

United
Nurses
of Alberta

News Bulletin

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**Celebrating
a great
contribution**

**How will we get by
without retiring nurses?**

Maurice de la Salle, Edmund Tse, Bev Mills, and Linda Arnold, (clockwise from top left) all Registered Psychiatric Nurses who are retiring this year. All together They have been nursing for over 132 years.

Negotiations update and special leaflet inside!



Two of the UNA Scholarship winners, Bavié Sara and Christine Yakimishyn.



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Judge rules that limited evidence does not taint the impartiality of the LRB

Court of Queens Bench Justice Jack Watson has dismissed the case from UNA and CEP that the Labour Relations Board could have been biased in its Bill 27 decisions. The decision came January 28 after nearly four days of hearings on the unions' application. Judge Watson ruled that there was not enough evidence to show that a "reasonable person would have an apprehension of bias" at the LRB.

UNA and the Communications Energy and Paperworkers Union (CEP) took the case to court after a Freedom of Information and Privacy (FOIP) request showed the provincial government and the LRB had communicated extensively about Bill 27. Because the government, and its Health Regions, are often at the LRB as Employers and asking the Board to rule impartially on labour questions, the unions said it was inappropriate for the government to possibly be influencing the Board and its decisions on Bill 27 questions.

"We are very concerned that the LRB not be unduly influenced by government – particularly in matters like Bill 27 where the

government is effectively the Employer," UNA's Director of Labour Relations David Harrigan told news media.

Judge Watson, however, ruled that even for a quasi-judicial tribunal that must exercise impartiality, some degree of communication with the government is necessary and that the evidence did not suggest it had gone beyond what might be reasonable.

"One of the problems is that there isn't much evidence because the government and the LRB kept most of it censored. That alone should raise concerns," UNA's David Harrigan told reporters after the decision was released.

Last summer the LRB and the government responded to the Alberta Federation of Labour's (AFL) FOIP request and supplied many documents but as CEP's Don MacNeil noted, "...in 20 or 30 pages there were only about five lines that weren't blacked out." The LRB cited cabinet confidentiality as the reason for the censorship.

The AFL has requested a ruling from the FOIP Commissioner on whether the LRB has the right to withhold the information.

In the unions' case, lawyer Leanne Chahley brought forward evidence of the government's involvement with the LRB including a quote from Human Resources and Employment Minister Clint Dunford. In the Legislature Dunford said: "The chairman of the Labour Relations Board is here in the Gallery today, and he needs to hear what the time frame is that we're placing him under and that this will be one of the measurements, of course, that we'll be using in terms of our movement toward the goal."

In Court Chahley also pointed out that Mark Asbel's term as LRB chair would be ending at about the same time and it would be up to Dunford whether to re-appoint him or not.

It all added up, Chahley notes in her brief, to "...lead a reasonable person to perceive that the Board was unable to conduct its business free from the interference of the executive branch of government."

UNA and CEP have not yet announced if they will be appealing the decision. 🐾

UNA takes members' privacy seriously

UNA has always taken great care with members' personal information and privacy. The new Personal Information Protection Act will not significantly change our practices but under the law we have to inform members about how we use the membership information provided to us. Generally we take personal information, like your address and telephone number, in order to provide services to you and communicate with you.

The formal notice about UNA's use of personal information has gone out in recent mailings. It was not sent out because of any major changes, but only to comply with the law. UNA continues to protect the privacy of members in every way possible.

Executive Board

Senior Staff

Celebrating a great contribution

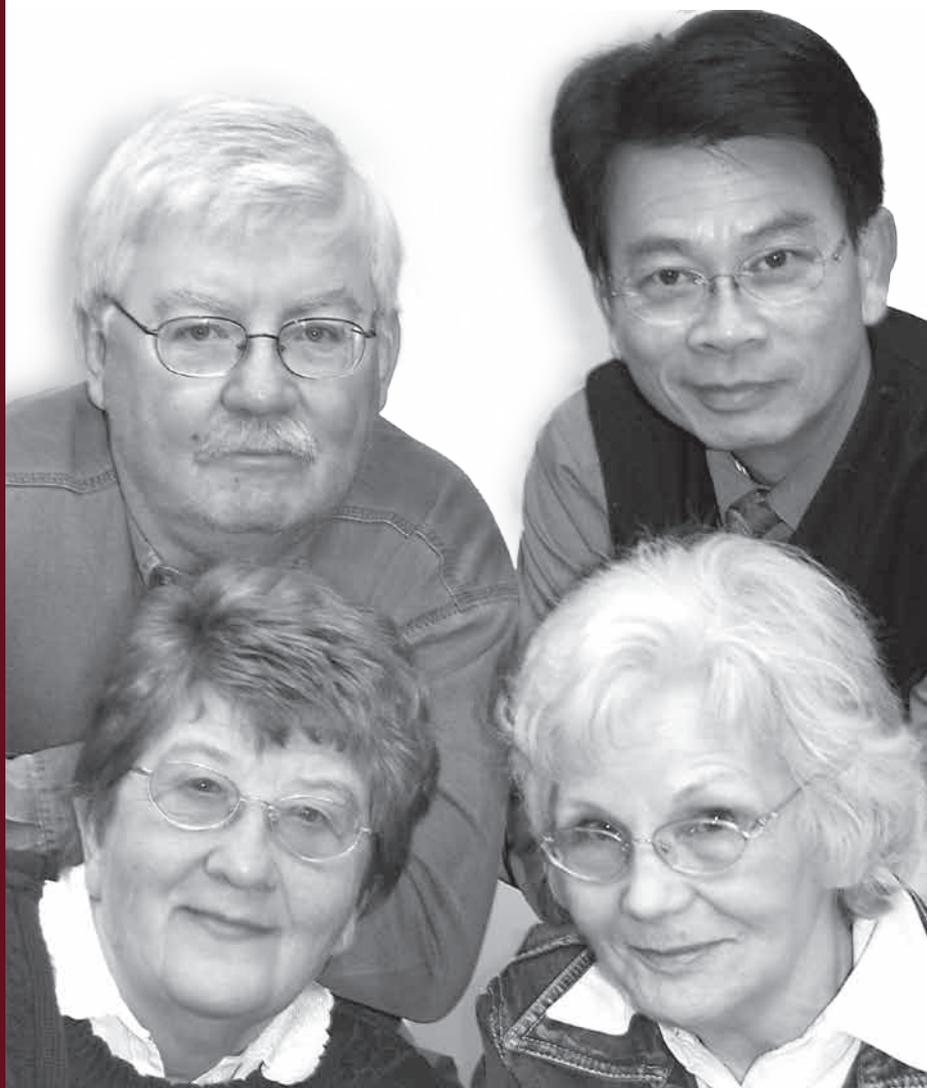
How will we get by without retiring nurses?

