddenly summer is upon us. Many UNA members will be looking forward to spending time with their families, enjoying the great outdoors, but staff shortages, particularly in the northern part of our province, mean that some members, even entire locals, have been denied summer vacation.

There will, however, be a break in negotiations for a new Provincial General Agreement between UNA and Alberta Health Services, Covenant Health and other major employers, as well as for workplace essential services agreements required by new provincial legislation.

While the tone of our talks has been very respectful, you can tell from the fan-outs issued by the Negotiating Committee that progress has been very slow.

This means that when bargaining resumes in September, we will need to come back to you, to touch base about your bargaining priorities in the evolving political and economic climate of Alberta as we work toward a new collective agreement. Watch for notice of your local meetings to provide your input.

I am very pleased to be able to tell you that in late June we were able to issue a joint statement with Alberta Health Services that together we have reaffirmed our commitment to your ability to engage in the Professional Responsibility Concern process. If you are employed by AHS and UNA has a current email address, you

should have received a message about this very important undertaking on June 29.

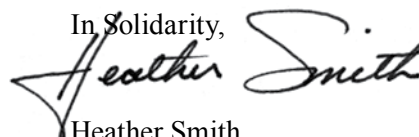
I signed a letter, as did AHS Vice-Presidents and regional Chief Health Operations Officers Deb Gordon and Brenda Huband, that acknowledges the Professional Responsibility process as an important element of patient safety and reinforces our joint commitment to ensuring PRC Committees are an effective, proactive and collaborative way to address patient care issues in our workplaces.

Similar initiatives are underway with Covenant Health, and I am hopeful an equivalent commitment will be announced by fall.

I am also hopeful UNA, AHS and Covenant will be launching new resources this fall that are intended to foster a more collaborative and consistent approach to applying the PRC process and that will set out best practices to support safe, high-quality patient care in a just-culture environment.

This edition of UNA NewsBulletin includes a glimpse of the Canadian Federation of Nurses Unions (CFNU) Biennium, which UNA hosted in Calgary in early June. Nurses from across Canada were thrilled by our western hospitality.

Enjoy as you are able this summer in Alberta, I expect a very busy fall – including the celebration of UNA's 40th birthday. 🍷

In Solidarity,

Heather Smith
President, United Nurses of Alberta

Front cover photo: Part of UNA's delegation to the 2017 Biennial Convention of the Canadian Federation of Nurses Unions June 5 to 9 in Calgary.

AHS and UNA reaffirm commitment to PRC process

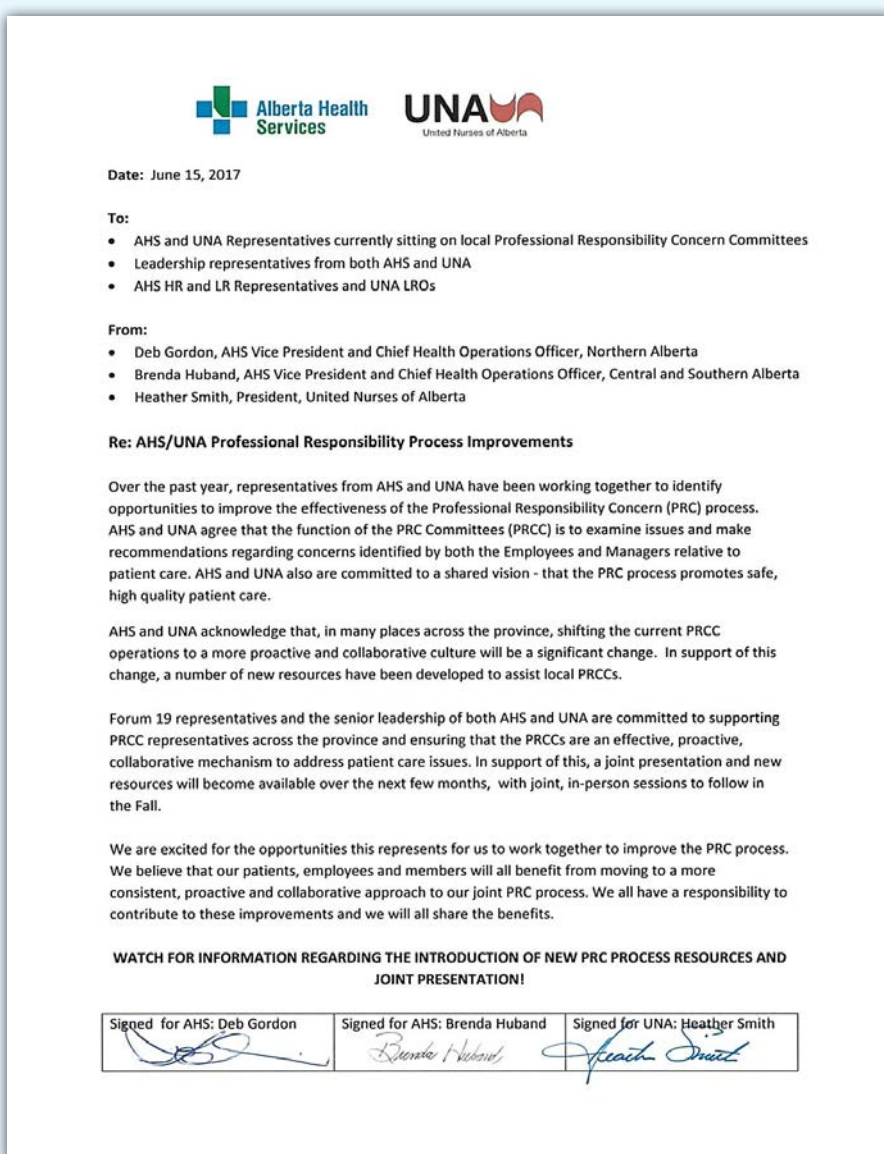
Full copies of the letter and the vision and principles document in PDF format are also available on UNA's website, una.ab.ca

■ Alberta Health Services and United Nurses of Alberta on June 27 issued a joint statement reaffirming their commitment to the Professional Responsibility Concern process already included in UNA's Provincial Collective Agreement.

“In my view, this is the most important recognition of the Professional Responsibility Concern process since we were able to embed PRC committees in our collective agreements in the 1980s,” said UNA President Heather Smith.

The joint statement – directed to UNA members and AHS leaders – said that progress is being made toward improving the effectiveness of the PRC process and ensuring that PRC Committees are an effective, proactive and collaborative mechanism to address patient-care issues in our workplaces.

The statement, which was signed by Smith as well as AHS Vice-Presidents and regional Chief Operations Officers Deb Gordon (Northern Alberta) and Brenda Huband (Central and Southern Alberta), “reaffirms a shared vision and principles that the PRC process promotes safe and high-quality patient care.”



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Alberta Health Services (AHS) / United Nurses of Alberta (UNA) Professional Responsibility Concern Process

Vision

The AHS/UNA Professional Responsibility Concern (PRC) process promotes safe, high quality patient care.

