

Provincial Negotiations

Mediator continues to meet, providing discussion paper

Mediator Alan Beattie is issuing a discussion paper this week that could become the basis for Mediator's recommendations for a new provincial agreement. The UNA Negotiating Committee and the Health Regions will meet separately with the mediator on June 26 and 27th to respond to the paper. Beattie intends to revise the paper, based on the responses, and issue it as Mediator's Recommendations early in July.

UNA was surprised at Beattie's announcement that he would be moving so quickly to Recommendations. The understanding had been that further negotiation would take place based on the discussion paper.

"If the Health Regions are ready to negotiate on the basis of the mediator's paper, we are ready to go ahead," Heather Smith says. "It's hard to see how the discussion paper will translate almost immediately into Mediator's Recommendations, especially as the Employers have moved very little so far on any of the rollbacks they have proposed."

The Employers still have massive rollbacks on the table, including: eliminating Nurse-in-charge, the ability to move nurses from site to site and cutting out designated days of rest.

"Any Mediator's Recommendation that includes extensive rollbacks like these will not likely meet the needs of nurses," Heather Smith said. "Of course we have to see what's actually in Recommendations to determine if the Negotiating Committee would want to take it to a Reporting Meeting or a provincial ratification vote."

"Whatever happens it will be up to the members to finally decide which course UNA will follow," Heather Smith says.

The mediator had held separate sessions with the UNA Negotiating Committee and the PHAA Health Authorities committee over the last few weeks to sort through all the proposals.

The provincial negotiations are the place to get a new agreement, including resolving all the Bill 27 issues, Heather Smith says. "It's unlikely that the Employers, or ourselves, want to hammer out agreements Region by Region following through on the Bill 27 process. If we can get a province-wide agreement that works for all Regions, it would be much more effective."

Camrose doctors will stop delivering babies because of low nurse staffing

Physicians at St. Mary's Hospital in Camrose say they will refuse to do deliveries at the hospital if the nursing staff is not increased and other changes made by December. Two hundred babies were born last year at St. Mary's, a voluntary Catholic hospital. The Hospital's Board says in a full page newspaper ad published last week that they are addressing staffing issues and other concerns of the Doctors. They also say that physicians have many ulterior reasons, inconvenience and low remuneration, for not assisting at deliveries.

Lara Brausen, UNA Local #15 President at the hospital says nurses have been trying to improve staffing on the unit for years.

"It's an obstetric, palliative care/ post op/long-term stay/medical everything unit. If a labour patient comes

in you have the labour patient as well as teamleading for nine patients until extra staff get in. The workload was so heavy we lost 12 RNs in three years," she says.

The doctors found they couldn't do what they needed to do, inductions, augments or epidurals, because no staff was available. Management blamed the nurses, saying they weren't well organized.

"They didn't do anything about addressing the workload issues to retain our experienced staff. The Local has been pushing for an extra RN on days, but without results," Lara Brausen says.

"If staffing is increased, some of the experienced nurses might come back to the unit. When you've got experienced obstetrical staff it takes a lot of pressure off physicians," she says.

Poll shows Albertans most concerned about health care but still supporting Tory government

An Ipsos-Reid poll done in May shows that 59 percent of Albertans are “very concerned” about the quality of health care, the top worry for citizens. But education, and electricity deregulation were not far behind. Overall, however, Albertans are still giving the Tories good grades, with a 65 percent approval rating. “Polls like this tell MLAs they don’t have to change,” notes government watcher Rich Vivone.

Ontario lays off SARS quarantined nurses, brings in Manitoba nurses

This week Ontario laid off eleven quarantined nurses as part of the “budget process” and moved to bring in agency nurses from Winnipeg at over \$56 an hour. At the same time, the SARS Operations Centre has reduced the SARS Directives requiring masking only in critical care areas. The Ontario Nurses Association (ONA) is outraged at the continued mistreatment of nurses affected by the outbreak.

Questions around safe use of masks continue to come out. “There is ample evidence that many of the Toronto area hospitals have not met the basic health and safety requirement for mask fit-testing as set out in the Occupational Health and Safety Act,” ONA President Barb Wahl, RN, told Ontario Premier Ernie Eves in a letter this week. “ONA is taking this strong position because of our serious concerns for the health of the public and our members.”

CFNU asks Prime Minister to meet on health system preparedness

New Canadian Federation of Nurses Unions (CFNU) President Linda Silas is looking for a meeting with the Prime Minister on ensuring our health system is prepared for possible crises. The Prime Minister and the Premiers need to have a direct hand in making the “unprepared” system “crisis ready for the sake of our patients and the public health,” Silas said.

“Our health care system in Toronto was severely tested last month, and many of the system’s weaknesses were revealed. Now, we fear that, as a nation, we will move too slowly to learn the lessons and incorporate the required changes from this crisis. If this turns out to be true, the consequence for our future patients could be dire,” wrote Silas.