Over the next three to five years, Alberta, like the rest of Canada, could lose up to a quarter of our nurses, our most experienced nurses, to retirement.

RPNs Maurice de la Salle, Edmund Tse, Bev Mills, and Linda Arnold, (clockwise from top left), are all retiring from Local #183. Together they have contributed 133 years of nursing and it is next to impossible to calculate how many tens of thousands of clients and patients they have helped.

Local #183 President Laurie Lang says that for Registered Psychiatric Nurses the loss to retirement is even a larger percentage than for Registered Nurses.

The graduation rate of new nurses, both RPNs and RNs, continues to be far short of what is needed to replace retiring nurses. That's why the recent national report on retirement suggested Employers should make it as attractive as possible for senior nurses to delay their retirement. 🐾



“Mediation panel” brings

NEW LIFE TO TALKS

In December UNA agreed to mediation assistance from Andrew Sims, QC. The new round of talks with Sims' assistance began in January and February. At press time, further dates for negotiations had been set right up until March 17.

“We hope that the renewed talks with Andrew Sims can produce a settlement,” said UNA President Heather Smith. “We are ready to negotiate as much as necessary to reach an agreement that members can accept.”

Sims, a senior arbitrator in the province, is the chair and with Employer nominee Bill Armstrong and UNA nominee Lyle Kanee they make up the three-person panel.

UNA noted that while it agreed to mediation with the panel, it will not participate in actual compulsory arbitration. UNA members voted again at last October's Annual General Meeting to maintain the long-standing policy of rejecting compulsory arbitration.

The Health Regions said their position is that the panel is the first step in compulsory arbitration and refer to the panel as a Compulsory Arbitration Board or CAB.

“Our members have made it very clear that compulsory arbitration is NOT an option,” says UNA President Heather Smith. “Our goal is a negotiated agreement that gives nurses a say in safe conditions, an agreement that nurses vote on.”

A December 22 newspaper headline quoted Ralph Klein threatening to jail nurses if they were to strike. The Health Regions and Sims quickly asked UNA to keep comment on the negotiations out of the news media. UNA agreed to do so, if the Health Regions AND the government would also undertake not to comment. As a result there has been little news coverage of the on-going talks.

For the latest updates on the provincial negotiations please check with your Local, on UNA Net or on the www.una.ab.ca website. 🐾

Klein threatens jail if nurses strike

TELL THE MLAS AGAIN NURSES BACK TO LOBBY SOME MORE

UNA also meets with other Employers in the provincial round

The UNA Negotiating Committee recently set meetings with other Employers involved in provincial bargaining. Talks were held in January with the Good Samaritan Society and dates were set with the Alberta Cancer Board, the Millwoods Shepherd's Care Society and the Continuing Care Employers' Bargaining Association (CCEBA). No dates were finalized with the other Employer, Bethany Care Cochrane. 🐾

Still no date for a Reporting Meeting

"So long as we are continuing to negotiate and we believe there is a chance that the talks can reach a deal that will be the priority," says UNA President Heather Smith. "We won't call a provincial Reporting Meeting until it is absolutely necessary."

The Provincial Reporting Meeting of delegates from all the affected Locals must be held to hear the report from the Negotiating Committee before authorizing any provincial vote of members. It is a constitutional UNA requirement in the negotiating process. The Reporting Meeting also determines what type of vote can be held: a ratification vote on a proposed settlement, or a vote on further steps by UNA members.

The Provincial law that makes it illegal for nurses to go on strike also makes it illegal for nurses to threaten a strike or call a strike vote. As a result UNA members rarely talk directly about strike action. 🐾

In January UNA sent a new kit out to Locals with a plan to keep the pressure up on MLAs and the Health Regions to negotiate responsibly.

"I know many of you have already made phone calls, written letters or met with your MLA. And I've heard many reports about how it can be frustrating, particularly when MLAs say they are not involved or responsible for our negotiations. But we need to keep the pressure on," Heather Smith wrote in a letter announcing the latest push.

The suggestion in the kit is that nurses get together with several friends and co-workers to form an MLA contact team that plans and carries out the lobbying.

The key messages are still:

- an agreement imposed by arbitration and legislation is not acceptable
- MLAs should be accountable. This government appointed all of the Regional Health Authorities, as MLAs they must take responsibility for this and for the quality and safety of care provided to their constituents. 🐾

NURSES TELL AARN TO TAKE A STAND ON SAFETY

Several nurses stepped forward to ask the Alberta Association of Registered Nurses (AARN) to take a stand on safety issues in UNA negotiations at a public forum the AARN held at its recent provincial Council meeting in Edmonton. UNA 1st Vice President Bev Dick made a presentation at the forum outlining the issues in negotiations, including the Health Regions' proposals to eliminate the provision for nurse-in-charge and for mobility.

"These are very serious issues that have tremendous implications for safe nursing practice," Bev Dick said later. "The AARN needs to be well aware of them."