Principles

1. Professional Responsibility Concern Committees (PRCCs) are joint committees focused on *joint problem-solving* through *collaboration* in an environment of *mutual respect* to resolve issues as close to the point of care as possible.
2. Both AHS and UNA representatives have an obligation to establish, organize and participate in the PRCCs to maximize their effectiveness and to seek opportunities for resolution throughout the entire process.
3. Full, consistent disclosure of *agreed upon, available, relevant* information by both parties to support decision-making and enhanced learning.
4. Every step of this process should occur within a *just culture*, which is supported and actively fostered by both UNA members and all levels of AHS management. A just culture improves *safety of care* and services as it encourages the reporting and discussion of adverse events, close calls, near misses and hazards. A just culture acknowledges error as fact, and does not punish individuals for system failures of which they have no control over but reinforces the need for *professional accountability*.
5. The PRC process is in alignment with the College and Association of Registered Nurses of Alberta (CARNA) Practice Standards for Regulated Members, the College of Registered Psychiatric Nurses of Alberta (CRPNA) Code of Ethics and Practice Standards, and the Canadian Nurses Association (CNA) Code of Ethics. All three documents emphasize the professional responsibility Registered Nurses (RN) or Registered Psychiatric Nurses (RPN) must demonstrate to ensure safe, competent, and ethical nursing care.
6. This process is also regulated by the steps outlined in *Article 36: Professional Responsibility of the UNA/AHS Collective Agreement* and the approach taken by both UNA and AHS in addressing a Professional Responsibility Concern (PRC) should not violate the terms of this article.

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Smith said UNA first sought a PRC process in negotiations for the 1977 collective agreement, which were resolved after a strike, and saw the effort succeed in the next round in 1980, after a second strike. “The attitude we faced before those strikes was that as employees we had no business being concerned about patient care. Those were management decisions.”

“What we have now is a clear recognition that nurses have an important role to play in ensuring high-quality patient care through the PRC process,” she said. “There is now a high-level acknowledgement that our concerns must be identified and brought forward.”

While the current Provincial Collective Agreement outlines the PRC process, UNA hopes new resources to be introduced this fall will foster a more consistent and collaborative approach and will set out best practices to support safe, quality care in a just-culture environment. 🍷

Harper-era anti-union laws repealed

- Anti-union laws passed by the government of prime minister Stephen Harper in 2015 have been repealed by the federal Liberals.

Anti-union measures included in Bill C-525 and Bill C-377 made it more difficult for workers in the federal sector to unionize and would have required unions to make public detailed financial information, unlike any other type of organization. It also gave employers more

opportunity to interfere in the process of establishing a union in the workplace.

The laws were designed with the intention of obstructing the operation of labour unions and the ability of unions like UNA to advocate publicly for safe patient care.

“Our government was elected on a commitment to restore a fair and balanced approach to labour relations,” said federal Labour Minister Patty Hajdu in a news release on June 19. 🍷

Bargaining for new Provincial General Agreement progresses ... slowly

■ United Nurses of Alberta's bargaining with Alberta Health Services, Covenant Health and other employers for a new pattern-setting Provincial Collective Agreement is now under way and moving ahead ... very slowly.

While UNA and employer negotiating teams in the 2017 round of bargaining have met at the table about 15 times since negotiations began, there has been little progress on major issues, and there is not much sense of urgency on the employer's part to reach an agreement, said UNA Labour Relations Director David Harrigan.

However, some progress has been made cleaning up contract language and on minor issues, and the tone of the management team is respectful, even congenial, said Harrigan, who is the chief negotiator for the union bargaining team.

Bargaining is now in hiatus for the summer and will resume with days scheduled in September.

In the meantime, negotiations are also taking place on the establishment of essential services agreements in the workplaces covered by the agreement as required by the Alberta government's new essential services legislation ... also very slowly.



Together NEGS
FOR A STRONGER FUTURE 2017

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Members and officials of United Nurses of Alberta including President Heather Smith, Second Vice-President Daphne Wallace, Secretary-Treasurer Karen Craik and Labour Relations Director David Harrigan joined Premier Rachel Notley, Health Minister Sarah Hoffman, Infrastructure Minister Brian Mason and area MLAs at the May 30 announcement of the location of a new hospital in southwest Edmonton. The new hospital will be located at Ellerslie Road and 127th Street. The facility is projected to have 350 to 500 inpatient beds and will provide expanded health-care delivery to an area of Edmonton that is one of the fastest growing regions in Canada.

UNA and Salvation Army Agape Hospice reach agreement after two bargaining sessions

- United Nurses of Alberta and the Salvation Army Agape Hospice in Calgary have concluded negotiations with an agreement after only two sessions of bargaining.

The new agreement includes language on leave for victims of domestic violence, the first UNA agreement to include such provisions.

- Language changes to ensure gender-neutral language used throughout Agreement
- Correct language for Cook and Food Services Co-ordinator classifications
- Employees required to be readily available over the meal period shall be paid at Basic Rate of Pay
- Union to create a tie-breaking system for employees with the same seniority
- Introduction of Supplemental vacation for employees with more than 25 years of continuous service
- Massage and out-of-country coverage added to benefit plan
- Cousins added to list of family for bereavement leave
- Jury selection added to court appearance LOA
- Replace Special Leave with Personal Leave: Total of five days, three without loss of earnings; on the other two, the employee can use vacation, overtime, etc.
- Addition of Domestic Violence Leave up to 10 days
- Clarify that Professional Development Days paid at normal daily hours 🍷

The new agreement includes language on leave for victims of domestic violence, the first UNA agreement to include such provisions.

The negotiations were a dramatic change from the previous, protracted round of bargaining, for the all-employee unit during which the employer had pressed hard to delete a Letter of Understanding that ensured parity for UNA members in all classifications with Alberta Health Services employees. As a result, an agreement was reached only after arbitration, rather than through a negotiated settlement.

The most recent round of negotiations was professional and respectful. UNA has recommended ratification of the tentative Collective Agreement.

Highlights of the new agreement include:

- Three-year term, from April 2016 to March 2019
- Renewed Letter of Understanding on Equity Compensation, so all classifications have parity with AHS employees on salary



United Nurses' AGM set for October 24-26

United Nurses of Alberta will hold its annual general meeting on October 24, 25 and 26, 2017 at the Northlands Expo Centre in Edmonton. Marking this year as the 40th anniversary of the founding of UNA, the theme of this meeting is "40 years at your side and on your side." UNA members interested in participating in the AGM should contact their UNA local executive. 🍷

UNA negotiators believe it is possible a new Provincial Collective Agreement could be completed well before the essential services agreements are signed off. Under the essential services law, the parties cannot seek mediation or hold a legal strike or lockout in their negotiations for a collective agreement until an essential-services agreement is in place.

New dates in September have also been set for the essential services table.

In the general negotiations, Harrigan said, both sides have submitted their monetary proposals – UNA has proposed a modest 1 per cent in each year of a two-year agreement in recognition of the state of the province’s economy. For their part, the employers are sticking to their position that there will be no overall increase in costs in either of two years.

UNA has also pushed to get improvements on contract language in such areas as staffing levels and Professional Responsibility Concerns that the union’s bargaining surveys have shown to be a priority for members.

Meanwhile, at the political level in Alberta, opposition political parties continue to call for austerity and rollbacks in public sector health care contracts as negotiations proceed.

Harrigan said that as negotiating resumes in the fall, around the time of UNA’s Annual General Meeting, the union bargaining committee will want to touch bases with members to see what their bargaining expectations are in the economic and political climate that has evolved. 🍷

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Teachers agree to two-year contract with no raises – but a ‘me-too clause’

■ In late April, the 44,000-member Alberta Teachers’ Association signed a province-wide collective agreement that included a \$75-million fund to improve classroom conditions but no salary increases – with one important caveat.

The two-year agreement, which ATA members ratified in mid-May, included a “me-too” clause that says the teachers will get the same raise as other large public-sector union that negotiates a pay increase. United Nurses of Alberta is on the list of other unions named in this provision of the teachers’ deal.

