

UNASTAT

UNITED NURSES OF ALBERTA NEWS UPDATE FOR MEMBERS

UNA asks Calgary Region to stand up for nurse and to fix the problems after ER miscarriage hits headlines

■ UNA President Heather Smith is asking the Calgary Health Region to come up with a plan to end the Emergency Room crunch in the Region. In a letter to Calgary Region CEO Jack Davis, she also asked that the Region stand behind its nurses with a public media campaign.

ER nurses at the Peter Lougheed Hospital felt they had no support from the hospital after the case of a miscarriage made headlines in Calgary newspapers. Many nurses were incensed by the coverage which appeared to put the blame for the incident on to staff. In her letter to CEO Davis, Heather Smith pointed out: “reported remarks by Region officials, and reports that the Region was recommending communications or sensitivity training for nurses, cultivated the impression of unprofessional individual performance.”

Local #1 President at the hospital, Linda Harkness, points out that the nurses were assured by their managers that they did nothing wrong.

“The nurses followed every procedure and every protocol and the nursing management told them they did their best.”

“It was the Region that dropped the ball, that provided inadequate care. The Emergency was backed up because of a lack of beds.”

Nurses in the Peter Lougheed ER have filed 64 separate Professional Responsibility Complaints dealing primarily with understaffing and overcrowding – this year alone.

Heather Smith asked Davis to “respond to the nurses’ professional concerns and implement a plan for adequate staffing and resources.”

The case involved a woman having a miscarriage who was held up in the Emergency waiting room because of a serious overcrowding situation.

The Calgary Herald reported that: “Rose Lundy, 34, said she miscarried as she waited in a chair for medical attention at Peter Lougheed Centre...”

“Lundy’s husband, Rick – who described the emergency room as a “zoo” – said he repeatedly begged triage nurses to help his wife as her bleeding intensified during their three-hour wait. He was told there were no available beds.”

“The ER was overcrowded. It is regularly understaffed and there were no beds to send this woman off to. The nurses would have dearly loved to whisk this woman and her family off to a room for their privacy. But there was nothing they could do,” Linda says.

Heather Smith asked the Region to support its staff with a media campaign on the contributions of nurses and the crucial role nurses play. “Nurses working in a precarious environment do not need their efforts to provide care further compromised by diminished public confidence,” she said in her letter.

Hospital service closures highlight staff shortages

■ Recent temporary closures of St. Albert’s Sturgeon hospital surgery room and Grande Prairie’s Queen Elizabeth II hospital ICU signal the seriousness of the health care worker shortage, according to recent news reports.

A shortage of physicians was cited as the cause for the closure in both cases.

The closures sparked several media stories including one in which Liberal Health critic Laurie Blakeman said the province needs to dramatically increase the number of spots for educating doctors, nurses and other health professionals.

“The government has come out with nothing so far about increasing spaces in any meaningful way.”

An Alberta Health spokesperson said health and advanced education are working on a strategy that will be presented to the government in the fall.

Nurses at Extendicare Vulcan and Beverly long-term care get first agreement

■ Nurses at Extendicare Vulcan, new to UNA, have their first collective agreement. The nurses are part of UNA Local #143.

Their agreement is almost identical to the standard Extendicare agreement, with some language dealing with implementation dates for benefits, rotations, etc. The expiry date is 31 July 2007. Provincial salaries (extended to 2007) apply.

Nurses at Beverly long-term care in Midnapore in the south of Calgary have ratified their first collective agreement. All the nurses providing direct nursing care, both LPNs and RNs are in the UNA bargaining unit, which is part of UNA Local #213.

On-going negotiations

- Nurses with Venta long-term care in Edmonton are in contract talks now and the nurses with Rivercrest Nursing Home also in Edmonton have basically concluded negotiations although a ratification date has yet to be set.

Capital Health announces switch to nitrile gloves

- In June Capital Health announced it was making a complete conversion of non-sterile exam gloves from vinyl or latex to nitrile fabricated gloves. Last year nurses from Local #85 took an Occupational Health and Safety issue about latex allergies all the way to the Capital Health Board. Local President Sherry Stone and member Jopy Haagsma made the presentation. Jopy noted at the time: “With an aging population of nurses exposed to latex for the last twenty some years, we are beginning to see the effects of many years of exposure to latex. Our health is being affected and the financial costs to the health care system are just now being recognized.”

Government releases new health “framework”

- Last week Health and Wellness quietly put up a new “Health Policy Framework” on its website. This new version of the “Third Way” makes no mention of private insurance or doctors working both in private for-profit practice and for the public system. However, it does leave the door wide open for “innovation” and for-profit services paid for by the public system.

Under its 5th point, “Reshape the Role of Hospitals” the new document talks about “shifting some day

surgery and ambulatory care services to community settings”. Some observers are saying that “Community settings” is spin code for privately-owned health companies, or privatization.

PEI nurses settle new contract

- After a stormy round of bargaining, Prince Edward Island Nurses Union finally reached a tentative agreement on a three year contract.

The agreement provides for an 8.75% wage increase over the three years. It also introduces a new maternity/parental leave/employment insurance top-up benefit. The new contract also gives new compensation for preceptorship/mentorship when a senior nurse partners with a new nurse to assist them in becoming comfortable in their new profession. For the first time, the Union’s contract language includes the new Nurse Practitioners.

“Nursing Against the Odds” — New book asks hard questions

- A new book out of the U.S. brings an outside’s eye to nursing. Author Suzanne Gordon asks “What the heck is going on here?” The book is available on amazon.ca in paperback for \$26. The title is: *Nursing Against The Odds: How Health Care Cost Cutting, Media Stereotypes, And Medical Hubris Undermine Nurses And Patient Care.*

“I think there is despair among everybody in health care.... The fact is that people know it takes a lot of education and skill to be a brain surgeon. People don’t know that it takes a lot of education and skill to take care of somebody who has just had brain surgery. That is the missing link in the nursing crisis. The fact is people are fighting for access to their doctors. They are not fighting with equal vigour for access to their nurse.”
– Suzanne Gordon 2005

CFNU says nurses disappointed in doctor’s pro-private health care position

- The Canadian Federation of Nurses Unions publicly criticized the Canadian Medical Association’s recent decision to advocate for privatization. The CMA, at its Annual Meeting held August 20-23rd, passed a number of motions calling for an increase in for-profit delivery of health care.

“Nurses will fight for every patient, rich or poor, to have timely access to high quality health care, according to need and not ability to pay,” says Linda Silas, President of the Canadian Federation of Nurses Unions, which represents over 130,000 nurses across Canada.

The CMA also elected Dr. Brian Day, co-owner of a private clinic, as the national president for 2007-2008, despite a much publicized campaign to elect a proponent of public health care.

The doctor delegates passed motions that include urging governments to remove the existing bans that prevent doctors from practicing in both the for-profit and public sectors; and to adopt a regulatory regime that increases for-profit delivery.

“In just a few years, CMA has gone from a strong pro-medicare position to a position advocating for a parallel for-profit private system”, commented Linda Silas, an observer at the CMA meeting. “The doctors seem to forget that before Medicare, under a system which was mainly one of private enterprise, the costs of proper medical care were prohibitive to the majority of people. The frustration of today’s system for some is not an excuse to go in the wrong direction”.

ON THE LIGHTER SIDE

A man goes to the eye doctor. The receptionist asks him why he is there. The man complains, “I keep seeing spots in front of my eyes.” The receptionist asks, “Have you ever seen a doctor?” and the man replies, “No, just spots.”