Other nurses also took the floor, including former AARN President Louise Rogers. "All of us have had nurses call us about these [Health

Region] proposals," Louise Rogers said. "I encouraged the AARN to be strong in their position on public safety with regard to these proposals to move nurses from one unit to another. Research shows the death rate in hospitals can be linked to the time a nurse has been on a unit," Rogers says. "Best practices suggest that we should not be moving nurses from one hospital to another. The AARN in fulfilling its mandate of public safety should let the public know that, given the research, these proposals are ill-advised."

Rogers noted that in past rounds of negotiations the AARN has acted, going so far as to meet with the Health Minister when safety concerns came up. "When it is safety involved that is not seen as interfering in bargaining," she said. 🐾

AFL AND ALBERTA UNIONS LAUNCH CAMPAIGN TO SUPPORT NURSES



Les Steel, President
Alberta Federation of Labour

If the government gets away with bullying nurses, who will be next on the hit list? That's the kicker question on a poster the Alberta Federation of Labour has just published to build support among unionists for nurses' in contract negotiations.

AFL President Les Steel says all working Albertans should be concerned about how nurses' talks go. "If they can get away with putting a strong organization like UNA "in their places" then they may find it easier to take on other people in other areas of the public sector.

There are other negotiations going on in health care and this could go on to other areas, like municipalities and the private sector. Employers could say look, we've got the green light here. It's scary."

He also says people will realize that the nurses' deal ultimately affects the quality of their health care. "We need to make sure nurses get the working conditions they are trying to achieve... their working conditions tie in to my health care... it makes a difference."

The AFL is publishing the poster as part of a full package, including a lobbying kit to encourage people to contact their MLA's in their community. Les Steel says the kit will go not just to people in health care, but to all unionized people working in the community.

The initiative came out of a December meeting of representatives from a broad range of unions in the province. At that meeting there was strong agreement that working people had to support nurses' negotiations strongly, and all the unions were prepared to take it on.



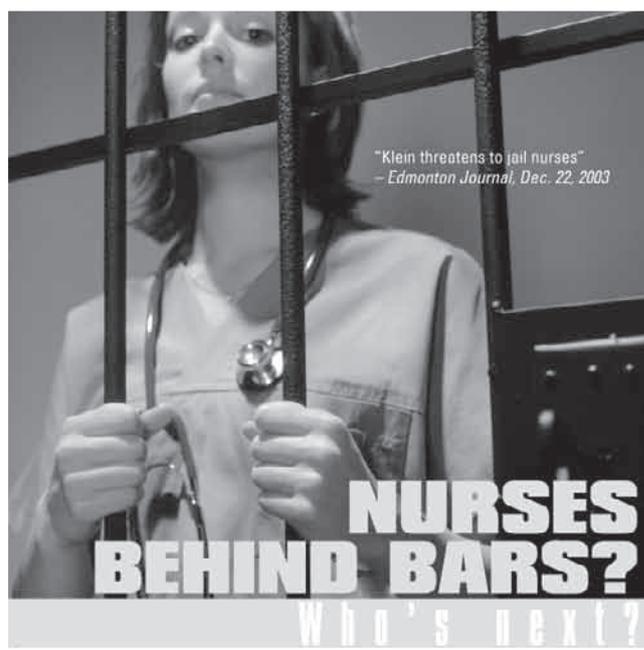
The AFL told news media about the support among other unions and that spurred Premier Klein to make outrageous remarks about jailing nurses. Les Steel says he was pleased they were able to push the Premier into talking about the issue and revealing how hard line he is prepared to be with nurses.

"It was important to get Klein to say publicly what we have been hearing, that they are ready to come down hard on nurses," Les Steel says.

"We want to send the message to MLAs that the nurses are not alone," he says. "The working people and the people of this province stand behind nurses."

Steel says the campaign will be going to all kinds of industrial and other worksites in the province, not just hospitals and health care sites.

"Hopefully the nurses will get an agreement, but if not we have to be ready to get out and support them," he says. 🐾



Some LTC residents forced by finances to divorce say advocates

Long-term care costs hit the elderly

For some seniors divorce seems to be the only way to afford long-term care. Retired Albertans who have a spouse in care are finding the rising costs unbearable and the only way out is to get a divorce so they are not financially responsible any more.

“I can’t afford to be married to you anymore,” some people are saying after decades of marriage.

Rising long-term care costs have been the last straw for many seniors according to advocate Ruth Adria. Rates went up about 14% in 2001 and then the provincial government brought in the further 40% rent increase last summer. She says there has been a swing in opinion among older Albertans. “They are angry,” she says. “These people who worked hard all their lives, Now they are faced with this. Suddenly they find they can hardly pay their bills, the utility rates, the phone, medical costs.”

She says that the new organizations like Seniors United Now (SUN) in Edmonton are just the beginning of seniors getting together about their concerns.

Adria works with Elder Advocates of Alberta and unlike many she is never afraid to speak out. Her phone rang off the hook with calls from reporters recently after a ninety-year old woman died in Edmonton from burns in a seniors’ lodge. “Most people can’t afford to speak out,” Adria says. “People can be evicted if they complain. Unlike a tenant in a house or apartment who must be given 90 days notice, a frail older senior can be bumped from accommodation in two weeks, she says. “It happens.” And divorce because of inability to pay is happening all the time too, she says. “It’s hard to get people to speak out about it,” Adria says.

Seniors are too often silenced, and often by shame, she says. “It’s demoralizing and many become depressed, some don’t understand what’s happening to them.” Family members who hear complaints from a father, mother or aunt, don’t know what to believe when they see good care during their visits. “Now I believe the complaints,” Adria says.