This puts UNA and other major public sector unions in the position of negotiating another union’s pay increase – and likely puts pressure on public sector

employers to keep a lid on pay increases, especially in the health care sector.

The teachers’ agreement specifically indicates the “me-too clause” is for “general salary increase” and does not include market supplements or adjustments, grid adjustments, signing bonuses, reclassifications, changes to benefit premium cost sharing, new benefits or any other form of compensation whatsoever other than a common percentage increase applied to all steps of all grids applicable to each bargaining unit. It includes only such general salary increases negotiated, prior to a strike or lockout, and does not include any increases resulting from a voluntary interest arbitration award, a disputes inquiry board recommendation, or a settlement during or following a strike or lockout. 🍷

The two-year agreement included a “me-too clause” that says the teachers will get the same raise as other large public-sector union that negotiates a pay increase.

CFNU Secretary Treasurer Pauline Worsfold, left, and President Linda Silas, at right, with Bread & Roses Award winners David Harrigan and Jane Sustrik of UNA, and Tracy Zambory of the Saskatchewan Union of Nurses between them.



CFNU honours Jane Sustrik and David Harrigan with Bread & Roses Awards

- Three prominent nursing union leaders – two of them from United Nurses of Alberta – were honoured for their advocacy at the Canadian Federation of Nurses Unions' 2017 Biennial Convention June 8 in Calgary.

Jane Sustrik, UNA First Vice-President, and David Harrigan, UNA's Director of Labour Relations, received CFNU's prestigious Bread & Roses Award for 2016-2017. Saskatchewan Union of Nurses President Tracy Zambory also received the honour.

"The remarkable careers of these nurse advocates are an inspiration to us all," CFNU President Linda Silas said during the ceremony. "We will continue to rely on them for their leadership and insights as we confront the serious challenges facing Canada's health care system."

Jane Sustrik's union involvement began in 1984. In the years since, she has held many union positions with both the Staff Nurses Association and UNA. She has a record of success advancing the rights

of working people, especially her colleagues in nursing, as well as the profession of nursing. She became First VP of UNA in 2013.

David Harrigan's successes at the bargaining table for UNA members are legendary, and throughout his career as a Registered Psychiatric Nurse, union advocate and senior UNA employee he has been a tireless advocate for the rights of all working people. He has been UNA's labour relations director since 1989.

Tracy Zambory is well known in Saskatchewan for her advocacy. She has been president of SUN since 2013.

Four CFNU Bread & Roses Awards are given each year, two to practicing nurses and two to others who have made outstanding contributions to policy, decision-making, patient advocacy and public awareness of nursing issues. P.E.I. health care advocate Mary Boyd received a 2017 award at a separate ceremony in Summerside on May 3. 🌸

More than 1,200 nurses from across Canada experienced moments serious and lighthearted at **CFNU CALGARY BIENNIUM**



■ More than 1,200 nurses from across Canada were treated warm western hospitality in Calgary by United Nurses of Alberta President Heather Smith and more than 400 UNA delegates during the Canadian Federation of Nurses Unions' 2017 biennial convention, from June 5 to June 9.

The convention, as described by its participants, was by turns powerful, emotional, thought provoking, practical, hilarious and inspiring.

When the business portion of the convention opened on June 8 after two days of workshops, delegates were moved by stories of abuse, neglect, resilience, perseverance, forgiveness and triumph as the unionized nurses turned their

attention to one of the lives that led to the findings of the Truth and Reconciliation Commission – and what Canadians still need to do to reconcile our relationship with our First Nations compatriots.

Residential School survivor Alice Blondin-Perrin – author of *My Heart Shook Like a Drum* – spoke movingly that day about her childhood experiences at St. Joseph's Roman Catholic Residential School, starting at the age of four. She told the nurses at the conference how she overcame the experience through forgiveness, not forgetfulness.

RN Flora Simpson, who grew up in the isolated Indigenous community of Norway House in Manitoba, spoke the same morning of her lifelong mission to

First Nations dancers brought smiles to the faces of participants during the 2017 CFNU Biennium. Above: Residential school survivor and author Alice Blondin-Perrin moved many listeners to tears during her remarks on courage, forgiveness and redemption.

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provide quality health care to her own community. “It is important for our children to learn of the residential schools and our past struggles,” she said, “so we can avoid history repeating itself.”

Linda Silas, president of CFNU, addressed the need to close the gaps between the health care provided to First Nations and non-Indigenous Canadians in her formal remarks to the convention. “For too long, Canada ignored the plight of First Nations people, and there is no excuse for this,” she said. “As nurses, we have a responsibility to ensure that all Canadians have access to safe health care.”

In her remarks, Silas also addressed other issues, including the impact of excessive overtime and understaffing on the erosion the safety and quality of health care throughout Canada. “Our patients deserve the best nursing care, and to provide that care nurses cannot be stretched to unhealthy limits.”



She spoke of violence in health care workplaces, advocating strong responses and refusal by nurses to tolerate violence where they work.

In addition to their serious work and consideration of serious issues, conference participants had fun too, with many social events, including an evening trip to a real Alberta rodeo – complete with bull riders, acrobatic horsewomen and musical entertainment – a reception featuring First Nations dancers and a stirring performance by country musician and former RN Paul Brandt. 🍷

Above and above right:
UNA President Heather
Smith, and Smith
with CFNU President
Linda Silas during the
Biennium healthy walk.
At right: Country singer
(and former RN) Paul
Brandt with Associate
Member Ruth Duffy.



Convention conversation: NURSING IN CONFLICT ZONES



- Delegates to the 2017 CFNU Convention had the opportunity to meet and discuss true health care heroes – Canadians and other medical professionals who venture into conflict zones to save lives and bring relief.

Canadian Armed Forces Captain Stephanie Smith, a Registered Nurse, recalled her missions in Afghanistan and Haiti during the roundtable session. “Imagine going to work and having to treat bomb victims who are also your neighbours,” she said. “This is the reality of working on the front lines in a conflict zone.”

Johns Hopkins University epidemiology professor Leonard Rubenstein, chair of the Safeguarding Health in Conflict Coalition, called on nurses to demand protection for hospitals in conflict zones.

“Nurses and hospitals have become targets for simply doing their jobs of providing impartial care,” Dr. Rubenstein said.

Top: UNA President Heather Smith and UNA Director of Labour Relations David Harrigan; nurse union leaders from across Canada practice giving a Calgary Yah-Hoo! Below: Canadian Armed Forces Captain Stephanie Smith, who is also an RN, and Johns Hopkins University Professor Leonard Rubenstein.



“Nurses can and do lead the way. Let’s educate people on the scope and catastrophic scale of the problem of violence on health care workers.” 🍷



British medical law expert calls for culture of candour, not delay, denial and defensiveness



More scenes from the CFNU Biennium.

Delegates to the 2017 CFNU Biennium heard a stirring call for their “the freedom to speak up” and a harsh condemnation of the “club culture” that frequently obstructs it by Sir Robert Francis, the British medical law specialist who played prominent roles in several regional and national health care inquiries in the United Kingdom.



Sir Robert’s 2015 report on how to create an open and honest reporting culture in Britain’s National Health Service – called in part in response to disquiet among the British public about mistreatment of whistleblowers in the U.K. – identified 10

principles for building a culture in which health care workers are able to speak up about practices that could harm patients’ wellbeing.

Indeed, said Sir Francis, “there should be a duty of candour” instead of what he found in many health care worksites – “a culture of delay, defend and deny,” often accompanied by bullying of employees who spoke out about problems. “Bullying and oppressive behaviour seemed to be a common reaction.”