Huge jump in long-term care charges

Higher profits but not improved services say critics

The provincial government has raised long-term care accommodation costs by up to 40% and critics see the move as a public bail out of for-profit care providers. The government had just raised the accommodation rates last year, but this year’s rise was dramatic, according to long-term care analyst Wendy Armstrong.

“It’s a real hardship for residents, and their families most of all,” says Armstrong. “I’m a baby boomer and my kids are going to be shocked when they find not only is there no inheritance but they have to cover high long-term care costs.”

Only nine hundred of the 14,000 Albertans resident in long-term care will have the full increase covered by government subsidy. All the others will have to come up with some or all of the money to cover the massive hike. A private room, for example, goes up August 1 from \$992 to \$1469 a month.

The government says the increase is necessary to cover the rising costs of accommodation and pay for improvements in services. Paul Rushforth, president of the owners’ long-term care association says the increase will help pay debts and increase profits.

Wendy Armstrong suspects this “may represent a public bail-out of for-profit assisted living facilities which are experiencing low occupancy rates.”

Last year Armstrong produced *Elder Care* a critical report on the long-term care industry, prepared for the Consumers’ Association of Canada. She says long-term care should be considered medical care as residents have a range of often serious medical problems. “People ask why taxes should pay for the care of an elderly person who perhaps has had a stroke and is incapacitated. Then I ask why should we pay for the costly treatment for a child born with a congenital heart defect. It’s the same thing,” says Armstrong.

Armstrong points out that the line between room and board (accommodation costs) and health care costs can be blurry. Each resident’s needs are supposed to be individually assessed but somehow every resident has been assessed at needing just one bath a week, and if they want more than one they have to pay extra – it’s a housing cost. Hands-on care, even medications, are increasingly provided by non-nursing Personal Care Attendants and are then described as independence support or housing service, rather than as a health service.

Armstrong says the big changes to nursing home care are happening in many provinces across the country. “One of the best demonstrations of inter-provincial cooperation is the way health ministries have been coordinating how to best beat up on old cripples,” she says.

Choose “A” or Choose “A”

Bill 27 process has nurses voting between identical agreements

UNA Chief Negotiator David Harrigan says nurses employed by the province’s Health Regions may as well vote and send in ballots for Bill 27 “receiving” collective agreements although the process is not overall that significant. The Region by Region vote for “receiving” agreements is a vote between identical contracts in most Regions.

Nurses are slated to vote in an Alberta Labour Relations Board (LRB) mail-in ballot to choose between the two largest facility agreements in each Region. David Harrigan emphasized that this is NOT a UNA vote and NOT a ratification vote. All existing contracts remain in effect until a new one is negotiated.

The provincial Community Agreement is effectively swept off the table by this Bill 27 process. However the law also says the receiving agreements must be negotiated to create terms applicable to all nurses. UNA plans to negotiate appropriate terms for Community nurses that meet their particular work conditions.

UNA asked the LRB to waive the meaningless voting and explained that all the Region-wide issues and agreements are now on the agenda at provincial negotiations, the best place to resolve all the issues. But the LRB ruled that votes must go ahead anyway, unless the Employers and UNA agreed to waive them. The Employers refused to agree to waive the votes in all the Regions.

“This will not be earth-shattering,” David Harrigan said. “For the most part people will be asked to either choose A or choose A, the agreements are identical. The “successful” collective agreements are not binding on anyone,” David Harrigan noted. “These receiving agreements

only become the starting point for the Bill 27 negotiation process, which we fully expect will also be meaningless because the provincial negotiations are dealing with all these issues. We are nonetheless encouraging people to exercise their right to vote.”

The Bill 27 vote is most significant in Edmonton’s Region 6 where nurses are asked to select between the local conditions applied at the University of Alberta Hospital for Local #301, or those for the Royal Alexandra Hospital Agreement, Local #33. Both Locals signed identical provincial agreements, but the site specific local conditions are different.

There are differences in the hours of work, seniority and superior provisions that nurses at the University of Alberta have enjoyed (e.g. 50% day duty; 20 minute rest periods, etc.). UNA recommends voting for the #301 local conditions because they would maintain the broadest array of provisions in the receiving Collective Agreement, a better point to begin bargaining from.

More UNA information on the Bill 27 votes will be included in the ballot package and is available on the UNA website: www.una.ab.ca or through your Local executive.

Further Labour Relations Board hearings were continuing to try to sort through the complex Bill 27 details. One of those details is determining when Registered nurses who were in other unions will switch to UNA representation. Hundreds of nurses, including those at Alberta Hospital Ponoka, Fort McMurray Community and mental health nurses will be coming into the new Regional bargaining units as a result of Bill 27.

**This is NOT a UNA
ratification vote**

Ballot deadline August 7

The Bill 27 ballots are in the mail and must be returned by August 7 (received at LRB by August 7 NOT post-marked by August 7). Region 7 (most of Aspen, Westview and Lakeland) ballots have still not been mailed. Region 7 has been “frozen” by the LRB because of incorrect information provided by the Employers on numbers of Employees in each bargaining unit. Some Employees working assignments on different units were counted twice, three times or as many as four times over.