Adria herself was in danger of being intimidated by a lawsuit that cost her thousands of dollars. In the eighties, after working as an RN in a nursing home she filed a 14 page complaint with the AARN. She was unsatisfied with the response, took her concerns public and was subsequently sued. The lawsuit finally was withdrawn, long before any day in court, but the intimidation factor was high. It hasn’t stopped her.

What she wants more than anything else is accountability in long-term care. “When these terrible things happen no one is held accountable. It’s a loud and clear message to caregivers and nursing home owners that they are above the law.” As an advocate, Adria is working hard to change that.

Elder Advocates of Alberta can be reached in Edmonton at 438-8314 🐾

DON'T FORCE A DANGEROUS CONTRACT ON NURSES!

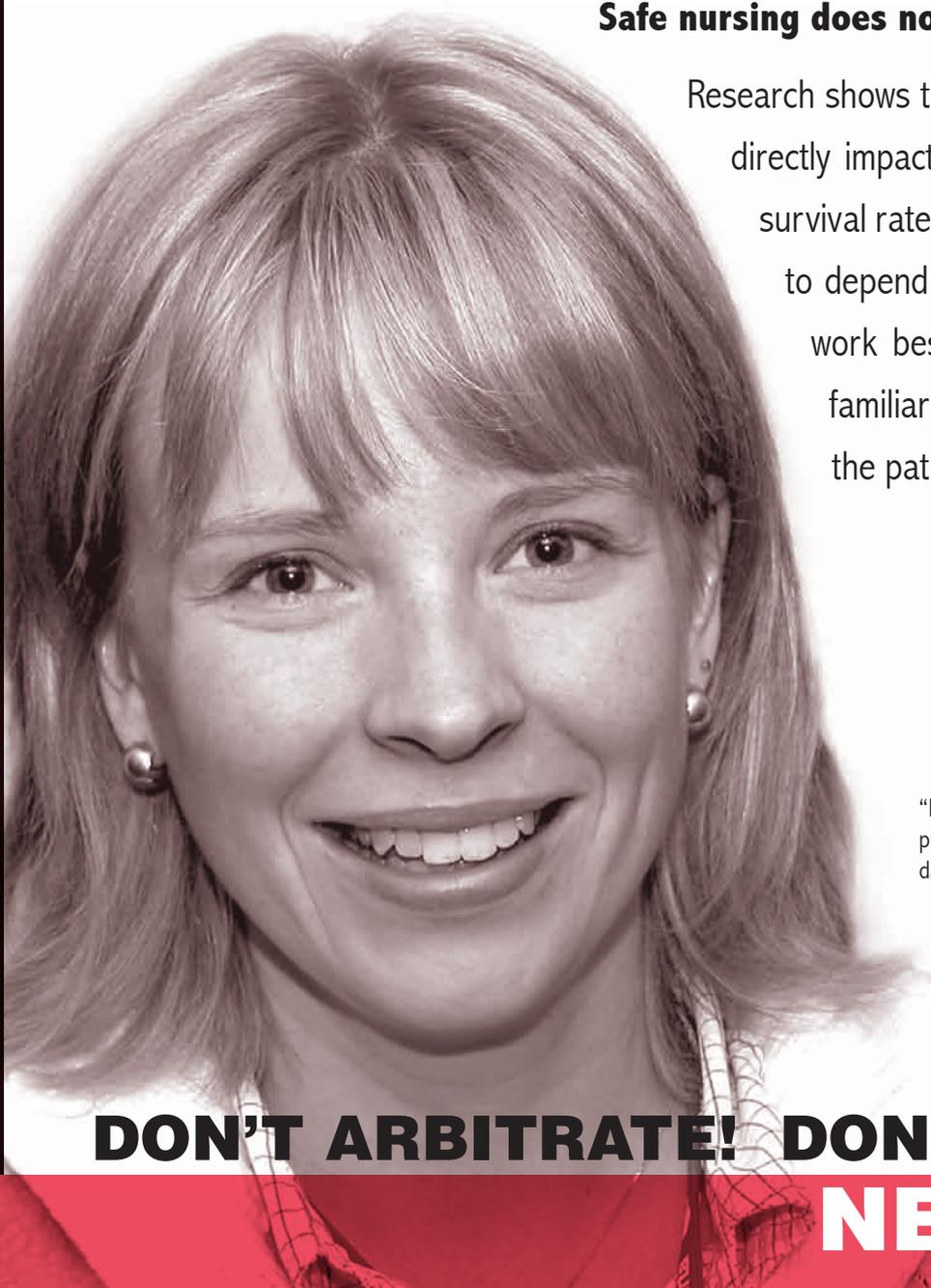
Alberta Health Regions are trying to force an unsafe contract on Registered nurses through arbitration or a special law. They want to move nurses from hospital to hospital, or even from community to community. It's a plan to stretch inadequate nurse staffing.

Safe nursing does not work that way.

Research shows that a nurse's experience on a unit directly impacts how well patients do and even survival rates. Nurses work in teams and need to depend on team members they know. We work best, and most safely when we are familiar with the facility, the protocols and the patients.

"Moving nurses from hospital to hospital is a bad plan for dealing with inadequate nurse staffing. It is dangerous for patients."

— Jennifer Evack, RN



DON'T ARBITRATE! DON'T LEGISLATE!
NEGOTIATE!

NURSES REJECT AN UNSAFE CONTRACT PLAN

NURSES VOTED 98.8% AGAINST THE HEALTH REGIONS' PLAN

In a vote last September 15, 98.8% of nurses rejected the Health Regions' contract plan as put forward in recommendations from a mediator.

"The Employers' plans to move nurses around to manage inadequate staffing is unacceptable. Professionally nurses know it would hurt the continuity, quality and safety of nursing care. They absolutely reject it," said Heather Smith, UNA provincial President.

In negotiations, the Health Regions have adamantly stuck to this plan and to their demands for over a hundred other changes – rollbacks– in nurses' contracts.