To that end, Sir Robert told the nurses in Calgary, unions and other collective organizations have a powerful role to play in ensuring patient safety. “Isolated voices are never as good as united voices,” he stated.

Sir Robert advocated making raising concerns a routine part of health care practice, training all staff members on how to report their concerns and “reinforce a culture of learning, rather than a culture of despair.”

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CFNU and member organizations make strong commitment to helping HIV-AIDS initiative in Africa

■ The Canadian Federation of Nurses Unions and its member organizations have announced a three-year, \$135,000 annual commitment to the Stephen Lewis Foundation to combat HIV and AIDS in Africa.

The announcement, made during CFNU’s Biennium Convention in Calgary, said the money will be used to assist the foundation’s work with community organizations that provide support to women, orphaned children, grandmothers and people living with HIV and AIDS in Africa.

Since 2003, the foundation has partnered with more than 300 community

organizations in more than 1,400 initiatives in the 15 African countries hardest hit by the global AIDS epidemic, which has hit women and girls in Africa particularly severely.

The work to will be supported by the CFNU investment includes the Panzi Hospital Mobile Outreach Clinic and Blood Bank in the Democratic Republic of Congo, which facilitates the safe collection of blood donations, and the Swaziland Wellness Centre, at which the Swaziland Nurses Association uses a mobile clinic to provide health and wellness services to more than 10,000 health care workers. 🇺🇦



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Among the principles outlined in Sir Robert’s 2015 report on whistleblowing in the National Health Service:

- Employees must feel safe to speak up
- Employees must have confidence in the investigative process
- They must see that speaking up can make a difference

- They must know their concerns have been understood and received

Sir Robert, who is authorized to sit as a deputy High Court judge, is best known for his role in two public inquiries, in 2010 and 2013, into a cluster of patient deaths in the late 2000s at a hospital in Stafford, England, northwest of Birmingham. 🇺🇦

Top: Stephen Lewis. Above: CFNU President Linda Silas leads the rally parade; UNA President Heather Smith and Nova Scotia Nurses Union President Janet Hazleton.



Be mindful and respectful, nurses who treat sexual minorities are advised



Blake Spence

■ Nurses attending a seminar on the treatment of sexual minorities during CFNU’s Calgary Biennium were advised to provide respectful care.

What should a nurse do when it’s difficult to determine for any reason the gender of a patient? The answer is simple, said Chelsea Kelba, training centre co-ordinator of the Calgary Sexual Health Centre: “Ask.”

“Asking means you’re being mindful and respectful,” Kelba said. “Silence is a choice and by not acknowledging,

you can be extremely hurtful to the individual.”

Kelba recommended starting off the conversation by identifying your own pronoun: “Hi, my name is Jane, and I identify as she/her,” and then inviting the patient to do the same.

“We live in a culture where everyone is straight until proven otherwise,” said Blake Spence, manager at the Calgary Sexual Health Centre, during the workshop. “We need to allow people time to reflect and figure out who they are.”

“At the end of the day, it’s not about gender, it’s about people,” Spence said. “We’re all people.”

Other workshops included dealing with domestic violence at work and the impact of technology on nursing.

The domestic violence workshop, sponsored by the Canadian Labour Congress, was geared to providing co-workers and union activists with the tools they need to spot warning signs of domestic violence,

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“At the end of the day, it’s not about gender, it’s about people.”

- Blake Spence



More scenes from the CFNU Biennium. This page: CFNU President Linda Silas; CFNU affiliate presidents Linda Haslam-Stroud, Ontario Nurses Association; Sandi Mowat, Manitoba Nurses Union; Janet Hazleton, Nova Scotia Nurses Union; and Paula Doucet, New Brunswick Nurses Union. On facing page, centre: UNA First Vice-President Jane Sustrik.



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offer support and end the stigma associated with domestic violence.

In her passionate address to the convention, CFNU President Linda Silas identified domestic violence as a major concern for nursing unions.

For more information and tips on dealing with domestic violence at work visit domesticviolenceatwork.ca.

With a CBC radio host who has written a book demystifying technology, a nurse-turned-PhD researcher who looks at technology in health care, and a lawyer who leads the Canadian Nurse Protective Society, the technology seminar reinforced the conclusion technology should be used to help people, not to replace them.

Health care unions need to be involved in guiding and shaping how new technology is used, so that it doesn't impact the ability of nurses and other health care professionals to deliver safe, high-quality care. 🍷

NATIONAL SURVEY OF NURSES shows grave concerns with patient, worker safety

- A new national survey of Canadian nurses, released during the 2017 CFNU Biennium, shows a majority think patient safety is declining or not improving, and that workplace violence in health care is a serious and growing problem.

As a result, a significant number of those surveyed by Vector Research said they were considering a job or career change.

The survey of more than 2,000 Canadian nurses conducted over the previous 12 months, included the following conclusions:

- 34 per cent of respondents believe patient safety has declined where they work, 46 per cent believe it has stayed the same and only 20 per cent say it has improved
- 61 per cent of nurses responding say they have experienced serious problems related to violence in the workplace – compared with results of about 15 per cent for employees in other sectors found in other surveys
- 66 per cent nationwide have considered changing jobs or leaving their job as a result

A discussion paper entitled *Enough is Enough* released by CFNU with the survey results calls for increased staffing levels to keep nurses safe on the job. A copy of the paper is available on the CFNU website, nursesunions.ca.

“CFNU is calling for a zero-tolerance approach to violence in health care workplaces,” said national President Linda Silas. 🍷



Notley juxtaposes Alberta policies with those of nearby conservative provinces



Alberta Premier Rachel Notley addresses nurses from across Canada; Notley with CFNU President Linda Silas, UNA President Heather Smith, and CFNU Secretary Treasurer Pauline Worsfold. Below: Silas with Calgary Mayor Naheed Nenshi.

■ When Alberta NDP Premier Rachel Notley addressed nurses at CFNU's Calgary Biennium, she began by thanking them for the work they do.

"There are few things in life that are more frightening than seeing someone you love in a hospital bed," she observed. "And there are few things in life more reassuring than seeing the face of a smiling nurse ready to care for your loved one."

Notley's remarks to 1,200 nurses from across Canada at the TELUS Convention Centre then turned to today's economic and political challenges. She juxtaposed the policies of her government with those of the two conservative governments on the Prairies.

"Look for a moment at the decisions being made by Prairie provinces, who will remain nameless, east of Alberta, where they are only making life harder for regular families, families who are already hurting," she said.

"Tax breaks for the wealthiest 10 per cent while everyone else gets tax increases on everything from children's clothes to job-creating construction. ... Cuts to

education and health. People who have worked in health-care for decades being fired, and escorted out of their workplaces like they are criminals. Millions of cancelled health projects including new cancer buildings and personal care homes. All so they can balance their budgets 24 months before Alberta does!"

Alberta is not doing that, and will not, she vowed.

"We are building badly needed hospitals, long-term care homes," she said. "We are ensuring Albertans have the care they need when they need it. We will work toward a balanced budget, but what we won't do is cut vital services that people depend on."

Notley also blasted opposition parties for their anti-union rhetoric. "While conservative opposition parties, particularly here in Alberta, like to say that everyone who is part of a union is a thug, I say that I see things fundamentally differently."