American study says listen to nurses

A recent major American study highlights how important it is to give nurses a say in patient care. Following up on recent reports that medical errors result in the death of as many as 98,000 hospitalized Americans a year, the study looked closely at safety issues and noted that "the voice of nurses in patient care has diminished."

The report *Keeping Patients Safe: Transforming the Work Environment of Nurses* (2004) was commissioned by the U.S. government from The National Academy of Sciences. It points out: "...many hospital restructuring and redesign initiatives that have been widely adopted over the last two decades have changed the ways in which licensed nurses and nurse assistants are organized to provide patient care. Many of these changes have been focused largely on increasing efficiency and have been undertaken in ways that have damaged trust between nursing staff and management... infrequently have involved nurses in decision making pertaining to the redesign of their work."

"The Health Regions' plan builds on the just-in-time staffing approach that has run up so much overtime and strain. Making nurses into moveable components, cogs, is an extension of that management approach. But this is no way to treat Employees and no way to treat professionals. Finally, this approach is compromising the safety and quality of our patients' care."



"Health care is no place for bottom-line management styles. We have all heard stories about nurse managers fired because they insisted on adequate staffing and did not meet budget restrictions. These nurses should hold their heads high, because in health care safety and standards of care MUST be the bottom-line."

"There are ways to protect standards – and protect patients – and the first and most important one is to insist on adequate staffing. The Health Regions and nurses cannot keep accommodating government demands to do more with less and less. If the Health Regions are not going to draw the line, then it is up to nurses to say STOP! It's not safe."

Heather Smith, RN, President of the United Nurses of Alberta

"I've watched my colleagues work under terrible conditions but because we go to that extra mile, the patients often never know."

– Judy Brandley, RN



IT IS UP TO NURSES TO S



THE DANGEROUS CONDITIONS HEALTH REGIONS ARE TRYING TO IMPOSE ON NURSES

Juggling nurses from hospital to hospital

The Health Regions want to be able to juggle nurses and their jobs from hospital to hospital or even community to community. This is the single most dangerous part of their plan.

Nursing does not work that way. Nurses work in teams and need to be familiar with their unit, the equipment, the specific protocols and with their patients. You cannot juggle nurses around like pins on a scheduling bulletin board.

Threatening the recruitment of RNs to Alberta

The Health Regions are trying to impose a contract that would undo efforts to attract and keep the Registered nurses Alberta needs.

- Forcing nurses to work permanent evening and midnight shifts
- Cutting nurses' health benefits
- Hiring out-of-province or new nurses before offering jobs to experienced Alberta nurses
- Cutting part-time nurses designated days of rest, so they may work six days a week without overtime

Cutting the protection of a Registered nurse in charge

Since 1997, the nurses' contract has guaranteed a Registered nurse in charge of each unit. It is a safeguard of adequate minimal staffing, there must always be at least one Registered nurse on duty at all times. But the Health Regions want to eliminate this protection of qualified staffing.

Why arbitration is unfair and unsafe...

Compulsory arbitration of contracts has been rejected by Alberta nurses since 1983. Arbitration puts the final decision in the hands of lawyers, arbitrators or politicians. Nurses have always maintained that health care professionals must have a voice in safe working conditions. Nurses must have a say in their practice.

That's why nurses have always demanded free collective bargaining, contracts that are democratically agreed to be nurses.

Compulsory arbitration skews the bargaining process. Employers who think they can resort to arbitration have less incentive to actually negotiate. In fact they often maintain an extreme position to take before an arbitrator. The option of arbitration hampers the free bargaining process, which is the best way to reach an agreement that is acceptable to both Employers and nurses.

"If you move a nurse into an unfamiliar unit, where she doesn't know the team, the protocols or the patients – that can be an extremely unsafe and stressful situation for everyone."

– Michelle Senkow, RN



SAY STOP! IT'S NOT SAFE!

THIS IS NOT THE WAY TO KEEP THE NURSES WE NEED IN ALBERTA



From now on your job always starts at midnight.



Tomorrow you have to work at a hospital 75 kilometres from here.



No, there's no RN in-charge on this unit anymore.



I know you've been here ten years, but we gave the job to a new nurse from out of province.

Forcing nurses into bad working conditions isn't the answer to problems in health care. It would only make things worse. It would make it harder for nurses to do their work and it would make conditions less safe for patients.

DON'T IMPOSE A DANGEROUS CONTRACT ON NURSES.

NEGOTIATE FAIRLY FOR A SAFE CONTRACT NURSES CAN ACCEPT!

The cruel supervisor portrayed in the photos above is none other than Florence Ross, UNA's Director of Information Systems who, great sport that she is, agreed to model for this page.

You don't have to ask permission to be sick

“Attendance awareness” programs

If you are sick and unable to work that should be the end of the story but with the “attendance awareness” programs that health Employers have implemented all over the province, it often is not. Managers have been refusing to pay for sick time, rejecting notes from a doctor as insufficient and calling nurses in for intimidating meetings. Some managers are going to great lengths to keep their sick leave costs down and keep nurses working. “This is their answer to short staffing?” asks Kathy Bayer, president of the UNA Local at the Medicine Hat General. Their Employer’s new attendance program has kept her Local busy with concerns from members.

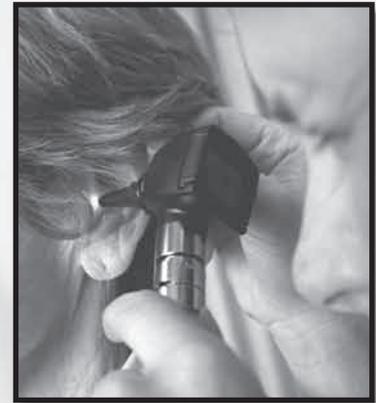
One of the most common practices is to refer nurses experiencing recurring illness or injury to the Occupational Health and Safety (OH&S) department or nurse. The OH&S nurse usually is very sympathetic and can be helpful but it is important to remember these nurses take their orders from management. Some nurses have had nasty surprises when information they have volunteered to OH&S has been used to limit their claims or curtail their sick leave. “The bottom line is that the Employer’s OH&S staff are NOT advocates for Employees,” says UNA Labour Relations Officer Janice Peterson. “UNA is the advocate for nurses and if there is any question brought up about sick leave, it’s best to contact the union as soon as possible.” 🍷

A doctor’s note should be enough

Not all Employers demand a note from the doctor for every absence due to illness, but more and more managers are insisting on it. They have a right to require a doctor’s note, but that note should not reveal personal medical information such as diagnosis or treatment details. The note should say whether a nurse is able to work or not or is ready for modified or alternate work. It can also indicate how long a nurse should be off. If any manager is telling a nurse that a note from the doctor is not adequate, the nurse should contact the UNA Local, because management could be overstepping what they can ask for.

You are not obligated to – and probably should not – sign any medical information release form

Some managers or OH&S officers want to require Employees to sign medical information release forms. Nurses are best advised not to do so without contacting UNA. They should not be coerced or smooth talked into signing any type of release. Giving the Employer access to personal medical information often results in problems, as they can attempt to use that information to limit sick leave. Normally a doctor’s



note is sufficient. For longer illnesses and especially longer disability leaves, Employers may have the right to more information. In those cases particularly, UNA should be contacted. 🍷

If Employers require medical information they have to pay the cost

If your Employer asks for more medical information and you agree to provide it (after consulting with UNA), they are obligated to reimburse you for any extra report or test costs that may be required. (Article 19.04, Facility and Community Agreements) 🍷

“Abilities management” and the duty of Employers to accommodate injured nurses

Employees who have been off on Extended sick leave or disability leave have a right to return to their jobs when their doctor says they are able. Often nurses cannot return directly or immediately to their former position, but may need some time working a lighter load or fewer shifts. Doctors can put restrictions on what work an Employee is able to take on during the return to work process. Those might include restrictions on how many shifts can be worked in a week, on evening or night shifts or on lifting or other physical requirements. Employees who are not able to perform the duties of their former position need to give Employers 28-days notice of the date when their

doctor says they can go back to the job. The Employers have a responsibility to provide their Employees with modified or alternate work programs if they are required. This is the duty to accommodate and has often been the subject of conflict and negotiation. Again, many Employers have brought in “abilities management” programs that should be helpful in returning nurses to jobs, but also often are used to hurry nurses back to full employment or to reduce the limitations on what they can do. Nurses returning to work with limitations should contact UNA Labour Relations Officers who are experienced in dealing with these issues. 🍷

New OH&S Code

COMPILES SAFETY REGULATIONS AND INCREASES ACCESSIBILITY OF INFORMATION ON WORKPLACE SAFETY



The new Occupational Health and Safety Code recently released by the Alberta government is a major reworking and compilation of workplace safety requirements in the province. Released last November, the new Code comes into effect on April 30, which marks the end of a six month phase in period.

The new Code is receiving good reviews for compiling and updating the province's safety at work standards. But some areas, particularly the section on working alone, are weaker than many think they should be. The key words "where reasonably practicable" appear throughout the Code and give Employers a great deal of "wiggle room". The Code was, of course, created by the Alberta government which listens to business in every aspect of its legislation.

A specific section on Workplace violence has been added for the first time. The section on violence, as well as most of the new Code, includes requirements for Employers to conduct assessments of hazards and implement measures to eliminate and control worksite violence.

Some of the new Code language on workplace violence could have been taken directly from UNA policies, for example Employers must communicate their organization's policy and procedures related to workplace violence and they must investigate all reports of violence. The Code requires employers to look at prevention as the best measure, but also must have a plan for intervention.

The Code also includes sections on lifting and handling loads, which includes people. Health care is identified as a high risk industry (along with food and meat processing) for repetitive motion injuries. The Employer must provide (where reasonably practicable) equipment to reduce injury. A government guide to the Code says "meaningful investment may be necessary."

The Code also requires Employers to have a First Aid plan and train des-

ignated first aiders. Registered nurses must have the advanced first aid certification to be designated.

The provincial Human Resources and Employment department has published an extensive guide to the Code which is available online at: www3.gov.ab.ca/hre/whs/law. The Code itself is also available. The guide is a useful detailing of the requirements the Code contains including those on people working alone.

Checking out the guide, you learn that working alone includes:

"Workers who travel away from their base office to meet clients. This includes home care workers, social services workers, and bylaw enforcement officers."

"Workers who are at risk of a violent attack because their work site is isolated from public view. This includes security guards and custodians."

The guide also includes the following example:

"A nurse on night shift at a psychiatric unit versus a nurse on day shift at a children's unit. The circumstances of the work in these two situations are quite different, although the worksite – the health care centre – is the same. The availability of assistance in each situation must be assessed individually from the perspectives of awareness, willingness and timeliness. Given the increased risk to personal safety of working the night shift on a psychiatric unit, expectations on the availability of assistance are also greater. Particularly if the unit is large and few staff are on duty, it may not be reasonable to expect other persons capable of offering assistance to be aware of the nurse's needs. Given the potential hazards to which the nurse is exposed, the timeliness of a response for assistance should be faster. The situation of a nurse on night shift at a psychiatric unit may trigger the working alone requirements." 🐾

In-charge must extend over meal breaks

The nurse-in-charge position must be covered during meal breaks according to a recent Alberta Court of Appeal decision that upheld a UNA arbitration. The grievance came out of Fairview where on weekends and other times outside the managers' scheduled hours, staff nurses were placed in-charge, but not during unpaid meal breaks.

The arbitrator agreed with UNA that the nurse-in-charge provision in UNA collective agreements must extend over unpaid meal periods. But the Mistahia Region appealed the decision in court where it was overturned. UNA appealed that court decision and the Alberta Court of Appeal was the final word on the grievance.