Calgary Mayor Naheed Nenshi also brought greetings from the city. 🇨🇦



Alberta government makes middle-of-the-road **CHANGES TO LABOUR LAWS**

■ Extended maternity leave, parental leave, compassionate leave and guaranteed job protection for long-term illness and personal family leave are among improvements included in recent changes to Alberta's labour laws.

Amendments to the Employment Standards Code and Labour Relations Code included in Bill 17, *the Fair and Family-friendly Workplaces Act* introduced by Labour Minister Christina Gray became law in June 2017.

"This is not a cutting-edge, lead-the-country reform," said labour lawyer Andrew Sims said at a press conference announcing the changes to the *Alberta Labour Relations Code*. "It is in most respects a bring-the-best-experiences-from-elsewhere to Alberta." A respected expert in labour law, Sims was hired by the government to conduct the review of the law governing labour relations in unionized workplaces.

Other changes include creation of a first-contract arbitration model for newly unionized employees seeking their first collective agreement and simplified union certification and decertification.

Of particular interest to UNA members are *Labour Relations Code* changes that expand essential services to continuing care operations.

Changes included in Bill 17 includes:

- Aligning maternity and compassionate care leave with federal policies:
 - Maternity leave extended by one week to 16 weeks
 - Parental leave extended from 37 weeks to 52 weeks
- Compassionate care leave extended from eight weeks to 27 weeks
- Guaranteeing job protection for new unpaid leaves, including:
 - Long-term Illness and Injury (16 weeks)
 - Personal and Family Responsibility (five days)
 - Bereavement (three days)
 - Domestic Violence (10 days)
 - Citizenship Ceremony (half-day)
 - Critical Illness of a Child (36 weeks)
 - Death or Disappearance of a Child (52 weeks when a child disappears as a result of a crime; up to 104 weeks when a child dies as a result of a crime)
- Eligibility for all job-protected leaves set at 90 days of employment
- Eliminating permits allowing employers to pay persons with disabilities less than minimum wage
- Raising the minimum age for work to 13
- Modernizing overtime, vacation pay and termination notice standards
- Introducing stronger enforcement, including administrative penalties, for contraventions of the Employment Standards Code
- Introducing access to first-contract arbitration to assist parties in successful bargaining under the Labour Relations Code
- Simplifying union certification and decertification

Expanding essential services coverage to continuing care operations 🇨🇦

"It is in most respects a bring-the-best-experiences-from-elsewhere to Alberta."

– Andrew Sims

Two UNA nurses join 2017 CAMTA mission to Ecuador



- United Nurses of Alberta's Humanity Fund has again played a role in assisting the Canadian Association of Medical Teams Abroad (CAMTA) in another mission to provide orthopedic surgery and post-operative care in Ecuador.

In February 2017, two UNA nurses travelled with CAMTA to Quito, Ecuador, with a boost from \$1,000 UNA Humanitarian Fund grants. Alyssa Chappell and Sarah Lefebvre are both nurses at the Stollery Children's Hospital and members of UNA Local 301.





Scenes from the 2017 CAMTA mission to Ecuador.



While medical jobs may be clearly defined in Edmonton, Lefebvre wrote in her report to UNA on the 10-day mission, in Ecuador “I found my role as a Registered Nurse to be much more diverse than I expected. I found myself filling the position of administrator, labourer, sanitation specialist, translator, rehabilitation assistant, teacher, and finally nurse.”

It was refreshing, she recalled, “to be part of a team of health care professionals and support staff that had a clear common goal but were flexible in their roles to accomplish it.”

Chappell agreed that flexibility is essential in a developing country with scarce resources. “We run our intravenous infusions via gravity, the wheelchairs are often handmade altered patio furniture with wheels, and the patients have to bring their own toilet paper to hospital for their stay,” she recalled. “However, we were lucky to return to the same hospital each year, where we can store medical supplies and equipment, which allows us to proudly provide our patients with a Canadian standard of care.”

During its annual missions to Ecuador, the CAMTA team typically performs orthopedic surgeries on adults and children. Pediatric surgeries include clubfoot repairs and treatment of congenital hip problems, plus correction of problems caused by cerebral palsy and spina bifida. Adult surgeries are most often hip replacements.

This year’s mission was CAMTA’s 15th. More information on the organization and its work can be found at camta.com.

CAMTA notes on its website that “a significant percentage of the population of Ecuador suffers from hip dysplasia. Many cannot afford the surgery needed to treat that condition and end up being house-bound at very early ages. Well informed public health workers could easily detect the condition at birth and refer the child for early, simple and affordable treatment. ... CAMTA, through its efforts with Ecuadorian medical personnel has helped to make changes in the way orthopedic care is offered to the poor in that country.” 🍷



UNA MEMBERS ENCOURAGED TO TAKE PART IN

2017 Care Worker Violence Prevention Focused Inspection Program

■ Alberta OHS – the Occupational Health and Safety division of the Government of Alberta’s Ministry of Health – has introduced the 2017 Care Worker Violence Prevention Focused Inspection Program. The program commenced on June 8 and is scheduled to be completed on September 30.

The program will involve employers and workers in Home Support Services, Rehabilitation Services for the Disabled, and Social and Community Supports.

It is a response to the understanding health care workers put their clients first and their personal safety second, frequently with the added view that violence in the workplace being part of the job.

WCB-accepted claims from 2011 to 2015 prove health care workers are injured at a higher rate than employees in manufacturing industries.

Inspection Officers will direct primary attention in this program to:

- OH&S Code
- Part 2 Hazard Assessment, elimination and control
- Part 27 Violence
- Part 28 Working Alone

Officers will direct secondary attention to:

- OH&S Act
- Section 2(1) Obligations of the employers, workers, etc
- Section 18(2) Serious incidents and accidents
- OH&S Regulation
- Part 13 General protection of workers
- Part 14 Duties of workers
- Part 15 Safety training

OH&S Officers will be going to targeted sites and doing interviews with front-line health care providers. One of the goals is to interview 500 UNA members. This program is expected to conduct 50 employer interviews and more than 200 inspections.



UNA AD CAMPAIGN: Alberta’s nurses at your side and on your side for 40 years

■ “This week we celebrate Nurses for what they do 52 weeks a year,” was the message on billboards, online and radio during this year’s UNA Nursing Week campaign.

The ads focused the role of Alberta’s nurses as knowledgeable health care professionals and effective advocates for patient care.

This year, Nursing Week coincided with the 40th anniversary of the founding of United Nurses of Alberta, on May 6, 1977. Marking this important milestone, the slogan of the campaign was “40 years at your side, on your side.”

As part of the anniversary celebrations, UNA updated its website with a new, modern look and improved the union’s iPhone and Android apps for members.

Both the website and the app now include a “REPORT A CONCERN” section that makes it easy for nurses to identify professional responsibility and occupational health and safety concerns, or raise questions about their collective agreements.

The new app allows nurses, whether members or dues payers, to report concerns directly. Members can also follow the progress of how their concerns are dealt with. 🍷

Only through active participation of health care workers in the Care Worker Violence Prevention Focused Inspection Program can changes result to make your workplace a safer, healthier workplace for you to work in.

Alberta OHS also has the Proactive Employer Program that targets employers with high accepted WCB claims. Depending on the employer a unit or a site will be inspected. This program started in 2014 and is run on an annual basis starting in September of each year.

OH&S Officers do inspections of each unit/site selected and also review policies and procedures. These inspections result in Client Contact Reports (CCRs) being generated. I receive copies of all CCRs, which I then forward to UNA's locals for information purposes. They should be shared with our members on the Occupational Health & Safety Committee.