"It appears that a number of Employers continue to ignore the provisions of the collective agreement as it applies to charge," says UNA's Director of Labour Relations, David Harrigan.

The Employer must continue to have someone in charge. This can be done by requiring the nurse to be readily available and paying for the meal break; by assigning a management nurse to be in charge (provided the management nurse is actually on duty and available), or by assigning an alternative staff nurse in-charge and paying that nurse the charge pay.

The grievance goes back to November of 1999 for all the facilities in the Mistahia Region and LRO Mark Cowan says it will take some time to calculate the back pay and how it should be paid out. 🍷



Permanent float pools are coming back

Many Alberta hospitals are returning to one of the older staffing mechanisms, a permanent float team. The Grey Nuns Hospital in Edmonton is starting up a large, 21 FTE permanent float team. Local President Peggy Tolhurst says they haven't had a significant permanent float team since the early nineties. Many float teams disappeared with the cuts, because they were relatively easy to eliminate without actually closing beds.

Unfortunately at the Grey Nuns only 6 full-time positions are being created with the 21 FTEs, far more of the positions are part-time.

The hospital has decided to bring back this float team as a result of a number of Professional Responsibility Committee (PRC) complaints at the facility, including several out of the ER where staffing has been extremely stretched.

The principle of the float team is that members are oriented to the full facility, or to the units where they would work, and may be given extra training (like critical care) to be prepared. Float

teams can be contract compliant and are one staffing mechanism that Employers can use to prevent the "just-in-time" staffing crises.

Local President Gerald MacDonald from Grande Prairie says, "Float teams have never been out of fashion here at the Q.E.II. In fact, the past year has seen a significant restructuring of our general float pool into two teams, one Medicine & Psychiatry float team and one Surgery & Psychiatry float team. The 175-bed Q.E.II also has a Critical Care Float Team covering ICU & ER; a Perinatal Float Team, covering L&D and Post-Partum; and a Peds/Special Care Nursery float pool. Of course, not all the FTE's in those various float pools are filled -- floating is not the most satisfying job, and most floats jump at the first regular unit vacancy they see."

At the Foothills hospital in Calgary, there have recently been positions posted for float teams for several medical floors.

At Alberta Hospital Edmonton there

is a float pool with some permanent full-time and part-time positions on it. The permanent positions started about two years ago, in response to nurses' PRC concerns, says Local President Laurie Lang.

At the University of Alberta Hospital there have long been permanent float pool positions- specific to medicine, surgery or critical care, reports President BettyAnn Emery. The positions are not a team but specific to an aspect of a service. But, she says, some float positions are currently are being cut including some out of the critical care pool dedicated to CV surgery.

The Lethbridge Regional has three permanent float pools, six positions for Med, six positions for Surgery with six positions and a P.E.T. team of nine positions covering NICU, LDR, Pediatrics and Mat/Gyne. Unfortunately none of these last nine are full-time but .8's and .75's. "I was very pleased to see the overtime regularized in this manner and so far the float teams have been clear on the need for proper orientation," says Local President Linda Bridge. 🍷

Nursing News

NS nurses vote to accept contract that stops rollbacks and gets a 9% salary increase

HALIFAX -- Members of the Nova Scotia Nurses' Union ratified a tentative agreement with acute care employers January 28, 2004. The three thousand members, RNs and LPNs, voted 71 per cent in favour of the three-year agreement, which included a nine percent salary increase.

The union says it expects the same agreement will be extended to long term care and community care nurses whose negotiations begin soon.

The deal stopped an Employer plan to treat Part Time Nurses like Casual Nurses, paying 11% in lieu of additional benefits and no overtime rate of pay.

A Channel strikers boycott hits station's ratings

The Edmonton A Channel staffers have been on strike since September 17 and it appears to have had a big impact on the station's ratings. Edmonton television ratings for the 2003 fall period showed a dramatic drop of viewers for both of A-Channel's jewel shows. The News@six & Big Breakfast programs lost close to half of their viewers.

Many nurses have shown support for the strikers by joining the Communications Energy and Paperworkers (CEP 1900) picket line, including hundreds of nurses who turned out on the line

The Agreement provides for no changes in how Part Time Nurses are treated and contains improvements to bereavement leave and medical/dental/emergency leave which will now be based on regular hours paid, not appointment status.

The agreement also contained other improvements including a 75% increase in Education Premiums for RNs. The allowance will rise to \$1365 a year by 2005.

They also negotiated 2.33 x regular rate of pay for working overtime on a scheduled holiday and 2.5 x regular rate of pay for working on a scheduled holiday without 72 hours notice. ♡

during the UNA AGM.

The Edmonton public has shown their support of striking employees by tuning out A-Channel. The labour community will continue to ask the public not to watch A-Channel and to contact advertisers requesting them to suspend (**not cancel**) their advertising until the current labour dispute is over.

Calgary A Channel, also owned by Craig media is NOT on strike, or being boycotted, but the CEP strikers urge nurses not to give Calgary A Channel any interviews, the footage just shows up on the Edmonton station as well. ♡



IN MEMORIAM

Tom Kinney

Long-time UNA District Representative Tom Kinney died on January 20, 2004. From 1992 until June 2003 Tom was a member of the UNA Executive Board representing the North Central District. He worked at the

Sturgeon Community Hospital and Health Centre in St. Albert and held a number of positions with Local #85 there from 1988 to 1992.

"Tom believed strongly that his role was to represent the interests of all members and Locals across all of Alberta," noted UNA 2nd Vice President Jane Sustrik.

In addition to his distinguished career at the Local and provincial level, Tom supported national initiatives for nurses and workers. He represented UNA during the Labour Tour to Mexico in February 2003.

Tom was married to Susan and was father to three sons (33, 32 and 21 years) and one daughter (19 years). ♡

National best practice workshops coming to Alberta

The Registered Nursing Association of Ontario (RNAO) is bringing its national workshop on best practice guidelines to Alberta. The project is one of the federally-funded initiatives on nursing that came out of the Canadian Nursing Advisory Committee and other reports. The free

workshops are about the best practices guidelines, how they were developed by the RNAO and how they can be implemented. The workshops run February 11 in Calgary, March 1 in Edmonton and March 26 in Fort McMurray. More information and registration at: www.rnao.org/bestpractices. ♡

National health accreditation agency says staffing policies can be a bigger threat to patient safety than individual errors

In a just-released paper on how to gauge patient safety, the Canadian Council on Health Services Accreditation says that system-wide problems like short staffing are a bigger safety concern than individual errors. "Most adverse events are not the consequence of active failures, which are unsafe acts committed by doctors, nurses and other staff (e.g. negli-

gence or lack of training). Rather they occur because of latent causes within systems, which are ongoing conditions of daily practice (e.g. overwork or understaffing)."

This is yet another reminder that Regional Health Authorities and government need to be held accountable for staffing policies that provide safe, effective patient care. ♡

Nursing shortage in the U.S.

The numbers:

There are 126,000 nursing positions currently unfilled in hospitals across the country.

—*American Hospital Association*

On average, nurses work an extra eight-and-a-half weeks of overtime per year.

—*Service Employees International Union (SEIU)*

It is estimated that by 2020, there will be at least 400,000 fewer nurses available to provide care than will be

needed. —*Journal of the American Medical Association*

Ninety percent of long-term care organizations lack sufficient nurse staffing to provide even the most basic of care.

—*Centers for Medicare and Medicaid Services*

There are roughly 21,000 fewer nursing students today than in 1995.

—*American Association of Colleges of Nursing*

Nursing schools turned away 5,000 qualified baccalaureate program applicants in 2001 because of faculty shortages.

—*Modern Healthcare*

The average age of a working registered nurse, 43.3-years-old, is increasing at a rate of more than twice that of all other workforces in this country

—*Journal of the American Medical Association*

Organizations that are better able to retain their nurses fare better on quality measures. Low turnover hospitals – at rates under 12 percent – had low risk-adjusted mortality scores as well as the low severity-adjusted lengths-of-stay compared to hospitals with turnover rates that exceeded 22 percent.

—*Keith C. Kosel, Tom Olivo, "The Business Case for Workforce Stability"* ♡

Maybe it wasn't so good to blow up the General – Jack Davis

The CEO of the Calgary Health Region recently mused that closing two hospitals in the 90's, including blowing up the Calgary General, may have not been such a good plan. Selling off the Holy Cross and destroying the General has left the

city short of basic inpatient capacity, Davis said. Critics have long called for a public investigation of the sell off and destruction of the Calgary hospitals. The Region, which says it is running a \$59 million deficit, says it has a "capacity challenge". ♡

Newfoundland freezes wages and bargaining

On January 5, the new Newfoundland and Labrador Premier Danny Wells announced a wage freeze in the province's public sector. He effectively cut off contract negotiations with the province's nurses even before they had begun. Newfoundland nurses went on strike in 1999 and were legislated back to work with a promise of a "classification review" of salaries. That promise never realized significant progress and the province's nurses are some of the lowest paid in the country.

The Premier also put on a hiring freeze and said the approximately 6,000 employees who will be retiring over the next few years will not be replaced. Many of those retiring will be nurses and that raises fears that the

workforce will be eroded even more.

"Our fear is that the health care system will crumble without nurses to provide care," says NL Nurses Union President Debbie Forward. "I ask how government intends to provide even the most basic of health care without nurses?"

As of last July 1 starting nurses were making \$21.60 an hour and the top rate for a staff nurse was \$27.59.

"Already the out-of-province recruiters are luring nurses away. Meanwhile the shortage is even worse in the rest of the country. Why encourage your nurses to leave?" Linda Silas, President Canadian Federation of Nurses Unions asked in a letter to Newfoundland newspapers. ♡

Himmelstein study blasts U.S. costs

A new study by Dr. David Himmelstein and researchers at Harvard Medical School and Public Citizen reveals that health care bureaucracy last year cost the United States \$399.4 billion. They report that national health insurance (NHI) could save at least \$286 billion annually on paperwork, enough to cover all of the uninsured and to provide full prescription drug coverage for everyone in the United States.

The study also notes that administration costs are at least 31 percent of total U.S. health spending compared to 16.7 percent in Canada.

President Bush's new Medicare bill will make things even worse, says Himmelstein. "The recent Medicare bill means a huge increase in administrative waste and a big payoff for the [insurance industry]." ♡



UNA's BettyAnn Emery and AFL Secretary Treasurer Kerri Barrett posed for this picture at the close of the Labour College of Canada 2003 Graduate Program. BettyAnn attended the College last June as the recipient of the AFL's Scholarship Award. BettyAnn Emery is President of Local #301, University of Alberta Hospital. ♡

UNA SCHOLARSHIP HELPS ATTRACT THE NEXT GENERATION

Hoping for a great future



Bavie Sara and Christine Yakimishyn each received \$500 UNA Scholarships toward their first year of Registered nursing studies.

Bavie's aunt and Christine's mother are both UNA members. To be eligible for the scholarship the first year students had to be sponsored by a family UNA member and had to write a short essay. UNA will be publishing the students' essays. All three of this year's winners are in the program at Grant MacEwan College in Edmonton.

UNA executive officers Karen Craik, Jane Sustrik, Heather Smith and Bev Dick present Natasha McDonald with her UNA Scholarship. Natasha's mother is a UNA member. "Thank your mother from us for encouraging you to go into nursing," Heather Smith told Natasha. "And stay and practice in Alberta. Please."