Locals may use the information in the CCR for educational purposes, to foster an awareness of requirements to make a workplace safe and healthy.

Should changes be necessary such as training, orders will be written requiring employers to become compliant with legislation. These CCRs are also sent to the local. Should an order be written, it must be posted so affected employees can see it.

The Government has finally recognized that health care is an Industry that needs to be looked at as an Industry. Health care employers must therefore become compliant with Occupational Health and Safety legislation, as do all other employers in the province.

I endorse both of these programs. I strongly encourage all UNA members to participate in both programs.

What does participation look like? Participation is taking part in the interviews with OH&S Officers and being forthright with the answers you give. These programs are employee focused, making your workplace a healthy and safe environment for you and your co-workers. 🍷

By Dewey Funk
UNA Occupational Health
& Safety Advisor



UNA welcomes new members in Calgary, Edmonton and St. Albert

- United Nurses of Alberta welcomes new members at three Alberta worksites – Carewest Sacree in Calgary, the Allen Gray Continuing Care Centre in Edmonton, and the Covenant Care's Foyer Lacombe facility in St. Albert.

UNA will represent 35 employees at the Carewest Sarcee site, who will have their own local, UNA Local 423. UNA first met with employees there in early February and a successful certification

vote took place on May 16. Negotiations for a first collective agreement will start soon.

Successful votes were held in February at Allen Gray, where the membership will be part of Local 219, and on May 9 at Foyer Lacombe, where a decision is yet to be made on the local. There will be 23 members at the Edmonton Unit and 13 at the St. Albert worksite. 🍷


Ya-hoo!

UNA Stampede BBQ attracts a crowd in Calgary



- UNA's champion barbecuers grilled more than 1,200 hamburgers and hotdogs at the union's Calgary Stampede BBQ.

More than one thousand Calgarians braved the rain to join Alberta's Nurses at the annual Stampede BBQ on July 11, 2017 outside UNA's Southern Alberta Regional Office in Calgary. UNA was pleased to welcome Deputy Premier and Health Minister Sarah Hoffman, Labour Minister Christina Gray, Children's Services Minister Danielle Larivee, and Official Opposition Leader Brian Jean, along with nearly twenty other MLAs who took to opportunity to meet with Nurses at the event.

Thank you to our many volunteers for all their hard work and to everyone who joined us at this year's event. 

UNA's expert grillers flipped more than 1,000 burgers and hotdogs at the union's Calgary Stampede BBQ on July 11.



Report recommends major changes to Workers Compensation in Alberta

■ The Government of Alberta on July 6 released the report of the independent review panel on modernizing the province's Workers Compensation Board, with 60 recommendations to improve the no-fault system for compensating workers who are injured or made ill at work and making the system fairer to working people.

The three-member panel – made up of labour relations consultant Mia Norrie, the chair, lawyer John Carpenter, a partner with Chivers Carpenter, and labour relations consultant Pemme Cunliffe – summed up the thrust of their recommendations as putting “the health and well-being of injured workers at the centre of the workers’ compensation system.”

“This should be the focus around which the system’s policies, processes and decisions are made,” the report states.

Historically, the report said, WCB management has leaned toward managing claims “in aggressive accordance with strict rules, even when the resulting decisions fly in the face of common sense. This raises frustration among workers and employers alike and it contributes to a perception that the WCB has a ‘culture of denial.’”

“Rather than decision-making that focuses on assisting people with their injuries, illnesses or concerns, the system’s decision making currently focuses on efficient management of claims,” the report says. “Too often, it seems, the latter is given attention at the expense of the former.”

Fourteen recommendations deal with shifting the culture of the WCB toward a “worker-centred” orientation. These include prohibiting the use of performance pay, bonuses or other inducements to tie WCB employees’ pay to performance measures.

Another seven deal with taking a better approach to health. These include enabling workers to use their own physicians and establishing a medical dispute resolution mechanism.

Nineteen recommendations deal with the return-to-work process. These include: Amending the Workers Compensation Act to obligate employers to help employees return to work, letting the appeals commission to take note of commonly seen illnesses and certain types of employment, requiring employers to continue covering injured workers under their existing health benefits programs, and amending the term “first responder” to offer presumptive coverage of PTSD to additional occupations.

Seventeen additional recommendations deal with making the system more sustainable. Importantly, these include ending the practice of distributing “surplus” funds to employers.

The final three recommendations call for changes to support prevention of workplace injuries and illnesses, including requiring safety associations funded through WCB funds to satisfy oversight requirements, and amending the Act to give the WCB authority to collect information relevant to the prevention of workplace injury and disease. 🍷

The three-member panel summed up the thrust of their recommendations as putting “the health and well-being of injured workers at the centre of the workers’ compensation system.”



AFL Convention 2017: This is our time

Many UNA members played an enthusiastic role in the 2017 Alberta Federation of Labour Convention in April. At left: AFL President Gil McGowan and Alberta Labour Minister Christina Gray.

More than 90 members of United Nurses of Alberta participated in the 2017 Alberta Federation of Labour’s “This is Our Time” convention, held from April 27 to 30 at the Northlands Expo Centre in Edmonton. The 400 delegates in attendance, who represented unions from across the province, debated policy resolutions focused on important issues ranging from the precarious work

economy and workplace safety to universal childcare and expanding medicare.

Members heard from speakers including AFL President Gil McGowan, Canadian Labour Congress President Hassan Yussuff, David Madland from the Centre for American Progress, Dr. Kathie Muir from the University of Adelaide, activist and actor Tina Keeper, and Alberta Labour Minister Christina Gray.



Dealing with 'Form 10 patients'

NURSES ARE NOT REQUIRED TO PUT THEMSELVES IN DANGER

By Dewey Funk
UNA Occupational Health
& Safety Advisor

■ Imagine this scenario: A hospital in rural Alberta is brought a “Form 10 patient” by the RCMP for admission. The Patient is aggressive. But the Mounties say they must leave the hospital because they have another urgent call.

A “Form 10 patient” is shorthand for a patient who has been apprehended by a peace officer who is satisfied the person is suffering from a mental disorder and is acting in a manner likely to cause self harm, harm to others or further serious impairment.

In such a situation, what are the responsibilities of the nurses at the site? Are they required to accept the patient?

These questions, in turn, require additional questions to be asked: Is your site a designated facility under the Mental Health Regulations? What is the medical condition of the patient? Does the patient have a physical medical condition that requires immediate medical attention?

If there are no physical medical conditions requiring immediate attention, why is the Form 10 patient being admitted and not redirected to a facility designated, the Mental Health Regulations?

Does your worksite have peace officers on site?

This doesn't mean contract security employees if they do not have peace officer designations, and I am unaware of contract security employees in Alberta who are peace officers.

Please ask the contract security employees at your site if they have received and

passed the requirements to be a peace officer and have received the designation. If there are no peace officers on site and your site is not a designated facility, and the patient is not downgraded to a Form 1 by a physician, how are you being supported by management?

You do have the right to refuse in such instances where there is no peace officer on duty and no immediate medical attention is required.

Occasionally, Form 10 patients have been left at hospitals because of police workloads. Health care employers need to stand up and support their nurses instead of insisting they take such patients

It is unfair of management to insist that these patients are admitted, putting nurses at risk of injury and on top of this not supplying extra staff to assist with the dangers they may pose.

Nurses are not guards. Nurses are caregivers and should be treated with appropriate respect as caregivers.

□ CONTINUED ON PAGE 27



CANADIAN
FEDERATION
OF NURSES
UNIONS

By Emily Doer,
CFNU Communications

Canada's nurses applaud CLC for joining our fight for universal pharmacare

- Over the past decade, Canada's nurses have called for a universal pharmacare plan as a prescription for reducing health care costs and helping Canadians.

The leadership and members of United Nurses of Alberta along with their colleagues in the Canadian Federation of Nurses Unions played a key role in these discussions with political decision makers, and in helping the country get to the strong position we are now in to make universal pharmacare reality.

CFNU now has the support of the Canadian Labour Congress and the nearly 3.3 million workers Canada's unions represent in this fight for pharmacare.

In May, more than 3,000 delegates at the 2017 CLC Convention in Toronto heard the report of the Economic and Social Policy Resolutions Committee, which included a resolution calling for a campaign for a national, universal, single-payer and public prescription drug plan for everyone living in Canada.

Speaking for the resolution, CFNU President Linda Silas reminded delegates that 3.5 million Canadians do not have access to any drug plan, and many must choose between feeding their family, paying their rent, or filling their medically necessary prescriptions.

"We could not be happier to have the enthusiastic support of the Canadian Labour Congress in our fight for universal pharmacare," Silas said after the vote. "To put forward a resolution on behalf of nearly 200,000 unionized nurses in Canada and feel the support of our friends and allies on the floor was extremely motivating as we continue this critical work."

In 2016 and 2017, CFNU hosted breakfast briefings for Parliamentarians in Ottawa and provincial premiers at the last meeting of the Council of the Federation. In December last year, a report researched for CFNU by economist Hugh Mackenzie – *Down the Drain: How Canada Has Wasted \$62 Billion Health Care Dollars without Pharmacare* – showed how much Canada could have saved in health care costs over a decade by investing in a national pharmacare program.

In 2017, as Canadians celebrate what we have accomplished together over 150 years of Confederation, we need to think too about the next 150 years, Silas said.

"A national universal pharmacare plan is a missing piece of our publicly funded health care system," she stated. "Working together to accomplish this would certainly be something to celebrate for the next 150 years."

The CLC's prescription for a #FairFuture – including national pharmacare – will be its theme for Labor Day 2017. 🍷

"A national universal pharmacare plan is a missing piece of our publicly funded health care system."

– Linda Silas,
CFNU President

REGISTERED NURSES: time to renew your permit

Professional Associations
UPDATE
from CARNAs

Renewal opens July 19, 2017
and the deadline is Sept. 1, 2017.

- There are three steps to renew your practice permit:
 - Complete your CCP Continuing Professional Development for 2017 (Do this now to get a jump start on renewal!)
 - Begin your CCP Practice Reflection for 2018
 - Submit your application form and payment in MyCARNAs. We will review your application and email you when your renewal has been approved or if we need more information.

Renewal fees are as follows:

- Registered nurse: \$615.52
- Nurse practitioner: \$669.60s
- Certified graduate nurse: \$563.02
- Associate/retired member: \$42.00

Visit nurses.ab.ca for frequently asked questions, video tutorials and other resources. 🍷

WHAT MAKES YOU UNIQUE?

- RNs often have difficulty describing their role and the value they bring to the health-care system. Their primary distinguishing qualities include complex critical thinking, co-ordination of care, leadership of multidisciplinary teams, comprehensive assessments, holistic care and more.

Think of a situation when you added value to a situation as a registered nurse. What moment defined your role as unique?

We invite you to tell your story – one that describes your professional pride, unique skills and knowledge and most importantly, your value.

Submit your story to CARNAs at nurses.ab.ca/uniquelyrn and we may share it on our website, in our magazine and on social media. Many other RNs have already shared theirs – visit us online to read their stories. 🍷

□ CONTINUED FROM PAGE 25

'FORM 10' PATIENTS

Regulations under the Mental Health Act state the following locations are designated facilities: Alberta Hospital Edmonton; Centennial Centre for Mental Health and Brain Injury; Peter Lougheed Centre; Foothills Medical Centre; Misericordia Community Hospital; Royal Alexandra Hospital; University of Alberta Hospital; Grey Nuns Community Hospital; Chinook Regional Hospital; Medicine Hat Regional Hospital; Northern Lights Regional Health Centre; Queen Elizabeth II Hospital; Rockyview General Hospital; Claresholm Centre for Mental Health and Addictions; Red Deer Regional Hospital Centre; Southern Alberta Forensic Psychiatry Centre; St. Therese-St. Paul Healthcare

Centre; Villa Caritas; and South Health Campus.

I am asking you to contact me at the UNA provincial office and report all instances Form 10 patients are left at facilities that are not designated.

We need to start keeping a record so we can hold management accountable. To report these instances on the UNA webpage, go to the Occupational Health and Safety icon to report, or send me an email.

Nurses are not guards. Nurses are caregivers and should be treated with appropriate respect as caregivers. 🍷

New PRC reporting form is now available in a variety of media

■ A new Professional Responsibility Concern reporting form has been designed and introduced for use by United Nurses of Alberta members, says UNA PRC Advisor Chris Axtell.

Axtell said the new form – available in paper and electronic versions, as well as through UNA’s smartphone app – is not intended to replace the employer’s incident reporting forms or systems, but to enhance it, give the union tracking information about concerns that have been identified and nurses the confidence their concerns will be heard.

The new form includes places for the nurse to note the staffing mix and to

include recommendations on how to solve the problem identified, Axtell said.

Concerns documented in the new form will be presented to the local’s PRC Committee for advancement as outlined in UNA’s collective agreements.

The electronic version of the form in particular – which can be accessed on the union’s Data Management System (DMS) at dms.una.ab.ca/forms/prc – will assist UNA with tracking concerns and following up with emails and other communications.


UNA members should fill out the form as soon as possible after observing a Professional Responsibility Concern, Axtell noted. He said permission from a manager is not required to complete and submit the form, although nurses should advise managers of the concern they are reporting. Space is available on the form to report the time the concern was reported to a manager.

Nurses filing PRC forms should not include the names of patients, residents, staff members, physicians, or others involved in the situation being reported.

Nurses with questions about the new form or who wish to request paper copies are encouraged to contact Axtell or PRC Advisor Josh Bergman.


Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have organizational and human support systems, and the resources necessary for safe, competent and ethical nursing care.

UNA members should fill out the form as soon as possible after observing a Professional Responsibility Concern



Professional Responsibility Concern Form (PRCF)

United Nurses of Alberta



Electronic submission of this form is available on the UNA app (available for iOS and Android) and online at dms.una.ab.ca/forms/prc

Purpose
Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have the organizational and human support systems, and the resources necessary for safe, competent, and ethical nursing care.

Employer: AHS Covenant Other (Specify) _____ Local #: _____
 Worksite: _____ Unit/Office: _____
 Manager: _____
 Manager/Manager on call contacted? No Yes Date Time _____
 Name of Manager on call contacted: _____

Instructions

- Complete this form as soon as possible after observing conditions in which you believe the safety of patients/residents may be at risk, or in situations where you believe administrative action needs to be taken to prevent risks to patients/residents.
- You do not have to obtain permission from a manager to complete this Professional Responsibility Concern Form. However, you should inform a management representative of the conditions you are documenting in this form.
- This form and the information contained in it is the property of the United Nurses of Alberta. The concerns documented in this form will be presented to the Professional Responsibility Committee or alternate in your worksite for resolution as provided in the Collective Agreement between UNA and the Employer.
- Deliver or send the white copy of the PRC Report Form to the Local/Local office of the United Nurses of Alberta in your worksite.

Keep the pink copy for your personal records.
 Deliver or send the yellow copy to the Unit/Program Manager.

5. Stay in contact with your local executive as to the status of your PRC.

If more space is needed, please attach a sheet of paper.

When did the incident or issue occur? Date Time Shift

Is staffing a factor for this issue? No Yes If yes complete the following, as applicable:

Baseline staffing	RN <input type="text" value=""/>	RPN <input type="text" value=""/>	LPN <input type="text" value=""/>	HCA <input type="text" value=""/>	Number of patients on unit: <input type="text" value=""/>
Number of staff working	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	Number of over-capacity patients on unit: <input type="text" value=""/>
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	Number of patients/residents/clients assigned to you: <input type="text" value=""/>

Detailed Description of Incident/Issue (Do not use names of patients, residents, clients, staff, doctors, or others):

RLS (or other incident report) completed? No Yes RLS/Incident Report #: _____
(This form does not replace the Employer's incident reporting form/system. RLS is a voluntary reporting system. You are under no obligation to indicate whether you filled out a RLS report on this form.)

Recommendations (What is needed to prevent this incident or issue from occurring again?):

TO BE COMPLETED BY LOCAL:

Local File #: _____
 Date Received:

Name (Printed): _____
 Designation: RN RPN LPN Other (Specify) _____
 Signature: _____ Date Report Filed
 Personal E-Mail: _____ Phone: _____

UNA members at two locals use PRC process to ease nighttime understaffing



■ Thanks to the dedication of United Nurses of Alberta members, the Professional Responsibility Concern process in UNA's collective agreements continues to improve the quality of care in Alberta health care facilities.

Recently members of two Central Alberta locals, Local 43 in Olds and Local 4 in Stettler, were able to use the PRC process to raise employee numbers on understaffed nighttime shifts.

Local 43 members used the process to address the need for a maternity float nurse at the Olds Hospital and Care Centre, which is located about halfway between Calgary and Red Deer.

Starting in 2012, the need for increased staff in the rural hospital was evident from the stress, burnout and sometimes tears, local members recall. Using a committee set up under the Joint Workforce Regularization Process, the required FTE was identified. But when needed changes were not made, local members began to complete the PRC forms.

There was a meeting with the CEO's designate in 2014 and 2016, and another scheduled for May 2017. The 2017 meeting was cancelled when there was finally evidence of progress with management at the site.

The result, writes Local 43 President Sharleen Hazelwood, were small staffing increases after the meetings with the CEO designate and much more significant results in 2017.

"We went into that meeting with 143 open Professional Responsibility Concerns spanning five years and left with two open PRC forms," she said. "The process does work. The results, unfortunately, can be slow in appearing."

Meanwhile, at Local 4 in Stettler, UNA members faced a similar situation, with staff suffering burnout symptoms, breaks often missed and vacation requests frequently denied as a result of chronic understaffing – only two Registered Nurses and two LPNs dealing with 26 to 30 patients between 11 p.m. and 7 a.m. at the Stettler Hospital and Care Centre, including Maternity and the ER.

"We started filling out PRC forms about two years ago and had about 14 PRCs relating to this issue open," said Kelsey Asmussen of Local 4's PRC Committee. With help from UNA PRC Advisor Chris Axtell, she remembered, the local was able to arrange a meeting with acting Chief Zone Officer Sherie Allen. "Within one day of our meeting with Sherry we were approved for another LPN from 2300-0700 for seven days a week, giving us five staff on nights permanently."

The result, said, Asmussen, is safer patient care, fewer missed breaks, and a healthier staff.

"PRCs do work and we are so happy that our staff and UNA worked together as a team to advocate for patient safety and improve work conditions," she concluded. 🍷

"PRCs do work and we are so happy that our staff and UNA worked together as a team to advocate for patient safety and improve work conditions."

– Kelsey Asmussen

Three new LROs commence work in Provincial Office in Edmonton



- Three new employees have joined the staff of United Nurses of Alberta as Labour Relations Officers based in UNA's Provincial Office in Edmonton.

Brady Holroyd, Katie McGreer and Julia Renouf all commenced work with UNA in July.

Holroyd grew up in Edmonton and earned a B.A. in sociology at the University of British Columbia before pursuing a law degree at the University of Oregon in Eugene. He also earned a certificate in dispute resolution during his studies.

His recent work experience includes a small labour law firm in Oregon and for the state employment department in Portland. He loves the Oilers and plays soccer.

McGreer holds a law degree from UBC and a masters in Political Theory from McGill University in Montreal. She has worked as a policy advisor to the Alberta

Government's health ministry and the Public Service Commission's Labour and Employment Practices Division, and as an editor and teacher in South Korea.

She has held many jobs working with clients with physical and mental disabilities. Her interests include bridge ("the best card game of all time"), running and travel.

Renouf earned a Bachelor of Science degree in mathematics from the University of Alberta, where she received the Dean's medal in Science, and a law degree from the University of Victoria.

She has worked for seven years as a lawyer, primarily in criminal law but with experience in administrative, human rights, labour, employment, and civil litigation. She says her personal interests include board games, cryptic crosswords, modular origami, "and hitting the gym hoping to someday be a Canadian Ninja Warrior." 🍷

From left to right above:
New LROs Brady Holroyd,
Katie McGreer, and
Julia Renouf

Remember to document your job with your letter of hire; part-time employees have rights when assigned work on days of rest

Every employee should have written documentation of their position

- It is valuable and important for every employee to have written documentation of their position. The key document is the “Letter of Hire” provided by your employer. This letter must include:
 - Job category (regular, temporary, or casual)
 - Classification
 - Number of hours per shift and shifts per shift cycle
 - Date of hire, and transfer
 - Increment level
 - Site, or sites if the employee is working “at or out of”

It is also important for employees to check and ensure their seniority date is correctly recorded in the Letter of Hire their employer has drafted and placed in

Contract protects part-time employees assigned work on scheduled days of rest

According to Article 30.01 (a) (v) of the UNA Provincial Collective Agreement, a part-time employee shall be paid two times their basic hourly rate of pay if the employer requires them to work on their scheduled days of rest without having volunteered or agreed to do so.

Employees have the right to know where their scheduled day of rest will be moved

their personnel file. You are entitled to see this letter and ask for a copy. A seniority date, as described in Article 12.01 (a) is the date the employee entered the bargaining unit. UNA Local Executive members can confirm this date for you. Documentation of each employee’s position can be important if there are layoffs or displacements.

Importantly, Article 12.06 of the Provincial Collective Agreement says that an employee who has accrued seniority with the same employer or another employer with a collective agreement that has reciprocal seniority provisions “shall be entitled to maintain their previous seniority date provided that there has not been a break of six months or more in the employee’s continuous employment.”

to prior to agreeing to move their scheduled days of rest. The employer cannot require an employee to agree to move their scheduled day of rest to a day in the past.

The employer is required to give an employee 14 days’ notice of the change to their posted scheduled days of rest. 🍷



**Know
your
Rights**
Report from
Director of Labour Relations
David Harrigan

Employees have the right to know where their scheduled day of rest will be moved to prior to agreeing to move their scheduled days of rest.

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



The United Nurses of Alberta app now includes a Report a Concern section that makes it easy for nurses to identify professional responsibility and occupational health and safety concerns, or raise questions about their collective agreements.

The UNA app also provides instant access to all UNA collective agreements; Spotlights, resources, and union news.

Download the UNA app from the Apple App Store or Google Play

DOWNLOAD THE UNA APP